

Form **990**

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017
Open to Public Inspection

A For the **2017** calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FAIRVIEW HEALTH SERVICES		D Employer identification number 41-0991680
	Doing business as		E Telephone number 612-672-4976
	Number and street (or P.O. box if mail is not delivered to street address) 2450 RIVERSIDE AVENUE SOUTH		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS MN 55454		G Gross receipts \$ 4972613113
F Name and address of principal officer: James Hereford 2450 Riverside Ave Minneapolis MN 55454			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: www.fairview.org H(c) Group exemption number ▶			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1906
			M State of legal domicile: MIN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Fairview is driven to heal, discover and educate for longer, healthier lives.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	22744
	6 Total number of volunteers (estimate if necessary)	6	4426
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	246,875,185
7b Net unrelated business taxable income from Form 990-T, line 34	7b	-9,013,120	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,710,192	5,196,654
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3091540597	3429770515
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	81,990,306	65,420,743
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	309,247,102	255,190,833
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3487488197	3755578745
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,690,742	3,384,970
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1597064415	1679571381
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1552577979	1652526841
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3152333136	3335483192
	19 Revenue less expenses. Subtract line 18 from line 12	335,155,061	420,095,553
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year
21 Total liabilities (Part X, line 26)		3812352613	4956311381
22 Net assets or fund balances. Subtract line 21 from line 20		1805898143	2438395245
		2006454470	2517916136

Part II Signature Block

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

Sign Here	Signature of officer 	Date 10/31/2018			
	James Hereford Type or print name and title	President/CEO			
Paid Preparer Use Only	Print/Type preparer's name Deloitte Tax LLP	Preparer's signature 	Date 10/11/18	Check <input type="checkbox"/> if self-employed	PTIN P00143920
	Firm's name Deloitte Tax LLP	Firm's EIN ▶ 86-1065772			
	Firm's address 50 South Sixth Street #2800 Minneapolis, MN 55402	Phone no.			

Part III Statement of Program Service Accomplishments

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



1 Briefly describe the organization's mission:

See Schedule O

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 \$ **1702844226** including grants of \$ **3,384,970**) (Revenue \$ **2407622978**)

Providing medical services: Fairview Health Services is an integrated health system based in Minneapolis, Minnesota. In partnership with the University of Minnesota, Fairview providers and staff are redesigning care delivery and payment to provide greater value - exceptional patient care and experiences at a lower total cost of care to the community we serve. The Fairview system controls and operates University of Minnesota Medical Center, the adult and pediatric teaching hospital of the University of Minnesota Medical School; five community-based general acute care hospitals; 55 primary care clinics; over 56 specialty care clinics; urgent care clinics; occupational health clinics; and 7 owned and over 29 managed senior care facilities and long-term care housing facilities through

4b (Code:) (Expenses \$ **894,177,913** including grants of \$) (Revenue \$ **1006886167**)

Cost of participating in government programs: Fairview is committed to serving the health care needs of members of its community. To support full access to services, Fairview participates in the following public health care programs: Medicare, Medicaid, and MinnesotaCare. Reimbursement from these programs for services rendered, generally falls below the cost of providing the care. To compensate for the under funding by government programs, Fairview makes a significant financial investment to offset these losses. In 2017, Fairview incurred \$57,791,324 of taxes and surcharge costs in health care services that exceeded the reimbursement received by public programs, surcharge, taxes and fees related to these programs and not

4c (Code:) (Expenses \$ **101,735,452** including grants of \$) (Revenue \$ **15,261,370**)

The primary purpose of our educational and research programs is to benefit patients and the community at large by educating health professionals both within Fairview and in the broader community, and by fostering advances in knowledge and evidence-based improvements to clinical treatments and approaches to health care delivery. In partnership with the University of Minnesota Academic Health Center and University of Minnesota Physicians, Fairview has a strong and abiding commitment to research and education. Together, we view research as an integral and critical component in providing exceptional care to patients and the community. We seek to be a national leader in clinical research and a regional center for clinical research activities.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u 2698757591**

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		X
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	X	
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
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	X	
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	X	
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		X
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		X
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	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
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	X	
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		X
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		X
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)		X
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		X
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		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2b	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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
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)?	X	
4b	If "Yes," enter the name of the foreign country: u See Schedule O 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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	18	
1b	Enter the number of voting members included in line 1a, above, who are independent	16	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?	X	
16b	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?	X	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u MN**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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: **u**

DAWN KSEPKA
MINNEAPOLIS

400 STINSON BLVD NE

MN 55413

612-672-4986

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) James Hereford President/CEO	40.00 0.00	X		X				1,347,774	0	23,564
(2) David Murphy Officer	40.00 0.00	X		X				654,353	0	1,046
(3) Ann Hengel Director	2.00 0.00	X						25,000	0	0
(4) Karen Grabow Director	2.00 0.00	X						20,000	0	0
(5) Carol Ley, M.D. Director	2.00 0.00	X						20,000	0	0
(6) Ann Lowry, M.D. Director	2.00 0.00	X						20,000	0	0
(7) Rich Thompson, M.D. Director	2.00 0.00	X						20,000	0	0
(8) Richard Ostlund Director	2.00 0.00	X						20,000	0	0
(9) Bradford Wallin Director	2.00 0.00	X						20,000	0	0
(10) Betsy Wergin Director	2.00 0.00	X						20,000	0	0
(11) Kevin Roberg Director	2.00 0.00	X						20,000	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Kenneth Roering Director	2.00 0.00	X					20,000	0	0	
(13) Linda Madsen Director, end 8-17	2.00 0.00	X					13,200	0	0	
(14) Peggy Johnson Director, end 8-17	2.00 0.00	X					12,500	0	0	
(15) Julie Causey Director	2.00 0.00	X					11,667	0	0	
(16) Michael Connly Director	2.00 0.00	X					11,667	0	0	
(17) Tim Marx Director	2.00 0.00	X					11,667	0	0	
(18) Levi Downs, M. D. Director, end 7-17	2.00 0.00	X					0	0	0	
(19) Brooks Jackson, M.D. Director, end 10-17	2.00 0.00	X					0	0	0	
1b Sub-total							2,267,828		24,610	
c Total from continuation sheets to Part VII, Section A							18,818,782	3,548,809	1,874,558	
d Total (add lines 1b and 1c)							21,086,610	3,548,809	1,899,168	

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 **u 2282**

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

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
University of Minnesota Physicians Minneapolis MN 55455	420 DELAWARE ST NE medical/Physici	246,764,234
UNIVERSITY OF MINNESOTA - Regents Minneapolis MN 55455	420 DELAWARE ST NE EDUCATION	53,210,497
RIGHTSOURCING INC BETHANY NY 11714	999 STEWART AVE STE 100 Employment Serv	19,894,503
LifeSource St Paul MN 55114	2550 University Ave W Medical supply	13,861,121
Carefusion Solutions LLC Chicago IL 60695	88253 Expedite Way Consulting	11,398,575

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 **u**

825

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	4,057,072				
	e Government grants (contributions)	1e	760,587				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	378,995				
	g Noncash contributions included in lines 1a-1f: \$		988,171				
	h Total. Add lines 1a-1f	u	5,196,654				
	Program Service Revenue		Busn. Code				
2a Patient Care		624100	1328321628	1328321628			
b Medicare-Medicaid		624100	1006886167	1006886167			
c Laboratory		621500	603,991,606	603,991,606			
d Pharmacy		446110	452,109,116	452,109,116			
e Parking		541900	12,590,324	12,590,324			
f All other program service revenue		812930	25,871,674	14,647,907	10,994,415	229,352	
g Total. Add lines 2a-2f		u	3429770515				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	26,621,647			26,621,647	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real	20,149,527				
		(ii) Personal					
	b Less: rental exps.		839,464				
	c Rental inc. or (loss)		19,310,063				
	d Net rental income or (loss)	u	19,310,063			19,310,063	
	7a Gross amount from sales of assets other than inventory	(i) Securities	647,564,900				
		(ii) Other	878,547				
	b Less: cost or other basis & sales exps.		608,889,505	754,846			
	c Gain or (loss)		38,675,395	123,701			
	d Net gain or (loss)	u	38,799,096			38,799,096	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
c Net income or (loss) from fundraising events	u						
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	a	842,431,323					
	b Less: cost of goods sold	b	606,550,553				
c Net income or (loss) from sales of inventory	u	235,880,770		235,880,770			
11a Miscellaneous Revenue	Busn. Code						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u					
12 Total revenue. See instructions.	u	3755578745	3418546748	246,875,185	84,960,158		

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	3,384,970	3,384,970		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	13,150,130		13,150,130	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,052,434		1,052,434	
7 Other salaries and wages	1331577902	1099253025	232,324,877	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	77,160,271	63,580,623	13,579,648	
9 Other employee benefits	167,639,716	138,166,232	29,473,484	
10 Payroll taxes	88,990,928	72,389,515	16,601,413	
11 Fees for services (non-employees):				
a Management	143,200,286	86,273,640	56,926,646	
b Legal	2,973,716	316,774	2,656,942	
c Accounting	774,314		774,314	
d Lobbying	879,031	879,031		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	3,233,278		3,233,278	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	274,670,436	123,392,015	151,278,421	
12 Advertising and promotion	660,543	69,522	591,021	
13 Office expenses	41,990,847	27,992,800	13,998,047	
14 Information technology				
15 Royalties	1,585	85	1,500	
16 Occupancy	61,374,838	49,182,765	12,192,073	
17 Travel	3,494,331	2,207,104	1,287,227	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,073,939	3,290,738	783,201	
20 Interest	38,038,956	37,793,135	245,821	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	101,208,663	77,995,258	23,213,405	
23 Insurance	18,371,889	9,511,734	8,860,155	
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 Medical Supplies	792,072,961	787,483,262	4,589,699	
b Taxes-med	57,791,324	57,791,324		
c Licenses	44,517,656	10,261,829	34,255,827	
d Other	27,037,974	18,331,121	8,706,853	
e All other expenses	36,160,274	29,211,089	6,949,185	
25 Total functional expenses. Add lines 1 through 24e	3335483192	2698757591	636,725,601	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	793,283	1	1,507,077
	2 Savings and temporary cash investments	451,636,958	2	539,930,290
	3 Pledges and grants receivable, net	26,179,623	3	19,501,113
	4 Accounts receivable, net	440,468,206	4	1385742574
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	101,442,035	8	89,602,465
	9 Prepaid expenses and deferred charges	46,054,370	9	27,506,113
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2060223021		
	b Less: accumulated depreciation	10b 1213861834	871,381,723	10c 846,361,187
	11 Investments—publicly traded securities	1138767109	11	1436519499
	12 Investments—other securities. See Part IV, line 11	146,881,978	12	98,803,918
	13 Investments—program-related. See Part IV, line 11	75,245,343	13	63,873,859
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	513,501,985	15	446,963,286
16 Total assets. Add lines 1 through 15 (must equal line 34)	3812352613	16	4956311381	
Liabilities	17 Accounts payable and accrued expenses	316,497,918	17	468,077,095
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	503,849,676	20	736,298,317
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	442,384,178	23	564,558,088
	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	543,166,371	25	669,461,745
	26 Total liabilities. Add lines 17 through 25	1805898143	26	2438395245
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1960256869	27	2463398716
	28 Temporarily restricted net assets	46,197,601	28	54,517,420
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2006454470	33	2517916136	
34 Total liabilities and net assets/fund balances	3812352613	34	4956311381	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3755578745
2	Total expenses (must equal Part IX, column (A), line 25)	2	3335483192
3	Revenue less expenses. Subtract line 2 from line 1	3	420,095,553
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2006454470
5	Net unrealized gains (losses) on investments	5	115,888,912
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	-24,542,799
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2517896136

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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	X	
2c	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.	X	
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?	X	
3b	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.	X	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) John Heinmiller Director	2.00 0.00	X						0	0	0
(21) Brian Burnett Director	2.00 0.00	X						0	0	0
(22) Jakub Tolar, M.D. Director	2.00 0.00	X						0	0	0
(23) Kathryn Correia CAO	0.00 40.00			X				0	3,327,697	222,084
(24) Daniel M. Fromm Chief Financial Ofcr	40.00 0.00			X				1,293,937	0	173,632
(25) John Doherty Sr. Operating Exec.	40.00 0.00			X				1,039,208	0	135,049
(26) Patrick Herson President of North	40.00 0.00			X				887,248	0	135,032
(27) Alistair Jacques Chief Inform.Tech	40.00 0.00			X				768,996	0	120,604
1b Sub-total							u	3,989,389	3,327,697	786,401
c Total from continuation sheets to Part VII, Section A							u			
d Total (add lines 1b and 1c)							u			

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 **u**

	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	
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	
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	

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

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 **u**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) Trudi Trysla Sr. VP & General Cou	40.00 0.00			X				758,728	0	119,382
(29) Debra Boardman President, Range Hosp	40.00 0.00			X				660,845	0	74,247
(30) Carolyn Jacobson Chief HR Officer	40.00 0.00			X				640,435	0	96,512
(31) Mark Thomas Pres. & CEO of Ebene	40.00 0.00			X				575,565	0	80,615
(32) Patrick Belland President Ridges	40.00 0.00			X				424,428	0	47,792
(33) M. Oman Akhtar Chief Operating Offi	40.00 0.00			X				397,454	0	10,886
(34) Michael J Youso President - GICH	40.00 0.00			X				336,142	50,333	43,264
(35) Mark Welton, MD Chief Medical Office	40.00 0.00			X				339,953	0	13,253
1b Sub-total							u	4,133,550	50,333	485,951
c Total from continuation sheets to Part VII, Section A							u			
d Total (add lines 1b and 1c)							u			

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 **u**

	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>		
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>		
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>		

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

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 **u**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(36) Todd Sherrill	40.00									
VP of Finance	0.00			X			268,129	0	14,396	
(37) Laura Reed, RN	40.00									
Chief Nursing Office	0.00			X			208,276	0	9,201	
(38) Patrick Sharp	0.00									
Range CEO	40.00			X			0	170,779	5,272	
(39) Robert Beacher	40.00									
Chief of Shared Clin	0.00				X		908,334	0	129,956	
(40) Bradley Beard	40.00									
President, Southdale	0.00				X		760,803	0	111,779	
(41) John Herman	40.00									
President of Northla	0.00				X		545,781	0	77,456	
(42) John Bjorklund	40.00									
Sr. VP Patient Care	0.00				X		333,743	0	34,469	
(43) Michael Campoli, M. D.	40.00									
Surgeon	0.00					X	1,888,473	0	60,033	
1b Sub-total							4,913,539	170,779	442,562	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **u**

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

Section B. Independent Contractors

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(A) Name and business address	(B) Description of services	(C) Compensation

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 **u**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(44) Frederick B Harris, M.D. Neuro Surgeon	40.00 0.00					X		1,793,653	0	51,948
(45) Rohann Lall, MD Surgeon	40.00 0.00					X		1,523,049	0	24,650
(46) Michael Tran M.D. Surgeon	40.00 0.00					X		739,235	0	33,267
(47) Troy Wolter, MD Surgeon	40.00 0.00					X		673,932	0	49,779
(48) Daniel K. Anderson Former Pres-Northlan	0.00 0.00						X	443,824	0	0
(49) Rulon Stacey Former Pres. CEO	0.00 0.00						X	369,231	0	0
(50) Mark Hansberry Former VP Strategic	0.00 0.00						X	126,803	0	0
(51) Beth Krehbiel Former Ridges Pres.	0.00 0.00						X	112,577	0	0
1b Sub-total							u	5,782,304		159,644
c Total from continuation sheets to Part VII, Section A							u			
d Total (add lines 1b and 1c)							u			

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 **u**

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

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

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 **u**

Form 990 - Federal General Footnote**Description**

Form 8275 Part IV Explanation for Part I & II:

Fairview Health Services is a Limited Partner in Premier Purchasing Partners, L. P. ("Partnership") which conducts materials management and group purchasing programs allowing its limited partners, all of which are Section 501 (c)(3) organizations, their related affiliates and certain unrelated affiliates to purchase hospital supplies and equipment at discounted prices from designated vendors. Based on the total volume or other factors relating to the purchases, the vendors remit fees in cash or property to the partnership. Ninety (90%) percent of the limited partner share of income is allocated equally with the balance allocated in proportion to the partner's compliance with certain commitments. Section 512 (c)(1)prescribes rules pertaining to the taxability of income derived from trades businesses regularly carried on by a partnership with a tax-exempt limited partner. Specifically, partnership income will not be taxable as unrelated income if the trade or business of the partnership is substantially related the limited partner's exempt purpose. The partnership and Fairview believe that the limited partners of the partnership may exclude from unrelated business taxable income their distributive shares of the partnership's interest income and net capital gain income by reason of sections 512 (b)(1) and 512(b)(5). Also, the purchasing activities would be related activities if calculated directly by the limited partners and thus could not be subject to the taxable unrelated business income under section 511 of the code. Therefore, to the extent that Fairview's portion of the actual purchases under the partnership equal its distributive share related to such activities, such fees are wholly attributable to Fairview's accomplishment of its own exempt purpose.

Fairview Health Services operates clinical, cytology and pathology laboratories providing services to both Fairview patients as well as to unrelated clinics and other entities.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2017

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

FAIRVIEW HEALTH SERVICES

Employer identification number

41-0991680

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 **section 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2016 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 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) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage for 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

- 19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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>		
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>		
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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 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>		
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>		
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 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017:			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2017

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

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

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

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

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

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

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

Name of organization

FAIRVIEW HEALTH SERVICES

Employer identification number

41-0991680

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) u \$

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 u \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 u \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities u \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities u \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b u \$

4 Did the filing organization file Form 1120-POL for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990 or 990-EZ) 2017

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		879,031
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			879,031
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		

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.

Schedule C, Part II-B, Line 1

During 2017 Fairview Health Services (Fairview) officials had meetings and contacts with both federal and state government officials, congressional staff and representatives to discuss various health care reform and Medicare proposals and proposed legislation. Fairview has corresponded with representatives, staff and government officials outlining concerns and

Part IV Supplemental Information *(continued)*

recommendations regarding health care reform and other health care related topics. Many of these activities were conducted by employees of Fairview and the expenditures for this activity totaled approximately \$163,660.

Additionally, Fairview paid approximately \$715,371 to outside lobbyists in 2017. This amount includes an amount of Minnesota Hospital Association Dues that was determined to be used for lobbying activities.

Fairview also provided information and/or expressed its concern to legislative bodies and government officials on matters directly related to health, the delivery of health care and medical education and/or research. Such activity is normally at the request of a legislative body, committee or member. In 2017, Fairview representatives had meetings with members of the legislative/executive branches of government to discuss issues relating to health care and health care reform. Fairview may also meet with members of government to discuss issues dealing with Fairview's tax exempt status and health care issues including sales tax exemption, state health care reform, real estate tax issues, Medicaid, physician licensing, etc.

Fairview believes these informational meetings are essential to support our charitable purpose and do not constitute attempts to influence specific legislation.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

FAIRVIEW HEALTH SERVICES

Employer identification number

41-0991680

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement and grant fund usage.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, acreage restricted, and questions about monitoring and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures.

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 on Part XIII Yes No

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	1,512,011	1,459,459	1,456,099	1,395,623	1,354,698
b Contributions	52,144	52,743	19,523	68,592	1,279
c Net investment earnings, gains, and losses	12,253	408	-15,640	12,345	21,913
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	-579	-598	-523	-20,461	-122
g End of year balance	1,575,829	1,512,011	1,459,459	1,456,099	1,395,623

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

- a** Board designated or quasi-endowment **u** %
- b** Permanent endowment **u** **92.00** %
- c** Temporarily restricted endowment **u** **8.00** %

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

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		15,545,738		15,545,738
b Buildings		967,052,877	359,678,582	607,374,295
c Leasehold improvements		47,998,907	25,247,688	22,751,219
d Equipment		526,985,701	515,955,346	11,030,355
e Other		502,639,798	312,980,218	189,659,580
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)		u		846,361,187

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

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.) u		

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) Investment in Affiliates	421,555,763
(2) Restricted Fund Investments	12,644,584
(3) Deferred Premiums & Ins. Recoveries	6,802,042
(4) Other Long Term	5,932,612
(5) Debt Service Reserve Fund	28,285
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	446,963,286

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	
(2) Other Liabilities & Related Org	505,713,810
(3) Derivative Finl Instruments	67,078,628
(4) Work Comp Reserve	37,784,003
(5) Other LT Liabilities	26,609,734
(6) Ins Sub Claims Reserve	19,336,955
(7) Deferred Rent	5,677,023
(8) LT Pension	3,712,982
(9) Post Retirement	3,548,610
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	669,461,745

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.

Part V, Line 4 - Intended Uses for Endowment Funds

The intended uses for the Endowment Funds is for educational grants and awards that are given through the Fairview Foundation.

The fund balances were audited between 2013 and 2015 and were restated due to the audit adjustments.

Part X - FIN 48 Footnote

Most of Fairview's controlled affiliates are tax-exempt organizations as described in Section 501(c)(3) of the Internal Revenue Code. These organizations are subject to income tax on any income from unrelated business activities. Fairview also owns or controls certain taxable affiliates. Fairview files income tax returns in the U.S. federal

Part XIII Supplemental Information *(continued)*

jurisdiction and in various state and local jurisdictions. With few exceptions, Fairview is no longer subject to U.S. federal, state, and local, or non-U.S. income tax examinations by tax authorities for years before 2013. Fairview recognizes all tax positions, including those positions in a previously filed tax return or a position expected to be taken in a future tax filing that is reflected in measuring current or deferred income tax assets and liabilities, when it is more likely than not (likelihood of greater than 50%) that, based on technical merits, the position will be sustained upon examination. There are no uncertain tax positions recorded in the consolidated balance sheets as of December 31, 2017, 2016, and 2015. Fairview does not expect that there will be a significant change in the total amount of unrecognized tax benefits within the next 12 months. At December 31, 2017, 2016, and 2015, Fairview has net operating loss carryforwards for federal income tax purposes. A valuation allowance has been recorded for the full amount of the deferred tax asset related to the net operating loss carryforwards due to the uncertainty regarding their use.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

FAIRVIEW HEALTH SERVICES

Employer identification number

41-0991680

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the 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
Central America and the Caribbean			1 Program Services	Self Insurance	7,511,401
Central America and the Caribbean			Investment	Management of Invest	98,803,918
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total		1			106,315,319
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		1			106,315,319

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)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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 **u** _____

3 Enter total number of other organizations or entities **u** _____

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.

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; 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.

Part I, Line 3 - Activities per Region

Region	Expenditures	Investments
Central America and the Caribbean	\$ 7,511,401	\$ 0
Central America and the Caribbean	\$ 0	\$ 98,803,918

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Hospitals

u Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

u Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

41-0991680

FAIRVIEW HEALTH SERVICES

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	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
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 free 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 checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____%	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____%	<input checked="" type="checkbox"/>	
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"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			51,516,379	9,650,015	41,866,364	1.26
b Medicaid (from Worksheet 3, column a)			588,629,500	346,481,250	242,148,250	7.26
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0.00
d Total Financial Assistance and Means-Tested Government Programs			640,145,879	356,131,265	284,014,614	8.51
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,564,466		3,564,466	0.11
f Health professions education (from Worksheet 5)			101,735,452	15,261,370	86,474,082	2.59
g Subsidized health services (from Worksheet 6)			16,773,464	14,206,039	2,567,425	0.08
h Research (from Worksheet 7)			5,464,793	2,653,148	2,811,645	0.08
i Cash and in-kind contributions for community benefit (from Worksheet 8)			199,488		199,488	0.01
j Total. Other Benefits			127,737,663	32,120,557	95,617,106	2.87
k Total. Add lines 7d and 7j			767,883,542	388,251,822	379,631,720	11.38

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0.00
2 Economic development			10,603		10,603	
3 Community support			2,514		2,514	0.00
4 Environmental improvements					0	0.00
5 Leadership development and training for community members			301		301	
6 Coalition building					0	0.00
7 Community health improvement advocacy					0	0.00
8 Workforce development					0	0.00
9 Other					0	0.00
10 Total			13,418		13,418	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

2	60,498,533
3	1,209,970

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	664,462,116
6 Enter Medicare allowable costs of care relating to payments on line 5	831,722,900
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	-167,260,784
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group **University of Minnesota Medical Cen**

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

Community Health Needs Assessment

- 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?
- 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C
- 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12
- If "Yes," indicate what the CHNA report describes (check all that apply):
 - a A definition of the community served by the hospital facility
 - b Demographics of the community
 - c Existing health care facilities and resources within the community that are available to respond to the health needs of the community
 - d How data was obtained
 - e The significant health needs of the community
 - f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
 - g The process for identifying and prioritizing community health needs and services to meet the community health needs
 - h The process for consulting with persons representing the community's interests
 - i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
 - j Other (describe in Section C)
- 4 Indicate the tax year the hospital facility last conducted a CHNA: 20 **15**
- 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted
- 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C
- b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C
- 7 Did the hospital facility make its CHNA report widely available to the public?
- If "Yes," indicate how the CHNA report was made widely available (check all that apply):
 - a Hospital facility's website (list url): **www.fairview.org/our-community-commitm**
 - b Other website (list url): _____
 - c Made a paper copy available for public inspection without charge at the hospital facility
 - d Other (describe in Section C)
- 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11
- 9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 **15**
- 10 Is the hospital facility's most recently adopted implementation strategy posted on a website?
- a If "Yes," (list url): **www.fairview.org/our-community-commitm**
- b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?
- 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.
- 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?
- b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?
- c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? **\$**

	Yes	No
1		X
2		X
3	X	
5	X	
6a		X
6b		X
7	X	
8	X	
10	X	
10b		X
12a		X
12b		

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group University of Minnesota Medical Cen

		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?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
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?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input 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?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>fairview.org/Billing/Financial-Assista</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>fairview.org/billing/fairview-charity-</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>fairview.org/Billing/Financial-Assista</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 checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group University of Minnesota Medical Cen

		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?	X	
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?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	X	
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)

Name of hospital facility or letter of facility reporting group **University of Minnesota Medical Cen**

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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?	23	X
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24	X
	If "Yes," explain in Section C.		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group **Fairview Southdale Hospital**

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

Community Health Needs Assessment

- 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?
- 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C
- 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12
- If "Yes," indicate what the CHNA report describes (check all that apply):
 - a A definition of the community served by the hospital facility
 - b Demographics of the community
 - c Existing health care facilities and resources within the community that are available to respond to the health needs of the community
 - d How data was obtained
 - e The significant health needs of the community
 - f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
 - g The process for identifying and prioritizing community health needs and services to meet the community health needs
 - h The process for consulting with persons representing the community's interests
 - i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
 - j Other (describe in Section C)
- 4 Indicate the tax year the hospital facility last conducted a CHNA: 20 **15**
- 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted
- 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C
- b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C
- 7 Did the hospital facility make its CHNA report widely available to the public?
- If "Yes," indicate how the CHNA report was made widely available (check all that apply):
 - a Hospital facility's website (list url): **www.fairview.org/our-community-commitm**
 - b Other website (list url): _____
 - c Made a paper copy available for public inspection without charge at the hospital facility
 - d Other (describe in Section C)
- 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11
- 9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 **15**
- 10 Is the hospital facility's most recently adopted implementation strategy posted on a website?
- a If "Yes," (list url): **www.fairview.org/our-community-commit**
- b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?
- 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.
- 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?
- b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?
- c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? **\$**

	Yes	No
1		X
2		X
3	X	
5	X	
6a		X
6b		X
7	X	
8	X	
10	X	
10b		X
12a		X
12b		

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group **Fairview Southdale Hospital**

		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?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
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?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input 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?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>fairview.org/Billing/Financial-Assista</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>fairview.org/billing/fairview-charity-</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>fairview.org/Billing/Financial-Assista</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 checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group **Fairview Southdale Hospital**

	Yes	No
<p>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?</p>	X	
<p>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:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>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?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p>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):</p> <p>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</p> <p>b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

<p>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?</p> <p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p>	X	
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Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group **Fairview Southdale Hospital**

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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?	23	X
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24	X
	If "Yes," explain in Section C.		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group **Fairview Ridges Hospital**

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): **3**

Community Health Needs Assessment

- 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?
- 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C
- 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12
- If "Yes," indicate what the CHNA report describes (check all that apply):
 - a A definition of the community served by the hospital facility
 - b Demographics of the community
 - c Existing health care facilities and resources within the community that are available to respond to the health needs of the community
 - d How data was obtained
 - e The significant health needs of the community
 - f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
 - g The process for identifying and prioritizing community health needs and services to meet the community health needs
 - h The process for consulting with persons representing the community's interests
 - i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
 - j Other (describe in Section C)
- 4 Indicate the tax year the hospital facility last conducted a CHNA: 20 **15**
- 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted
- 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C
- b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C
- 7 Did the hospital facility make its CHNA report widely available to the public?
- If "Yes," indicate how the CHNA report was made widely available (check all that apply):
 - a Hospital facility's website (list url): **www.fairview.org/our-community-commit**
 - b Other website (list url): _____
 - c Made a paper copy available for public inspection without charge at the hospital facility
 - d Other (describe in Section C)
- 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11
- 9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 **15**
- 10 Is the hospital facility's most recently adopted implementation strategy posted on a website?
- a If "Yes," (list url): **www.fairview.org/our-community-commit**
- b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?
- 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.
- 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?
- b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?
- c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? **\$**

	Yes	No
1		X
2		X
3	X	
5	X	
6a		X
6b		X
7	X	
8	X	
10	X	
10b		X
12a		X
12b		

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group **Fairview Ridges Hospital**

		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?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
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?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input 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?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>fairview.org/Billing/Financial-Assista</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>fairview.org/billing/fairview-charity-</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>fairview.org/Billing/Financial-Assista</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 checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group **Fairview Ridges Hospital**

	Yes	No
<p>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?</p>	X	
<p>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:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>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?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p>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):</p> <p>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</p> <p>b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

<p>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?</p> <p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p>	X	
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Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group **Fairview Ridges Hospital**

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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?	23	X
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24	X
	If "Yes," explain in Section C.		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group **Fairview Lakes Regional Medical Ctr**

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): **4**

Community Health Needs Assessment

- 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?
- 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C
- 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12
- If "Yes," indicate what the CHNA report describes (check all that apply):
 - a A definition of the community served by the hospital facility
 - b Demographics of the community
 - c Existing health care facilities and resources within the community that are available to respond to the health needs of the community
 - d How data was obtained
 - e The significant health needs of the community
 - f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
 - g The process for identifying and prioritizing community health needs and services to meet the community health needs
 - h The process for consulting with persons representing the community's interests
 - i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
 - j Other (describe in Section C)
- 4 Indicate the tax year the hospital facility last conducted a CHNA: 20 **15**
- 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted
- 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C
- b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C
- 7 Did the hospital facility make its CHNA report widely available to the public?
- If "Yes," indicate how the CHNA report was made widely available (check all that apply):
 - a Hospital facility's website (list url): **www.fairview.org/our-community-commit**
 - b Other website (list url): _____
 - c Made a paper copy available for public inspection without charge at the hospital facility
 - d Other (describe in Section C)
- 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11
- 9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 **15**
- 10 Is the hospital facility's most recently adopted implementation strategy posted on a website?
- a If "Yes," (list url): **www.fairview.org/our-community-commit**
- b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?
- 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.
- 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?
- b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?
- c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? **\$**

	Yes	No
1		X
2		X
3	X	
5	X	
6a		X
6b		X
7	X	
8	X	
10	X	
10b		X
12a		X
12b		

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group Fairview Lakes Regional Medical Ctr

		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?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
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?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input 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?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>fairview.org/Billing/Financial-Assista</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>fairview.org/billing/fairview-charity-</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>fairview.org/Billing/Financial-Assista</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 checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group **Fairview Lakes Regional Medical Ctr**

	Yes	No
<p>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?</p>	X	
<p>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:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>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?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p>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):</p> <p>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</p> <p>b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

<p>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?</p> <p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p>	X	
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Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group **Fairview Lakes Regional Medical Ctr**

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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?	23	X
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24	X
	If "Yes," explain in Section C.		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group **Fairview Northland Regional Hosp**

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): **5**

Community Health Needs Assessment

- 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?
- 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C
- 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12
- If "Yes," indicate what the CHNA report describes (check all that apply):
 - a A definition of the community served by the hospital facility
 - b Demographics of the community
 - c Existing health care facilities and resources within the community that are available to respond to the health needs of the community
 - d How data was obtained
 - e The significant health needs of the community
 - f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
 - g The process for identifying and prioritizing community health needs and services to meet the community health needs
 - h The process for consulting with persons representing the community's interests
 - i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
 - j Other (describe in Section C)
- 4 Indicate the tax year the hospital facility last conducted a CHNA: 20 **15**
- 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted
- 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C
- b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C
- 7 Did the hospital facility make its CHNA report widely available to the public?
- If "Yes," indicate how the CHNA report was made widely available (check all that apply):
 - a Hospital facility's website (list url): **www.fairview.org/our-community-commit**
 - b Other website (list url): _____
 - c Made a paper copy available for public inspection without charge at the hospital facility
 - d Other (describe in Section C)
- 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11
- 9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 **15**
- 10 Is the hospital facility's most recently adopted implementation strategy posted on a website?
- a If "Yes," (list url): **www.fairview.org/our-community-commit**
- b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?
- 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.
- 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?
- b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?
- c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? **\$**

	Yes	No
1		X
2		X
3	X	
5	X	
6a		X
6b		X
7	X	
8	X	
10	X	
10b		X
12a		X
12b		

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group **Fairview Northland Regional Hosp**

		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?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
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?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input 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?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>fairview.org/Billing/Financial-Assista</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>fairview.org/billing/fairview-charity-</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>fairview.org/Billing/Financial-Assista</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 checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group **Fairview Northland Regional Hosp**

	Yes	No
<p>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?</p>	X	
<p>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:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>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?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p>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):</p> <p>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</p> <p>b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

<p>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?</p> <p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p>	X	
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Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group **Fairview Northland Regional Hosp**

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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?	23	X
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24	X
	If "Yes," explain in Section C.		

Part V Facility Information (continued)

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

Facility 1, University of Minnesota Medical Cen - Part V, Line 3e

University of Minnesota Medical Center's priorities emerged following a multi-step prioritization process.

Initial prioritization by Community Health Department:

An initial review of all data was completed by the assessment team, using the following criteria as recommended by the Internal Revenue Service:

- Scope/size of health need (e.g., how many individuals impacted)
- Severity of the health need
- The degree to which health disparities affect the need
- The burden to society if the need is not met

The overall process of prioritization and high-level focus areas aligned with local, state and national data sources were presented to the Community Health Steering Committee. The Committee evaluated the nine conditions identified as part of the high-level focus areas:

- Anxiety
- Arthritis
- Asthma
- Cancer
- Depression
- Diabetes
- Heart disease
- Obesity

Part V Facility Information *(continued)*

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

- **Stroke**

The Community Health Steering Committee asked that additional qualitative data be gathered to ensure the community's voice was heard. The committee also requested that additional children's data be gathered, in light of University of Minnesota Medical Center's focus on children via University of Minnesota Masonic Children's Hospital. The Steering Committee elected to have a smaller Data Subcommittee meet to review, prioritize and bring final recommendations on top needs to the full committee for a vote.

Between steering committee meetings the full membership received a survey asking for their individual ranking of the nine health conditions as well as providing the opportunity to add and rank up to two additional needs they felt should be considered by the Data Subcommittee.

Secondary prioritization by Community Health Steering Committee Data Subcommittee:

The Data Subcommittee, along with a paid consultant, met and considered the nine health conditions, the additional conditions identified by members of the Community Health Steering Committee, as well as extensive qualitative data, community and Fairview patient utilization data.

All data were examined using the following criteria:

- Scope/size of problem (# of individuals impacted)
- Severity/seriousness

Part V Facility Information (continued)

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

- Health disparities/vulnerable populations
- Feasibility of interventions
- Ability to demonstrably impact health in three years
- Availability of existing resources (e.g., staff, time, money and equipment)

The following considerations were also taken into account:

- Ability to build upon existing programming and partners
- Degree of community readiness to address identified condition
- Community identified priority/need
- Outreach programming tied to hospital accreditation requirements (e.g., cancer center, trauma designation)
- Ability to impact vulnerable populations

The Data Subcommittee used a consensus voting process to identify five priority areas to bring forward to the full Community Health Steering Committee.

Final prioritization by Community Health Steering Committee:

Members of the Data Subcommittee recommended five priority needs to the Steering Committee. The Steering Committee participated in a final

Part V Facility Information (continued)

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

prioritization process, which included discussing the assets, strengths and gaps of each priority area followed by a ranking of need and alignment by each Steering Committee member for each condition. Once the final ranking occurred, group discussion led to the identification of three areas of need, at which point a vote was taken to determine the final two priorities.

Steering Committee members decided that University of Minnesota Medical Center final priorities would be mental health and well-being and chronic disease prevention and management with a focus on healthy living.

The following rationale was agreed upon in selecting the priority areas:

1. Mental health and well-being is important because:

a. The creation of a mental health category reflects the inclusion of depression, trauma/Post-Traumatic Stress Disorder, anxiety and suicide;

b. There are strong linkages between mental health (particularly depression and anxiety) and chronic disease conditions;

c. Language was chosen to both address stigma health on (e.g., mental health) and to allow community acceptance and investment in communities and populations in which mental illness of any kind is highly stigmatized (e.g., well-being);

d. This priority allows a wide range of potential interventions ranging from holistic health practices such as mindfulness and meditation to expressions through the arts (e.g., open mic nights);

e. It is tied to public health priorities; and

f. It provides the ability to leverage resources.

Part V Facility Information *(continued)*

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

2. Chronic disease prevention and management with a focus on healthy living is important because:

- a. It is tied to public health priorities;
- b. It provides the ability to leverage existing resources;
- c. There are strong linkages between chronic disease conditions and mental health—poor mental health can reduce both treatment and medication adherence as well as lead to worse health outcomes;
- d. Both the prevention of chronic disease and the management of existing chronic conditions impact the quality of life for individuals, families and communities;
- e. The inclusion of a particular focus on healthy living was added to convey a positive tone, set the stage for community acceptance and investment and align with State Health Improvement Program priorities;
- f. Strategies to prevent and manage chronic disease conditions overlap with strategies to prevent and address obesity;
- g. High levels of health disparities exist in Minnesota for chronic disease mortality including heart disease, cancer and diabetes;
- h. It is an area of local, state and national focus; and
- i. It provides an opportunity for upstream/prevention (e.g., policy, systems, environmental strategies).

University of Minnesota Medical Center 2015-2018 priorities:

- Mental health and well-being
- Chronic disease prevention and management with a focus on healthy living

Part V Facility Information (continued)

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

Facility 1, University of Minnesota Medical Cen - Part V, Line 5

Fairview's hospitals have worked collaboratively together and in consultation with the broader community to conduct community health needs assessments since 1995. The results of these assessments have been used to inform Fairview's community benefit efforts, ensuring that our programs and services are serving those with the greatest needs.

This report represents months of work by several individuals throughout the University of Minnesota Medical Center and our community. Board Members, pastors, physicians, nurses, educators, public health experts, social service leaders and others, comprise this group that gave of their time, energy, insight and expertise to benefit this project.

In conducting our 2015 Community Health Needs Assessment, we were guided by the following objectives: 1. Identify the unmet health needs of community residents in each hospital's community. 2. Understand the challenges these populations face when trying to maintain and/or improve their health.

3. Understand where underserved populations turn to for services needed to maintain or improve their health.

Assessing the unmet health needs of our community is critically important to carrying out Fairview's mission to heal, discover and educate for longer, healthier lives. The insight gathered through this process will help to improve the University of Minnesota Medical Center's community benefit activities in the years ahead.

The following list of individuals are members of that Steering Committee:

Suzanne Burke-Lehman, RN, Department of Nursing, Saint Catherine University
Debra Cathcart, Chief Nursing Executive, University of Minnesota Medical Center

Part V Facility Information (continued)

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

Dustin Chapman, Behavioral Services Liaison, University of Minnesota

Medical Center

Kelly Chatman, Senior Pastor, Redeemer Lutheran Church

Diane Cross, Board Chair, University of Minnesota Medical Center

**Caroline Dunn O'Brien, PhD, Public Health Epidemiologist, Independent
Consultant**

**Ann Ellison, Director of Community Health and Church Relations, Fairview
Health Services**

**Zahra Hassan, Community Health Outreach Coordinator, University of
Minnesota Medical Center**

**Lauren Johnson, Director of Patient and Family Support Services, University
of Minnesota Masonic Children's Hospital**

Sharif Mohamed, Imam and Chaplain, University of Minnesota Medical Center

**Jennifer Morman, Community Benefit Program Manager, Fairview Health
Services**

**Liliana Tobon-Gomez, Principal Health Promotion Specialist, Hennepin County
Human Services and Public Health Department**

Dr. Steve Vincent, Physician, People's Center Health Services

**Pa Chia Vue, Community Health Project Manager, University of Minnesota
Medical Center**

Facility 1, University of Minnesota Medical Cen - Part V, Line 7d

**The Community Health Needs Assessment and Implementation Strategy are
located at**

<http://www.fairview.org/our-community-commitment/local-health-needs>

Part V Facility Information (continued)

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

Facility 1, University of Minnesota Medical Cen - Part V, Line 11

A review of current community benefit programs found that the medical center is meeting existing community needs through provision of charity care, Medicaid services, health professional education programs, as well as participation in the Health Commons, the Healthy Kids & Communities initiative and numerous community education and health events. The most critical needs that were identified and selected are mental health and well-being and chronic disease prevention and management with a focus on healthy living.

Each hospital and/or medical center identified programming to address their identified priority needs. Each selected program is evaluated on an annual basis against program specific anticipated impacts. As part of the evaluation process each indicator is assigned a value of "green", "yellow" or "red" based upon the following criteria.

Green: Met, or exceeded, 2017 goals

Yellow: Partial completion of 2017 goals.

Red: No completion of 2017 goals.

1. Mental Health and Well-Being.

1. The University of Minnesota Medical Center offered the evidence-based Mental Health First Aid USA and Youth Mental Health First Aid USA programs. Participants attend an eight-hour class in which they receive an overview of the risk factors of common mental health and substance abuse illnesses and participate in role-playing simulations to learn how to successfully offer help to those in crisis. Evaluation (e.g., participant pre- and post-test and a six-month evaluation) is built into the design of the program. In partnership with the Fairview Foundation, Fairview is committed

Part V Facility Information (continued)

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

to the resource needs and implementation of this program.

The 2018 anticipated impacts for the Mental Health First Aid programs are to (1) increase knowledge of the signs, symptoms and risk factors of mental illnesses, (2) increase knowledge of the impact of mental and substance use disorders in participants, (3) increase awareness of local resources and where to turn for help and (4) build capacity to assess a situation and help an individual in distress.

2017 Impacts:

Held nine MHFA classes with a total of 259 attendees in 2017.

All four anticipated impacts were assigned a value of "green" (evaluation findings available upon request).

University of Minnesota Medical Center will collaborate with East African Health Project and Summit Guidance to offer the Imam Training Project. The goal of the project is to reduce the stigma of mental illness in the Somali community by engaging Imams (Islamic spiritual leaders) in dialogue around mental health. Imams will attend six three-hour trainings every year.

The anticipated impacts for the Imam Training Project are to (1) increase participant knowledge of mental health symptoms and treatment options, (2) increase participant skills and capacity to promote better access to care and (3) change participant behavior, perceptions and beliefs of mental illness.

2017 Impacts:

Bi-monthly education sessions and discussions were held with area Imams.

Three of three anticipated impacts were assigned a rating of "green" (evaluation of impacts available upon request).

2. Chronic Disease Prevention and Management through Healthy Living

Part V Facility Information (continued)

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

1. The University of Minnesota Medical Center collaborated with Fairview's five other hospitals and medical centers in the evidence-based Living Well: Chronic Disease Self-Management Program developed by Stanford Medicine. The format is a workshop of two-and-a-half-hours, once a week, for six weeks, in a community setting. Evaluation is built into the design of the program around the following topics: self-management behaviors, self-efficacy, health status, health care utilization and education. In partnership with the Fairview Foundation, Fairview is committed to the resource needs and implementation of this program.

The 2018 anticipated impacts for the Chronic Disease Self-Management Program are to (1) increase participant knowledge of techniques to deal with problems such as frustration, fatigue, pain and isolation, (2) increase participant knowledge of appropriate exercise for maintaining and improving strength, flexibility, and endurance, (3) increase participant knowledge of appropriate use of medications, (4) increase participant ability to communicate effectively with family, friends and health professionals, (5) increase participants decision-making ability and (6) increase participants' ability to evaluate new treatments.

2017 Impacts:

1 class was held with 72 attendees present for at least four out of the six weeks of series.

Six of six anticipated impacts were assigned a rating of "green" (evaluation findings available upon request).

The anticipated impacts were identified based upon Stanford's overall program evaluation but we were unable to find an existing tool that measured this impact. An evaluation tool has been designed and will track

Part V Facility Information (continued)

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

this anticipated impact in 2018.

The University of Minnesota Medical Center collaborated with Fairview Health Services other five hospitals and medical centers, local public health and hospital vendors on a Rethink Your Drink, Every Sip Counts! campaign. This campaign is an initiative to educate community residents, hospital patients, patients' families and employees on the health risks associated with drinking sugar-loaded beverages. In partnership with the Fairview Foundation, Fairview is committed to the resource needs and implementation of this program.

The 2018 anticipated impacts for the Rethink Your Drink, Every Sip Counts! campaign are to (1) increase awareness of the risks associated with drinking sugar-sweetened beverages amongst community residents, Fairview patients and employees and (2) review existing vending contracts to bring them in alignment with Partnership for Healthier America's goal of less than 20 percent of vending beverages are sugar-sweetened.

2017 Impacts:

530 water bottle were distributed to participants at community events. Participants were also provided with information about the amount of sugar in sugar-sweetened beverages and the risks associated with drinking them. Modified vendor contract changes (vending at hospital, primary care clinics, specialty care clinics, retail pharmacies and cafeterias). Vending machines were 100% SSB-free in 2017. Recruited provider champion.

Both anticipated impacts were assigned a rating of "green" (evaluation findings available upon request).

The University of Minnesota Medical Center will collaborate with Augsburg

Part V Facility Information *(continued)*

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

College Department of Nursing, East African Health Project and People's Center Health Services to operate **Health Commons: Cedar Riverside**, a health and wellness drop-in center located in the Cedar Riverside neighborhood of Minneapolis. Health Commons is open five days a week for two to three hours and provides the following services: health consultations, nutrition and physical activity classes, massage and healing touch services, and resources and referrals.

The 2018 anticipated impacts for the **Health Commons: Cedar Riverside** is to (1) increase participant knowledge of healthy eating and (2) improve participant behavior related to healthy eating.

2017 Impacts:

The University of Minnesota Medical Center will collaborate with Redeemer Center for Life to operate **Health Commons: The Living Room**, a health and wellness drop-in center located in North Minneapolis. Health Commons is open two days a week for three to four hours and provides the following services: health consultations, nutrition and physical activity classes, massage and healing touch services, and resources and referrals.

The 2018 anticipated impacts for the **Health Commons: The Living Room** is to (1) increase participant knowledge of healthy eating and (2) improve participant behavior related to healthy eating.

2017 Impacts:

There were a total 3,165 community member encounters in 2017.

Two of two anticipated impacts were assigned a rating of "green" (evaluation findings available upon request).

The 2015 University of Minnesota Medical Center (UMMC) Community Health Steering Committee (CHSC) chose not to address the following identified

Part V Facility Information (continued)

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

needs - stroke, social determinants of health and housing for vulnerable populations.

Stroke: determination that community-based primary prevention activities were not feasible given existing hospital resources.

Social determinants of health: determination that this need fell outside of the hospital's ability to demonstrably impact within three years.

Housing for vulnerable populations: determination that this need fell outside of the hospital's ability to demonstrably impact within three years.

Facility 1, University of Minnesota Medical Cen - Part V, Line 16j

A summary of the Financial Assistance Policy is posted in various locations in the hospital.

Facility 2, Fairview Southdale Hospital - Part V, Line 3e

Fairview Southdale Hospital's priorities emerged following a multi-step prioritization process.

Initial prioritization by Community Health Department:

An initial review of all data was completed by the assessment team, using the following criteria as recommended by the Internal Revenue Service:

- **Scope/size of health need (e.g., how many individuals impacted)**
- **Severity of the health need**
- **The degree to which health disparities affect the need**
- **The burden to society if the need is not met**

Part V Facility Information *(continued)*

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

The overall process of prioritization and high-level focus areas aligned with local, state and national data sources were presented to the Community Health Steering Committee. The Committee evaluated the nine conditions identified as part of the high-level focus areas:

- Anxiety
- Arthritis
- Asthma
- Cancer
- Depression
- Diabetes
- Heart disease
- Obesity
- Stroke

Stakeholder Interviews and Community Survey:

Fairview Southdale Hospital community health staff met with ten key stakeholders in the month of September 2015, to gain feedback on the need prioritization process. Notes were taken during the stakeholder interviews, consolidated and prioritized.

Final prioritization by Community Health Steering Committee:

Community health staff presented the consolidated results of the community survey and stakeholder interviews as well as quantitative data tied to three conditions that the majority of stakeholders prioritized as high need

Part V Facility Information (continued)

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

and that most impacted survey respondents: depression, anxiety and obesity.

The Steering Committee initially prioritized a list of nine conditions.

From this list, the Steering Committee narrowed to three conditions and of these three, ultimately chose two top priorities.

Members of the Steering Committee determined Fairview Southdale Hospital's final priorities would be obesity and mental health. The following rationale was agreed upon in selecting the priority areas:

- Obesity is a risk factor or is linked to the other eight high-level focus areas.

- Depression and anxiety should be combined into a single priority area.

- Mental health needs are high in this community and have continued to grow since the 2012 Community Health Needs Assessment.

- These priorities reflect an ability to build upon existing programs and partnerships.

- Social determinants of health are difficult to impact and although this wasn't chosen as a top priority, the committee agreed work would continue in trying to narrow leading indicators.

A consensus decision determined that Fairview Southdale Hospital's 2015-2018 priority areas would be:

Part V Facility Information *(continued)*

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

- Obesity
- Mental health

Facility 2, Fairview Southdale Hospital - Part V, Line 5

Fairview's hospitals have worked collaboratively together and in consultation with the broader community to conduct community health needs assessments since 1995. The results of these assessments have been used to inform Fairview's community benefit efforts, ensuring that our programs and services are serving those with the greatest needs.

This report represents months of work by several individuals throughout Fairview Southdale Hospital and our community. Board members, pastors, physicians, nurses, educators, public health experts, social services leaders and others, comprised this group that gave of their time, energy, insight and expertise to benefit this project.

In conducting our 2015 Community Health Needs Assessment, we were guided by the following objectives: 1. Identify the unmet health needs of community residents in each hospital's community. 2. Understand the challenges these populations face when trying to maintain and/or improve their health.

3. Understand where underserved populations turn to for services needed to maintain or improve their health.

Assessing the unmet health needs of our community is critically important to carrying out Fairview's mission to heal, discover and educate for longer, healthier lives. The insight gathered through this process will help to improve the Fairview Southdale Hospital's community benefit activities in the years ahead.

The following list of individuals are members of that Steering Committee:

Part V Facility Information (continued)

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

Rob Anderson, Doctor of Osteopathic Medicine, Emergency Physician

Professional Association

Ann Ellison, Director of Community Health, Fairview Health Services

Rev. Fred Hanson, Senior Pastor, Woodlake Lutheran Church

Rosa Herrera, Family & Student Support Services Coordinator, Partnership Academy

Britta Hovey, Integrated Vascular Services Director, Fairview Southdale Hospital

Scott Hvizdos, Program Director, Volunteers Enlisted to Assist People (VEAP)

Richard Karulf, MD, Vice President, Medical Affairs, Fairview Southdale Hospital

Brian Knapp, Vice President, Hospital Operations, South Region, Fairview Health Services

Alissa LeRoux Smith, Community Health and Volunteer Services Manager, Fairview Southdale Hospital

Jennifer Morman, Community Benefit Program Manager, Fairview Health Services

Bonnie Paulsen, Public Health Administrator, City of Bloomington Public Health Division

Francisco Ramirez, Community Health Worker, Fairview Southdale Hospital

JoAnna Roberson, Nurse Manager, Adult Mental Health, Fairview Southdale Hospital

Cathy Utne, Director, Patient and Guest Services, Fairview Southdale Hospital

Heriberto Vargas, Spanish Communication Specialist/Liaison, Eden Prairie

Part V Facility Information (continued)

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

Schools**Facility 2, Fairview Southdale Hospital - Part V, Line 7d**

The Community Health Needs Assessment and Implementation Strategy are located at:

<http://www.fairview.org/our-community-commitment/local-health-needs>

Facility 2, Fairview Southdale Hospital - Part V, Line 11

A review of current community benefit programs found that the hospital is meeting existing community needs through provision of charity care, Medicaid services, on the job training programs, community health fairs, Telecare, a telephone check-in program, funding for transportation for low-income individuals, financial support for programs at Normandale Center for Healing and Wholeness and educational programs. These activities were determined to be valuable priorities for the hospitals implementation strategy.

Each hospital and/or medical center identified programming to address their identified priority needs. Each selected program is evaluated on an annual basis against program specific anticipated impacts. As part of the evaluation process each indicator is assigned a value of "green", "yellow" or "red" based upon the following criteria.

Green: Met, or exceeded, 2017 goals

Yellow: Partial completion of 2017 goals.

Red: No completion of 2017 goals.

1. Obesity

1. Fairview Southdale Hospital collaborated with Fairview Health Services

Part V Facility Information (continued)

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

other five hospitals and medical centers, local public health and hospital vendors on a Rethink Your Drink, Every Sip Counts! campaign. This campaign is an initiative to educate community residents, hospital patients, patients' families and employees on the health risks associated with drinking sugar-loaded beverages. In partnership with the Fairview Foundation, Fairview is committed to the resource needs and implementation of this program.

The 2018 anticipated impacts for the Rethink Your Drink, Every Sip Counts! campaign are to (1) increase awareness of the risks associated with drinking sugar-sweetened beverages amongst community residents, Fairview patients and employees and (2) review existing vending contracts to bring them in alignment with Partnership for Healthier America's goal of less than 20 percent of vending beverages are sugar-sweetened. 315 water bottles were distributed and 25 pledge cards were signed by participants at community events. Participants were also provided with information about the amount of sugar in sugar-sweetened beverages and the risks associated with drinking them.

2017 Impacts:

Conducted a 4-week educational wellness challenge - Sugar Savvy Challenge - 67 employees participated in the challenge.

Participated in two health fairs and community events with RYD messaging, activities and beverage sampling.

Modified vendor contract changes (vending at hospital, primary care clinics, specialty care clinics, retail pharmacies and cafeterias).

Vending machines were 100% SSB-free .

Recruited provider champion.

Part V Facility Information *(continued)*

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

Both anticipated impacts were assigned a rating of "green" (evaluation findings available upon request).

2. Fairview Southdale Hospital's Community Health Department and Fairview Ridges Hospital will collaborate with local agencies that serve Latinos in the Latino Community Health Education Initiative to offer health education sessions focused on mental health and obesity reduction presented in Spanish by a bi-lingual Latino Community Health Worker. Evaluation (participant surveys measuring increased knowledge and behavior change) was built into the design of the program. In partnership with the Fairview Foundation, Fairview is committed to the resource needs and implementation of this program.

The 2018 anticipated impacts of Latino Community Health Education are to (1) increase participant knowledge on the impact of mental health problems and obesity on overall health, (2) increase participant awareness of behaviors that can positively impact mental health and/or obesity and (3) increase reach of community education to various sub-populations within the Latino community.

2017 Impacts:

34 community educational presentations and/or classes were provided to Latino community members around topics related to mental health and obesity. 523 adults attended a presentat or outreach activity on the topic of obesity or mental health. 121 children attended a presentation or outreach activity.

Three of three anticipated impacts was assigned a rating of "green" (evaluation findings available upon request).

2. Mental Health and Well-Being

Part V Facility Information *(continued)*

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

1. Fairview Southdale Hospital offered the evidence-based Mental Health First Aid USA and Youth Mental Health First Aid USA programs. Participants attend an eight-hour class in which they receive an overview of the risk factors of common mental health and substance abuse illnesses and participate in role-playing simulations to learn how to successfully offer help to those in crisis. Evaluation (e.g., participant pre- and post-test and a six-month evaluation) is built into the design of the program. In partnership with the Fairview Foundation, Fairview is committed to the resource needs and implementation of this program.

The 2018 anticipated impacts for the Mental Health First Aid programs are to (1) increase knowledge of the signs, symptoms and risk factors of mental illnesses, (2) increase knowledge of the impact of mental and substance use disorders in participants, (3) increase awareness of local resources and where to turn for help and (4) build capacity to assess a situation and help an individual in distress.

2017 Impacts:

Held five MHFA classes with a total of 88 attendees in 2017.

"All four anticipated impacts were assigned a value of "green" (evaluation findings available upon request).

Chronic Disease Prevention and Management through Healthy Living

1. Fairview Southdale Hospital collaborated with Fairview's five other hospitals and medical centers in the evidence-based Living Well: Chronic Disease Self-Management Program developed by Stanford Medicine. The format is a workshop of two-and-a-half-hours, once a week, for six weeks, in a community setting. Evaluation is built into the design of the program around the following topics: self-management behaviors, self-efficacy,

Part V Facility Information (continued)

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

health status, health care utilization and education. In partnership with the Fairview Foundation, Fairview is committed to the resource needs and implementation of this program.

The 2018 anticipated impacts for the Chronic Disease Self-Management Program are to (1) increase participant knowledge of techniques to deal with problems such as frustration, fatigue, pain and isolation, (2) increase participant knowledge of appropriate exercise for maintaining and improving strength, flexibility, and endurance, (3) increase participant knowledge of appropriate use of medications, (4) increase participant ability to communicate effectively with family, friends and health professionals, (5) increase participants decision-making ability and (6) increase participants' ability to evaluate new treatments.

2017 Impacts:

1 class was held with 2 attendees present for at least four out of the six weeks of series. Six of six anticipated impacts were assigned a rating of "green" (evaluation of impacts is available upon request).

2. Fairview Southdale Hospital's Community Health and Endoscopy Departments will collaborate with Fairview Ridges Hospital's Endoscopy Department as well as St. Mary's Clinics to offer the Colon Cancer Prevention Project, which will provide colon cancer prevention education and free colonoscopies to uninsured Latinos. Both the community education and the free colonoscopies will be facilitated by a bi-lingual community health worker fluent in Spanish. Evaluation (number of people educated, number of colonoscopies performed, and patient experience surveys) was built into the design of the program. In partnership with the Fairview Foundation,

Part V Facility Information (continued)

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

Fairview is committed to the resource needs and implementation of this program.

The 2018 anticipated impacts for the Latino Colon Cancer Prevention Project are to (1) increase knowledge in the Latino community of ways to prevent and test for colon cancer, (2) provide up to 30 free colonoscopy procedures to uninsured Latinos per year and (3) provide a culturally responsive experience from community education to colonoscopy procedure.

2017 Impacts:

30 uninsured Latino men over the age of 50 received free colonoscopies. Three of four anticipated impacts were assigned a rating of "green" (evaluation findings available upon request).

The 2015 Fairview Southdale Hospital (FSH) Community Health Steering Committee (CHSC) chose not to address the following identified needs - stroke, social determinants of health and housing for vulnerable populations.

Stroke: determination that community-based primary prevention activities were not feasible given existing hospital resources.

Social determinants of health: determination that this need fell outside of the hospital's ability to demonstrably impact within three years.

Housing for vulnerable populations: determination that this need fell outside of the hospital's ability to demonstrably impact within three years.

Facility 2, Fairview Southdale Hospital - Part V, Line 16j

A summary of the Financial Assistance Policy is posted in various locations in the hospital.

Part V Facility Information *(continued)*

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

Facility 3, Fairview Ridges Hospital - Part V, Line 3e

Fairview Ridges Hospital's priorities were determined by the Steering Committee. In 2013 and 2014, Fairview Ridges Hospital staff participated in both the Dakota and Scott County community health assessment processes. The data gathered during their assessment and prioritization processes informed and influenced the prioritization process of Fairview Ridges Hospital's Steering Committee.

Initial prioritization by Community Health Department:

An initial review of all data was completed by the assessment team, using the following criteria as recommended by the Internal Revenue Service:

- Scope/size of health need (e.g., how many individuals impacted)
- Severity of the health need
- The degree to which health disparities affect the need
- The burden to society if the need is not met

The overall process of prioritization and high-level focus areas aligned with local, state and national data sources were presented to the Community Health Steering Committee. The committee evaluated nine conditions identified as part of the high-level focus areas:

- Anxiety
- Arthritis
- Asthma

Part V Facility Information *(continued)*

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

- **Cancer**
- **Depression**
- **Diabetes**
- **Heart disease**
- **Obesity**
- **Stroke**

Final prioritization by Community Health Steering Committee:

Community health staff presented the consolidated results of the community survey to Steering Committee members. After discussion, the committee determined Fairview Ridges Hospital's final priorities of mental health and chronic disease. In discussing prioritization of needs, the Steering Committee reviewed the overlap between the needs identified through the community survey and other data reviewed with the priorities identified through the Scott and Dakota County assessments.

In addition, the following rationale was agreed upon in selecting the priority areas:

- Diet and exercise will reduce most, if not all, of the priority/chronic health conditions listed.
- Depression and anxiety should be combined into a single priority area.
- Exercise will lessen anxiety and depression.
- Mental health needs are high in this community and have continued to grow since the 2012 Community Health Needs Assessment.
- Overlap with Public Health priorities and program/outreach alignment of

Part V Facility Information *(continued)*

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

work will be possible.

- These priorities reflect an ability to build upon existing programs and partnerships.

Discussion led to a consensus decision on the hospital's 2015-2018 priority areas. Fairview Ridges Hospital's 2015-2018 Priorities:

- Mental Health
- Chronic Disease

Facility 3, Fairview Ridges Hospital - Part V, Line 5

Fairview's hospitals have worked collaboratively together and in consultation with the broader community to conduct community health needs assessments since 1995. The results of these assessments have been used to inform Fairview's community benefit efforts, ensuring that our programs and services are serving those with the greatest needs.

This report represents months of work by several individuals throughout Fairview Ridges Hospital and our community. Board members, pastors, physicians, nurses, educators, public health experts, social service leaders and others, comprised this group that gave of their time, energy, insight and expertise to benefit this project.

In conducting our 2015 Community Health Needs Assessment, we were guided by the following objectives: 1. Identify the unmet health needs of community residents in each hospital's community. 2. Understand the challenges these populations face when trying to maintain and/or improve their health. 3. Understand where underserved populations turn to for services needed to maintain or improve their health.

Part V Facility Information (continued)

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

Assessing the unmet health needs of our community is critically important to carrying out Fairview's mission to heal, discover and educate for longer, healthier lives. The insight gathered through this process will help to improve Fairview Ridges Hospital's community benefit activities in the years ahead.

The following list of individuals are members of that Steering Committee:

Pat Belland, President, Fairview Ridges Hospital

Ann Ellison, Director of Community Health, Fairview Health Services

Todd Kihne, MD, Chief of Staff, Suburban Radiologic Consultants

Brian Knapp, Vice President of Operations, South Region, Fairview Health Services

BJ Larson, Director, Spiritual Health, Fairview Health Services

Rev. Jeff Marian, Lead Pastor, Prince of Peace Lutheran Church

Janet Mohr, LQ/CHSC Chair, MN Department of Education

Sal Mondelli, President & CEO, 360 Communities

Stacy Montgomery, Director of Patient Relations and Volunteer Services, Fairview Ridges Hospital

Jenny Morman, Community Benefit Program Manager, Fairview Health Services

Eric Nelson, Director of Clinical Quality, Fairview Ridges Hospital

Julie Sethney, RN, Director of Patient Care, Fairview Ridges Hospital

Lisa Snyder, PhD, Superintendent, Lakeville Area Public Schools

John Stoltenberg, MD, Interim Vice President of Medical Affairs, Fairview Ridges Hospital

Jessica Vanderscoff, MD, Physician, Prior Lake Fairview Clinics

Robert Vogel, Board Chair, New Market Bank

Jeoff Will, Vice President of Operations, Fairview Ridges Hospital

Part V Facility Information (continued)

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

Facility 3, Fairview Ridges Hospital - Part V, Line 7d

The Community Health Needs Assessment and Implementation Strategy are located at

<http://www.fairview.org/our-community-commitment/local-health-needs>

Facility 3, Fairview Ridges Hospital - Part V, Line 11

The most critical needs identified and selected were mental health and obesity.

Each hospital and/or medical center identified programming to address their identified priority needs. Each selected program is evaluated on an annual basis against program specific anticipated impacts. As part of the evaluation process each indicator is assigned a value of "green", "yellow" or "red" based upon the following criteria.

Green: Met, or exceeded, 2017 goals

Yellow: Partial completion of 2017 goals.

Red: No completion of 2017 goals.

1. Mental Health and Well-Being

1. Fairview Ridges Hospital offered the evidence-based Mental Health First Aid USA and Youth Mental Health First Aid USA programs. Participants attend an eight-hour class in which they receive an overview of the risk factors of common mental health and substance abuse illnesses and participate in role-playing simulations to learn how to successfully offer help to those in crisis. Evaluation (e.g., participant pre- and post-test and a six-month evaluation) is built into the design of the program. In partnership with the Fairview Foundation, Fairview is committed to the resource needs and

Part V Facility Information (continued)

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

implementation of this program.

The 2018 anticipated impacts for the Mental Health First Aid programs are to (1) increase knowledge of the signs, symptoms and risk factors of mental illnesses, (2) increase knowledge of the impact of mental and substance use disorders in participants, (3) increase awareness of local resources and where to turn for help and (4) build capacity to assess a situation and help an individual in distress.

2017 Impacts:

Held MHFA classes with a total of 20 attendees in 2017. 15 people self-identified as wanting to complete Action Plan coaching.

All four anticipated impacts were assigned a value of "green" (evaluation findings available upon request).

2. Fairview Ridges Hospital and Fairview Southdale Hospital's Community Health Department will collaborate with local agencies that serve Latinos in the Latino Community Health Education Initiative to offer health education sessions focused on mental health and obesity reduction presented in Spanish by a bi-lingual Latino Community Health Worker. Evaluation (participant surveys measuring increased knowledge and behavior change) was built into the design of the program. In partnership with the Fairview Foundation, Fairview is committed to the resource needs and implementation of this program.

The 2018 anticipated impacts of Latino Community Health Education are to (1) increase participant knowledge on the impact of mental health problems and obesity on overall health, (2) increase participant awareness of behaviors that can positively impact mental health and/or obesity and (3) increase reach of community education to various sub-populations within the

Part V Facility Information *(continued)*

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

Latino community.

2017 Impacts:

Community educational presentations and/or classes were provided to Latino community members around topics related to mental health and obesity." Three of three anticipated impacts was assigned a rating of "green" (evaluation of findings available upon request).

2. Chronic Disease Prevention and Management through Healthy Living

1. Fairview Ridges Hospital collaborated with Fairview's five other hospitals and medical centers in the evidence-based Living Well: Chronic Disease Self-Management Program developed by Stanford Medicine. The format is a workshop of two-and-a-half-hours, once a week, for six weeks, in a community setting. Evaluation is built into the design of the program around the following topics: self-management behaviors, self-efficacy, health status, health care utilization and education. In partnership with the Fairview Foundation, Fairview is committed to the resource needs and implementation of this program.

The 2018 anticipated impacts for the Chronic Disease Self-Management Program are to (1) increase participant knowledge of techniques to deal with problems such as frustration, fatigue, pain and isolation, (2) increase participant knowledge of appropriate exercise for maintaining and improving strength, flexibility, and endurance, (3) increase participant knowledge of appropriate use of medications, (4) increase participant ability to communicate effectively with family, friends and health professionals, (5) increase participants decision-making ability and (6) increase participants' ability to evaluate new treatments.

2017 Impacts:

Part V Facility Information *(continued)*

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

1 class was held with 8 attendees present for at least four out of the six weeks of series.

Six of six anticipated impacts were assigned a rating of "green" (evaluation of findings is available upon request).

2.Fairview Ridges Hospital's Community Health and Endoscopy Departments will collaborate with Fairview Southdale Hospital's Community Health and Endoscopy Departments as well as St. Mary's Clinics to offer the Colon Cancer Prevention Project, which will provide colon cancer prevention education and free colonoscopies to uninsured Latinos. Both the community education and the free colonoscopies will be facilitated by a bi-lingual community health worker fluent in Spanish. Evaluation (number of people educated, number of colonoscopies performed, and patient experience surveys) was built into the design of the program. In partnership with the Fairview Foundation, Fairview is committed to the resource needs and implementation of this program.

The anticipated impacts for the Latino Colon Cancer Prevention Project are to (1) increase knowledge in the Latino community of ways to prevent and test for colon cancer, (2) provide up to 30 free colonoscopy procedures to uninsured Latinos per year and (3) provide a culturally responsive experience from community education to colonoscopy procedure.

2017 Impacts:

24 uninsured Latino men over the age of 50 received free colonoscopies.

Three of three anticipated impacts were assigned a rating of "green" (evaluation findings available upon request).

2.Fairview Ridges Hospital collaborated with Fairview Health Services other five hospitals and medical centers, local public health and hospital

Part V Facility Information (continued)

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

vendors on a Rethink Your Drink, Every Sip Counts! campaign. This campaign is an initiative to educate community residents, hospital patients, patients' families and employees on the health risks associated with drinking sugar-loaded beverages. In partnership with the Fairview Foundation, Fairview is committed to the resource needs and implementation of this program.

The 2018 anticipated impacts for the Rethink Your Drink, Every Sip Counts! campaign are to (1) increase awareness of the risks associated with drinking sugar-sweetened beverages amongst community residents, Fairview patients and employees and (2) review existing vending contracts to bring them in alignment with Partnership for Healthier America's goal of less than 20 percent of vending beverages are sugar-sweetened.

2017 Impacts:

Conducted a 4-week educational wellness challenge - Sugar Savvy Challenge - 49 employees participated in the challenge.

Modified vendor contract changes (vending at hospital, primary care clinics, specialty care clinics, retail pharmacies and cafeterias).

Vending machines were 90% SSB-free.

Recruited provider champion.

1 of 2 anticipated impacts was assigned a rating of "green" the other anticipated impact was assigned a rating of "red" as no ReTHINK Your Drink presentations were conducted and measured in 2017. (evaluation findings and improvement plan available upon request).

The 2015 Fairview Ridges Hospital (FRH) Community Health Steering Committee (CHSC) choose not to address the following identified needs - stroke, social determinants of health, and housing for vulnerable populations.

Part V Facility Information (continued)

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

Stroke: determination that community-based primary prevention activities were not feasible given existing hospital resources.

Social determinants of health: determination that this need fell outside of the hospital's ability to demonstrably impact within three years.

Housing for vulnerable populations: determination that this need fell outside of the hospital's ability to demonstrably impact within three years.

Facility 3, Fairview Ridges Hospital - Part V, Line 16j

A summary of the Financial Assistance Policy is posted in various locations in the hospital.

Facility 4, Fairview Lakes Regional Medical Ctr - Part V, Line 3e

Fairview Lakes Medical Center's three priorities emerged following a multi-step prioritization process.

Initial prioritization by Community Health Department:

An initial review of all data was completed by the assessment team, using the following criteria as recommended by the Internal Revenue Service:

- **Scope/size of health need (e.g., how many individuals impacted)**
- **Severity of the health need**
- **The degree to which health disparities affect the need**
- **The burden to society if the need is not met**

The overall process of prioritization and high-level focus areas aligned

Part V Facility Information *(continued)*

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

with local, state and national data sources were presented to the Community Health Steering Committee. The Committee evaluated the nine conditions identified as part of the high-level focus areas:

- Anxiety
- Arthritis
- Asthma
- Cancer
- Depression
- Diabetes
- Heart disease
- Obesity
- Stroke

At this time the Steering Committee identified two additional areas to consider, substance abuse/use/alcohol, tobacco and other drugs (ATOD). The Steering Committee elected to have a smaller Data and Prioritization Workgroup meet to review, prioritize and make final recommendations to the full committee as to the top priority needs in this community for a vote.

Secondary prioritization by Community Health Steering Committee/Data and Prioritization Workgroup:

Prior to the Data and Prioritization Workgroup meeting, the full Steering Committee received a survey asking for their individual ranking of the nine health conditions as well as providing the opportunity to add and rank up to three additional needs they felt should be considered by the Data and

Part V Facility Information *(continued)*

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

Prioritization Workgroup.

The Data and Prioritization Workgroup met and considered the nine health conditions, and an additional nine were identified by members of the Steering Committee, community survey responses, county health rankings and community hospital and Emergency Department utilization data.

All data were examined using the following criteria:

- Scope/size of problem (# of individuals impacted)
- Severity/seriousness
- Health disparities/vulnerable populations
- Feasibility of interventions
- Ability to demonstrably impact health in three years
- Availability of existing resources (e.g., staff, time, money and equipment)

The following considerations were also taken into account:

- Ability to build upon existing programming and partners
- Degree of community readiness to address identified condition
- Community identified priority/need
- Outreach programming tied to hospital accreditation requirements (e.g., cancer center, trauma designation)
- Ability to impact vulnerable populations

The Data and Prioritization Workgroup used a consensus voting process to identify five priority areas to bring forward to the full Community Health

Part V Facility Information *(continued)*

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

Steering Committee.

Final prioritization by Community Health Steering Committee:

Members of the Data and Prioritization Workgroup recommended priority needs to the full Steering Committee. The Steering Committee participated in a final prioritization process, which included looking at the assets, strengths and gaps of each identified need followed by a ranking using two criteria, need and feasibility, by each Steering Committee member for each condition. Once the final ranking occurred, group discussion led to the final priority selections.

Steering Committee members decided that Fairview Lakes Medical Center's final priorities would be obesity, mental health and substance use. The following rationale was agreed upon in selecting the priority areas:

1. Obesity is important because:

- a. It is tied to public health priorities;**
- b. It provides the ability to leverage existing resources;**
- c. It is an area of local, state and national focus; and**
- d. It provides an opportunity for upstream/prevention (e.g., policy, systems, environmental strategies).**
- e. It has a causal relationship with many chronic health conditions**

2. Mental health is important because:

- a. The creation of a mental health category reflects the inclusion of depression, anxiety and suicide;**
- b. It is tied to public health priorities; and**

Part V Facility Information *(continued)*

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

c. It provides the ability to leverage resources.

3. Substance use is important because:

a. It includes substance use and abuse of alcohol, tobacco and other drugs;

b. It is tied to public health priorities; and

c. It provides the ability to leverage resources.

Eighteen health needs were identified in the original consideration and, from this list, we narrowed to five areas of need (obesity, substance use/abuse/alcohol, tobacco and other drugs (ATOD), mental health, access to care and asthma). From these five needs, the Steering Committee chose three top priorities.

Fairview Lakes Medical Center 2015-2018 Priorities:

- Obesity**
- Mental Health**
- Substance Use**

Facility 4, Fairview Lakes Regional Medical Ctr - Part V, Line 5

Fairview's hospitals have worked collaboratively together in consultation with the broader community to conduct community health needs assessments since 1995. The results of these assessments have been used to inform Fairview's community benefit efforts, ensuring that our programs and services are serving those with the greatest needs.

This report represents months of work by several individuals throughout Fairview Lakes Medical Center and our community. Board members, pastors, physicians, nurses, educators, public health experts, social service

Part V Facility Information *(continued)*

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

leaders and others, comprised this group that gave of their time, energy, insight and expertise to benefit this project.

Fairview Lakes Medical Center followed Catholic Health Association's 2013 Assessing and Addressing Community Health Needs Guide process recommendations in conducting our 2015 Community Health Needs Assessment and Needs Prioritization Process.

Throughout the assessment process, Fairview Lakes Medical Center worked closely with community organizations and coalitions to ensure the final product was an accurate assessment that represented the community health needs, with a particular focus on persons who are uninsured and/or low-income. Fairview Lakes Medical Center relied upon its established Community Health Steering Committee following a Fairview Health Services standard charter.

Fairview Lakes Medical Center's Community Health Steering Committee has 18 members including the following roles:

Social service agency representative(s)

Representative from underserved communities

Public health representative(s)

A hospital board member

A hospital senior executive

Fairview community health staff

Physician or primary care representative

The following are members of that Steering Committee:

Janet Brainard, Parish Nurse, St. Paul Lutheran Church - Wyoming

Sharna Braucks, Executive Director, YMCA - Forest Lake & Lino Lakes

Kathy Bystrom, North Region Manager, Community Health, Fairview Lakes

Part V Facility Information *(continued)*

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

Medical Center

Kris Clementson, Clinic Administrator, Pine, Rush & North Branch Clinics,

Ann Ellison, Director of Community Health, Fairview Health Services

Kathy Filbert, Community Health Service Administrator, Chisago County

Public Health

Bryan Gaffy, Vice President of Operations, Fairview Lakes Medical Center

Tommi Godwin, Planner II, Washington County Public Health

Deb Henton, Superintendent, North Branch Area Schools

Rosemary Hoolihan, Former Fairview Lakes Medical Center Board & CHSC Member

Dr. Kellie Kershishnik, Physician, Fairview Medical Group

Jenny Morman, Community Benefit Program Manager, Fairview Health Services

Health Services

Ann Norgaard, Community Health Educator/Public Health Planner, Chisago

County Public Health

Joanne Ploetz, Board Member, Fairview Lakes Medical Center Board of

Directors

Jenifer Rancour, Community Health Planner, Kanabec-Pine Public Health

Dr. Paula Rehder, Physician, Fairview Medical Group

Julie Schroeder, Trauma Manager, Fairview Lakes Medical Center

Rich Smith, Executive Director, Family Pathways

Facility 4, Fairview Lakes Regional Medical Ctr - Part V, Line 7d

The Community Health Needs Assessment and Implementation Strategy are located at

<http://www.fairview.org/our-community-commitment/local-health-needs>

Part V Facility Information (continued)

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

Facility 4, Fairview Lakes Regional Medical Ctr - Part V, Line 11

Fairview's Community Health Department provided oversight, standardized tools, processes and instructions and also did the gathering, cleaning, first level analysis and presentation of quantitative and qualitative data. Fairview Lakes Medical Center's local hospital team and Community Health Steering Committee Data Subcommittee also participated in limited data gathering for areas of need identified by the full committee as potential priority areas.

The needs of our community are many and diverse. To provide focus, the areas of priority were based upon where the medical center will have the greatest impact with our particular strengths and expertise.

The most critical needs that were identified and selected are obesity and behavioral health.

Each hospital and/or medical center identified programming to address their identified priority needs. Each selected program is evaluated on an annual basis against program specific anticipated impacts. As part of the evaluation process each indicator is assigned a value of "green", "yellow" or "red" based upon the following criteria.

Green: Met, or exceeded, 2017 goals

Yellow: Partial completion of 2017 goals.

Red: No completion of 2017 goals.

1. Obesity

Fairview Lakes Medical Center collaborated with Fairview Health Services other hospitals and medical centers, local public health and hospital vendors on a Rethink Your Drink, Every Sip Counts! campaign. This campaign is an initiative to educate community residents, hospital patients,

Part V Facility Information *(continued)*

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

patients' families and employees on the health risks associated with drinking sugar-loaded beverages. In partnership with the Fairview Foundation, Fairview is committed to the resource needs and implementation of this program.

The 2018 anticipated impacts for the Rethink Your Drink, Every Sip Counts! campaign are to (1) increase awareness of the risks associated with drinking sugar-sweetened beverages amongst community residents, Fairview patients and employees and (2) review existing vending contracts to bring them in alignment with Partnership for Healthier America's goal of less than 20 percent of vending beverages are sugar-sweetened.

2017 Impacts:

550 water bottles were distributed to participants at community events. Participants were also provided with information about the amount of sugar in sugar-sweetened beverages and the risks associated with drinking them. Modified vendor contract changes (vending at hospital, primary care clinics, specialty care clinics, retail pharmacies and cafeterias). Vending machines were SSB-free.

Recruited two provider champions.

2 anticipated impacts was assigned a rating of "green" (evaluation findings and improvement plan available upon request).

2. Mental Health and Well-Being

Fairview Lakes Medical Center offered the evidence-based Mental Health First Aid USA and Youth Mental Health First Aid USA programs. Participants attend an eight-hour class in which they receive an overview of the risk factors of common mental health and substance abuse illnesses and participate in role-playing simulations to learn how to successfully offer

Part V Facility Information (continued)

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

help to those in crisis. Evaluation (e.g., participant pre- and post-test and a six-month evaluation) is built into the design of the program. In partnership with the Fairview Foundation, Fairview is committed to the resource needs and implementation of this program.

The 2018 anticipated impacts for the Mental Health First Aid programs are to (1) increase knowledge of the signs, symptoms and risk factors of mental illnesses, (2) increase knowledge of the impact of mental and substance use disorders in participants, (3) increase awareness of local resources and where to turn for help and (4) build capacity to assess a situation and help an individual in distress.

2017 Impacts:

Held three MHFA classes with a total of 53 attendees in 2017.

Fairview Lakes Medical Center provides training for, and technical support to, area schools in Lifelines: A Comprehensive Suicide Awareness and Responsiveness Program for Teens offered through the Hazelden Publishing. The Lifelines trilogy includes postvention, prevention and intervention components. It is a research-based program that has been identified as a promising program by the Suicide Prevention Resource Center and is included in the National Registry of Evidence-Based Programs and Practices.

The 2018 anticipated short-term impacts for the Lifelines training are to (1) increase the ability of school staff to identify suicidal behavior among students, (2) increase the ability of school staff to more effectively respond to suicidal students, (3) increase the ability of school staff to effectively respond to the death of a student by suicide, (4) increase the ability of students to identify suicidal behavior among peers, (5) increase the ability of students to respond appropriately to a

Part V Facility Information (continued)

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

suicidal peer and (6) increase help-seeking behavior among students. The anticipated long-term impacts of Lifelines as measured by the Minnesota Student Survey are to (1) decrease suicidal ideation and (2) decrease suicide attempts.

2017 Impacts:

"Six of six short-term anticipated impacts were assigned a value of "green" (evaluation findings evaluation upon request).

"Two of two long-term anticipated impacts were assigned a value of "green". These long-term impacts are being evaluated through data captured, tracked and reported by the State of Minnesota every three years. The "Minnesota Student Survey" data set being used to measure these indicators were not publically released until end of year 2016. This data was analyzed and the anticipated impacts reported on in 2017.

3. Substance Use

1. "Fairview Lakes" (FL) Medical Center will continue to partner with the MOST: FL Drug Free Communities Coalition to prevent and reduce youth substance use among youth in grades 7-12 in the Forest Lake Area School District. MOST: FL, which stands for most kids are making good choices in Forest Lake, utilizes the Strategic Prevention Framework, a five-step planning process to guide coalitions in the selection, implementation and evaluation of effective, evidence-based, culturally appropriate and sustainable substance use prevention activities.

The 2018 anticipated impacts for MOST FL from Minnesota Student Survey and Positive Community Norms Survey data are to (1) decrease in past-30 day prevalence of substance use, (2) increase in the perception of risk/harm of substance use, (3) increase in the perception of parent disapproval of

Part V Facility Information *(continued)*

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

substance use and (4) increase perception of peer disapproval of substance use.

2017 Impacts:

Four of four anticipated impacts were assigned a value of "green" (evaluation findings available upon request).

Chronic Disease Prevention and Management through Healthy Living

1. Fairview Lakes Medical Center is collaborating with Fairview's other hospitals in the evidence-based Living Well: Chronic Disease Self-Management Program developed by Stanford Medicine. The format is a workshop of two-and-a-half-hours, once a week, for six weeks, in a community setting. Evaluation is built into the design of the program around the following topics: self-management behaviors, self-efficacy, health status, health care utilization and education. In partnership with the Fairview Foundation, Fairview is committed to the resource needs and implementation of this program.

The 2018 anticipated impacts for the Chronic Disease Self-Management Program are to (1) increase participant knowledge of techniques to deal with problems such as frustration, fatigue, pain and isolation, (2) increase participant knowledge of appropriate exercise for maintaining and improving strength, flexibility, and endurance, (3) increase participant knowledge of appropriate use of medications, (4) increase participant ability to communicate effectively with family, friends and health professionals, (5) increase participants decision-making ability and (6) increase participants' ability to evaluate new treatments.

2017 Impacts:

Living Well: CDSMP classes were held in 2017 .

Part V Facility Information (continued)

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

Six of six anticipated impacts were assigned a rating of "green".

The 2015 Fairview Lakes Medical Center (FLMC) Community Health Steering Committee (CHSC) choose not to address the following identified needs strokes, access to care, poverty/housing and teen pregnancy.

Strokes - determination that community-based primary prevention activities were not feasible given existing hospital resources.

Poverty/Housing - determination that interventions on behalf of the hospital were not feasible nor did the hospital have available existing resources to address.

Teen pregnancy - determination that community-based primary prevention activities were already being implemented by public health departments and local schools.

Access to care - determination that this need fell outside of the hospital's ability to demonstrably impact within three years.

Facility 4, Fairview Lakes Regional Medical Ctr - Part V, Line 16j

A summary of the Financial Assistance Policy is posted in various locations in the hospital.

Facility 5, Fairview Northland Regional Hosp - Part V, Line 3e

Fairview Northland Medical Center's two priorities emerged following a multi-step prioritization process.

Initial prioritization by Community Health Department:

Part V Facility Information *(continued)*

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

An initial review of all data was completed by the assessment team, using the following criteria as recommended by the Internal Revenue Service:

- **Scope/size of health need (e.g., how many individuals impacted)**
- **Severity of the health need**
- **The degree to which health disparities affect the need**
- **The burden to society if the need is not met**

The overall process of prioritization and high-level focus areas aligned with local, state and national data sources were presented to the Community Health Steering Committee. The Committee evaluated the nine conditions identified as part of the high-level focus areas:

- **Anxiety**
- **Arthritis**
- **Asthma**
- **Cancer**
- **Depression**
- **Diabetes**
- **Heart disease**
- **Obesity**
- **Stroke**

At this time, the committee identified one additional area to consider, substance use/abuse. The Steering Committee elected to have a smaller Data and Prioritization Workgroup meet to review, prioritize and make final recommendations to the full committee as to the top priority needs in this community for a vote.

Part V Facility Information *(continued)*

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

Secondary prioritization by Community Health Steering Committee Data and Prioritization Workgroup:

Prior to the Data and Prioritization Workgroup meeting, the full Steering Committee received a survey asking for their individual ranking of the nine health conditions as well as providing the opportunity to add and rank up to three additional needs they felt should be considered by the Data Subcommittee.

The Data and Prioritization Workgroup considered the ten health conditions and the four additional conditions identified by members of the Steering Committee, community survey responses, county health rankings and community hospital and Emergency Department utilization data.

All data were examined using the following criteria:

- Scope/size of problem (# of individuals impacted)
- Severity/seriousness
- Health disparities/vulnerable populations
- Feasibility of interventions
- Ability to demonstrably impact health in three years
- Availability of existing resources (e.g., staff, time, money and equipment)

The following considerations were also taken into account:

- Ability to build upon existing programming and partners

Part V Facility Information (continued)

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

- Degree of community readiness to address identified condition
- Community identified priority/need
- Outreach programming tied to hospital accreditation requirements (e.g., cancer center, trauma designation)
- Ability to impact vulnerable populations

The Data and Prioritization Workgroup used a consensus voting process to identify four priority areas to bring forward to the full Community Health Steering Committee.

Final prioritization by Community Health Steering Committee:

Members of the Data and Prioritization Workgroup recommended priority needs to the full Steering Committee. The Steering Committee participated in a final prioritization process, which included looking at the assets, strengths and gaps of each priority area followed by a ranking of need and feasibility by each Steering Committee member for each condition. Once the final ranking occurred, group discussion led to the final priority selections.

Steering Committee members decided that Fairview Northland Medical Center's final priorities would be mental health and obesity. The following rationale was agreed upon in selecting the priority areas:

1. Mental health is important because:

a. The creation of a mental health category reflects the inclusion of depression, anxiety and suicide;

Part V Facility Information *(continued)*

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

b. It is tied to public health priorities; and

c. It provides the ability to leverage resources.

2. Obesity is important because:

a. It is tied to public health priorities;

b. It provides the ability to leverage existing resources;

c. It is an area of local, state and national focus; and

d. It provides an opportunity for upstream/prevention (e.g., policy, systems, environmental strategies).

Fourteen health needs were identified in the original consideration and from this list we narrowed to four areas (obesity, mental health, substance use/abuse and asthma) and of these four needs, the Steering Committee chose two top priorities.

Fairview Northland Medical Center 2015-2018

Priorities:

- Mental health
- Obesity

Facility 5, Fairview Northland Regional Hosp - Part V, Line 5

Fairview's hospitals have worked collaboratively together and in consultation with the broader community to conduct community health needs assessments since 1995. The results of these assessments have been used to inform Fairview's community benefit efforts, ensuring that our programs and services are serving those with the greatest needs.

This report represents months of work by several individuals throughout

Part V Facility Information (continued)

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

Fairview Northland Medical Center and our community. Board members, pastors, physicians, nurses, educators, public health experts, social service leaders and others, comprised this group that gave of their time, energy, insight and expertise to benefit this project.

In conducting our 2015 Community Health Needs Assessment, we were guided by the following objectives: 1. Identify the unmet health needs of community residents in each hospital's community. 2. Understand the challenges these populations face when trying to maintain and/or improve their health.

3. Understand where underserved populations turn to for services needed to maintain or improve their health.

Assessing the unmet health needs of our community is critically important to carrying out Fairview's mission of healing, discovery and education for longer, healthier lives. The insight gathered through this process will help to improve Fairview Northland Medical Center's community benefit activities in the years ahead.

The following list of individuals are members of that Steering Committee:
Kathy Bystrom, North Region Manager, Community Health, Fairview Northland Medical Center

Ann Ellison, Director of Community Health and Church Relations, Fairview Health Services

Lori Engblom, Manager, RESOURCE Chemical & Mental Health

Julia Espe, Superintendent, Princeton Public Schools

Bryan Gaffy, Vice President of Operations, Fairview Lakes Medical Center

Molly Hanson, Executive Director, YMCA Elk River

Sue Herm, Board Member and Executive Committee Member, Fairview Northland Medical Center Board of Directors

Part V Facility Information *(continued)*

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

Jennifer Morman, Community Benefit Program Manager, Fairview Health Services

Kay Nastrom, Community Health Services Supervisor and Administrator, Mille Lacs County Public Health

Jeremy Peterson, MD, Physician, Fairview Medical Group

Jenifer Rancour, Community Health Planner, Kanabec-Pine Public Health

Julie Schroeder, Trauma Manager, Fairview Northland Medical Center

Alisha Voigt, SHIP Coordinator/Health Educator, Mille Lacs County Public Health

Kara Zoller, Health Promotion Supervisor, Sherburne County Health and Human Services

Facility 5, Fairview Northland Regional Hosp - Part V, Line 7d

The Community Health Needs Assessment and Implementation Strategy are located at

<http://www.fairview.org/our-community-commitment/local-health-needs>

Facility 5, Fairview Northland Regional Hosp - Part V, Line 11

The needs of our community are many and diverse. To provide focus, the areas of priority were selected based upon where the medical center will have the greatest impact with our particular strengths and expertise.

The most critical needs identified and selected were: mental health and obesity. Fairview Northland's review of current community benefit programs discovered that the hospital is currently meeting existing community needs through provision of charity care, Medicaid services, health professional education programs, IMPACT Concussion testing, Meals ala Car, the annual Be

Part V Facility Information *(continued)*

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

Healthy Be Safe: safety fair and bike rodeo, membership on REACH, annual community based flu shot clinics and Medical Explorers. These activities were determined to be valuable priorities for the medical centers implementation strategy.

Each hospital and/or medical center identified programming to address their identified priority needs. Each selected program is evaluated on an annual basis against program specific anticipated impacts. As part of the evaluation process each indicator is assigned a value of "green", "yellow" or "red" based upon the following criteria.

Green: Met, or exceeded, 2017 goals.

Yellow: Partial completion of 2017 goals.

Red: No completion of 2017 goals.

1. Mental Health and Well-Being

1. Fairview Northland Medical Center offered the evidence-based Mental Health First Aid USA and Youth Mental Health First Aid USA programs.

Participants attend an eight-hour class in which they receive an overview of the risk factors of common mental health and substance abuse illnesses and participate in role-playing simulations to learn how to successfully offer help to those in crisis. Evaluation (e.g., participant pre- and post-test and a six-month evaluation) is built into the design of the program. In partnership with the Fairview Foundation, Fairview is committed to the resource needs and implementation of this program.

The 2018 anticipated impacts for the Mental Health First Aid programs are to (1) increase knowledge of the signs, symptoms and risk factors of mental illnesses, (2) increase knowledge of the impact of mental and substance use disorders in participants, (3) increase awareness of local resources and

Part V Facility Information *(continued)*

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

where to turn for help and (4) build capacity to assess a situation and help an individual in distress.

2017 Impacts:

Held three MHFA classes with a total of 40 attendees in 2017.

All four anticipated impacts were assigned a value of "green" (evaluation findings available upon request).

Fairview Lakes Medical Center provides training for, and technical support to, area schools in Lifelines: A Comprehensive Suicide Awareness and Responsiveness Program for Teens offered through the Hazelden Publishing. The Lifelines trilogy includes postvention, prevention and intervention components. It is a research-based program that has been identified as a promising program by the Suicide Prevention Resource Center and is included in the National Registry of Evidence-Based Programs and Practices.

The 2018 anticipated short-term impacts for the Lifelines training are to (1) increase the ability of school staff to identify suicidal behavior among students, (2) increase the ability of school staff to more effectively respond to suicidal students, (3) increase the ability of school staff to effectively respond to the death of a student by suicide, (4) increase the ability of students to identify suicidal behavior among peers, (5) increase the ability of students to respond appropriately to a suicidal peer and (6) increase help-seeking behavior among students. The anticipated long-term impacts of Lifelines as measured by the Minnesota Student Survey are to (1) decrease suicidal ideation and (2) decrease suicide attempts.

2017 Impacts:

Six of six short-term anticipated impacts were assigned a value of "green"

Part V Facility Information (continued)

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

(evaluation findings evaluation upon request).

Two of two long-term anticipated impacts were assigned a value of "green". These long-term impacts are being evaluated through data captured, tracked and reported by the State of Minnesota every three years. The "Minnesota Student Survey" data set being used to measure these indicators was not publicly released until end of year 2017. This data was analyzed and the anticipated impacts reported on in 2017.

2. Obesity

1. Fairview Northland Medical Center collaborated with Fairview Health Services other hospitals and medical centers, local public health and hospital vendors on a Rethink Your Drink, Every Sip Counts! campaign. This campaign is an initiative to educate community residents, hospital patients, patients' families and employees on the health risks associated with drinking sugar-loaded beverages. In partnership with the Fairview Foundation, Fairview is committed to the resource needs and implementation of this program.

The 2018 anticipated impacts for the Rethink Your Drink, Every Sip Counts! campaign are to (1) increase awareness of the risks associated with drinking sugar-sweetened beverages amongst community residents, Fairview patients and employees and (2) review existing vending contracts to bring them in alignment with Partnership for Healthier America's goal of less than 20 percent of vending beverages are sugar-sweetened.

2017 Impacts:

18 people attended a Living Well workshop.

20 water bottles were distributed to participants at community events.

Participants were also provided with information about the amount of sugar

Part V Facility Information (continued)

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

in sugar-sweetened beverages and the risks associated with drinking them.

Modified vendor contract changes (vending at hospital, primary care clinics, specialty care clinics, retail pharmacies and cafeterias).

Vending machines were SSB-free.

Recruited two provider champions.

2 anticipated impacts was assigned a rating of "green".

(evaluation findings and improvement plan available upon request).

Chronic Disease Prevention and Management through Healthy Living

1. Fairview Northland Medical Center is collaborating with Fairview's other

hospitals in the evidence-based Living Well: Chronic Disease Self-

Management Program developed by Stanford Medicine. The format is a workshop

of two-and-a-half-hours, once a week, for six weeks, in a community

setting. Evaluation is built into the design of the program around the

following topics: self-management behaviors, self-efficacy, health status,

health care utilization and education. In partnership with the Fairview

Foundation, Fairview is committed to the resource needs and implementation

of this program.

The 2018 anticipated impacts for the Chronic Disease Self-Management

Program are to (1) increase participant knowledge of techniques to deal

with problems such as frustration, fatigue, pain and isolation, (2)

increase participant knowledge of appropriate exercise for maintaining and

improving strength, flexibility, and endurance, (3) increase participant

knowledge of appropriate use of medications, (4) increase participant

ability to communicate effectively with family, friends and health

professionals, (5) increase participants decision-making ability and (6)

increase participants' ability to evaluate new treatments.

Part V Facility Information (continued)

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

2017 Impacts:

Living Well: Two CDSMP classes were held in 2017.

Six of six anticipated impacts were assigned a rating of "green".

The 2015 Fairview Northland Medical Center (FNMC) Community Health Steering Committee (CHSC) choose not to address the following identified needs stroke, teen pregnancy, substance use and abuse, alcohol, tobacco and other drugs, health care affordability, social determinants of health, health equity and access to care.

Strokes: determination that community-based primary prevention activities were not feasible given existing hospital resources.

Teen pregnancy: determination that community-based primary prevention activities were already being implemented by public health departments and local schools.

Substance use and abuse: determination that community-based primary prevention activities were already being implemented by local community organizations and local schools.

Alcohol/tobacco and other drugs: determination that community-based primary prevention activities were already being implemented by local community organizations and local schools.

Health Care Affordability; determination that this need fell outside of the hospital's ability to demonstrably impact within three years.

Social determinants of health: determination that this need fell outside of the hospital's ability to demonstrably impact within three years.

Health equity: determination that this need fell outside of the hospital's ability to demonstrably impact within three years.

Access to care: determination that this need fell outside of the hospital's

Part V Facility Information *(continued)*

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

ability to demonstrably impact within three years.

Facility 5, Fairview Northland Regional Hosp - Part V, Line 16j

A summary of the Financial Assistance Policy is posted in various locations in the hospital.

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? 101

Name and address	Type of Facility (describe)
1 CLINICS - WYOMING 5200 FAIRVIEW BLVD WYOMING MN 55092	FREE STANDING CLINIC
2 CLINICS - FRIDLEY 6341 UNIVERSITY AVE NE FRIDLEY MN 55432	FREE STANDING CLINIC
3 CLINICS - ANDOVER 13819 HANSON BLVD NW ANDOVER MN 55304	FREE STANDING CLINIC
4 CLINICS - BROOKLYN PARK 1000 ZANE AVE NE BROOKLYN PARK MN 55443	FREE STANDING CLINIC
5 CLINICS - PRINCETON 919 NORTHLAND DRIVE PRINCETON MN 55371	FREE STANDING CLINIC
6 CVC - SOUTHDALE 6405 FRANCE AVE S STE W200 EDINA MN 55435	SPECIALTY CLINIC
7 CLINICS - BLAINE 10961 CLUB WEST PARKWAY NE BLAINE MN 55449	FREE STANDING CLINIC
8 GPO ADMIN 2450 RIVERSIDE AVE MINNEAPOLIS MN 55454	FREE STANDING CLINIC
9 CLINICS - ELK RIVER 290 MAIN ST NW STE 100 ELK RIVER MN 55330	FREE STANDING CLINIC
10 CLINICS - WYOMING PRIMARY CARE 5200 FAIRVIEW BLVD WYOMING MN 55092	FREE STANDING CLINIC

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? _____

Name and address	Type of Facility (describe)
11 ORTHO LABS - FHME 2200 UNIVERSITY AVE W ST PAUL MN 55114	PT CLINIC
12 CVC - UMMC 2525 UNIVERSITY AVENUE SE MINNEAPOLIS MN 55414	SPECIALTY CLINIC
13 CLINICS - COLUMBIA HEIGHTS 4000 CENTRAL AVE NE COLUMBIA HEIGHTS MN 55421	FREE STANDING CLINIC
14 ONCOLOGY - UMMC 2525 UNIVERSITY AVENUE SE MINNEAPOLIS MN 55414	SPECIALTY CLINIC
15 SCPA - SOUTHDALE 6405 FRANCE AVE S EDINA MN 55435	SPECIALTY CLINIC
16 LAKES - HOMECARING & HOSPICE 5200 FAIRVIEW BLVD WYOMING MN 55092	SPECIALTY CLINIC
17 CLINICS - LINO LAKES 7455 VILLAGE DRIVE LINO LAKES MN 55014	FREE STANDING CLINIC
18 CLINICS - MAPLE GROVE 14500 99TH AVENUE N MAPLE GROVE MN 55369	FREE STANDING CLINIC
19 CLINICS - NORTH BRANCH 6413 OAK STREET NORTH BRANCH MN 55056	FREE STANDING CLINIC
20 CLINICS - CHISAGO 11725 STINSON AVE CHISAGO CITY MN 55013	FREE STANDING CLINIC

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? _____

Name and address	Type of Facility (describe)
21 CLINICS - BLOOMINGTON LK XERXES 7901 XERXES AVENUE SOUTH BLOOMINGTON MN 55431	FREE STANDING CLINIC
22 SCPA - RIDGES 305 NICOLLET BLVD STE 372 BURNSVILLE MN 55337	SPECIALTY CLINIC
23 CLINICS - ZIMMERMAN 25945 GATEWAY DRIVE ZIMMERMAN MN 55398	FREE STANDING CLINIC
24 HAND CENTER - ORTHO 2512 7TH ST S STE R102 MINNEAPOLIS MN 55454	PT CLINIC
25 CLINICS - MILACA 150 10TH STREET NW MILACA MN 56353	FREE STANDING CLINIC
26 CLINICS - HUGO 14663 MERCANTILE DRIVE HUGO MN 55038	FREE STANDING CLINIC
27 CLINICS - RUSH CITY 760 W FOURTH STREET RUSH CITY MN 55069	FREE STANDING CLINIC
28 SCPA - VEIN SOLUTIONS 6405 FRANCE AVE S EDINA MN 55435	SPECIALTY CLINIC
29 CLINICS - BROOKLYN PARK UC 1000 ZANE AVE NE BROOKLYN PARK MN 55443	FREE STANDING CLINIC
30 CVC - RIDGES 305 NICOLLET BLVD STE 372 BURNSVILLE MN 55337	SPECIALTY CLINIC

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? _____

Name and address	Type of Facility (describe)
31 CLINICS - HOSPITAL 1000 ZANE AVE NE BROOKLYN PARK MN 55443	FREE STANDING CLINIC
32 FV CLINICS - FSOC WYOMING 5200 FAIRVIEW BLVD WYOMING MN 55092	PT CLINIC
33 IAM - EDINA 6363 FRANCE AVE STE 100 EDINA MN 55435	PT CLINIC
34 SR SVCCS & OTHER CONTINUM SVCS 2450 RIVERSIDE AVENUE MINNEAPOLIS MN 55454	FREE STANDING CLINIC
35 CLINICS - BLOOMINGTON LK MPLS 1527 E LAKE STREET MINNEAPOLIS MN 55407	FREE STANDING CLINIC
36 IAM - BURNSVILLE 675 E NICOLLET BLVD #135 BURNSVILLE MN 55337	PT CLINIC
37 FV CLINICS - FS OC OAK RIDGE 675 E NICOLLET BLVD STE 250 BURNSVILLE MN 55337	PT CLINIC
38 IAM - EDEN PRAIRIE 775 PRAIRIE CENTER DRIVE #250 EDEN PRAIRIE MN 55344	PT CLINIC
39 FV CLINIC - SAVAGE 5725 LOFTUS LANE SAVAGE MN 55378	FREE STANDING CLINIC
40 ORTHO LABS - RIVERSIDE 606 24TH AVE S STE 301 MINNEAPOLIS MN 55454	PT CLINIC

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? _____

Name and address	Type of Facility (describe)
41 ORTHO LABS - BURNSVILLE 501 NICOLLET BLVD STE LL50 BURNSVILLE MN 55337	PT CLINIC
42 IAM - WEST HEALTH 2805 CAMPUS DRIVE #115 PLYMOUTH MN 55441	PT CLINIC
43 BROOKLYN PARK SLEEP LAB 10000 ZANE AVE NE BROOKLYN PARK MN 55443	SPECIALTY CLINIC
44 IAM - EAGAN 1440 DUCKWOOD DRIVE EAGAN MN 55122	PT CLINIC
45 IAM - TRAINERS 4080 W BROADWAY #300 ROBBINSDALE MN 55422	PT CLINIC
46 IAM - HIGHLAND PARK 2155 FORD PARKWAY ST PAUL MN 55116	PT CLINIC
47 IAM - ARBOR LAKES 12000 ELM CREEK BLVD STE 120 MAPLE GROVE MN 55369	PT CLINIC
48 ORTHO LABS - ST PAUL 2200 UNIVERSITY AVE S STE 114 ST PAUL MN 55114	PT CLINIC
49 FV BLAINE PHYSICAL THERAPY 10961 CLUB WEST PARKWAY NE BLAINE MN 55449	PT CLINIC
50 CLINICS - INTEGRATED PRIMARY 2450 RIVERSIDE AVENUE MINNEAPOLIS MN 55454	FREE STANDING CLINIC

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? _____

Name and address	Type of Facility (describe)
51 IAM - UNIVERSITY 2525 UNIVERSITY AVENUE SE MINNEAPOLIS MN 55414	PT CLINIC
52 IAM - BLOOMINGTON 600 W 98TH ST #390 BLOOMINGTON MN 55420	PT CLINIC
53 IAM - APPLE VALLEY 15650 CEDAR AVE #160 APPLE VALLEY MN 55124	PT CLINIC
54 IAM - BLAINE 1750 105TH AVE NE BLAINE MN 55449	PT CLINIC
55 IAM - ROSEMOUNT 15075 CIMARRON AVE #20 ROSEMOUNT MN 55068	PT CLINIC
56 IAM - PLYMOUTH 9750 ROCKFORD RD PLYMOUTH MN 55442	PT CLINIC
57 IAM - UPTOWN 3033 EXCELSIOR BLVD #225 MINNEAPOLIS MN 55416	PT CLINIC
58 CLINICS - ANDOVER UC 13819 HANSON BLVD NW ANDOVER MN 55304	FREE STANDING CLINIC
59 IAM - ST ANTHONY 2600 39TH AVE NE #220 ST ANTHONY MN 55421	PT CLINIC
60 IAM - MAPLE GROVE FV 14500 99TH AVE N STE 1-210 MAPLE GROVE MN 55369	PT CLINIC

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? _____

Name and address	Type of Facility (describe)
61 IAM - ELK RIVER 800 FREEPORT AVE N #200 ELK RIVER MN 55330	PT CLINIC
62 ORTHO LABS - EDINA 6363 FRANCE AVE S STE 110 EDINA MN 55435	PT CLINIC
63 ORTHO LABS - ADMIN 2200 UNIVERSITY AVE W STE 114 ST PAUL MN 55114	PT CLINIC
64 IAM - BROOKLYN PARK 8559 EDINBROOK PKWY #104 BROOKLYN PARK MN 55443	PT CLINIC
65 IAM - ROBBINSDALE 4080 W BROADWAY #300 ROBBINSDALE MN 55422	PT CLINIC
66 IAM - LAKEVILLE 18592 JOPLIN AVE LAKEVILLE MN 55044	PT CLINIC
67 FV FRIDLEY PHYSICAL THERAPY 6341 UNIVERSITY AVE NE FRIDLEY MN 55432	PT CLINIC
68 IAM - LINO LAKES 7455 VILLAGE DR LINO LAKES MN 55014	PT CLINIC
69 CLINICS - CHISAGO SLEEP LAB 11725 STINSON AVE CHISAGO CITY MN 55013	SPECIALTY CLINIC
70 IAM - ROSEVILLE 1955 WEST COUNTY RD B2 ROSEVILLE MN 55113	PT CLINIC

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? _____

Name and address	Type of Facility (describe)
71 FV BROOKLYN PARK 10000 ZANE AVE N BROOKLYN PARK MN 55443	FREE STANDING CLINIC
72 HAND CENTER - BURNSVILLE 675 E NICOLLET BLVD #225 BURNSVILLE MN 55337	PT CLINIC
73 HAND CENTER - EDINA 6363 FRANCE AVE S #105 EDINA MN 55435	PT CLINIC
74 IAM - HUGO 14712 VICTOR HUGO BOULEVARD HUGO MN 55038	PT CLINIC
75 ORTHO LABS - EDINA DME 6545 FRANCE AVE S SUITE 471 EDINA MN 55435	PT CLINIC
76 CLINICS - COMPLEX CARE 2450 RIVERSIDE AVE MINNEAPOLIS MN 55454	SPECIALTY CLINIC
77 ORTHO LABS - BLAINE 10961 CLUB WEST PARKWAY NE BLAINE MN 55449	PT CLINIC
78 FV COLUMBIA PARK 4000 CENTRAL AVE NE COLUMBIA HEIGHTS MN 55421	FREE STANDING CLINIC
79 IAM - MAPLEWOOD 1650 BEAM AVE LOWER LEVEL MAPLEWOOD MN 55109	PT CLINIC
80 IAM - WOODBURY 7616 CURRELL AVE #270 WOODBURY MN 55125	PT CLINIC

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? _____

Name and address	Type of Facility (describe)
81 CVC - LAKES 5200 FAIRVIEW BLVD WYOMING MN 55092	SPECIALTY CLINIC
82 FV CLINICS - SKIN CARE CTR SUITE 310 300 WEST 98TH ST BLOOMINGTON MN 55420	SPECIALTY CLINIC
83 IAM - SAVAGE 5725 LOFTUS LANE SAVAGE MN 55378	PT CLINIC
84 IOR - NORTHEAST ST 650 TAFT ST NE #400 MINNEAPOLIS MN 55413	PT CLINIC
85 IAM - GOLDEN VALLEY 8301 GOLDEN VALLEY RD ST 202 GOLDEN VALLEY MN 55427	PT CLINIC
86 HAND CENTER - FSOC BLAINE 10961 CLUB WEST PARKWAY NE STE 200 BLAINE MN 55449	PT CLINIC
87 HAND CENTER - MAPLE GROVE 14500 99TH AVENUE SOUTH MAPLE GROVE MN 55369	PT CLINIC
88 ORTHO LABS - WYOMING 6363 FRANCE AVE S STE 110 EDINA MN 55435	PT CLINIC
89 ORTHO LABS - U OF M 500 HARVARD ST MINNEAPOLIS MN 55455	PT CLINIC
90 PHYSICIAN - PAIN CLINIC BLAINE 10961 CLUB WEST PARKWAY NE BLAINE MN 55449	SPECIALTY CLINIC

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? _____

Name and address	Type of Facility (describe)
91 FSOC - OAK RIDGE 675 NICOLLET BLVD E BURNSVILLE MN 55337	PT CLINIC
92 HAND CENTER - ELK RIVER 800 FREEPORT AVE N #200 ELK RIVER MN 55330	PT CLINIC
93 FV PAIN CLINIC - COLUMBIA HEIGHTS 4000 CENTRAL AVE NE COLUMBIA HEIGHTS MN 55421	SPECIALTY CLINIC
94 FV GERIATRICS - BLUESTONE VISTA 2450 RIVERSIDE AVENUE MINNEAPOLIS MN 55454	SPECIALTY CLINIC
95 HAND CENTER - WEST HEALTH 2805 CAMPUS DRIVE STE 115 PLYMOUTH MN 55441	PT CLINIC
96 PHYSICIANS - LIFE STYLE MED 6401 FRANCE AVE S EDINA MN 55435	SPECIALTY CLINIC
97 CLINICS - FPOB 4000 CENTRAL AVE NE COLUMBIA HEIGHTS MN 55421	PT CLINIC
98 IOR OTHER 701 25TH AVENUE SOUTH STE 500 MINNEAPOLIS MN 55454	PT CLINIC
99 LIFESTYLE MEDICINE - WYOMING 5200 FAIRVIEW BLVD WYOMING MN 55092	SPECIALTY CLINIC
100 ONCOLOGY CLINIC 424 HARVARD STREET SE MINNEAPOLIS MN 55455	SPECIALTY CLINIC

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.

Part I, Line 3c - Other Income Based Criteria for Free or Discounted Care

Patients that are eligible for the Fairview Community Care Program or other Charity Care Plans may receive a reduction on amounts owed or up to 100% of total charges. Fairview informs patients about the Community Care Program prior to delivery of services if feasible and as appropriate and during the billing process. Uninsured patients with household income up to 200% of the federal poverty level qualify for a 100% discount of the total charges. Uninsured patients with a household income greater than 300% of the federal poverty level and below \$125,000 are charged a discount rate equal to the rate from Fairview's highest volume private payor contract.

Part I, Line 7, Column (f) - Exclusions from Percent of Total Expense

The provision for bad debts is based upon management's assessment of historical and expected net collections considering historical business and economic conditions, trends in healthcare coverage, and other collection indicators.

There is no bad debt expense included in Form 990 Part IX as an expense.

Due to the adoption of new GAAP reporting, the bad debt expense has been

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.

included with "discounts" netted against patient service revenue on Part VIII of Form 990.

Part I, Line 7 - Costing Methodology Explanation

The amounts reported on Form 990, Schedule H, Part I, Line 7a through 7c were determined using the cost to charge ratio derived from Worksheet 2 in the Schedule H, Form 990 Instructions. Form 990, Schedule H, Part I, Lines 7e through 7j are reported at charges as recorded by the organization.

Part II - Community Building Activities

Fairview Health Services is an integrated health care system headquartered in Minneapolis, Minn. Community benefit activity is carried out by staff/leadership at each facility based on the health care needs in that service area. The Fairview corporate community health department supports the local work by sharing best practices, finding efficiencies among hospital community health programs and staffing as appropriate, coordinating the community needs assessments and more. Activities include a community housing initiative, economic development collaborative,

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.

leadership development and coalition building. The community building
activites are performed but the financial costs are not tracked.

Uncompensated costs resulting from Medicare, Medicaid and state and local
indigent care programs are considered as community benefit because of the
significant differences between actual costs and reimbursement.

In 2017 Fairview led a partnership-sponsored Scrubs Camp. The camp was a
week-long residential experience for neighborhood and other city
youth to do hands-on exploration of medical careers. Fairview makes
investments each year in community health programming. A remarkable program
called the Minnesota Immunization Network Initiative (MINI) provides
flu immunizations free of charge to low-income and uninsured individuals,
largely from diverse minority groups. Each flu season, MINI provides more
than 6,500 immunizations to prevent influenza.

Part III, Line 2 - Bad Debt Expense Methodology

The provision for bad debts is based upon management's assessment of
historical and expected net collections considering historical business and
economic conditions, trends in healthcare coverage, and other collection

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.

indicators.

There is no bad debt expense included in Form 990 Part IX as an expense.

Due to the adoption of new GAAP reporting, the bad debt expense has been included with "discounts" netted against patient service revenue on Part VIII of Form 990.

Part III, Line 3 - Bad Debt Expense, Patients Eligible for Assistance

The bad debt expense attributable to patients that may be eligible for financial assistance is based upon management's assessment of historical and expected net collections considering historical business and economic conditions, trends in healthcare coverage, and other collection indicators.

Part III, Line 4 - Bad Debt Expense Footnote to Financial Statements

The provision for bad debts is based on management's assessment of historical and expected net collections considering historical business and economic conditions, trends in healthcare coverage, and other collection indicators.

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Part III, Line 8 - Medicare Explanation

It is part of Fairview's mission that community benefit activity is carried out by staff/leadership at each facility based on the health care needs in that service area.

The Medicare cost to charge ratio reporting is calculated service line by service line. Other expenses are calculated using the overall cost to charge ratio.

Uncompensated costs resulting from Medicare, Medicaid and state and local indigent care programs are considered a community benefit because of the significant differences between actual costs and reimbursement.

Part III, Line 9b - Collection Practices Explanation

After our patients have received services, it is the policy of Fairview Health Services to bill patients and their applicable payors on a timely and accurate basis.

During this billing and collection process, Fairview staff committed to providing quality customer service and timely

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follow up on all outstanding accounts. Billing: It is
the goal of Fairview to bill all claims accurately and on
a timely basis. Although dependent on information and
communications from patients and payors, Fairview will
provide sufficient follow up service to ensure that
patients receive accurate account and billing information
and have the oportunity to make payment and/or apply for
community care. Fairview has agreed to certain billing and
collection practices by an agreement with the Minnesota
Attorney General's office.

There are financial counselors at every entity Monday
through Friday who interact with the patients in person
and over the phone to inform of programs available to them
as well as assist them in applying for the programs.

The information about needing assistance with paying the
bill is posted on signs in the hospitals and materials are
distributed to self-pay patients by registration staff.

The statements sent out after the visit provide this

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information as well. If a patient/family member calls the Central Business Office customer service staff to ask for assistance with paying their bill, they are informed about options at that time. Fairview provides an interpreter service that interprets conversations over the phone. This service can be used either as a three way phone call or the Financial Counselor, in a room with the patient or family can place the call together to the interpreter phone service. The interpreter services line accommodates close to 200 languages.

The billing process will be assisted by the following guidelines:

- 1) For all insured patients, Fairview will bill all third party payor information (as provided by or verified by the patient) on a timely and accurate basis.
- 2) For all uninsured patients with Minnesota residency receiving hospital based services deemed medically necessary. Fairview will apply an uninsured discount equal

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to the discount provider to our largest contracted

non-government payor, any remaining balance will be billed

to the patient in a timely and manner.

3) All billed patients have the opportunity to contact

Fairview regarding financial assistance for their

accounts. Financial assistance may include Community Care,

payment arrangements, medical assistance or other

applicable programs.

4) If a patient contacts Fairview regarding Community Care

before the account is referred to a collection agency or

attorney, an application and required documentation is

requested (income verification etc.), the account will

then be processed based on the outcome of the Community

Care determination.

5) Fairview takes reasonable measures to avoid referring

an account to collection unless there are no responses

from the patient. If a patient contacts Fairview regarding

Community Care after their account has been referred to a

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collection agency or attorney, Fairview will send an application to the patient provided the account meets the Community Care requirements. If the completed application along with required documentation (income verification, etc.) is submitted, all collection action will be suspended until the patient is notified of Fairview's determination.

Part VI, Line 2 - Needs Assessment

Community Health Needs Assessments (CHNAs) were conducted for all Fairview hospitals and medical centers in 2015. An essential part of the CHNA process was the identification of priority health needs in the local community. Although each Fairview hospital and/or medical center worked from qualitative and quantitative data specific to their community, there were large overlaps in the identified community needs. In addition to identifying health priorities by hospital community, Fairview Health Services began planning for a system-wide strategy for meeting the mental health needs prevalent in all of our communities.

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The hospitals and/or medical centers priorities are as follows:

Fairview Lakes Medical Center: Obesity, Mental Health and Substance Use

Fairview Northland Medical Center: Mental Health and Obesity

Fairview Ridges Hospital: Mental Health and Chronic Disease.

Fairview Southdale Hospital: Obesity and Mental Health

University of Minnesota Medical Center and University of Minnesota

Children's Hospital: Mental Health and Well-Being, Chronic disease prevention and management with a focus on health living.

Each hospital and/or medical center developed a hospital specific implementation plan around its priority health issues. Much of the 2015 work was reportable process metrics as we focused on identifying internal and external partners, securing funding and developing programs.

Fairview Lakes Medical Center's 2017 Activities and Highlights:

1.Obesity

Community Health staff developed a healthy living community initiative called Health UP in partnership with the City of Forest Lake, Washington Department of Public Health, Forest Lake Area Schools and other key community partners. Health UP is organized around four themes: Eat, Move,

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Play and Connect.**2.Mental Health**

In 2017, Fairview Lakes hosted numerous community presentations to educate and reduce mental health stigma and hosted a Lifelines Suicide Prevention Program training in partnership with Hazelden. 170 school staff from East Central, Hinckley-Finlayson, Pine City, Rush City, North Branch, Chisago Lakes, Forest Lake, and North Lakes Academy Charter were trained. This training also included community members/partners identified by schools.

3. Substance Use

MOST FL Drug Free Communities Coalition began delivering tobacco messages to Forest Lake Area Junior High youth in the fall of 2017.

Fairview Northland Medical Center 2017 Activities and Highlights:**1. Mental Health**

In 2017, Fairview Northland Medical Center conducted trainings to community members and staff. Classes were held in in conjunction with community partners where people earned their certification in Mental Health First Aid.

2.Obesity

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In 2017 hundreds hours of paid staff dietician time was contributed to meal planning, meal preparation and planning meetings. Fairview Northland Medical Center wrote and received a grant to build a one-mile walking trail on campus. Community walking maps are available in the medical center.

Fairview Ridges Medical Center 2017 Activities and Highlights:

1.Mental health

In 2017 Fairview hosted four

"Lunch and Learn" programs during Mental Health month, providing individuals with education and resources around common mental health challenges and mental health stigma.

2. Chronic Disease

Forty-three families were identified as at-risk and provided with intensive home visitations through the Metro Alliance for Healthy Families.

Fairview Southdale Hospital 2017 Activities and Highlights:

1.Obesity

2.Mental Health

In 2017 Fairview provided daily wellness check-in phone calls to

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seniors who live alone through the hospital Telecare volunteer program.

University of Minnesota Medical Center 2017 Activities and Highlights:

1.Mental health and well being

Extensive and ongoing training was provided on mental health

topics and resources. University of Minnesota Medical Center organized

three immigrant mental health half-day conferences for health care

professionals to provide a platform for networking, discussion and

information and resource exchange on best practices with the hopes of

collectively improving the mental health of the state's immigrant

populations.

2.Chronic disease prevntion and management with a focus on healthy living.

Part VI, Line 3 - Patient Education of Eligibility for Assistance

Fairview makes information about its charity care programs available on its

Website (www.fairview.org). At the time of registration for services and

through written materials in lobbies and waiting rooms. For patients

identified as self-pay (whether that occurs before services are delivered

or during the billing cycle), Fairview utilizes a standard process to

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assist patients learn about and access assistance from government programs or Fairview's Charity Care Program.

For uninsured patients seen in a Fairview hospital, Fairview partners with an external vendor who meets with self-pay patients to assist them determine eligibility for government programs of Fairview's Charity Care Program. The vendor will also assist patients with completing the necessary paperwork to access these resources.

Staff in Fairview's central business office have a self-pay team, which directs patients to the appropriate resources. There is also a community care coordinator who assists in getting patients connected to additional resources for which they may qualify.

Part VI, Line 4 - Community Information

Fairview Health Services is an integrated health system headquartered in Minneapolis, Minnesota. Fairview is comprised of five hospitals and one medical center:

- 1) Fairview Lakes Medical Center in Wyoming, MN,
- 2) Fairview Northland Medical Center in Princeton, MN,

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3) Fairview Ridges Hospital in Burnsville, MN,

4) Fairview Southdale Hospital in Edina, MN,

5) University of Minnesota Medical Center, Minneapolis, MN

6) Fairview Maple Grove Medical Center in Maple Grove, MN, a related entity

Fairview also has a full continuum of health care services. See Part III Page 2 , Lines 4a, 4b and 4c.

Fairview Lakes Medical Center has a primary service area of 142,000

individuals residing in Anoka, Chisago, Isanti, Pine and Washington

counties in Minnesota. Anoka and Washington are more urban as the Twin

Cities metropolitan area continues to grow into these counties. Pine,

Chisago and Isanti Counties are still relatively rural areas. In the next

three years, a growth rate of 11 percent is projected in Fairview Lakes

primary service area. Fairview Lakes Medical Center is the only Fairview

hospital in the primary services area. Within the secondary services areas,

there are three other hospitals on the south edges of the service area.

Fairview Lakes provides a full continuum of services, from primary care

services at the clinic to home care services to long-term care. Of all the

patients served by the medical center in 2017.

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Fairview Maple Grove Medical Center, a related entity, serves approximately 360,000 individuals in a primary service area within Sherburne, Wright, Hennepin and Anoka counties in Minnesota.

Median household income in most of these counties is above the state average. However, due to the size and diversity of Hennepin County, a higher than average percentage (11 percent) of county residents live below the federal poverty line. Sherburne, Wright and Anoka have large children populations; more than 100,000 children under the age of 18 live in the medical center primary service area. Fairview Maple Grove is an ambulatory medical center, working in partnership with University of Minnesota Physicians.

Fairview Northland Medical Center has a primary service area of 79,000 individuals residing in Sherburne, Benton, Kanabec, Mille Lacs and Isanti counties in Minnesota.

Three of the five counties in the primary service area have median household incomes lower than the state average. The three counties also have a higher than average percentage of their residents living below the federal poverty line.

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Fairview Northland is the only hospital in the primary service area. Within the secondary service area, there are four other hospitals. Fairview Northland provides a full continuum of services, from primary care services to home care.

Fairview Ridges Hospital in Burnsville, MN has a primary service area of 336,000 individuals in Scott and Dakota counties. Located in the southern part of the greater Minneapolis-St. Paul metropolitan area, both counties have higher than average percentages of children under the age of 18. By income, individuals in Scott and Dakota counties have a higher household income than the state average. Fairview Ridges Hospital is a multi-specialty medical center and the only hospital serving the primary service area.

Fairview Southdale Hospital in Edina, MN has a primary service area of over 497,207 individuals residing in Hennepin and Carver counties. Carver County is a southwest suburb in the greater Minneapolis-St. Paul metropolitan area. Individuals speaking a language other than English in the home in Carver County is significantly less than the state average, while it is significantly greater than the average in Hennepin County.

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Twenty-five percent of Hennepin county residents are ethnic minorities.

Fairview Southdale Hospital is one of two hospitals serving the primary service area. In the larger area of Hennepin and Carver counties, there are nine hospitals or medical centers serving the community. Fairview Southdale is a multi-specialty medical center rated by HealthGrades as the number one hospital in Minnesota for heart and stroke care.

University of Minnesota Medical Center, Fairview (UMMC), located in Minneapolis, is a tertiary academic medical center drawing patients from across the Twin Cities region, the state and the country. UMMC is a partner with the University of Minnesota and University of Minnesota Physicians.

The medical center is located in the Cedar-Riverside neighborhood of Minneapolis. Cedar-Riverside is a diverse community located just outside of downtown Minneapolis that is home to more than 7,500 individuals.

Cedar-Riverside is home to a large group of recent immigrants from Somalia and other African countries. According to the most recent census data, forty one percent of residents are white, while 32 percent are black and 16 percent are Asian. The University of Minnesota Medical Center, Fairview is the only medical center in the Cedar-Riverside neighborhood.

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Part VI, Line 5 - Promotion of Community Health

As a nonprofit health system, Fairview reinvests any excess revenues into the core operations of the organization. Research and education are at the very heart of the mission. In partnership with the University of Minnesota, Fairview invests millions of dollars each year into ground-breaking research and education of our next generation of healthcare workforce. Fairview also partners with a myriad of higher educational institutions to provide clinical hands-on training for future nurses, pharmacists, laboratory professionals and more. Fairview serves as a training site for residents in various specialties and is the core teaching site for the University of Minnesota residents. Senior residents and fellows provide Fairview some degree of clinical service that we would otherwise not receive.

Part VI, Line 6 - Affiliated Health Care System

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- 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.

one academic medical center and one ambulatory medical center community
benefit activity is carried out by staff/leadership at that facility based
on the health care needs in that service area. Fairview's Corporate
Community Health Department supports these local efforts by sharing best
practices, finding efficiencies among hospital community health leaders as
appropriate, coordinating the community health needs assessments and more.

Part VI, Line 7 - State Filing of Community Benefit Report

Minnesota

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

FAIRVIEW HEALTH SERVICES

Employer identification number

41-0991680

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.

1	(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)	Fairview Foundation 2450 Riverside Avenue South Minneapolis MN 55454	41-1573810	501c3	2,674,970				Hospital Support
(2)	UMP - PEDS BMT 420 Delaware Street SE MINNEAPOLIS MN 55455	41-1843943	501c3	710,000				Clinical Care
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

Schedule I (Form 990) (2017)

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
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.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

Fairview Health Services solicits grant funding only for purposes that qualify as charitable, research or education purposes as defined in Section 501(c)(3) of the Internal Revenue Code of 1986. Fairview's processes and procedures adhere to federal guidelines and are subject to audit. The same processes and procedures are applied for federal as well as private grants and service agreements. The grant application process is monitored by the Research Administration Group and the application of grant funds are monitored by the Research and Education Accounting Group. These two groups meet monthly to ensure all grants are being administered properly.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

FAIRVIEW HEALTH SERVICES

Employer identification number
41-0991680

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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 type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" 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**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 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**
- b** Any related organization? **5b**
- 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**
- b** Any related organization? **6b**
- 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 on lines 5 and 6? If "Yes," describe in Part III

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

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

	Yes	No
1b		
2		
4a	<input checked="" type="checkbox"/>	
4b	<input checked="" type="checkbox"/>	
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	
8		<input checked="" type="checkbox"/>
9		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 James Hereford President/CEO	(i) 1,200,014 (ii) 0	0 0	147,760 0	0 0	23,564 0	1,371,338 0	0 0
2 David Murphy Officer	(i) 59,353 (ii) 0	595,000 0	0 0	0 0	1,046 0	655,399 0	0 0
3 Kathryn Correia CAO	(i) 0 (ii) 808,777	0 1,754,000	0 764,920	0 180,346	0 41,738	0 3,549,781	0 660,202
4 Daniel M. Fromm Chief Financial Ofcr	(i) 723,422 (ii) 0	515,728 0	54,787 0	135,022 0	38,610 0	1,467,569 0	0 0
5 John Doherty Sr. Operating Exec.	(i) 616,503 (ii) 0	389,238 0	33,467 0	98,230 0	36,819 0	1,174,257 0	0 0
6 Patrick Herson President of North	(i) 545,207 (ii) 0	319,298 0	22,743 0	101,230 0	33,802 0	1,022,280 0	0 0
7 Alistair Jacques Chief Inform.Tech	(i) 471,355 (ii) 0	297,641 0	0 0	88,357 0	32,247 0	889,600 0	0 0
8 Trudi Trysla Sr. VP & General Cou	(i) 469,491 (ii) 0	289,237 0	0 0	86,582 0	32,800 0	878,110 0	0 0
9 Debra Boardman President,Range Hosp	(i) 408,889 (ii) 0	166,134 0	85,822 0	65,285 0	8,962 0	735,092 0	0 0
10 Carolyn Jacobson Chief HR Officer	(i) 397,121 (ii) 0	243,314 0	0 0	72,883 0	23,629 0	736,947 0	0 0
11 Mark Thomas Pres. & CEO of Ebene	(i) 346,507 (ii) 0	183,331 0	45,727 0	61,459 0	19,156 0	656,180 0	0 0
12 Patrick Belland President Ridges	(i) 312,961 (ii) 0	111,467 0	0 0	18,900 0	28,892 0	472,220 0	0 0
13 M. Oman Akhtar Chief Operating Offi	(i) 327,454 (ii) 0	70,000 0	0 0	0 0	10,886 0	408,340 0	0 0
14 Michael J Youso President - GICH	(i) 306,142 (ii) 50,333	30,000 0	0 0	18,900 0	24,364 0	379,406 50,333	0 0
15 Mark Welton, MD Chief Medical Office	(i) 269,953 (ii) 0	70,000 0	0 0	0 0	13,253 0	353,206 0	0 0
16 Todd Sherrill VP of Finance	(i) 224,362 (ii) 0	43,767 0	0 0	0 0	14,396 0	282,525 0	0 0

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Laura Reed, RN Chief Nursing Office	(i)	168,276	40,000	0	0	9,201	217,477	0
	(ii)	0	0	0	0	0	0	0
2 Patrick Sharp Range CEO	(i)	0	0	0	0	0	0	0
	(ii)	162,510	8,269	0	4,923	349	176,051	0
3 Robert Beacher Chief of Shared Clin	(i)	496,374	280,111	131,849	98,189	31,767	1,038,290	0
	(ii)	0	0	0	0	0	0	0
4 Bradley Beard President, Southdale	(i)	530,782	176,729	53,292	83,566	28,213	872,582	0
	(ii)	0	0	0	0	0	0	0
5 John Herman President of Northla	(i)	356,709	148,070	41,002	56,177	21,279	623,237	0
	(ii)	0	0	0	0	0	0	0
6 John Bjorklund Sr. VP Patient Care	(i)	293,357	31,379	9,007	18,900	15,569	368,212	0
	(ii)	0	0	0	0	0	0	0
7 Michael Campoli, M. D. Surgeon	(i)	1,829,302	12,660	46,511	18,900	41,133	1,948,506	0
	(ii)	0	0	0	0	0	0	0
8 Frederick B Harris, M.D. Neuro Surgeon	(i)	1,716,285	63,968	13,400	18,900	33,048	1,845,601	0
	(ii)	0	0	0	0	0	0	0
9 Rohann Lall, MD Surgeon	(i)	1,096,206	383,263	43,580	18,900	5,750	1,547,699	0
	(ii)	0	0	0	0	0	0	0
10 Michael Tran M.D. Surgeon	(i)	617,432	12,660	109,143	18,900	14,367	772,502	0
	(ii)	0	0	0	0	0	0	0
11 Troy Wolter, MD Surgeon	(i)	633,145	32,573	8,214	18,900	30,879	723,711	0
	(ii)	0	0	0	0	0	0	0
12 Daniel K. Anderson Former Pres-Northlan	(i)	0	0	443,824	0	0	443,824	210,017
	(ii)	0	0	0	0	0	0	0
13 Rulon Stacey Former Pres. CEO	(i)	0	0	369,231	0	0	369,231	31,451
	(ii)	0	0	0	0	0	0	0
14 Mark Hansberry Former VP Strategic	(i)	0	0	126,803	0	0	126,803	97,441
	(ii)	0	0	0	0	0	0	0
15 Beth Krehbiel Former Ridges Pres.	(i)	0	0	112,577	0	0	112,577	93,958
	(ii)	0	0	0	0	0	0	0
16	(i)							
	(ii)							

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.

Part I, Line 4 - Severance, Nonqualified, and Equity-Based Payments

	Severance	Nonqualified	Equity-based
Kathryn Correia	0	123,379	0
Daniel M. Fromm	0	116,122	0
John Doherty	0	79,330	0
Patrick Herson	0	82,330	0
Alistair Jacques	0	69,457	0
Trudi Trysla	0	67,682	0
Debra Boardman	0	46,385	0
Carolyn Jacobson	0	53,893	0
Mark Thomas	0	42,559	0
Robert Beacher	0	79,289	0
Bradley Beard	0	64,666	0
John Herman	0	37,277	0
Daniel K. Anderson	155,184	0	0
Rulon Stacey	369,231	0	0
Mark Hansberry	5,385	0	0

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.

Part I, Line 7 - Non-Fixed Payments Provided

Fairview Health Services provides lump sum financial awards based on system-wide, business unit and/or department financial and quality measures. Annual goals, specifically tied to productivity and quality indicators, are set for the year and an incentive paid out annually if key goals and measures are achieved.

Part III - Other Additional Information

The Plan is only open to a select group of highly compensated employees. The Plan contributes the difference of what 403(b) employer contributions were missed for participants who earn more than the IRS limit on eligible compensation for qualified retirement plans. The contribution is unfunded. The Plan complies with section 457(f) of the Code.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

u Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

FAIRVIEW HEALTH SERVICES

Employer identification number

41-0991680

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) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CITY OF MINNEAPOLIS	41-6005375	60374VDV2	09/02/15	122,972,746	New construction and		X		X		X
B CITY OF MINNEAPOLIS	41-6005375	60374VCH4	10/29/08	728,392,490	New construction and		X		X		X
C CITY OF MINNEAPOLIS	41-6005375	60374VCY7	10/01/13	222,500,000	Refund bonds issued		X		X		X
D HOUSING & REDEVEL CITY OF SAINT PAUL	52-1440935	792909FMO	08/30/17	224,728,004	Capital Acquisition		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	4,310,000		250,500,000					
2 Amount of bonds legally defeased			317,075,000					
3 Total proceeds of issue	122,972,746		729,602,999		222,500,000		224,728,004	
4 Gross proceeds in reserve funds			30,447,712					
5 Capitalized interest from proceeds			14,697,472					
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	1,409,724		8,640,253				2,014,876	
8 Credit enhancement from proceeds			3,957,639					
9 Working capital expenditures from proceeds			15,341,000					
10 Capital expenditures from proceeds	31,000,000		209,408,419				191,063,551	
11 Other spent proceeds	90,563,022		447,110,504		222,500,000		31,649,577	
12 Other unspent proceeds								
13 Year of substantial completion	2015		2011				2017	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X			X

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

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?	X		X					
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	0.18 %		0.89 %		0.11 %			
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	0.01 %		0.08 %					
6 Total of lines 4 and 5	0.19 %		0.97 %		0.11 %			
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			7.29 %					
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?			X					
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 isn't available under applicable regulations?	X		X		X		X	

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

Schedule K - Differences in Issue Price Explanation

CITY OF MINNEAPOLIS

Differences between the issue price (Part I) and total proceeds (Part II, Line 3) are due to investment earnings.

CITY OF MINNEAPOLIS

Differences between the issue price (Part I) and total proceeds (Part II, Line 3) are due to investment earnings.

CITY OF MINNEAPOLIS

Differences between the issue price (Part I) and total proceeds (Part II, Line 3) are due to investment earnings.

HOUSING & REDEVEL CITY OF SAINT PAUL

Differences between the issue price (Part I) and total proceeds (Part II, Line 3) are due to investment earnings.

Schedule K - Purpose of Issue Description

CITY OF MINNEAPOLIS

5/21/2002 & 5/10/2005. Upgrade and expansion of Fairview Southdate Emergency Room.

CITY OF MINNEAPOLIS

CHILDREN'S HOSPITAL & EXPAN. Refund bonds issued 10/29/2008.

Schedule K - Date Rebate Computation Performed

CITY OF MINNEAPOLIS 05/15/17

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

FAIRVIEW HEALTH SERVICES

41-0991680

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u (Medical Equip.)	X	1	988,171	FMV
26 Other u ()				
27 Other u ()				
28 Other u ()				

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**

	Yes	No
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?		X
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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.

Schedule M - Supplemental Information

Medical equipment was donated to different locations identified within this return. All medical equipment was received from one donor.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017**Open to Public
Inspection**

Name of the organization

FAIRVIEW HEALTH SERVICES

Employer identification number

41-0991680**Form 990 - Organization's Mission****Fairview's mission is: To improve the health of the communities we serve.**

We commit our skills and resources to the benefit of the whole person by providing the finest in healthcare, while addressing the physical, emotional and spiritual needs of individuals and their families. We further pledge to support the research and education efforts of our partner, the University of Minnesota, and its tradition of excellence. Fairview's Vision: To be the best health care delivery system for America, in partnership with the University of Minnesota.

Fairview's most significant activities: Fairview Health Services provides a full continuum of health care services throughout its service area which includes Minneapolis-St. Paul, as well as communities throughout greater Minnesota. In partnership with the University of Minnesota, Fairview staff and providers are redesigning care delivery and payment to provide greater value-exceptional patient care and experience at a lower total cost of care.

Form 990, Part I, Line 6

Our volunteers are valued members of the health care team, enhancing the patient and family experience by meeting our patients' needs.

Some of the services provided include wayfinding for patients, families and visitors and escorts and wheelchair transports for patients and family members. Our volunteers provide hospitality for patients, families and visitors and provide assistance with special onsite and community events and activities.

Name of the organization

FAIRVIEW HEALTH SERVICES

Employer identification number

41-0991680

Form 990, Part III, Line 4a - First Accomplishment

Ebenezer Society, a Fairview subsidiary.

Fairview's mission is to improve the health of the communities it serves.

In addition to the 9,612,624 patient care encounters in 2017, Fairview personnel had more than 500,000 encounters with the community at large, including low-income populations as well as education and media encounters for special needs groups and other community members.

The health care and medical services which Fairview provides to the community include, but are not limited to: primary, specialty, tertiary and quaternary care, hospital and physician services, senior services, assisted living, home care and hospice, long-term care, urgent care and emergency services, pharmacy, care of mothers and children, physical therapy/sports medicine, rehabilitation services, and inpatient and outpatient behavioral health care and chemical dependency services. Fairview provides specialized care for the treatment of cancer, heart disease, diabetes, wound care, chronic conditions, solid organ transplant, blood and marrow transplant and many other specialties. Fairview also offers social work services, health education and support groups and services for various health issues.

Fairview provides care at these hospitals and medical centers (listed alphabetically): Fairview Lakes Medical Center: Located in Wyoming, MN, Fairview Lakes Medical Center is a 61-bed hospital with a broad range of medical services that include a 24-hour emergency department (a Level III trauma center), labor and delivery and 10 onsite multi-specialty clinics for heart, cancer and orthopedic care as well as general surgery, family medicine, obstetrics, pediatrics and more. Fairview Lakes is a three-time National Premier Quality Award winner for cardiac care.

Name of the organization

Employer identification number

FAIRVIEW HEALTH SERVICES**41-0991680**

Fairview Northland Medical Center: This 54-bed hospital, located in Princeton, MN, offers a wide range of medical services to area residents. Services include labor and delivery, a 24-hour emergency department, and specialized services including cancer and heart care, orthopedic medicine/surgery and general surgery. It was recognized with a Top Performer award by the Joint Commission.

Fairview Ridges Hospital: This 150-bed hospital in Burnsville, MN, offers a complete range of services, including 24-hour emergency and Level III trauma care; heart care; an accredited cancer program; sports medicine, orthopedic and rehabilitation services; labor and delivery; a Level III Neonatal Intensive Care Unit for newborns; and general and specialty surgical services.

Fairview Southdale Hospital: Known for outstanding heart, stroke, orthopedic and cancer care, Fairview Southdale Hospital in Edina, MN, is a multispecialty hospital that treats all kinds of illnesses and injuries. The 390-bed hospital is a nationally certified Primary Stroke Center, a recipient of the Commission on Cancer's Outstanding Achievement Award and the Twin Cities' first Level III Trauma Center. The hospital is recognized for providing some of the fastest times in the nation for unblocking heart problems. It also offers specialized services in vascular medicine, spine care, obstetrics and gynecology and other specialties.

The University of Minnesota Medical Center: This 1,700-bed hospital is located in Minneapolis on two campuses. Comprehensive services range from primary care, emergency care and the delivery of thousands of babies each year, as well as care of patients with the most complex medical conditions. It has world-renowned expertise in solid organ transplantation and blood and marrow transplantation and is recognized for its cancer and heart care,

Name of the organization

Employer identification number

FAIRVIEW HEALTH SERVICES**41-0991680**

surgical specialties, care of mothers and children, and behavioral health services. The hospital includes the University of Minnesota Masonic Children's Hospital with more than 50 pediatric and maternal programs and services, including Minnesota's only children's behavioral inpatient unit with programming exclusively devoted to children ages 12 and younger. In 2015, US News and World Report named five pediatric specialties in national rankings. The neonatology ranking was highest among healthcare providers in Minnesota. The medical center is the core teaching hospital of University of Minnesota Medical School, with its mission of research and education.

Fairview Medical Group- which includes Fairview Clinics' 40+ primary care clinics at locations across the greater metro area-ranked among the top five medical groups in the state for providing high-quality care, according to MN Community Measurement's Health Care Quality Report. The report was based on results on 18 clinical quality measures.

Fairview, in partnership with University of Minnesota Physicians, provides exceptional specialty care at the more than 55 specialty care clinics. Other continuum services through related entities that Fairview offers include Fairview Home Care and Hospice, Fairview Home Medical Equipment, Fairview Pharmacy, Institute for Athletic Medicine, Fairview Rehabilitation Services, Fairview MS Achievement Center, Fairview Partners, Fairview Counseling Services, Fairview care management and coordination, and subsidized health services. For more information, visit www.fairview.org.

Form 990, Part III, Line 4b - Second Accomplishment

including Medicare. The following is a breakdown on costs related to the cost of participating in government programs:

Name of the organization

Employer identification number

FAIRVIEW HEALTH SERVICES

41-0991680

Costs exceed Medicaid Reimbursement: Fairview is serving thousands of low-income individuals covered by Medical Assistance and MinnesotaCare. Reimbursement from these programs is less than Fairview's cost of providing care to these patients. Total Medicaid costs related to hospitals, pharmacies, and surgical centers was \$24,934,656.

MinnesotaCare tax: The state of Minnesota levies a 2 percent tax on certain healthcare provider revenues. Money generated from this tax helps to defray the costs incurred from MinnesotaCare and other programs/services for uninsured individuals. In 2017, Fairview paid \$32,102,534 in MinnesotaCare taxes.

Taxes and fees: Fairview does pay some property tax to local and state government. This helps to fund civil and educational services in the community. The real estate costs for 2017 totaled \$4,663,689 and the sales and income taxes totaled \$754,134.

Costs exceeding Medicare Reimbursement: Fairview cares for thousands of individuals ages 65 and older who are covered by Medicare. Fairview incurred \$159,324,888 of Medicare reimbursement shortfalls. Reimbursement from Medicare is less than Fairview's cost of providing care to the patient. The total cost of providing these benefits was \$831,722,900.

Form 990, Part III, Line 4c - Third Accomplishment

Fairview Health Services continued its focus on and support of research and education in 2017. This commitment included providing the resources of time, money and talent while ensuring the facilities, supporting infrastructures, and processes were available to facilitate and encourage the creation of new knowledge.

Fairview has more than 350 active medical research projects under way

Name of the organization

FAIRVIEW HEALTH SERVICES

Employer identification number

41-0991680

across the health care system. Research ranges from cutting edge therapies to a knitting study for kids with prolonged hospital stays.

Fairview offers numerous sponsorships and training programs, internships and scholarships to employees and their dependents-as well as to students in our communities. Fairview partners with more than 179 schools, 255 faith communities and 50 community groups. Fairview has educational partnerships with the University of Minnesota and St. Catherine University and affiliations with many other institutions, including Augsburg College and Minnesota State Colleges and Universities. Fairview also offers its own specialized training programs in perioperative nursing and dietetics.

Each year, about 5,000 college and graduate students preparing for careers in a wide range of medical fields do clinical training, internships and job shadowing at Fairview hospitals and clinics.

Through Fairview's close partnership with the University of Minnesota, each year, roughly 700 medical students, residents and fellows take courses and do rotations of various lengths at University of Minnesota Medical Center and University of Minnesota Children's Hospital. About 224 medical students do rotations in other Fairview settings, including Fairview's primary care clinics. Fairview also provides numerous continuing education opportunities to its employees to enable them to ensure they are knowledgeable about the latest innovations in health care delivery.

Form 990, Part V, Line 4b - Financial Accounts in Foreign Countries
Bermuda, Cayman Islands

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents
Fairview Health Services became the sole member of HealthEast Care System

Name of the organization

FAIRVIEW HEALTH SERVICES

Employer identification number

41-0991680

and its subsidiaries on June 1, 2017. As a result of the transaction, the Board of Directors was changed to incorporate representatives from both health systems. The governance documents were amended to reflect the changes in the board and clarification of the policies that were enacted. Additionally, Fairview Health Services began compensating its board member for their service during 2017. The compensation is reflected on Part VII of the form.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

The members of the corporation are the individuals who constitute the Directors of this corporation.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

The Board has three categories of directors: 1) 3 ex officio who are Fairview's CEO and the University's Vice President of Medical School and a senior leader of the University Medical School or of the University appointed, from time to time, by the Vice President 2) 10 elected directors who are 1 director elected by the Regents of the University of Minnesota and 9 elected by the Board after nomination from certain components of the Fairview system; and 3) between 3 to 8 at-large directors elected by the Board.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members

The Regents of the University of Minnesota have the right to approve proposed amendments to the Articles of Incorporation and Bylaws of the corporation if the amendment would adversely affect their rights and certain sales of substantially all of Fairview's assets. An association of

Name of the organization

FAIRVIEW HEALTH SERVICES

Employer identification number

41-0991680

approximately 70 Lutheran churches elects most of the Fairview Southdale Hospital, Fairview Ridges Hospital and part of the UMMC Boards of Trustees, as well as the FPA community directors and the Ebenezer Society Board of Directors and has the right to approve certain Fairview Bylaw amendments.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The Tax Department conducts a detailed review of the completed return and it is then reviewed by an independent tax consultant. The return is then also reviewed by Fairview's General Counsel, Fairview's Chief Financial Officer, Controller, and Vice President and Treasurer. The Form 990 is presented to the Finance Committee for review of content. The Form 990 is subsequently provided to the members of the Board of Directors prior to filing. Upon approval from the Board of Directors, the Form 990 is filed.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Managers, directors and senior management of Fairview are required to annually complete Fairview's Duty of Loyalty and Conflict of Interest Statement in compliance with Fairview's Conflict of Interest policy. Disclosures are reviewed by the compliance department. Conflicts of interests by Board members and senior management are brought to the Audit and Compliance Committee of the Board, along with additional detailed information, for review. In addition, the Compliance Officer compiles a schedule showing reported conflicts of interest by managers and key employees is also presented to the Conflict of Interest Review Committee for review and discussion. Any problematic issues arising from these disclosures are discussed and resolved by the committee. Board

Name of the organization

Employer identification number

FAIRVIEW HEALTH SERVICES

41-0991680

members and management employees are expected to update their conflicts, as necessary, during the year.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The determination of executive compensation of the organization is processed by the Board's Human Resources Committee and includes a review of comparability data, review by independent experts and contemporaneous substantiation of the deliberation and decision process. The full Board approves executive compensation.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The determination of officer and key employee compensation of the organization is processed by the Board's Human Resources Committee and includes a review of comparability data, review by independent experts and contemporaneous substantiation of the deliberation and decision process.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Fairview Health Services makes its governing documents, conflict of interest policy, and financial statements available to the public upon request. Inspection of the documents is available at the corporate finance department.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Defined Plan Valuations	\$ 1,413,463
UMF Funds	\$ 10,010,938
Acquisitions	\$ 45,240,438
Other Changes	\$ -286,258

Name of the organization FAIRVIEW HEALTH SERVICES	Employer identification number 41-0991680
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Related Orgs \$ -75,653,196

Crosstown Deconsolidation \$ -5,268,184

Total \$ -24,542,799

Changes are due to acquisitions.

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

u Attach to Form 990.

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

OMB No. 1545-0047

2017**Open to Public
Inspection**

Employer identification number

41-0991680**FAIRVIEW HEALTH SERVICES****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) FAIRVIEW PHARMACY SERVICES LLC 711 KASOTA AVE 72-1586863 MINNEAPOLIS MN 55414	Pharmacy s	MN	75,712,245	137,431,192	N/A
(2) Fairview Maple Grove Surgery Center 2450 Riverside Avenue 20-8335586 MINNEAPOLIS MN 55454	Medical Su	MN	-390,658	3,440,261	N/A
(3)					
(4)					
(5)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Fairview Foundation 2450 RIVERSIDE AVENUE SOUTH 41-1573810 MINNEAPOLIS MN 55454	FUNDRAISIN	MN	501c3	7	N/A	X	
(2) Fairview Home Care and Hospice 2450 26TH AVENUE SOUTH 41-1434246 MINNEAPOLIS MN 55406	HOME HEALT	MN	501c3	10	N/A	X	
(3) Fairview Physician Associates Netwo 3400 WEST 66TH STREET 41-1753325 MINNEAPOLIS MN 55435	CLINICAL I	MN	501c3	10	N/A	X	
(4) Range Regional Health Services & Su 750 EAST 34TH STREET 41-1293970 HIBBING MN 55746	PATIENT HE	MN	501c3	3	N/A	X	
(5) Ebenezer Society 2722 Park Avenue South 41-0706141 MINNEAPOLIS MN 55407	Health Car	MN	501c3	10	N/A	X	

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

Schedule R (Form 990) 2017

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

u Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

41-0991680

FAIRVIEW HEALTH SERVICES

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)					
(2)					
(3)					
(4)					
(5)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Fairview Auxiliary 6401 France Avenue South 41-1414831 MINNEAPOLIS MN 55435	support	MN	501c3	12c	N/A	X	
(2) PreferredOne Community Health Plan 6105 Golden Hills Drive 41-1796007 Golden Valley MN 55416	Ins	MN	501c4	12d	N/A		X
(3) HealthEast Care System 2450 Riverside Avenue South 36-3617697 Minneapolis MN 55454	Hospital	MN	501c	3	Fairview	X	
(4) HealthEast St. Joseph's Hospital 2450 Riverside Avenue South 41-0693880 Minneapolis MN 55454	Hospital	MN	501c3	3	Fairview	X	
(5) HealthEaat St. John's Hospital 2450 Riverside Avenue South 14-1456897 Minneapolis MN 55454	Hopsital	MN	501c3	3	Fairview	X	

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

u Attach to Form 990.

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

OMB No. 1545-0047

2017**Open to Public
Inspection**

Employer identification number

41-0991680**FAIRVIEW HEALTH SERVICES****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)					
(2)					
(3)					
(4)					
(5)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HealthEast Woodwinds Hospital 2450 Riverside Avenue South 41-1592761 Minneapolis MN 55454	Hospital	MN	501c3	3	Fairview	X	
(2) HealthEast Medical Research Institute 2450 Riverside Avenue South 41-1765832 Minneapolis MN 55454	Med Resear	MN	501c3	4	Fairview	X	
(3) Grand Itasca Clinic and Hospital 1601 Golf Course Road 41-1865874 Grand Rapids MN 55744	Hospital	MN	501c	3	Fairview	X	
(4) Grand Itasca Foundation 1601 Golf Course Road 41-1560554 Grand Rapids MN 55744	Foundation	MN	501c3	12a	Fairview	X	
(5) D&T Facility Management Company 2450 Riverside Avenue South 41-1928275 Minneapolis MN 55454	Management	MN	501c3	12a	Fairview		X

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

Schedule R (Form 990) 2017

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(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	
(1) Ridges Surgery Center LLC 14101 Fairview Drive, Ste 400 Burnsville MN 55337 46-2441825	Surgery Ce	MN	N/A	Related	19,793,228	8,525,942		X	N/A		X	
(2) HealthEast Surgery Center-Maplewood 1655 Beam Avenue Maplewood MN 55109 20-3349887	Surg Cntr	MN	N/A	Related	1,523,912	9,462,186		X	N/A		X	
(3)												
(4)												

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) Fairview Clinics 2450 Riverside Avenue South Minneapolis MN 55454 41-1761760	PHYSICIAN	MN	N/A	C	143,733,062	28,423,768	100.000000		X
(2) Fairview Physician and Clinic Servi 2450 Riverside Avenue South Minneapolis MN 55454 41-1544996	PHYSICIAN	MN	N/A	C			100.000000		X
(3) Fairview Development Company 2450 Riverside Avenue South Minneapolis MN 55454 41-1568579	LEASEHOLD	MN	N/A	C	1,743,970	4,278,083	100.000000		X
(4) Fairview Express Care 2450 Riverside Avenue South Minneapolis MN 55454 20-5996177	PHYSICIAN	MN	N/A	C	935,087	153,635	100.000000		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(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	
(1)												
(2)												
(3)												
(4)												

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) Behavioral Healthcare Providers 2450 Riverside Avenue South Minneapolis MN 55454 41-1805759	MENTAL HEA	MN	N/A	C	5,014,406	2,852,776	100.000000		X
(2) Associated Medical Assurance 2450 Riverside Avenue South Minneapolis BD 55454	Self insur	BD		C	7,511,401	62,098,943	100.000000		X
(3) HealthEast Diversified Services Inc 2450 Riverside Avenue South Minneapolis MN 55454 41-1388583	Lab & Real	MN		C	-79,478	38,319,793	100.000000		X
(4)									

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BEHAVIORAL HEALTHCARE PROVIDERS	m	165,305	Fair Market Value
(2) BEHAVIORAL HEALTHCARE PROVIDERS	s	3,688,229	Fair Market Value
(3) EBENEZER SOCIETY	m	321,375	Fair Market Value
(4) EBENEZER SOCIETY	q	863,307	Fair Market Value
(5) EBENEZER SOCIETY	s	5,947,228	Fair Market Value
(6) EXPRESS CARE	m	995,013	Fair Market Value

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) EXPRESS CARE	q	18,615	Fair Market Value
(2) EXPRESS CARE	s	610,364	Fair Market Value
(3) FAIRVIEW CLINICS	m	783,588	Fair Market Value
(4) FAIRVIEW CLINICS	k	3,064,513	Fair Market Value
(5) FAIRVIEW CLINICS	p	1,664	Fair Market Value
(6) FAIRVIEW CLINICS	q	8,774,733	Fair Market Value

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FAIRVIEW CLINICS	s	2,732,200	Fair Market Value
(2) FAIRVIEW DEVELOPMENT COMPANY	m	16,029	Fair Market Value
(3) FAIRVIEW DEVELOPMENT COMPANY	p	55	Fair Market Value
(4) FAIRVIEW DEVELOPMENT COMPANY	s	18,900	Fair Market Value
(5) FAIRVIEW DEVELOPMENT COMPANY	r	178,483	Fair Market Value
(6) FAIRVIEW FOUNDATION	l	132,851	Fair Market Value

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FAIRVIEW FOUNDATION	s	593,710	Fair Market Value
(2) FAIRVIEW HOMECARE & HOSPICE	m	308,947	Fair Market Value
(3) FAIRVIEW HOMECARE & HOSPICE	q	793,655	Fair Market Value
(4) FAIRVIEW HOMECARE & HOSPICE	s	3,527,256	Fair Market Value
(5) FAIRVIEW HOMECARE & HOSPICE	k	74,177	Fair Market Value
(6) FAIRVIEW PHYSICIAN ASSOCIATES NETWO	m	73,687	Fair Market Value

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FAIRVIEW PHYSICIAN ASSOCIATES NETWO	s	1,269,391	Fair Market Value
(2) RANGE REGIONAL HEALTH SERVICES	r	102,773	Fair Market Value
(3) RANGE REGIONAL HEALTH SERVICES	l	1,820	Fair Market Value
(4) RANGE REGIONAL HEALTH SERVICES	m	329,088	Fair Market Value
(5) RANGE REGIONAL HEALTH SERVICES	p	15,156	Fair Market Value
(6) RANGE REGIONAL HEALTH SERVICES	q	45,289	Fair Market Value

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GRAND ITASCA CLINIC AND HOSPITAL	s	16,837,172	Fair Market Value
(2) HEALTHEAST CARE SYSTEM	s	246,540,829	Fair Market Value
(3) FAIRVIEW FOUNDATION	b	3,068,901	Fair Market Value
(4) FAIRVIEW FOUNDATION	c	2,674,970	Fair Market Value
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2017

Department of the Treasury
Internal Revenue Service

For calendar year 2017 or other tax year beginning _____, and ending _____
Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <p><input checked="" type="checkbox"/> 501(C) (3)</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a)</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)</p> <p>Print or Type FAIRVIEW HEALTH SERVICES</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.</p> <p>2450 RIVERSIDE AVENUE SOUTH</p> <p>City or town, state or province, country, and ZIP or foreign postal code</p> <p>MINNEAPOLIS MN 55454</p>	<p>D Employer identification number (Employees' trust, see instructions.)</p> <p>41-0991680</p> <p>E Unrelated business activity codes (See instructions.)</p> <p>446110 621500</p>
<p>C Book value of all assets at end of year</p> <p>4956311381</p>		
<p>F Group exemption number (See instructions.) u</p>		
<p>G Check organization type u <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>		

H Describe the organization's primary unrelated business activity.
u Retail Pharmacy

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **u** Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **u DAWN KSEPKA** Telephone number **u 612-672-4986**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 842,431,323			
b	Less returns and allowances			
c Balance u		1c		
2	Cost of goods sold (Schedule A, line 7)	2	606,550,553	
3	Gross profit. Subtract line 2 from line 1c	3	235,880,770	235,880,770
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule) See Stmt 1	12	10,994,415	10,994,415
13	Total. Combine lines 3 through 12	13	246,875,185	246,875,185

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	56,926,262
16	Repairs and maintenance	16	2,588,858
17	Bad debts	17	
18	Interest (attach schedule) See Statement 2	18	264,631
19	Taxes and licenses	19	1,620,738
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
22b			0
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	12,346,487
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) See Statement 3	28	182,141,329
29	Total deductions. Add lines 14 through 28	29	255,888,305
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-9,013,120
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-9,013,120
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-9,013,120

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34 ▶ 35c	
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ▶ 36	
37 Proxy tax. See instructions ▶ 37	
38 Alternative minimum tax 38	
39 Tax on Non-Compliant Facility Income. See instructions 39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies 40	

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a	
b Other credits (see instructions) 41b	
c General business credit. Attach Form 3800 (see instructions) 41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827) 41d	
e Total credits. Add lines 41a through 41d 41e	
42 Subtract line 41e from line 40 42	
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.) 43	
44 Total tax. Add lines 42 and 43 44 0	
45a Payments: A 2016 overpayment credited to 2017 45a	
b 2017 estimated tax payments 45b	
c Tax deposited with Form 8868 45c	
d Foreign organizations: Tax paid or withheld at source (see instructions) 45d	
e Backup withholding (see instructions) 45e	
f Credit for small employer health insurance premiums (Attach Form 8941) 45f	
g Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total u 45g	
46 Total payments. Add lines 45a through 45g 46	
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> u 47	
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed u 48	
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid u 49	
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax u Refunded u 50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here u BERMUDA/CAYMAN Yes No	<input checked="" type="checkbox"/>	<input type="checkbox"/>
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. Yes No	<input type="checkbox"/>	<input checked="" type="checkbox"/>
53 Enter the amount of tax-exempt interest received or accrued during the tax year u \$		

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

u _____ **u** **President/CEO**

Signature of officer Date Title

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

Paid Preparer Use Only	Print/Type preparer's name Anne Fulton	Preparer's signature Deloitte Tax LLP	Date 11/05/18	Check <input type="checkbox"/> if self-employed	PTIN P00143920
	Firm's name } Deloitte Tax LLP	Firm's EIN } 86-1065772			
	Firm's address } 50 South Sixth Street #2800 Minneapolis, MN 55402	Phone no.			

Schedule A – Cost of Goods Sold. Enter method of inventory valuation **u** **Cost Method**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2	606,550,553	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	606,550,553
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional sec. 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5	606,550,553			X

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1) N/A
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) u

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **u**

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1) N/A				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8			u	u

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			u	u

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
Totals		u		

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals		u				

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis						
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ..						

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I u						
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) u						

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			u

41-0991680

Federal Statements

FYE: 12/31/2017

Statement 1 - Form 990-T, Part I, Line 12 - Other Income

Description	Amount
Laboratory	\$ 10,204,696
Medical Services	213,582
Materials	203,006
Other	18,000
Telephone Service	355,131
Total	<u>\$ 10,994,415</u>

Statement 2 - Form 990-T, Part II, Line 18 - Interest

Description	Amount
bank	\$ 264,631
Total	<u>\$ 264,631</u>

Statement 3 - Form 990-T, Part II, Line 28 - Other Deductions

Description	Amount
Purchased Services	\$ 95,166,985
Supplies	68,730,207
Hospital O/H	2,761,814
Misc	6,702,224
Ins & Rent	217,788
Lab Corp	3,157,263
Depr	1,438,272
Corp Services	3,966,776
Total	<u>\$ 182,141,329</u>

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.
u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2017

Attachment Sequence No. **179**

FAIRVIEW HEALTH SERVICES

Identifying number
41-0991680

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	78,890,509

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	22,318,154
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	101,208,663
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2017)

Form **5471**

(Rev. December 2015)

Department of the Treasury
Internal Revenue Service

Name of person filing this return

**Information Return of U.S. Persons With Respect
To Certain Foreign Corporations**

For more information about Form 5471, see www.irs.gov/form5471

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning , and ending

OMB No. 1545-0704

Attachment
Sequence No. **121**

FAIRVIEW HEALTH SERVICES

A Identifying number

41-0991680

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)

2450 RIVERSIDE AVENUE SOUTH

B Category of filer (See instructions. Check applicable box(es)):

1 (repealed) 2 3 4 5

City or town, state, and ZIP code

MINNEAPOLIS MN 55454

C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period

100.000 %

Filer's tax year beginning , and ending

D Check if any excepted specified foreign financial assets are reported on this form (see instructions)

E Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

1a Name and address of foreign corporation

**ASSOCIATED MEDICAL ASSURANCE, LTD
VICTORIA HALL, 11 VICTORIA STREET**

HAMILTON HM 11 BERMUDA

b(1) Employer identification number, if any

b(2) Reference ID number (see instructions)

c Country under whose laws incorporated

d Date of incorp.

05/02/75

e Principal place of business

BERMUDA

f Principal business activity

code no. **524150**

g Principal business activity

INSURANCE MEDICAL

h Functional currency

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States

b If a U.S. income tax return was filed, enter:

(i) Taxable income or (loss)

(ii) U.S. income tax paid (after all credits)

c Name and address of foreign corporation's statutory or resident agent in country of incorporation

**MARSH IAS MANAGEMENT SERVICES LTD
VICTORIA HALL 11 VICTORIA STREET**

HAMILTON BERMUDA

d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different

**GREGORY TYERS
C/O MARSH IAS MANAGEMENT SERVICES LTD**

HAMILTON BERMUDA

Schedule A Stock of the Foreign Corporation

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	120,000	120,000

For Paperwork Reduction Act Notice, see instructions.

Form **5471** (Rev. 12-2015)

Schedule G Other Information

- | | | |
|---|--------------------------|-------------------------------------|
| | Yes | No |
| 1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," see the instructions for required statement. | | |
| 2 During the tax year, did the foreign corporation own an interest in any trust? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3 (see instructions)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," you are generally required to attach Form 8858 for each entity (see instructions). | | |
| 4 During the tax year, was the foreign corporation a participant in any cost sharing arrangement? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G). | | |
| 7 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Schedule H Current Earnings and Profits (see instructions)

Important: Enter the amounts on lines 1 through 5c in **functional** currency.

1 Current year net income or (loss) per foreign books of account		1	
2 Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):	Net Additions	Net Subtractions	
	a Capital gains or losses		
	b Depreciation and amortization		
	c Depletion		
	d Investment or incentive allowance		
	e Charges to statutory reserves		
	f Inventory adjustments		
	g Taxes		
	h Other (attach statement)		
3 Total net additions			
4 Total net subtractions			
5a Current earnings and profits (line 1 plus line 3 minus line 4)			5a
b DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)			5b
c Combine lines 5a and 5b			5c
d Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations (see instructions))			5d
Enter exchange rate used for line 5d ▶			

Schedule I Summary of Shareholder's Income From Foreign Corporation (see instructions)

If item E on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This schedule I is being completed for:

Name of U.S. shareholder u	Identifying number u
1 Subpart F income (line 38b, Worksheet A in the instructions)	1
2 Earnings invested in U.S. property (line 17, Worksheet B in the instructions)	2
3 Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions)	3
4 Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions)	4
5 Factoring income	5
6 Total of lines 1 through 5. Enter here and on your income tax return. See instructions	6
7 Dividends received (translated at spot rate on payment date under section 989(b)(1))	7
8 Exchange gain or (loss) on a distribution of previously taxed income	8

- | | | |
|--|--------------------------|--------------------------|
| • Was any income of the foreign corporation blocked? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did any such income become unblocked during the tax year (see section 964(b))? | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to either question is "Yes," attach an explanation.

**SCHEDULE J
(Form 5471)**

(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

**Accumulated Earnings and Profits (E&P)
of Controlled Foreign Corporation**

Information about Schedule J (Form 5471) and its instructions is at www.irs.gov/form5471.
Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471

FAIRVIEW HEALTH SERVICES

Identifying number

41-0991680

Name of foreign corporation

EIN (if any)

Reference ID number (see instructions)

Important: Enter amounts in functional currency.	(a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance)	(b) Pre-1987 E&P Not Previously Taxed (pre-87 sec. 959(c)(3) balance)	(c) Previously Taxed E&P (see instructions) (sections 959(c)(1) and (2) balances)			(d) Total Section 964(a) E&P (combine columns (a), (b), and (c))
			(i) Earnings Invested in U.S. Property	(ii) Earnings Invested in Excess Passive Assets	(iii) Subpart F Income	
1 Balance at beginning of year	44,689,868	-4,724,994				
2a Current year E&P						
b Current year deficit in E&P	2,033,970					
3 Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)						
4 Amounts included under section 951(a) or reclassified under section 959(c) in current year						
5a Actual distributions or reclassifications of previously taxed E&P						
b Actual distributions of nonpreviously taxed E&P						
6a Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)						
b Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)						
7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)						

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12-2012)

**SCHEDULE M
(Form 5471)**

(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

**Transactions Between Controlled Foreign Corporation
and Shareholders or Other Related Persons**

u Information about Schedule M (Form 5471) and its instructions is at www.irs.gov/form5471.
u Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471

FAIRVIEW HEALTH SERVICES

Identifying number

41-0991680

Name of foreign corporation

EIN (if any)

Reference ID number (see instructions)

Important: Complete a **separate** Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule **u**

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory)					
2 Sales of tangible property other than stock in trade					
3 Sales of property rights (patents, trademarks, etc.)					
4 Platform contrib. transaction pymt. received					
5 Cost sharing transaction payments received					
6 Compensation received for technical, managerial, engineering, construction, or like services					
7 Commissions received					
8 Rents, royalties, and license fees received					
9 Dividends received (exclude deemed distributions under subpart F and distributions of previously taxed income)					
10 Interest received					
11 Premiums received for insurance or reinsurance	7,511,401				
12 Add lines 1 through 11					
13 Purchases of stock in trade (inventory)					
14 Purchases of tangible property other than stock in trade					
15 Purchases of property rights (patents, trademarks, etc.)					
16 Platform contrib. transaction payments paid					
17 Cost sharing transaction payments paid					
18 Compensation paid for technical, managerial, engineering, construction, or like services					
19 Commissions paid					
20 Rents, royalties, and license fees paid					
21 Dividends paid					
22 Interest paid					
23 Premiums paid for insurance or reinsurance					
24 Add lines 13 through 23					
25 Amounts borrowed (enter the maximum loan balance during the year) – see instructions					
26 Amounts loaned (enter the maximum loan balance during the year) – see instructions					

Form **926**
 (Rev. December 2017)
 Department of the Treasury
 Internal Revenue Service

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

Go to www.irs.gov/Form926 for instructions and the latest information.
Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment
 Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor FAIRVIEW HEALTH SERVICES	Identifying number (see instructions) 41-0991680
---	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? Yes No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

<p>3 Name of transferee (foreign corporation) Aleutian Fund Ltd.</p>	<p>4a Identifying number, if any</p>
<p>5 Address (including country) P O Box 309, Ugland House Cayman Islands Grand Cayman CJ KY1-1104 Cayman Islands</p>	<p>4b Reference ID number (see instructions)</p>
<p>6 Country code of country of incorporation or organization (see instructions) CJ</p>	
<p>7 Foreign law characterization (see instructions)</p>	
<p>8 Is the transferee foreign corporation a controlled foreign corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

For Paperwork Reduction Act Notice, see separate instructions.

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash, Stock, and Securities

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/17		2,300,000		
Stock and securities (other than those that qualify as eligible property under Regs. sec. 1.367(a)-2(b)(3))					

9 Was cash the only property transferred? **Yes** **No**
 If "Yes," skip the remainder of Part III and go to Part IV.

10 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? **Yes** **No**

Section B - Property qualifying for Active Trade or Business exception under Regs. sec. 1.367(a)-2(a)(2)(i) and (ii)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Tangible property (not listed under another category)					
Working interest in oil and gas property (as described in Regs. sec. 1.367(a)-2(b)(2) and (f))					
Financial asset (as described in Regs. sec. 1.367(a)-2(b)(3))					
Certain tangible property to be leased (see Regs. sec. 1.367(a)-2(e))					
Totals					

* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

Section C – Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Inventory					
Installment obligations, etc. (as described in Regs. sec. 1.367(a)-2(c)(2))					
Nonfunctional currency, etc. (as described in Regs. sec. 1.367(a)-2(c)(3))					
Certain leased tangible property (as described in Regs. sec. 1.367(a)-2(c)(4))					
Certain property to be retransferred (see Regs. sec. 1.367(a)-2(g))					
Property described in Regs. sec. 1.6038B-1(c)(4)(iv)					
Property described in Regs. sec. 1.6038B-1(c)(4)(vii)					
Totals					

* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

11 Did the transferor transfer assets that qualify for the trade or business exception under section 367(a)(3)? Yes No

12 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-2 through 1.367(a)-7 for any of the following.

a Transfer of property subject to section 367(a)(1) gain recognition Yes No

b Depreciation recapture Yes No

c Branch loss recapture (see instructions) Yes No

d If the answer to 12c is "Yes," enter the amount of foreign branch loss recapture **u** \$ _____

e Any other income recognition provision contained in the above-referenced regulations Yes No

If the answer to line 12a, 12b, 12c, or 12e is "Yes," see instructions for information that must be included in the *Supplemental Part III Information Required To Be Reported* section below.

Section D – Intangible property under Regs. sec. 1.367(a)-1(d)(5)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 936(h)(3)(B)						
Property subject to sec. 367(d) pursuant to Regs. sec. 1.367(a)-1(b)(5)						
Totals						

- 13a Did the transferor transfer property described in section 936(h)(3)(B) (not including section 1221(a)(3) property or a working interest in oil and gas property)? Yes No
- b If the answer to line 13a is "Yes," enter the total amount included in income under section 367 (d), if any, for the transfer of all such property on the income tax return for the year of the transfer **u** \$ _____
- 14a Did the transferor apply section 367(d) to a transfer of any property pursuant to Regulations section 1.367(a)-1(b)(5)? Yes No
- b If the answer to line 14a is "Yes," enter the total amount included in income under section 367 (d), if any, for the transfer of all such property on the income tax return for the year of the transfer **u** \$ _____
- c If the answer to line 14a is "No," did the transferor transfer any property for which it could have applied section 367(d) pursuant to Regulations section 1.367(a)-1(b)(5) but did not? Yes No
- d If the answer to line 14c is "Yes," enter the total amount of gain recognized, if any, under section 367(a)(1) on the transfer of all such property on the income tax return for the year of the transfer **u** \$ _____
- 15a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed twenty years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 15c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's or properties', as applicable use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) **u** \$ _____
- 16 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 17 Enter the transferor's interest in the foreign transferee corporation before and after the transfer.
(a) Before _____ % (b) After _____ %
- 18 Type of nonrecognition transaction (see instructions) **u** _____
- 19 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 20 Did this transfer result from a change in entity classification? Yes No
- 21a Did a domestic corporation make a distribution of property covered by section 367(e)(2) (see instructions)? Yes No
If "Yes," complete lines 21b and 21c.
 - b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) **u** \$ _____
 - c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No

Form **926**
 (Rev. December 2017)
 Department of the Treasury
 Internal Revenue Service

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

Go to www.irs.gov/Form926 for instructions and the latest information.
Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment
 Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor FAIRVIEW HEALTH SERVICES	Identifying number (see instructions) 41-0991680
---	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? Yes No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

<p>3 Name of transferee (foreign corporation) Citco Fund Services Limited</p>	<p>4a Identifying number, if any</p>
<p>5 Address (including country) 89 Nexus Way, 2nd Floor Camana Bay Cayman Islands Grand Cayman CJ KY1-1205 Cayman Islands</p>	<p>4b Reference ID number (see instructions)</p>
<p>6 Country code of country of incorporation or organization (see instructions) CJ</p>	
<p>7 Foreign law characterization (see instructions)</p>	
<p>8 Is the transferee foreign corporation a controlled foreign corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

For Paperwork Reduction Act Notice, see separate instructions.

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash, Stock, and Securities

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/17		20,500,000		
Stock and securities (other than those that qualify as eligible property under Regs. sec. 1.367(a)-2(b)(3))					

9 Was cash the only property transferred? **Yes** **No**
 If "Yes," skip the remainder of Part III and go to Part IV.

10 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? **Yes** **No**

Section B - Property qualifying for Active Trade or Business exception under Regs. sec. 1.367(a)-2(a)(2)(i) and (ii)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Tangible property (not listed under another category)					
Working interest in oil and gas property (as described in Regs. sec. 1.367(a)-2(b)(2) and (f))					
Financial asset (as described in Regs. sec. 1.367(a)-2(b)(3))					
Certain tangible property to be leased (see Regs. sec. 1.367(a)-2(e))					
Totals					

* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

Section C – Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Inventory					
Installment obligations, etc. (as described in Regs. sec. 1.367(a)-2(c)(2))					
Nonfunctional currency, etc. (as described in Regs. sec. 1.367(a)-2(c)(3))					
Certain leased tangible property (as described in Regs. sec. 1.367(a)-2(c)(4))					
Certain property to be retransferred (see Regs. sec. 1.367(a)-2(g))					
Property described in Regs. sec. 1.6038B-1(c)(4)(iv)					
Property described in Regs. sec. 1.6038B-1(c)(4)(vii)					
Totals					

* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

- 11** Did the transferor transfer assets that qualify for the trade or business exception under section 367(a)(3)? Yes No
- 12** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-2 through 1.367(a)-7 for any of the following.
- a** Transfer of property subject to section 367(a)(1) gain recognition Yes No
 - b** Depreciation recapture Yes No
 - c** Branch loss recapture (see instructions) Yes No
 - d** If the answer to 12c is "Yes," enter the amount of foreign branch loss recapture **u** \$ _____
 - e** Any other income recognition provision contained in the above-referenced regulations Yes No
- If the answer to line 12a, 12b, 12c, or 12e is "Yes," see instructions for information that must be included in the *Supplemental Part III Information Required To Be Reported* section below.

Section D – Intangible property under Regs. sec. 1.367(a)-1(d)(5)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 936(h)(3)(B)						
Property subject to sec. 367(d) pursuant to Regs. sec. 1.367(a)-1(b)(5)						
Totals						

- 13a Did the transferor transfer property described in section 936(h)(3)(B) (not including section 1221(a)(3) property or a working interest in oil and gas property)? Yes No
- b If the answer to line 13a is "Yes," enter the total amount included in income under section 367 (d), if any, for the transfer of all such property on the income tax return for the year of the transfer **u** \$ _____
- 14a Did the transferor apply section 367(d) to a transfer of any property pursuant to Regulations section 1.367(a)-1(b)(5)? Yes No
- b If the answer to line 14a is "Yes," enter the total amount included in income under section 367 (d), if any, for the transfer of all such property on the income tax return for the year of the transfer **u** \$ _____
- c If the answer to line 14a is "No," did the transferor transfer any property for which it could have applied section 367(d) pursuant to Regulations section 1.367(a)-1(b)(5) but did not? Yes No
- d If the answer to line 14c is "Yes," enter the total amount of gain recognized, if any, under section 367(a)(1) on the transfer of all such property on the income tax return for the year of the transfer **u** \$ _____
- 15a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed twenty years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 15c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's or properties', as applicable use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) **u** \$ _____
- 16 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 17 Enter the transferor's interest in the foreign transferee corporation before and after the transfer.
(a) Before _____ % (b) After _____ %
- 18 Type of nonrecognition transaction (see instructions) **u** _____
- 19 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 20 Did this transfer result from a change in entity classification? Yes No
- 21a Did a domestic corporation make a distribution of property covered by section 367(e)(2) (see instructions)? Yes No
If "Yes," complete lines 21b and 21c.
 - b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) **u** \$ _____
 - c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No

Form **926**
 (Rev. December 2017)
 Department of the Treasury
 Internal Revenue Service

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

Go to *www.irs.gov/Form926* for instructions and the latest information.
Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment
 Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor FAIRVIEW HEALTH SERVICES	Identifying number (see instructions) 41-0991680
---	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? Yes No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

<p>3 Name of transferee (foreign corporation) Beaux Lane House</p>	<p>4a Identifying number, if any</p>
<p>5 Address (including country) Mercer Street Lower Ireland Dublin 2 EI Ireland</p>	<p>4b Reference ID number (see instructions)</p>
<p>6 Country code of country of incorporation or organization (see instructions) EI</p>	
<p>7 Foreign law characterization (see instructions)</p>	
<p>8 Is the transferee foreign corporation a controlled foreign corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

For Paperwork Reduction Act Notice, see separate instructions.

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash, Stock, and Securities

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/17		2,900,000		
Stock and securities (other than those that qualify as eligible property under Regs. sec. 1.367(a)-2(b)(3))					

9 Was cash the only property transferred? **Yes** **No**
 If "Yes," skip the remainder of Part III and go to Part IV.

10 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? **Yes** **No**

Section B - Property qualifying for Active Trade or Business exception under Regs. sec. 1.367(a)-2(a)(2)(i) and (ii)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Tangible property (not listed under another category)					
Working interest in oil and gas property (as described in Regs. sec. 1.367(a)-2(b)(2) and (f))					
Financial asset (as described in Regs. sec. 1.367(a)-2(b)(3))					
Certain tangible property to be leased (see Regs. sec. 1.367(a)-2(e))					
Totals					

* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

Section C – Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Inventory					
Installment obligations, etc. (as described in Regs. sec. 1.367(a)-2(c)(2))					
Nonfunctional currency, etc. (as described in Regs. sec. 1.367(a)-2(c)(3))					
Certain leased tangible property (as described in Regs. sec. 1.367(a)-2(c)(4))					
Certain property to be retransferred (see Regs. sec. 1.367(a)-2(g))					
Property described in Regs. sec. 1.6038B-1(c)(4)(iv)					
Property described in Regs. sec. 1.6038B-1(c)(4)(vii)					
Totals					

* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

- 11** Did the transferor transfer assets that qualify for the trade or business exception under section 367(a)(3)? Yes No
- 12** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-2 through 1.367(a)-7 for any of the following.
- a** Transfer of property subject to section 367(a)(1) gain recognition Yes No
 - b** Depreciation recapture Yes No
 - c** Branch loss recapture (see instructions) Yes No
 - d** If the answer to 12c is "Yes," enter the amount of foreign branch loss recapture **u** \$ _____
 - e** Any other income recognition provision contained in the above-referenced regulations Yes No
- If the answer to line 12a, 12b, 12c, or 12e is "Yes," see instructions for information that must be included in the *Supplemental Part III Information Required To Be Reported* section below.

Section D – Intangible property under Regs. sec. 1.367(a)-1(d)(5)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 936(h)(3)(B)						
Property subject to sec. 367(d) pursuant to Regs. sec. 1.367(a)-1(b)(5)						
Totals						

- 13a Did the transferor transfer property described in section 936(h)(3)(B) (not including section 1221(a)(3) property or a working interest in oil and gas property)? Yes No
- b If the answer to line 13a is "Yes," enter the total amount included in income under section 367 (d), if any, for the transfer of all such property on the income tax return for the year of the transfer **u** \$ _____
- 14a Did the transferor apply section 367(d) to a transfer of any property pursuant to Regulations section 1.367(a)-1(b)(5)? Yes No
- b If the answer to line 14a is "Yes," enter the total amount included in income under section 367 (d), if any, for the transfer of all such property on the income tax return for the year of the transfer **u** \$ _____
- c If the answer to line 14a is "No," did the transferor transfer any property for which it could have applied section 367(d) pursuant to Regulations section 1.367(a)-1(b)(5) but did not? Yes No
- d If the answer to line 14c is "Yes," enter the total amount of gain recognized, if any, under section 367(a)(1) on the transfer of all such property on the income tax return for the year of the transfer **u** \$ _____
- 15a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed twenty years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 15c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's or properties', as applicable use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) **u** \$ _____
- 16 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 17 Enter the transferor's interest in the foreign transferee corporation before and after the transfer.
(a) Before _____ % (b) After _____ %
- 18 Type of nonrecognition transaction (see instructions) **u** _____
- 19 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 20 Did this transfer result from a change in entity classification? Yes No
- 21a Did a domestic corporation make a distribution of property covered by section 367(e)(2) (see instructions)? Yes No
If "Yes," complete lines 21b and 21c.
 - b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) **u** \$ _____
 - c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No

Form **926**
 (Rev. December 2017)
 Department of the Treasury
 Internal Revenue Service

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

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Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment
 Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor FAIRVIEW HEALTH SERVICES	Identifying number (see instructions) 41-0991680
---	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? Yes No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

<p>3 Name of transferee (foreign corporation) Palestra CapitalOffshore Fund Ltd</p>	<p>4a Identifying number, if any</p>
<p>5 Address (including country) c/o dms Corporate Services Ltd 20 G Cayman Islands Grand Cayman CJ KY1-1108 Cayman Islands</p>	<p>4b Reference ID number (see instructions)</p>
<p>6 Country code of country of incorporation or organization (see instructions) CJ</p>	
<p>7 Foreign law characterization (see instructions)</p>	
<p>8 Is the transferee foreign corporation a controlled foreign corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

For Paperwork Reduction Act Notice, see separate instructions.

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash, Stock, and Securities

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/17		2,500,000		
Stock and securities (other than those that qualify as eligible property under Regs. sec. 1.367(a)-2(b)(3))					

9 Was cash the only property transferred? **Yes** **No**
 If "Yes," skip the remainder of Part III and go to Part IV.

10 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? **Yes** **No**

Section B - Property qualifying for Active Trade or Business exception under Regs. sec. 1.367(a)-2(a)(2)(i) and (ii)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Tangible property (not listed under another category)					
Working interest in oil and gas property (as described in Regs. sec. 1.367(a)-2(b)(2) and (f))					
Financial asset (as described in Regs. sec. 1.367(a)-2(b)(3))					
Certain tangible property to be leased (see Regs. sec. 1.367(a)-2(e))					
Totals					

* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

Section C – Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Inventory					
Installment obligations, etc. (as described in Regs. sec. 1.367(a)-2(c)(2))					
Nonfunctional currency, etc. (as described in Regs. sec. 1.367(a)-2(c)(3))					
Certain leased tangible property (as described in Regs. sec. 1.367(a)-2(c)(4))					
Certain property to be retransferred (see Regs. sec. 1.367(a)-2(g))					
Property described in Regs. sec. 1.6038B-1(c)(4)(iv)					
Property described in Regs. sec. 1.6038B-1(c)(4)(vii)					
Totals					

* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

- 11** Did the transferor transfer assets that qualify for the trade or business exception under section 367(a)(3)? Yes No
- 12** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-2 through 1.367(a)-7 for any of the following.
- a** Transfer of property subject to section 367(a)(1) gain recognition Yes No
 - b** Depreciation recapture Yes No
 - c** Branch loss recapture (see instructions) Yes No
 - d** If the answer to 12c is "Yes," enter the amount of foreign branch loss recapture **u** \$ _____
 - e** Any other income recognition provision contained in the above-referenced regulations Yes No
- If the answer to line 12a, 12b, 12c, or 12e is "Yes," see instructions for information that must be included in the *Supplemental Part III Information Required To Be Reported* section below.

Section D – Intangible property under Regs. sec. 1.367(a)-1(d)(5)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 936(h)(3)(B)						
Property subject to sec. 367(d) pursuant to Regs. sec. 1.367(a)-1(b)(5)						
Totals						

- 13a Did the transferor transfer property described in section 936(h)(3)(B) (not including section 1221(a)(3) property or a working interest in oil and gas property)? Yes No
- b If the answer to line 13a is "Yes," enter the total amount included in income under section 367 (d), if any, for the transfer of all such property on the income tax return for the year of the transfer **u** \$ _____
- 14a Did the transferor apply section 367(d) to a transfer of any property pursuant to Regulations section 1.367(a)-1(b)(5)? Yes No
- b If the answer to line 14a is "Yes," enter the total amount included in income under section 367 (d), if any, for the transfer of all such property on the income tax return for the year of the transfer **u** \$ _____
- c If the answer to line 14a is "No," did the transferor transfer any property for which it could have applied section 367(d) pursuant to Regulations section 1.367(a)-1(b)(5) but did not? Yes No
- d If the answer to line 14c is "Yes," enter the total amount of gain recognized, if any, under section 367(a)(1) on the transfer of all such property on the income tax return for the year of the transfer **u** \$ _____
- 15a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed twenty years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 15c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's or properties', as applicable use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) **u** \$ _____
- 16 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 17 Enter the transferor's interest in the foreign transferee corporation before and after the transfer.
(a) Before _____ % (b) After _____ %
- 18 Type of nonrecognition transaction (see instructions) **u** _____
- 19 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 20 Did this transfer result from a change in entity classification? Yes No
- 21a Did a domestic corporation make a distribution of property covered by section 367(e)(2) (see instructions)? Yes No
If "Yes," complete lines 21b and 21c.
 - b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) **u** \$ _____
 - c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No

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OMB No. 1545-0026

Attachment
 Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor FAIRVIEW HEALTH SERVICES	Identifying number (see instructions) 41-0991680
---	--

1 If the transferor was a corporation, complete questions 1a through 1d.

- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? Yes No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

<p>3 Name of transferee (foreign corporation) Rimrock High Income PLUS Fund Ltd</p>	<p>4a Identifying number, if any</p>
<p>5 Address (including country) 94 Solaris AVE Camana Bay Cayman Islands Grand Cayman CJ KY1-1108 Cayman Islands</p>	<p>4b Reference ID number (see instructions)</p>
<p>6 Country code of country of incorporation or organization (see instructions) CJ</p>	
<p>7 Foreign law characterization (see instructions)</p>	
<p>8 Is the transferee foreign corporation a controlled foreign corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

For Paperwork Reduction Act Notice, see separate instructions.

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash, Stock, and Securities

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/17		1,300,000		
Stock and securities (other than those that qualify as eligible property under Regs. sec. 1.367(a)-2(b)(3))					

9 Was cash the only property transferred? **Yes** **No**
 If "Yes," skip the remainder of Part III and go to Part IV.

10 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? **Yes** **No**

Section B - Property qualifying for Active Trade or Business exception under Regs. sec. 1.367(a)-2(a)(2)(i) and (ii)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Tangible property (not listed under another category)					
Working interest in oil and gas property (as described in Regs. sec. 1.367(a)-2(b)(2) and (f))					
Financial asset (as described in Regs. sec. 1.367(a)-2(b)(3))					
Certain tangible property to be leased (see Regs. sec. 1.367(a)-2(e))					
Totals					

* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

Section C – Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Inventory					
Installment obligations, etc. (as described in Regs. sec. 1.367(a)-2(c)(2))					
Nonfunctional currency, etc. (as described in Regs. sec. 1.367(a)-2(c)(3))					
Certain leased tangible property (as described in Regs. sec. 1.367(a)-2(c)(4))					
Certain property to be retransferred (see Regs. sec. 1.367(a)-2(g))					
Property described in Regs. sec. 1.6038B-1(c)(4)(iv)					
Property described in Regs. sec. 1.6038B-1(c)(4)(vii)					
Totals					

* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

- 11** Did the transferor transfer assets that qualify for the trade or business exception under section 367(a)(3)? Yes No
- 12** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-2 through 1.367(a)-7 for any of the following.
- a** Transfer of property subject to section 367(a)(1) gain recognition Yes No
 - b** Depreciation recapture Yes No
 - c** Branch loss recapture (see instructions) Yes No
 - d** If the answer to 12c is "Yes," enter the amount of foreign branch loss recapture **u** \$ _____
 - e** Any other income recognition provision contained in the above-referenced regulations Yes No
- If the answer to line 12a, 12b, 12c, or 12e is "Yes," see instructions for information that must be included in the *Supplemental Part III Information Required To Be Reported* section below.

Section D – Intangible property under Regs. sec. 1.367(a)-1(d)(5)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 936(h)(3)(B)						
Property subject to sec. 367(d) pursuant to Regs. sec. 1.367(a)-1(b)(5)						
Totals						

- 13a Did the transferor transfer property described in section 936(h)(3)(B) (not including section 1221(a)(3) property or a working interest in oil and gas property)? Yes No
- b If the answer to line 13a is "Yes," enter the total amount included in income under section 367 (d), if any, for the transfer of all such property on the income tax return for the year of the transfer **u** \$ _____
- 14a Did the transferor apply section 367(d) to a transfer of any property pursuant to Regulations section 1.367(a)-1(b)(5)? Yes No
- b If the answer to line 14a is "Yes," enter the total amount included in income under section 367 (d), if any, for the transfer of all such property on the income tax return for the year of the transfer **u** \$ _____
- c If the answer to line 14a is "No," did the transferor transfer any property for which it could have applied section 367(d) pursuant to Regulations section 1.367(a)-1(b)(5) but did not? Yes No
- d If the answer to line 14c is "Yes," enter the total amount of gain recognized, if any, under section 367(a)(1) on the transfer of all such property on the income tax return for the year of the transfer **u** \$ _____
- 15a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed twenty years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 15c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's or properties', as applicable use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) **u** \$ _____
- 16 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 17 Enter the transferor's interest in the foreign transferee corporation before and after the transfer.
(a) Before _____ % (b) After _____ %
- 18 Type of nonrecognition transaction (see instructions) **u** _____
- 19 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 20 Did this transfer result from a change in entity classification? Yes No
- 21a Did a domestic corporation make a distribution of property covered by section 367(e)(2) (see instructions)? Yes No
If "Yes," complete lines 21b and 21c.
 - b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) **u** \$ _____
 - c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No

Form **926**
 (Rev. December 2017)
 Department of the Treasury
 Internal Revenue Service

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

Go to *www.irs.gov/Form926* for instructions and the latest information.
Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment
 Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor FAIRVIEW HEALTH SERVICES	Identifying number (see instructions) 41-0991680
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- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? Yes No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

<p>3 Name of transferee (foreign corporation) Tide Point Offshore Fund</p>	<p>4a Identifying number, if any</p>
<p>5 Address (including country) P O Box 309, Ugland House Cayman Islands Grand Cayman CJ KY1-1104 Cayman Islands</p>	<p>4b Reference ID number (see instructions)</p>
<p>6 Country code of country of incorporation or organization (see instructions) CJ</p>	
<p>7 Foreign law characterization (see instructions)</p>	
<p>8 Is the transferee foreign corporation a controlled foreign corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

For Paperwork Reduction Act Notice, see separate instructions.

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash, Stock, and Securities

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/17		4,800,000		
Stock and securities (other than those that qualify as eligible property under Regs. sec. 1.367(a)-2(b)(3))					

9 Was cash the only property transferred? **Yes** **No**
 If "Yes," skip the remainder of Part III and go to Part IV.

10 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? **Yes** **No**

Section B - Property qualifying for Active Trade or Business exception under Regs. sec. 1.367(a)-2(a)(2)(i) and (ii)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Tangible property (not listed under another category)					
Working interest in oil and gas property (as described in Regs. sec. 1.367(a)-2(b)(2) and (f))					
Financial asset (as described in Regs. sec. 1.367(a)-2(b)(3))					
Certain tangible property to be leased (see Regs. sec. 1.367(a)-2(e))					
Totals					

* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

Section C – Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Inventory					
Installment obligations, etc. (as described in Regs. sec. 1.367(a)-2(c)(2))					
Nonfunctional currency, etc. (as described in Regs. sec. 1.367(a)-2(c)(3))					
Certain leased tangible property (as described in Regs. sec. 1.367(a)-2(c)(4))					
Certain property to be retransferred (see Regs. sec. 1.367(a)-2(g))					
Property described in Regs. sec. 1.6038B-1(c)(4)(iv)					
Property described in Regs. sec. 1.6038B-1(c)(4)(vii)					
Totals					

* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

- 11** Did the transferor transfer assets that qualify for the trade or business exception under section 367(a)(3)? Yes No
- 12** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-2 through 1.367(a)-7 for any of the following.
- a** Transfer of property subject to section 367(a)(1) gain recognition Yes No
 - b** Depreciation recapture Yes No
 - c** Branch loss recapture (see instructions) Yes No
 - d** If the answer to 12c is "Yes," enter the amount of foreign branch loss recapture **u** \$ _____
 - e** Any other income recognition provision contained in the above-referenced regulations Yes No
- If the answer to line 12a, 12b, 12c, or 12e is "Yes," see instructions for information that must be included in the *Supplemental Part III Information Required To Be Reported* section below.

Section D – Intangible property under Regs. sec. 1.367(a)-1(d)(5)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 936(h)(3)(B)						
Property subject to sec. 367(d) pursuant to Regs. sec. 1.367(a)-1(b)(5)						
Totals						

- 13a Did the transferor transfer property described in section 936(h)(3)(B) (not including section 1221(a)(3) property or a working interest in oil and gas property)? Yes No
- b If the answer to line 13a is "Yes," enter the total amount included in income under section 367 (d), if any, for the transfer of all such property on the income tax return for the year of the transfer **u** \$ _____
- 14a Did the transferor apply section 367(d) to a transfer of any property pursuant to Regulations section 1.367(a)-1(b)(5)? Yes No
- b If the answer to line 14a is "Yes," enter the total amount included in income under section 367 (d), if any, for the transfer of all such property on the income tax return for the year of the transfer **u** \$ _____
- c If the answer to line 14a is "No," did the transferor transfer any property for which it could have applied section 367(d) pursuant to Regulations section 1.367(a)-1(b)(5) but did not? Yes No
- d If the answer to line 14c is "Yes," enter the total amount of gain recognized, if any, under section 367(a)(1) on the transfer of all such property on the income tax return for the year of the transfer **u** \$ _____
- 15a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed twenty years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 15c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's or properties', as applicable use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) **u** \$ _____
- 16 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 17 Enter the transferor's interest in the foreign transferee corporation before and after the transfer.
(a) Before _____ % (b) After _____ %
- 18 Type of nonrecognition transaction (see instructions) **u** _____
- 19 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 20 Did this transfer result from a change in entity classification? Yes No
- 21a Did a domestic corporation make a distribution of property covered by section 367(e)(2) (see instructions)? Yes No
If "Yes," complete lines 21b and 21c.
 - b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) **u** \$ _____
 - c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No

Year Ending: December 31, 2017

41-0991680

FAIRVIEW HEALTH SERVICES
2450 RIVERSIDE AVENUE SOUTH
MINNEAPOLIS , MN 55454

NOL Carryback Election

Under IRC Section 172(b)(3), the taxpayer elects to relinquish the entire carryback period with respect to any regular tax and AMT net operating loss incurred during the current tax year.

Year Ended: December 31, 2017

41-0991680

FAIRVIEW HEALTH SERVICES
2450 RIVERSIDE AVENUE SOUTH
MINNEAPOLIS, MN 55454

Straight-Line Depreciation Method Election

Under IRC Section 168(b)(3)(D), the organization elects to use the straight-line method of depreciation, instead of the regular statutory method in computing the deduction for all property placed into service during the tax year ending December 31, 2017. The election, made in accordance with Code Sec. 168(b)(5), applies to all property placed in service during the tax year.

Year Ended: December 31, 2017

41-0991680

FAIRVIEW HEALTH SERVICES
2450 RIVERSIDE AVENUE SOUTH
MINNEAPOLIS, MN 55454

Section 1.263(a)-3(n) Election

Under Regulation 1.263(a)-3(n), the taxpayer hereby elects to capitalize repair and maintenance costs.

FAIRVIEW HEALTH SERVICES
2450 RIVERSIDE AVENUE SOUTH
MINNEAPOLIS, MN 55454

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Under Regulation 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election to all qualifying property placed in service during the tax year.