

Quarterly Financial Disclosure Statement Nine Months Ended September 30, 2017

Allina Health System

Quarterly Financial Disclosure Statement September 30, 2017

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ALLINA HEALTH SYSTEM Quarterly Financial Disclosure Statement

Nine Months Ended September 30, 2017

OVERVIEW OF THE SYSTEM

Introduction

Allina Health System, doing business as Allina Health, is a Minnesota nonprofit corporation that delivers health care services to patients in Minnesota and western Wisconsin. As a mission-driven organization, Allina Health is committed to improving the health of the communities it serves. With over 27,200 full and part-time employees, Allina Health is one of the largest employers in Minnesota. Allina Health consolidated net revenue for the nine months ended September 30, 2017 was \$3 billion. As an integrated health system that includes hospitals; employed physicians; emergency, ambulatory, homecare and hospice services; and an automated electronic medical record system, Allina Health is positioned as a leader in healthcare in the Minneapolis/St. Paul area and is well-positioned for health care reform.

Allina Health owns and operates eleven hospitals and jointly owns and operates one other hospital. These include urban tertiary care, suburban community and rural hospitals. Allina Health hospitals provided more than 77,300 inpatient admissions and nearly 1,068,900 outpatient visits during the nine months ended September 30, 2017. As of September 30, 2017, Allina Health hospitals had licensed bed capacity of 2,451 acute care beds, 1,682 of which were staffed for inpatient services.

Allina Health provides clinical services through its Allina Health Group and hospital-based physicians and employs 1,430 physicians. These physicians include approximately 800 in the Allina Health Group, which controls and operates 61 clinics and operates the clinical services lines. They include approximately 180 hospitalists in three hospitalist programs operated by Allina Health on the Abbott Northwestern, United, and Mercy hospital campuses. They include approximately 90 physicians consisting of cardiologists, cardiothoracic and vascular surgeons within Allina Specialty Associates, Inc. ("ASA"), operating under the name Minneapolis Heart Institute[®]. In addition, these physicians include approximately 360 specialty physicians including intensivists, perinatologists, and psychiatrists in the Allina Health hospitals. Allina Health physicians and allied professionals generated nearly 5,823,800 work RVUs¹ during the nine months ended September 30, 2017. The Allina Integrated Medical ("AIM") Network aligns Allina Health physicians, 1,875 independent medical physicians, and over 20 hospitals to deliver market-leading quality and efficiency in patient care. Allina Health is a comprehensive health care system and has one of the largest physician networks in Minnesota.

The Minneapolis/Saint Paul metropolitan market has experienced stable population growth for the past several years. Overall hospital inpatient volume in the metropolitan market has declined around 5.1% from 2009 to 2016. Allina Health continues to have a stable and leading market share in the metropolitan area, with a 30.8% inpatient market share as of March 31, 2017.

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¹ Relative Value Unit ("RVU") is a measure of relative resource utilization.

Executive Leadership Team

Following are the Executive Leadership Team members and their biographies:

Penny Wheeler, M.D. (59) - President and Chief Executive Officer

Dr. Wheeler is the President and Chief Executive Officer. Prior to her appointment as CEO, effective January 1, 2015, she served as the Chief Clinical Officer, a position she held since March 2006. As a board-certified obstetrician/gynecologist, Dr. Wheeler has served patients at Women's Health Consultants in Minneapolis and taught as an associate professor of obstetrics and gynecology at the University of Minnesota. She has served as President of Abbott Northwestern Hospital's medical staff, as Chair and Vice-Chair of the hospital's obstetrics and gynecology department and on numerous committees. Dr. Wheeler served on the Allina Health Board of Directors from 2002 until 2006, where she was Chair of the Quality Committee. Her educational background includes an undergraduate degree with honors from the University of Minnesota, and Doctor of Medicine from the University of Minnesota Medical School.

Chris Bent (47) - Executive Vice President, Allina Health Group

Ms. Bent leads the Allina Health Group, responsible for integrating primary care, specialty care and clinical service line capabilities to better serve the patients of Allina Health. Earlier in her career, Ms. Bent was the chief operating officer of the Minneapolis Heart Institute® where, in conjunction with the physician president, she provided professional management to the 125-bed Heart Hospital within Abbott Northwestern Hospital and Minneapolis Heart Institute®'s extensive outreach program. Her background is in physician practice management in both independent practices and integrated health care delivery systems. Ms. Bent graduated from Carleton College in Northfield, Minnesota with a Bachelor's Degree in Psychology and obtained her Master of Health Services Administration from the University of Minnesota.

Richard Magnuson (55) – Executive Vice President, Chief Financial Officer

Succeeding Mr. Duncan Gallagher, Mr. Magnuson was appointed Chief Financial Officer in January, 2017. Prior to joining Allina Health, Mr. Magnuson was the Chief Financial Officer of City of Hope based in California. Mr. Magnuson previously held various finance and executive positions with Group Health in Seattle, Washington, and Fletcher Allen Health Care in Arlington, Vermont. Mr. Magnuson also served Allina Health from 1987 to 2004 in a variety of financial leadership roles. Mr. Magnuson received his Bachelor's Degree in Accounting and Finance from Augsburg College in Minneapolis, and a master's degree from the University of St. Thomas in Minneapolis. In addition to Finance, Mr. Magnuson also has operational responsibility for Payer Relations and Contracting, Supply Chain Management and Revenue Cycle Management.

Lisa Shannon (52) – Executive Vice President, Chief Operating Officer

Ms. Shannon joined Allina health as Chief Operating Officer in July, 2017. Prior to joining Allina Health, Ms. Shannon was the President, Health System Delivery of KentuckyOne Health. Prior to joining KentuckyOne, Ms. Shannon held various executive positions with Spectrum Health in Grand Rapids, Michigan, including three years as Chief Operating Officer. Ms. Shannon also served as Vice President, Ambulatory Services at OhioHealth in Columbus, Ohio. Ms. Shannon received her Bachelor's Degree from Bowling Green State University in Ohio, and a Master of Business Administration from Franklin University in Columbus, Ohio. The Chief Operating Officer is a new position and has oversight responsibility for Allina Health's hospitals, primary and specialty care divisions, and information systems.

Robert Wieland, M.D. (54) - Senior Vice President, Chief Strategy Officer

Dr. Wieland assumed the role of Chief Strategy Officer in December 2016 and is responsible for coordinating and accelerating efforts to create a differentiated member experience. He has also been responsible for the Network/Integration Division since November 2014. Dr. Wieland has been employed by Allina Health in various roles since 1994, and served as the Executive Vice President, Clinic and Community Division from November 2008 until November 2014, and prior to that he was Vice President of Medical Affairs at ANW. Earlier in his career he was District Medical Director within the Allina Medical Clinic and is co-founder of the Hospitalist Service at ANW. Dr. Wieland earned his Bachelor's Degree in Mechanical Engineering at the University of Minnesota, medical degree at the University of Minnesota Medical School and Internal Medicine training at Abbott Northwestern Hospital. Dr. Wieland also has accountability for the Allina Integrated Medical Network, Strategy and Business Development, and Marketing and Communication.

Elizabeth Truesdell Smith (54) – Senior Vice President, General Counsel

Ms. Smith assumed the role of General Counsel in February 2009. She joined the Allina Health Legal and Risk Management department in 2000. In 2007, Ms. Smith began leading Allina Health's medical-legal team as its Vice President. Before coming to Allina Health, Ms. Smith practiced as a trial lawyer for eight years with a focus on hospital and health law, medical professional liability and medical products liability litigation. She has worked in biomedical laboratory research at Harvard Medical School and in biomedical ethics at Boston University and the University of Minnesota. Ms. Smith earned a Master's of Public Health with a health law and bioethics concentration from Boston University School of Public Health and a Juris Doctor from the University of Minnesota Law School. Ms. Smith also has operational responsibility for Risk Services.

Ben Bache-Wiig, M.D. (60) - Executive Vice President, Allina Health Group and Chief Clinical Officer

Dr. Bache-Wiig assumed the role of Chief Clinical Officer in December 2016. Dr. Bache-Wiig served as President of ANW since October 2011. He served as Vice President of Medical Affairs for ANW since 2009. Dr. Bache-Wiig was previously Medical Director and Physician President of the North Clinic for 20 years. Dr. Bache-Wiig completed his undergraduate studies at Michigan State University and Doctor of Medicine at the University of Wisconsin. He is board certified in internal medicine. Dr. Bache-Wiig has accountability for Population Health, Payer Integration and the development of complex, chronic care capabilities.

Sara J. Criger (56) - Senior Vice President, north region and President, Mercy Hospital

Ms. Criger was appointed President of Mercy Hospital in July 2012. Prior to joining Allina Health, Ms. Criger was Vice President, HealthEast Care System and Chief Executive Officer, St. Joseph's Hospital, both based in St. Paul, Minnesota, for five years. Ms. Criger has more than 28 years of experience in managing large hospitals and clinics. Ms. Criger holds a Bachelor's Degree in Business Administration from Western Connecticut State University and a Master of Health Services Administration from the University of St. Francis. Ms. Criger also has operational responsibility for Buffalo and Cambridge Hospitals and patient experience.

Tom O'Connor (51) – Senior Vice President, east region and President, United Hospital and Interim President, Abbott Northwestern Hospital and Interim Senior Vice President, west region

Mr. O'Connor was appointed President of United Hospital in January 2012. Previously, he served as President of Mercy Hospital for five years and President of St. Francis Regional Medical Center for five years. Before St. Francis, he served for a year as the Divisional Vice President of Operations of Allina Healthcare Improvement Resources and for four years as the Vice President of Operations of Allina Regional Health Services. He also spent three years as Chief Operating Officer of HCA Capital Medical Center in Tallahassee Florida and two years as an Assistant Administrator and Quality Coach at the HCA Gulf Coast Hospital in Panama City, Florida. Mr. O'Connor holds a Bachelor of Arts Degree from St. Olaf College, a Master of Health Services Administration and a Master of Business Administration from the University of Minnesota. Mr. O'Connor also has operational responsibility for Regina and River Falls Area Hospitals; St. Francis Regional Medical Center; Allina Health Emergency Medical Services; and staffing management.

Christine Moore (47) - Senior Vice President, Chief Human Resource Officer

Ms. Moore joined Allina Health as Senior Vice President, Chief Human Resource Officer in August 2015. Prior to joining Allina Health, Ms. Moore was Vice President of Talent and Organization Development of Ecolab. Ms. Moore holds a Bachelor Degree in Economics from Scripps College and a doctorate in organizational psychology from Claremont Graduate University.

Timothy Sielaff, M.D. (54) - Chief Medical Officer and Senior Vice President, Specialty Care and Research

Dr. Sielaff was appointed Chief Medical Officer and Senior Vice President, Specialty Care and Research in February 2015. Dr. Sielaff has been a hepatopancreatobiliary surgeon for 15 years. Dr. Sielaff's educational background includes a Bachelor of Science Degree from the University of Wisconsin-Madison, a Doctor of Medicine from the Medical College of Virginia, a Doctor of Philosophy from the University of Minnesota-Department of Surgery, and a Master of Health Care Administration from the University of St. Thomas.

Recent Initiatives and Developments

Self-Insurance

Allina Health insures its general and professional liability exposures under claims-made policies. Under these policies, Allina Health has self-insured deductible amounts. In June 2017, Allina Health established a wholly owned captive insurance subsidiary for a portion of the self-insured deductible. Premiums paid to the captive insurance subsidiary are based on claims in the reimbursement layer and are eliminated in consolidation.

2017 Debt Issuance

In April 2017, Allina Health issued \$150 million in fixed rate taxable bonds for the purpose of funding new projects and strategic initiatives.

In April 2017, Allina Health also issued \$78.5 million in fixed rate tax-exempt bonds for the purpose of refunding \$82.3 million of the outstanding principal amount of the 2009A fixed rate bonds.

In November 2017, Allina Health plans to refund the 2007A Bonds with a fixed rate private placement Revenue Note.

Allina Health and Aetna Health Plan

In January 2017, Allina Health and Aetna created a jointly owned health plan company, Allina Health and Aetna Insurance Company, which will provide an innovative health care option for employers and consumers in the greater Minneapolis-St. Paul area. This jointly owned health plan will fully align the incentives and capabilities of a national insurer and major local health system in ways that will lead to improved health outcomes and cost management. Ownership structure for the new partnership is designed to streamline the patient experience by combining the power of insurer and provider data, coordinating integrated care teams and providing health insurance benefits and administrative services.

The Minnesota Department of Commerce recently issued a Certificate of Authority, which makes the new company an officially licensed health insurance provider and the first new insurance company to enter the Minnesota market in many years. Pending regulatory approval, the company plans to begin offering large group (51 or more members) products in 2018 and a Medicare Advantage product in 2019.

North Metro Hospital Care

In January 2017, Mercy Hospital in Coon Rapids and Unity Hospital in Fridley became one hospital with two campuses, both locations sharing the name Mercy Hospital. Allina Health is making significant capital and program investments in both campuses to strengthen the services Mercy Hospital provides to patients. The One Hospital, Two Campuses strategy will integrate specialty services across two campuses over several years.

Abbott Northwestern Hospital Emergency Department Renovation and Expansion

In June 2015, the Allina Health Board of Directors approved a capital investment to renovate and expand the Abbott Northwestern Hospital Emergency Department. Total capital cost of this project is \$24.8 million, of which Allina Health will fund \$17.3 million and the remaining \$7.5 million will be funded through philanthropic funds. The project is expected to be complete in the summer of 2018.

Credit Ratings

In March 2017, Fitch Ratings affirmed Allina Health's bond rating of AA-. The outlook is stable.

In March 2017, Standard & Poor's Ratings Services affirmed the AA- rating of Allina Health. The outlook is stable.

In March 2017, Moody's Investor Services affirmed Allina Health's bond rating of Aa3. The outlook is stable.

The complete rating agency reports are available at www.moodys.com; www.fitchratings.com; www.fitchratings.com; www.fitchratings.com; www.fitchratings.com; www.fitchratings.com; www.fitchratings.com; www.moodys.com; www.fitchratings.com; www.fitchratings.com; www.moodys.com; www.fitchratings.com; www.moodys.com; <a h

Awards and Recognition

In September 2017, Penny Wheeler, M.D., president and CEO of Allina Health, was recognized as a physician leader by Becker's Healthcare in the 2017 edition of the Physician Leaders of Hospitals and Health Systems list. The list features hospital and health system presidents and CEOs who also hold medical degrees. Becker's said in a news release that all members featured on the list have demonstrated outstanding leadership and clinical expertise throughout their careers.

In August 2017, U.S. News & World Report named Abbott Northwestern, Mercy, and United hospitals among the best hospitals in Minnesota in the 2017-2018 Best Hospital rankings. Abbott Northwestern retained the first place ranking for Best Hospital in the Twin Cities, second in Minnesota, and received national ranking in six specialty areas. Mercy ranked third in the metro, fifth in the state, and was selected as a Best Regional Hospital. United ranked fifth in the metro, eighth in the state and also earned Best Regional hospital distinction.

In July 2017, the National Rural Health Association (NRHA) recognized New Ulm as a Top 20 Critical Access Hospital (CAH) and awarded River Falls Area Hospital with a Best Practice Designation for Quality

In April 2017, two Allina Health hospitals were recognized by the National Rural Health Association (NRHA): New Ulm Medical Center was named a Top 20 Critical Access Hospital (CAH) and River Falls Area Hospital was awarded a Best Practice Designation for Quality. The rankings were determined by iVantage Health Analytics and were based on key performance and outcomes measures.

In April 2017, Allina Health was chosen by the Federal Centers for Medicare and Medicaid Services to participate in a five year Accountable Health Communities (AHC) model to see if bridging the gap between clinical and community services providers for Medicare and Medicaid patients with health-related social needs can improve the health of patients and reduce the cost of care. Health-related social needs include housing instability, food insecurity, utility needs, interpersonal violence and transportation. Allina Health is one of just 32 organizations nationwide selected to participate in the project.

In January 2017, Clinician & Group Consumer Assessment of Healthcare Providers announced that Cambridge Clinics B and F are in the top 10 percent of clinics nationwide for patient willingness to recommend them to friends and family members.

In January 2017, Press Ganey announced River Falls Area Hospital reached the top 11 percent for patient experience nationwide in 2016. The rating is based on patients' scores of their overall hospital experience on a scale from one to 10. The River Falls Area Hospital birth center scored in the top one percent for patient experience at birth centers across the United States.

ALLINA HEALTH SYSTEM Consolidated Balance Sheets

(Unaudited) (Dollars in thousands)

Assets	September 30 2017	December 31 2016
Current assets:		
Cash and cash equivalents	\$ 98,710	\$ 172,710
Short-term investments	443,578	451,327
Patient accounts receivable, net	495,292	470,216
Inventories	65,379	64,225
Other current assets	122,107	94,546
	1,225,066	1,253,024
Long-term investments	1,601,190	1,330,283
Investments with limited uses	161,538	151,537
Land, buildings, and equipment, net	1,214,829	1,166,397
Other assets	300,563	290,036
Total assets	\$ 4,503,186	\$ 4,191,277
Liabilities and net assets Current liabilities: Accounts payable and accrued expenses Current portion - long-term debt Other current liabilities	\$ 425,459 24,353 96,776	\$ 463,851 24,341 87,036
	546,588	575,228
Long-term debt Other liabilities Total liabilities	975,301 403,909 1,925,798	818,192 409,721 1,803,141
Net assets:		
Unrestricted	2,403,030	2,222,241
Temporarily restricted	118,362	109,078
Permanently restricted	55,996	56,817
Total net assets	2,577,388	2,388,136
Total liabilities and net assets	\$ 4,503,186	\$ 4,191,277

ALLINA HEALTH SYSTEM Consolidated Statements of Operations and Changes in Net Assets (Unaudited) (Dollars in thousands)

	Nine Mont	ths Ended	Three Months Ended				
	September 30	September 30	September 30	September 30			
	2017	2016	2017	2016			
Revenue:							
Patient service revenue net of contractual							
adjustments	\$ 2,923,767	\$ 2,794,665	\$ 980,377	\$ 925,473			
Provision for bad debts	(89,418)	(62,607)	(30,832)	(24,013)			
Net patient service revenue	2,834,349	2,732,058	949,545	901,460			
Other operating revenue	186,153_	181,723_	60,946	61,155			
Total revenues	3,020,502	2,913,781	1,010,491	962,615			
Expenses:							
Salaries and benefits	1,926,602	1,848,751	634,764	617,779			
Supplies and services	669,363	622,627	227,909	217,688			
Depreciation and amortization	128,462	123,113	44,072	41,164			
Financing costs	29,230	28,179	9,753	9,492			
State assessments and taxes	62,131	59,120	15,648	14,713			
Utilities and maintenance	53,654	51,306	18,769	16,865			
Other operating expenses	89,684	89,458	30,439	27,975			
Total expenses	2,959,126	2,822,554	981,354	945,676			
Operating income before strike expenses	61,376	91,227	29,137	16,939			
Strike expenses		(104,883)		(84,680)			
Operating income (loss)	61,376	(13,656)	29,137	(67,741)			
Nonoperating:							
Investment return	129,696	73,600	44,863	36,494			
Interest rate swap agreements	(7,170)	(30,964)	(1,861)	(757)			
Loss on debt refinancing	(8,536)	-	-	-			
Other	(1,968)	(2,357)	(452)	(865)			
Excess (deficiency) of revenues over expenses	\$ 173,398	\$ 26,623	\$ 71,687	\$ (32,869)			

Continued on next page.

ALLINA HEALTH SYSTEM Consolidated Statements of Operations and Changes in Net Assets (continued) (Unaudited) (Dollars in thousands)

		Nine Mont					onths Ended		
	Sep	September 30 2017		eptember 30 2016	September 30 2017		Se	ptember 30 2016	
Unrestricted net assets									
Excess of revenue over expenses	\$	173,398	\$	26,623	\$	71,687	\$	(32,869)	
Net assets released from restrictions for									
capital purposes		8,086		3,484		78		1,059	
Amortization of unrealized loss on interest rate swap									
agreement		655		655		218		218	
Other		(1,350)		(2,133)		632		(1,000)	
Increase (decrease) in unrestricted net assets		180,789		28,629		72,615		(32,592)	
Temporarily restricted net assets									
Contributions		13,819		15,789		3,655		3,728	
Investment return		10,152		6,291		3,422		3,587	
Net assets released from restrictions		(14,167)		(10,475)		(2,263)		(4,115)	
Other		(520)		(899)		(994)		1,614	
Increase in temporarily restricted net assets		9,284		10,706		3,820		4,814	
Permanently restricted net assets									
Contributions for endowment funds		109		187		(54)		157	
Investment return		(930)		109		84		65	
(Decrease) increase in permanently restricted net assets		(821)		296		30		222	
Increase in net assets		189,252		39,631		76,465		(27,556)	
Net assets at beginning of period		2,388,136		2,313,283		2,500,923		2,380,470	
Net assets at end of period	\$	2,577,388	\$	2,352,914	\$	2,577,388	\$	2,352,914	

See accompanying notes.

ALLINA HEALTH SYSTEM Consolidated Statement of Cash Flows

(Unaudited) (Dollars in thousands)

		Nine Mont	hs End	ns Ended		
	Sep	otember 30		tember 30		
		2017		2016		
Operating activities						
Increase in net assets	\$	189,252	\$	39,631		
Adjustments to reconcile increase in net assets to net cash and cash						
equivalents provided by operating activities:						
Depreciation and amortization		128,462		123,113		
Provision for bad debts		89,418		62,607		
Gain on sale of properties		(7,333)		(1,929)		
Loss on Refinancing of Debt		8,536		-		
Unrealized (gain) loss on interest rate swaps, net		(1,531)		21,413		
Realized and unrealized gain on investments, net		(117,563)		(61,939)		
Restricted contributions		(11,558)		(15,976)		
Restricted contributions of cash for long-lived assets		(2,370)		(2,323)		
Earnings on equity investments		(15,696)		(12,440)		
Accounts receivable		(114,494)		(66,093)		
Other current assets		(28,715)		(1,275)		
Accounts payable and other current liabilities		(26,463)		(70,075)		
Other assets and liabilities		4,238		5,101		
Net cash and cash equivalents provided by operating activities		94,183		19,815		
Investing activities						
Proceeds from sales of properties		7,852		26,365		
Purchases of land, buildings, and equipment		(186,013)		(142,037)		
Contributions of cash for long-lived assets		2,370		2,323		
Purchases and sales of investments classified as trading, net		(148,789)		(116,865)		
Purchases and sales of investments with limited uses, net		(6,807)		(17,172)		
Distributions received from equity investments		7,434		8,564		
Contributions to joint ventures		(2,726)		(17,428)		
Net cash and cash equivalents used in investing activities		(326,679)	•	(256,250)		
Financing activities						
Restricted contributions		11,558		15,976		
Principal payments of long-term debt		(1,425)		(5,127)		
Refinancing of long-term debt		(82,295)		(3, 127)		
Proceeds from issuance of long-term debt		233,132		_		
Deferred debt acquisition costs				-		
Net cash and cash equivalents provided by financing activities		(2,474)		10.940		
Net cash and cash equivalents provided by linancing activities		158,496		10,849		
Decrease in cash and cash equivalents		(74,000)		(225,586)		
Cash and cash equivalents at beginning of year		172,710		349,115		
Cash and cash equivalents at end of period	\$	98,710		123,529		

See accompanying notes.

Nine months ended September 30, 2017 and 2016 (Unaudited)
(Dollars in thousands)

1. Net Patient Revenue and Accounts Receivable

Allina Health has agreements with third-party payers who provide payments for health care services at amounts different from established rates. Payment arrangements include prospectively determined rates per discharge, discounted charges, and per diem payments. Other payments are received in the form of pay for performance, shared savings, care management, or medical home management per patient fees.

Allina Health recognizes significant amounts of patient service revenue at the time services are rendered even though it does not assess the patient's ability to pay. For uninsured patients who do not qualify for charity care, Allina Health recognizes revenue on the basis of discounted rates. On the basis of historical experience, a significant portion of Allina Health's patients will be unable or unwilling to pay for the services provided. Thus, Allina Health records a significant provision for bad debts related to uninsured patients and self-pay balances of insured patients who are unable or unwilling to pay for the services provided.

Allina Health grants credit without collateral to its patients, most of whom are residents in the communities that it serves and are insured under third-party payer agreements. Allina Health reduces its patient accounts receivable by an allowance for doubtful accounts. Deductibles and coinsurance are classified as either third-party or self-pay receivables on the basis of which party has the primary remaining financial responsibility, while the total gross revenue remains classified based on the primary payer at the time of service. In evaluating the collectability of accounts receivable, Allina Health analyzes its past history and identifies trends for each of its major payer sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Allina Health used a consistent methodology to estimate the allowance and provision for bad debts in the periods presented in the consolidated financial statements. For receivables associated with self-pay patients after satisfaction of amounts due from insurance, Allina Health follows established guidelines for charging off certain past-due patient balances against the allowance for doubtful accounts. Allina Health has not changed its charity care or uninsured discount policies during the periods presented in the consolidated financial statements. Allina Health does not maintain an allowance for doubtful accounts from third-party payers, nor did it have significant write-offs from third-party payers.

Nine months ended September 30, 2017 and 2016 (Unaudited) (Dollars in thousands)

2. Fair Value Disclosures

Allina Health determines the fair value of its financial instruments based on the fair value hierarchy established in the Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurements*, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value.

Level 1 Inputs: quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

Level 2 Inputs: inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly through corroboration with observable market data.

Level 3 Inputs: unobservable inputs for the asset or liability, that is, inputs that reflect the reporting entity's own assumptions about the assumptions market participants would use in pricing an asset or liability (including risk assumptions) developed based on the best information available in the circumstances.

Inputs and valuation techniques for significant other observable and significant unobservable inputs are:

For level 2 and level 3 cash equivalents and fixed income assets that rely on significant other observable inputs and significant unobservable inputs, Allina Health employs multiple third-party information providers to help determine the fair value of the assets. Level 2 and level 3 securities in separately managed accounts are held at Bank of New York Mellon ("BNYMellon"), who acts as Trustee and Custodian for the assets. As Custodian, BNYMellon uses multiple pricing services to value the assets. The investment managers utilize their own pricing services and valuation processes. Any significant discrepancies between Custodian and investment manager values are reconciled on a monthly basis by the managers and BNYMellon. Allina Health also employs an investment consultant who researches significant pricing differences between the manager and custodian on a security by security basis. The consultant will notify the Custodian of any significant pricing issues. Level 2 available-for-sale securities are held at Wells Fargo Bank, who acts as Trustee for the assets. Wells Fargo Bank also uses multiple pricing services to value the assets.

For funds of hedge funds, limited partnership assets and commingled monthly valued funds, Allina Health utilizes net asset value per share or its equivalent to determine the fair value of the assets. Further detail is given in the table labeled "Fair Value Measurements of Investments in Certain Entities that Calculate Net Asset Value per Share or its Equivalent".

Nine months ended September 30, 2017 and 2016 (Unaudited) (Dollars in thousands)

2. Fair Value Disclosures (continued)

Allina Health's financial assets and liabilities that are measured at fair value on a recurring basis were recorded using the fair value hierarchy at September 30, 2017 as follows:

rall value fileratory at September 30, 2017 as follows.		Fair Value	e Measurement	s Usina
	Total	Level 1	Level 2	Level 3
Cash and Cash Equivalents			-	
Cash	\$ 38,528	38,528	-	_
Money Market Funds	60,182	60,182	-	_
Total Cash and Cash Equivalents	\$ 98,710	98,710		-
Investments - Trading Securities				
Short-Term Fixed Income	3,782	1,966	1,816	-
Money Market Fund	41,006	41,006	-	-
Total Short-Term Fixed and Money Market	44,788	42,972	1,816	-
Equity				
Financials	26,828	26,828	-	-
Consumer	14,871	14,871	-	-
Industrials	13,998	13,998	-	-
Technology	2,983	2,983	-	-
Healthcare	2,880	2,880	-	-
Global Equity Mutual Funds	101,097	101,097	-	-
Other Equity	18,454	15,483	2,971	-
Total Equity	181,111	178,140	2,971	-
Fixed Income				
U.S. Treasury Securities	191,108	191,108	-	-
U.S. Agency Securities	168,463	-	168,463	-
Corporate Bonds	189,934	-	189,934	-
Mortgage, Commercial, & Asset Backed Securities	89,135	-	89,135	-
Sovereigns	4,675	-	4,675	-
Term Loan/Private Placements	75,284	-	74,905	379
Unconstrained Fixed Income Mutual Funds	211,841	211,841	-	-
Other Fixed Income	 25,561	<u> </u>	25,561	
Total Fixed Income	 956,001	402,949	552,673	379
Other Investments				
Real Return Mutual Funds	 115,079	115,079	<u> </u>	-
Total Other Investments	 115,079	115,079	- -	-
Investments Accounted for at Net Asset Value	747,789			
Total Investments - Trading Securities	\$ 2,044,768	739,140	557,460	379
Total Unrestricted Cash and Investments	\$ 2,143,478	837,850	557,460	379

Abridged Notes to Consolidated Financial Statements
Nine months ended September 30, 2017 and 2016
(Unaudited)
(Dollars in thousands)

2. Fair Value Disclosures (continued)

			Fair value	e measurement	s usina
		Total	Level 1	Level 2	Level 3
Investments with Limited Uses - Trading Securities					
Short-Term Fixed Income	\$	7,859	7,777	82	-
Money Market Fund		8,325	8,325	-	-
Equity		12,942	12,730	212	-
Fixed Income		56,244	24,664	31,553	27
Real Return Mutual Funds		8,224	8,224	-	-
Investments Accounted for at Net Asset Value		53,440			
Restricted Foundation Trusts		7,923	-	7,923	-
Total Investments with Limited Uses -					
Trading Securities		154,957	61,720	39,770	27
Investments with Limited Uses - Available-for-Sale Securities Money Market Fund Total Investments with Limited Uses- Available-for-Sale Securities		6,581 6,581	6,581	<u>-</u> -	<u>-</u>
Total Investments with Limited Uses	\$	161,538	68,301	39,770	27
Total Cash and Investments	\$	2,305,016	906,151	597,230	406
Liabilites:					
Interest Rate Swaps	\$	84,108	-	84,108	-
	Fa	ir Value Meas	surements, Leve	el 3	
Balance December 31, 2016			Term Loan \$ 529		

	101111	Loan
Balance December 31, 2016	\$	529
Total Realized and Unrealized Gains (Losses)		(16)
Purchases		555
Sales		(662)
Balance September 30, 2017	\$	406

Nine months ended September 30, 2017 and 2016 (Unaudited)
(Dollars in thousands)

2. Fair Value Disclosures (continued)

Fair value measurements of investments in certain entities that calculate net asset value per share (or its equivalent) as of September 30, 2017, is as follows:

Net Asset Value*		Unfunded Commitments		Redemption Frequency	Redemption Notice Period
\$	94,992		-	Monthly	15 Days
	92,917		-	Daily/Weekly	5/10 Days
	306,534		-	Daily/Bi-Monthly	1-10 Days
	69,966	\$	43,520	10 Years	NA
	83,468		-	Monthly/Quarterly	30-90 Days
	36,136		-	Daily	Same Day
	117,216		-	Quarterly	45-90 Days
\$	801,229	\$	43,520	•	
		Value* \$ 94,992 92,917 306,534 69,966 83,468 36,136 117,216	Value* Con \$ 94,992 92,917 306,534 69,966 69,966 \$ 83,468 36,136 117,216	Value* Commitments \$ 94,992 - 92,917 - 306,534 - 69,966 \$ 43,520 83,468 - 36,136 - 117,216 -	Value* Commitments Frequency \$ 94,992 - Monthly 92,917 - Daily/Weekly 306,534 - Daily/Bi-Monthly 69,966 \$ 43,520 10 Years 83,468 - Monthly/Quarterly 36,136 - Daily 117,216 - Quarterly

^{*} Includes restricted and unrestricted assets

The Global Bond Fund includes fixed and floating rate debt securities of governments and government-related entities, as well as derivatives. The net asset value of the fund has been estimated using the net asset value per share of the investment. The fund provides full disclosure of the underlying holdings.

The Emerging Markets Equity Fund category includes two funds that invest in emerging market equities. The net asset value of the fund has been estimated using the net asset value per share of the investments. The funds provide full disclosure of the underlying holdings.

The Global Equity Fund category includes two funds that invest in global equities. The net asset value of the fund has been estimated using the net asset value per share of the investments. The funds provide full disclosure of the underlying holdings.

The Private Equity Funds include two limited partnership investments that focus on healthcare services and information technology companies, a limited partnership that makes direct real estate investments through senior secured and floating rate direct lending to middle market U.S. companies, a limited partnership that co-invests in intermediate-term opportunities sourced by absolute return, private capital, and real asset managers, as well as two limited partnerships that invest in distressed and opportunistic real estate investments. The fair value of the portfolio companies is determined using valuation techniques and procedures in accordance with recommendations by the AICPA for valuing private companies.

Equity Long/Short Hedge Funds include investments in hedge funds that invest both long and short in primarily U.S. and global common stocks through a hedge funds structure. The value of the investments in this category has been estimated using the net asset value per share of the investments.

The Emerging Market Debt Fund is an investment in a fund that invests in emerging market debt. The net asset value of the fund has been estimated using the net asset value per share of the investment.

Opportunistic Fixed Income Hedge Funds include investments in strategic fixed income and distressed debt hedge fund managers. These managers have the ability to invest across the capital structure and around the globe. The value of the investments in this category has been estimated using the net asset value per share of the investment.

Nine months ended September 30, 2017 and 2016 (Unaudited) (Dollars in thousands)

4. Derivative Instruments

Allina Health uses interest rate swaps as a part of its risk management strategy to manage exposure to fluctuations in interest rates and to manage the overall cost of its debt. Four of the five interest rate swaps are used to hedge identified debt and interest rate exposures and are not used for speculative purposes. One of the interest rate swaps was issued in advance of an expected debt issuance and is not tied directly to any outstanding debt. Interest rate swaps are recognized as either other long-term assets or other long-term liabilities in accordance with the netting provisions in the counterparty agreement and are measured at fair value.

Allina Health accounts for its interest rate swaps as required by accounting guidance for derivatives and hedging. Allina Health's interest rate swaps are not designated as effective hedges for accounting purposes. Gains or losses resulting from changes in the fair values of the interest rate swaps are reported as non-operating gains or losses. Any differences between interest received and paid under non-hedged swap agreements are reported with the change in fair value of the swaps as non-operating gains or losses.

The following tables provide details regarding Allina Health's fair value of the derivative instruments:

Fixed Payer Interest Rate Swaps												
Swap	Balance Sheet Location	Fair Value Liability	Notional Outstanding	Rate Paid	Rate Received	Counterparty						
2009B & C	Other liabilties	32,247	123,394	3.73%	% of Libor	JP Morgan						
2009B & C	Other liabilties	10,775	41,131	3.74%	% of Libor	Wells Fargo						
2007C	Other liabilties	23,824	119,700	3.58%	% of Libor	US Bank						
2001	Other liabilties	15,850	50,000	5.17%	SIFMA	Goldman Sachs						
1998A	Other liabilties	1,412	15,075	4.44%	SIFMA	Goldman Sachs						
Total		\$ 84,108	\$ 349,300									

As of September 30, 2017 Allina Health had \$4,310 of collateral posted related to the swaps.

Fair value swap valuations require non-performance risk (i.e. credit risk) to be included in the valuation. Non-performance risk is defined as the risk that the obligation will not be fulfilled and affects the value at which the liability is transferred. This non-performance risk is determined by adjusting the discounting rate by a credit spread as of the reporting date. The addition of the credit spread to the discounting rate reduces the reported liability. The fair value reported liability of the swaps is approximately \$2,044 less than the mark-to-market valuations.

Nine months ended September 30, 2017 and 2016 (Unaudited) (Dollars in thousands)

4. Derivative Instruments (continued)

The following table provides details regarding the gains and (losses) from Allina Health's derivative instruments in the consolidated statements of operations, none of which are currently designated as hedging instruments. The 1998A swap was designated as a hedging instrument until December 31, 2008.

	in fa	Ū	ogniz erest	•	revenues over expenses as non- cou		Amount of interest paid to counterparty recognized as non-operating: interest rate swap agreements					Tota				
	Nir	ne months e	ende	d Sep. 30	Nine	months e	ende	ed Sep. 30	N	ine months e	nde	d Sep. 30	Nir	ne months er	ndec	Sep. 30
		2017		2016	2	2017		2016		2017		2016		2017		2016
2009 B&C	\$	298	\$	(12,341)	\$	-	\$	-	\$	(3,466)	\$	(3,846)	\$	(3,168)	\$	(16,187)
2007C		701		(6,373)		-		-		(2,512)		(2,741)		(1,811)		(9,114)
2001		239		(2,939)		-		-		(1,655)		(1,845)		(1,416)		(4,784)
1998A		293		240		(655)		(655)		(413)		(464)		(775)		(879)
	\$	1,531	\$	(21,413)	\$	(655)	\$	(655)	\$	(8,046)	\$	(8,896)	\$	(7,170)	\$	(30,964)
														Tota	ls	
	Thr	ee months	ende	ed Sep. 30	Thre	e months	ende	ed Sep. 30	Th	ree months e	ende	ed Sep. 30	Thre	ee months e	nde	d Sep. 30
		2017		2016	2	2017		2016		2017		2016		2017		2016
2009 B&C	\$	203	\$	762	\$	-	\$	-	\$	(1,098)	\$	(1,271)	\$	(895)	\$	(509)
2007C		332		750		-		-		(829)		(902)		(497)		(152)
2001		303		580		-		-		(544)		(592)		(241)		(12)
1998A		125		284		(218)		(218)		(135)		(150)		(228)		(84)
	\$	963	\$	2,376	\$	(218)	\$	(218)	\$	(2,606)	\$	(2,915)	\$	(1,861)	\$	(757)

5. Contingencies and Litigation

Allina Health is, from time to time, a defendant in various lawsuits arising in the ordinary course of business. Although the outcome of these lawsuits cannot be predicted with certainty, Allina Health believes the ultimate disposition of such lawsuits will not have a material adverse effect on Allina Health's financial condition.

Allina Health operates a Medicare and Medicaid billing compliance program designed to foster a culture that promotes prevention, detection and resolution of billing errors. It is a comprehensive program of policies, documentation, education, monitoring, reporting and enforcement designed to ensure to the maximum extent possible that claims submitted on behalf of the organization are accurate and supported by reliable documentation. The goal of Allina Health's compliance programs is to minimize the level of error and facilitate correction of errors as soon as they are detected. Detection of such errors may result in disclosures to various regulatory agencies from time to time, the outcomes of which cannot be predicted with certainty. It is possible that such disclosures could result in allegations of noncompliance with certain health care laws, which could ultimately involve material payments, fines, and penalties. Nonetheless, management believes that these programs are functioning well and that they continuously improve Allina Health's compliance with billing requirements.

6. Subsequent Events

Allina Health has evaluated subsequent events from the consolidated balance sheet date through November 13, 2017, the date at which the consolidated financial statements were issued, and determined there are no other items to disclose.

ALLINA OBLIGATED GROUP Combined Balance Sheets

(Unaudited) (Dollars in thousands)

	September 30 2017	December 31 2016
Assets		
Current assets:		
Cash and cash equivalents	\$ 90,311	\$ 166,469
Short-term investments	443,578	451,327
Patient accounts receivable, net	474,333	449,845
Inventories	65,213	64,059
Other current assets	120,308	93,734
	1,193,743	1,225,434
Long-term investments	1,550,094	1,279,528
Investments with limited uses	21,344	14,688
Beneficial interest in net assets of Allina		
Foundations	206,561	200,945
Land, buildings, and equipment, net	1,206,326	1,156,000
Other assets	230,579	219,320
Total assets	\$ 4,408,647	\$ 4,095,915
Liabilities and net assets Current liabilities:		•
Accounts payable and accrued expenses	\$ 409,923	\$ 445,235
Current portion long-term debt	23,583	23,687
Other current liabilities	95,903	87,036
	529,409	555,958
Long-term debt	971,994	814,220
Other liabilities	348,210	353,336
Total liabilities	1,849,613	1,723,514
Net assets:		
Unrestricted	2,343,458	2,162,291
Temporarily restricted	159,580	153,293
Permanently restricted	55,996	56,817
Total net assets	2,559,034	2,372,401
Total liabilities and net assets	\$ 4,408,647	\$ 4,095,915

ALLINA OBLIGATED GROUP Combined Statements of Operations and Changes in Net Assets (Unaudited) (Dollars in thousands)

	Nine Mont	hs Ended	Three Mon	ths Ended
	September 30	September 30	September 30	September 30
	2017	2016	2017	2016
Revenue:				
Patient service revenue net of contractual				
adjustments	\$ 2,910,164	\$ 2,781,165	\$ 975,585	\$ 921,095
Provision for bad debts	(89,865)	(62,881)	(30,979)	(23,974)
Net patient service revenue	2,820,299	2,718,284	944,606	897,121
Other operating revenue	179,596	170,583	60,101	57,834
Total revenues	2,999,895	2,888,867	1,004,707	954,955
Expenses:				
Salaries and benefits	1,916,835	1,838,849	631,634	614,504
Supplies and services	636,452	591,947	216,240	207,496
Depreciation and amortization	127,110	121,717	43,623	41,228
Financing costs	28,916	27,912	9,646	9,407
State assessments and taxes	61,664	58,616	15,471	14,549
Utilities and maintenance	53,180	50,843	18,643	16,726
Other	105,759	105,183	35,665	31,901
Total expenses	2,929,916	2,795,067	970,922	935,811
Operating income before strike expenses	69,979	93,800	33,785	19,144
Strike expenses		(104,883)		(84,680)
Operating income (loss)	69,979	(11,083)	33,785	(65,536)
Nonoperating:				
Investment return	126,965	72,473	44,061	35,793
Interest rate swap agreements	(7,170)	(30,964)	(1,861)	(757)
Loss on debt refinancing	(8,536)	-	-	-
Other	(1,316)	(1,448)	(372)	(724)
Excess (deficiency) of revenues over expenses	\$ 179,922	\$ 28,978	\$ 75,613	\$ (31,224)

Continued on next page.

ALLINA OBLIGATED GROUP

Combined Statements of Operations and Changes in Net Assets (continued) (Unaudited) (Dollars in thousands)

	Con	Nine Months Ended September 30 September 30		Con	Three Mon	sths Ended September 30 2016		
		2017	2016		September 30 2017			
Unrestricted net assets		_				<u> </u>		
Excess of revenues over expenses	\$	179,922	\$	28,978	\$	75,613	\$	(31,224)
Net assets released from restrictions for capital								
purposes		8,577		3,548		167		1,085
Amortization of unrealized loss on interest rate								
swap agreement		655		655		218		218
Capital contributions to nonobligated group affiliates, net		(6,567)		(9,860)		(1,761)		(4,566)
Other		(1,420)		(717)		(177)		(446)
Increase (decrease) in unrestricted net assets		181,167		22,604		74,060		(34,933)
Temporarily restricted net assets								
Contributions		2,370		2,323		25		126
Investment return		291		184		96		97
Net assets released from restrictions		(2,370)		(2,323)		(25)		(126)
Change in beneficial interest in net assets of								
Allina Foundations		5,506		8,090		2,875		2,200
Other		490		1,444		(230)		1,667
Increase in temporarily restricted		0.007		0.740		0.744		0.004
net assets		6,287		9,718		2,741		3,964
Permanently restricted net assets								
Contributions for endowment funds		-		23		-		11
Investment return		(931)		50		63		27
Change in beneficial interest in net assets of								
Allina Foundations		110		223		(32)		184
(Decrease) increase in permanently restricted								
net assets		(821)		296		31		222
Increase (decrease) in net assets		186,633		32,618		76,832		(30,747)
Net assets at beginning of period	_	2,372,401		2,297,221		2,482,202		2,360,586
Net assets at end of period	\$	2,559,034	\$ 2	2,329,839	\$	2,559,034	\$	2,329,839

ALLINA OBLIGATED GROUP Combined Statement of Cash Flows

(Unaudited) (Dollars in thousands)

	Nine Months Ended			led
	Se	September 30		tember 30
		2017	·	2016
Operating activities				
Increase in net assets	\$	186,633	\$	32,618
Adjustments to reconcile increase in net assets to net cash and cash				
equivalents provided by operating activities:				
Increase in additional liability related to benefit plan		107.110		101 717
Depreciation and amortization		127,110		121,717
Provision for bad debts		89,865		62,881
Gain on sale of properties and equity investments		(7,333)		(1,833)
Loss on Refinancing of Debt		8,536		-
Unrealized (gain) loss on interest rate swaps, net		(1,531)		21,413
Realized and unrealized gain on investments, net		(104,970)		(54,645)
Restricted contributions		- (2.270)		(2,346)
Restricted contributions of cash for long-lived assets		(2,370)		(2,323)
Beneficial interest in net assets of Allina Foundations		(5,616)		(8,313)
Capital contributions to non-obligated group affiliates, net		6,567		9,860
Earnings on equity investments Change in assets and liabilities net of impact from acquisitions:		(15,696)		(12,440)
Accounts receivable		(114,353)		(67,044)
Other current assets		(27,728)		1,732
Accounts payable and other current liabilities		(24,256)		(67,751)
Other assets and liabilities		4,791		11,701
Net cash and cash equivalents provided by operating activities		119,649		45,227
Investing activities				
Proceeds from sales of properties		7,852		25,742
Purchases of land, buildings, and equipment		(186,555)		(145, 285)
Contributions of cash for long-lived assets		2,370		2,323
Purchases and sales of investments classified as trading, net		(164,503)		(133,947)
Distributions received from equity investments		7,434		8,564
Contributions to joint ventures		(2,726)		(17,428)
Capital contributions to non-obligated group affiliates, net		(7,167)	-	(9,860)
Net cash and cash equivalents used in investing activities		(343,295)		(269,891)
Financing activities				0.040
Restricted contributions		(075)		2,346
Principal payments of long-term debt		(875)		(4,233)
Refinancing of long-term debt		(82,295)		-
Proceeds from issuance of long-term debt		233,132		-
Deferred debt acquisition costs		(2,474)		-
Net cash and cash equivalents provided by (used in) financing activities		147,488		(1,887)
Decrease in cash and cash equivalents		(76,158)		(226,551)
Cash and cash equivalents at beginning of year		166,469		342,556
Cash and cash equivalents at end of period	\$	90,311	\$	116,005

ALLINA HEALTH SYSTEM Consolidating Balance Sheet (Unaudited) (Dollars in thousands)

September 30, 2017

Assets Current assets:	Obligated Group	Other Allina Health Entities*	Allina Health System
Current assets: Cash and cash equivalents Short-term investments Patient accounts receivable, net Inventories Other current assets	\$ 90,311	\$ 8,399	\$ 98,710
	443,578	-	443,578
	474,333	20,959	495,292
	65,213	166	65,379
	120,308	1,799	122,107
	1,193,743	31,323	1,225,066
Long-term investments Investments with limited uses Beneficial interest in net assets of Allina Foundations Land, buildings, and equipment, net Other assets Total assets	1,550,094	51,096	1,601,190
	21,344	140,194	161,538
	206,561	(206,561)	-
	1,206,326	8,503	1,214,829
	230,579	69,984	300,563
	\$ 4,408,647	\$ 94,539	\$ 4,503,186
Liabilities and net assets Current liabilities: Accounts payable and accrued expenses Current portion long-term debt Other current liabilities	\$ 409,923	\$ 15,536	\$ 425,459
	23,583	770	24,353
	95,903	873	96,776
	529,409	17,179	546,588
Long-term debt	971,994	3,307	975,301
Other liabilities	348,210	55,699	403,909
Total liabilities	1,849,613	76,185	1,925,798
Net assets: Unrestricted Temporarily restricted Permanently restricted Total net assets Total liabilities and net assets	2,343,458	59,572	2,403,030
	159,580	(41,218)	118,362
	55,996	-	55,996
	2,559,034	18,354	2,577,388
	\$ 4,408,647	\$ 94,539	\$ 4,503,186

^{*}Including eliminations.

Consolidating Statement of Operations and Changes in Net Assets
(Unaudited)
(Dollars in thousands)

Nine Months Ended September 30, 2017

	Obligated Group	Other Allina Health Entities*	Allina Health System
Revenue:			
Patient service revenue net of contractual			
adjustments	\$ 2,910,164	\$ 13,603	\$ 2,923,767
Provision for bad debts	(89,865)	447	(89,418)
Net patient service revenue	2,820,299	14,050	2,834,349
Other operating revenue	179,596	6,557	186,153
Total revenues	2,999,895	20,607	3,020,502
Expenses:			
Salaries and benefits	1,916,835	9,767	1,926,602
Supplies and services	636,452	32,911	669,363
Depreciation and amortization	127,110	1,352	128,462
Financing costs	28,916	314	29,230
State assessments and taxes	61,664	467	62,131
Utilities and maintenance	53,180	474	53,654
Other	105,759	(16,075)	89,684
Total expenses	2,929,916	29,210	2,959,126
Operating (loss) income	69,979	(8,603)	61,376
Nonoperating:			
Investment return	126,965	2,731	129,696
Interest rate swap agreements	(7,170)	-	(7,170)
Loss on debt refinancing	(8,536)	-	(8,536)
Other	(1,316)	(652)	(1,968)
Excess of revenues over expenses	\$ 179,922	\$ (6,524)	\$ 173,398

^{*}Including eliminations.

Continued on next page.

Consolidating Statement of Operations and Changes in Net Assets (continued) (Unaudited) (Dollars in thousands)

Nine Months Ended September 30, 2017

	С	obligated Group	Alli	Other na Health Intities*		Allina Health System
Unrestricted net assets						
Excess of revenue over expenses	\$	179,922	\$	(6,524)		\$ 173,398
Net assets released from restrictions for capital purposes		8,577		(491)		8,086
Amortization of unrealized loss on interest rate swap agreement		655		-		655
Capital contributions from nonobligated group						
affiliates, net		(6,567)		6,567		-
Other		(1,420)		70	_	(1,350)
Increase in unrestricted net assets		181,167		(378)	-	180,789
Temporarily restricted net assets						
Contributions		2,370		11,449		13,819
Investment return		291		9,861		10,152
Net assets released from restrictions		(2,370)		(11,797)		(14,167)
Change in beneficial interest in net assets of		,		, , ,		,
Allina Foundations		5,506		(5,506)		-
Other		490		(1,010)		(520)
Increase in temporarily restricted					-	<u>-</u>
net assets		6,287		2,997	-	9,284
Permanently restricted net assets						
Contributions for endowment funds		-		109		109
Investment return		(931)		1		(930)
Change in beneficial interest in net assets of Allina Foundations		110		(110)		,
			-	(110)	-	(021)
Decrease in permanently restricted net assets		(821)			-	(821)
Increase in net assets		186,633		2,619		189,252
Net assets at beginning of period	_	2,372,401		15,735	_	2,388,136
Net assets at end of period	\$	2,559,034	\$	18,354	-	\$ 2,577,388

^{*}Including eliminations.

Management's Discussion and Analysis of Results of Operations

Nine Months Ended September 30, 2017 (Dollars in millions)

Operating Results

Allina Health's operating margin was 2.0% for the nine months ended September 30, 2017 compared to 3.1% (before strike expenses) for the same period in 2016. Operating income decreased by \$29.9 million when compared to the same period in 2016 due to increases in operating expenses, primarily salaries, benefits, supplies and services.

Allina Health's Earnings Before Interest, Depreciation and Amortization (EBIDA) margin was 7.2% for the nine months ended September 30, 2017 compared to 8.3% for the same period in 2016. Non operating investment return and swap unrealized losses were consistent with market conditions.

	ALLINA HEALTH			OBLIGATE	D G	ROUP
EARNINGS SUMMARY	Nine Mon	ths E	nded	Nine Mont	hs E	nded
EARNINGS SOIVIIVIART	Septen	nber :	30	Septem	nber (30
	 2017		2016	2017		2016
EBIDA	\$ 218.1	\$	241.6	\$ 225.7		243.0
Interest income	1.0		1.0	0.3		0.4
Financing costs	(29.2)		(28.2)	(28.9)		(27.9)
Depreciation and amortization	 (128.5)		(123.1)	(127.1)		(121.7)
Operating Income before strike expenses	 61.4		91.3	70.0		93.8
Strike expenses	-		(104.9)	-		(104.9)
Operating Income	61.4		(13.6)	70.0		(11.1)
Investment return	129.7		73.6	127.0		72.5
Interest rate swap agreements	(7.2)		(31.0)	(7.2)		(31.0)
Loss on debt refinancing	(8.5)		-	(8.5)		-
Non-operating other	 (2.0)		(2.4)	 (1.4)		(1.4)
Excess of revenues over expenses	\$ 173.4	\$	26.6	\$ 179.9	\$	29.0

Management's Discussion and Analysis of Results of Operations

Nine Months Ended September 30, 2017

Revenues

Allina Health's revenue increased \$106.7 million, or 3.7% for the nine months ended September 30, 2017 as compared to 2016. Hospital net patient revenue growth was 4.4%. Through September 2017, 40.3% of net patient revenue is net inpatient revenue, down from 40.7% in 2016. The clinics (excluding hospital based) experienced an overall 5.8% increase in net patient revenue, due to clinical volumes that grew 5.8% year over year. Outpatient and clinic revenue increased 5.4% over the prior year, and increased to 59.7% as a percent of net patient revenue in 2017 when compared to 59.3% in 2016.

		ALLINA HEALTH			OBLIGATED GROUP			ROUP
DEVENIJE		Nine Mon	ths E	Ended		Nine Mon	ths E	Ended
REVENUE		Septen	nber	30		Septen	nber	30
		2017		2016		2017		2016
Hospital Net Patient Revenue	\$	2,138.4	\$	2,048.4	\$	2,138.4	\$	2,048.4
Change		4.4%				4.4%		
Clinic Net Patient Revenue		566.9		536.0		553.2		522.4
Change		5.8%				5.9%		
Other Net Patient Revenue		218.5		210.3		218.6		210.4
Change		3.9%				3.9%		
Bad Debt		(89.4)		(62.6)		(89.9)		(62.9)
Change		42.8%				42.9%		
Other Revenue		186.1		181.7		179.6		170.6
Change		2.4%				5.3%		
Total Revenue	\$	3,020.5	\$	2,913.8	\$	2,999.9	\$	2,888.9
Change	· ·	3.7%				3.8%		

Payer Mix

Allina Health net patient revenue reflects a consistent significant concentration of revenue from managed care (negotiated payer) sources. The payer mix schedule below combines Medicare managed care products with Medicare and managed care state public program products with Medicaid. The single largest payer within contracted payers was Blue Cross Blue Shield at 23.5% of total net patient revenue and 16.1% of total gross patient revenue for the nine months ended September 30, 2017.

ALLINA HEALTH	Net Patient	Net Patient Revenue		Gross Patient Revenue		
	Septemb	er 30	Septemb	er 30		
PAYER MIX PERCENTAGE	2017	2016	2017	2016		
Medicare	30.5%	29.7%	43.4%	42.1%		
Medicaid	10.4	10.2	15.2	15.4		
Contracted Payers	54.1	56.2	36.8	37.7		
Self Pay	2.8	2.4	2.2	1.9		
Other	2.2	1.5	2.4	2.9		
Total	100.0%	100.0%	100.0%	100.0%		

Management's Discussion and Analysis of Results of Operations

Nine Months Ended September 30, 2017

Uncompensated Care

Allina Health provides medical care without charge or at reduced cost to patients who live in the communities that it serves through the provision of charity care. Allina Health identifies patients that qualify for charity care based upon certain guidelines related to a patient's ability to pay for services. The Allina Health hospitals provide a discount on billed charges for medically necessary care delivered to patients who are uninsured, underinsured, and ineligible for government programs or otherwise medically indigent. Allina Health has also created a billing and collection policy in connection with a state-wide agreement with the Minnesota Attorney General's Office.

Uncompensated care (the combination of uninsured, charity care, and bad debt expense) increased \$34.9 million in gross charges, or 28.6% in 2017 compared to prior year.

The schedule below reflects uncompensated care at gross charges forgone. The estimated cost of providing charity care, by applying a cost to charge ratio to charges identified as charity care, was \$17.0 million and \$15.5 million for the nine months ended September 30, 2017 and 2016, respectively.

		ALLINA	HEA	\LTH				
UNCOMPENSATED CARE		Nine Months Ended						
AT GROSS CHARGES		Septen	nber	30				
		2017		2016				
Uninsured Discount	\$	27.3	\$	23.8				
Charity Care Discount		40.7		36.1				
Bad Debt Expense		89.4		62.6				
Total Uncompensated Care	\$	157.4	\$	122.5				
Change		28.6%						
Total Uncompensated Care as a % of								
Gross Patient Charges		2.3%		1.9%				

Management's Discussion and Analysis of Results of Operations

Nine Months Ended September 30, 2017

Volume

Allina Health experienced stable inpatient volumes and strong outpatient volumes in the nine months ended September 30, 2017. Inpatient admissions decreased by 0.2%, while inpatient surgeries increased 2.6% for the nine months ended September 30, 2017 from 2016. Outpatient hospital admissions and clinic work RVUs increased 1.9%, and 5.8%, respectively while outpatient surgeries increased by 0.5%. The growth of outpatient compared to inpatient is expected as Allina Health becomes more successful in quality and care goals for patients with chronic conditions and is consistent with the longer term goals of health care reform.

	ALLINA I	HEALTH
VOLUME STATISTICS	Nine Mont	hs Ended
VOLONIE OTATIONO	Septem	nber 30
	2017	2016
Inpatient Hospital Admissions	77,301	77,423
Inpatient change from prior period	-0.2%	
Observation days	15,948	16,663
Observation days change from prior period	-4.3%	
Outpatient Hospital Admissions	1,068,882	1,048,553
Outpatient change from prior period	1.9%	
Average Length of Stay (days)	4.1	4.1
Hospital Patient Days	317,537	315,232
Patient days change from prior period	0.7%	
Hospital Occupancy (based on staffed beds)	69.2%	67.0%
Inpatient Surgeries	23,077	22,482
Outpatient Surgeries	42,203	41,994
Total Surgeries	65,280	64,476
Total surgeries change from prior period	1.2%	
Clinic Work RVUs	5,823,757	5,504,149
Work RVUs change from prior period	5.8%	
Total Case Mix	1.51	1.48
Medicare Case Mix	1.85	1.83

Management's Discussion and Analysis of Results of Operations

Nine Months Ended September 30, 2017

Market Share

Allina Health continues to hold its market leading position. The following market share data from the Minnesota Hospital Association (MHA) statistical database for the eleven county metropolitan hospital inpatient market is updated as of March 31, 2017.

	ALLINA	HEALTH				
MARKET SHARE STATISTICS	March 31	December 31				
	2017	2016				
Allina Metro Hospital Inpatient						
Market Share *	30.8%	31.2%				
Change in Total Metro Market Volume**	1.6%	1.0%				
* Hospitals Include: Abbott Northwestern, United, Mercy, Unity, Phillips Eye Institute, Regina and St. Francis						
** year over year change of the eleven county metro hospital inpatient market volume for the twelve months ending March 2017 and December 2016						

Non-Operating Gains & Losses

Allina Health investments include a diversified portfolio of money market, fixed income, equity, hedge funds, private equity, and real asset investments. The total return on unrestricted long-term investments was 8.6% for the nine months ended September 30, 2017, consistent with the market conditions for the period. To mitigate changes in interest rates on debt, Allina Health has entered into fixed-payer swaps, which are marked to market.

		ALLINA	HEA	LTH	OBLIGATED GROUP				
NON-OPERATING GAINS		Nine Months Ended				Nine Months Ended			
NON-OPERATING GAINS		Septen	nber	30		Septem	nber	30	
		2017 2016				2017		2016	
Interest and dividends	\$ 21.4		\$	18.1	\$	21.2	\$	18.0	
Realized gains (losses) on sales of									
investments		-		14.4		(1.8)		13.8	
Unrealized gains (losses) on investments	108.3			41.1		107.6		40.7	
Interest rate swap agreements - fair value		1.5		(21.4)		1.5		(21.4)	
Interest rate swap agreements -									
counterparty interest		(8.7)		(9.6)		(8.7)		(9.6)	
Loss on debt refinancing		(8.5)		-		(8.5)		-	
Other		(2.0)		(2.4)		(1.4)		(1.4)	
Total non-operating gains	\$	112.0	\$	40.2	\$	109.9	\$	40.1	

Management's Discussion and Analysis of Results of Operations

Nine Months Ended September 30, 2017

Balance Sheet and Cash Flow

Allina Health had 206 days cash on hand (DCOH) as of September 30, 2017, compared with 195 days at December 31, 2016. The increase is due to issuance of new bonds in the second quarter of 2017.

Leverage increased to 29.4% at September 30, 2016 up from 27.5% in December 31, 2016. Cash to debt is 214.4% as of September 30, 2017 compared to 232.0% at December 31, 2016.

System level capital spending was \$186.0 million for the nine months ended September 30, 2017 compared to capital spending of \$142.0 million for the same time period in 2016.

The one-time strike expenses incurred in 2016 have been excluded from the balance sheet and liquidity statistics as applicable.

BALANCE SHEET & LIQUIDITY		ALLINA HEALTH			OBLIGATED GROUP			
STATISTICS	Sep	tember 30	Dec	cember 31	Sep	tember 30	Dec	cember 31
OTATIO 1100		2017		2016		2017		2016
Unrestricted cash & investments	\$	2,143.5	\$	1,954.3	\$	2,084.0	\$	1,897.3
Days cash on hand		206		195		203		192
Total Debt	\$	999.7	\$	842.5	\$	995.6	\$	837.9
Unrestricted net assets	\$	2,403.0	\$	2,222.2	\$	2,343.5	\$	2,162.3
Debt to capitalization *		29.4%		27.5%		31.0%		29.3%
Patient receivables	\$	495.3	\$	470.2	\$	474.3	\$	449.8
Days revenue in receivables, net		48		47		46		45
Cash to debt		214%		232%		209%		226%
Historical annual debt service coverage		4.8		5.3		5.0		5.4

^{*} Obligated Group includes Letters of Credit and Surety indebtedness

Management's Discussion and Analysis of Results of Operations Nine Months Ended September 30, 2017

DAYS CASH ON HAND ROLL-FORWARD	ALLINA H	EALTH
	Cash	Days
December 31, 2016	\$1,954.3	195.3
Operations	239.0	23.0
Growth in daily expenditures		(7.3)
Investment gains	129.7	12.5
Proceeds from sales of properties	7.9	0.8
Capital expenditures	(186.0)	(17.9)
Debt payments	(1.4)	(0.1)
September 30, 2017	\$2,143.5	206.3

DEBT TO CAPITALIZATON ROLL-FORWARD	ALLINA HEALTH					
		Debt		Equity	Cap %	
December 31, 2016	\$	842.5	\$	2,222.2	27.5%	
Operating income				61.4		
Investment gains				129.7		
Loss on interest rate swap agreements				(7.2)		
Other non-operating losses				(2.0)		
Loss on debt refinancing				(8.5)		
Other changes in net assets				7.4		
Proceeds from issuance of long-term debt		233.1				
Refinancing of long-term debt		(82.3)				
Debt acquisition cost and premium on						
issuance of long-term debt		8.4				
Debt payments and amortization of						
bond premium, net		(2.0)				
September 30, 2017		\$999.7		\$2,403.0	29.4%	

ALLINA HEALTH SYSTEM Consolidated Utilization Statistics

	Nine Mon	ths Ended	Twelve Mo	nths ended
	September 30	September 30	December 31	December 31
	2017	2016	2016	2015
Hospitals				
Admissions *	77,301	77,423	103,268	103,530
Patient Days *	317,537	315,232	422,334	419,174
Average length of stay	4.1	4.1	4.1	4.0
Observation days	15,948	16,663	22,172	21,372
Licensed beds	2,451	2,451	2,451	2,451
Staffed beds	1,682	1,716	1,722	1,736
Outpatient admissions	1,068,882	1,048,553	1,398,558	1,377,687
Emergency room visits	228,564	237,093	312,851	317,061
Inpatient surgical procedures	23,077	22,482	30,311	30,388
Outpatient surgical procedures	42,203	41,994	56,758	57,874
Physicians and allied professionals				
Work RVUs	5,823,757	5,504,149	7,330,158	7,095,287
Ambulance transports	60,637	54,907	74,775	70,991

^{*} Results exclude newborns.

ALLINA HEALTH SYSTEM Debt and Investment Appendix

(Dollars in thousands)

Debt Structure

Al	lina Health's c	urre	nt debt st	ructure	as of September 30,	2017 YTD
				Final		Average
Series	\$ Outstanding	5	Structure	Maturity	Credit Enhancement	Int. Rate*
2017	150,000	Fixe	ed Rate	2042	None	4.43%
2017A	78,515	Fixe	ed Rate	2029	None	5.00%
2015	250,000	Fixe	ed Rate	2045	None	4.81%
2014	18,520	Fixe	ed Rate	2028	None	2.55%
2009A	89,050	Fixe	ed Rate	2029	None	4.89%
2009B	114,525	Dail	y VRDB	2035	JP Morgan LOC	0.70%
2009C	50,000	We	ekly VRDB	2035	Wells Fargo LOC	0.77%
2007A	87,540	Fixe	ed Rate	2022	MBIA Insured	5.06%
2007C	119,700	We	ekly VRDB	2034	Wells Fargo LOC	0.77%
1998A	14,575	Auc	tion Rate	2022	MBIA Insured	1.39%
1993B	8,700	Auc	tion Rate	2017	Ambac Insured	1.15%
	981,125	Tota	al Bonds			
Other ***	18,529					
	999,654	Tota	al Debt			
Fixed Ra	ate	\$	673,625	67.4%		
Hedged '	Hedged Variable Rate**		298,800	29.9%	(2009B, 2009C, 2007C & 1998	BA)
_	ed Variable Rate		8,700	0.9%		
Other			18,529	1.8%		
Total		\$	999,654	:		

- * Interest rates are interest cost only, and do not include premium/discount, administrative, credit facility, broker or other costs related to the issuance of the bonds.
- There is a \$50,000 swap that does not have any underlying associated debt and the 1998A swap has \$500 in additional notional value relative to the outstanding debt. If the \$50,000 swap and additional \$500 1998A notional were applied to current unhedged variable rate bonds, all bonds would be fixed or hedged, with hedged variable rate debt making up 30.8% of total debt, totaling \$307,500.
- *** Other debt includes unamortized deferred financing costs, premiums or discounts associated with fixed rate debt, capital leases, and other small notes and loans that are included in debt on the balance sheet.

Allina Health provides liquidity support for its Variable Rate Demand Bonds through the use of bank issued letters of credit. The chart below outlines the termination triggers for ratings downgrades and the term out provisions related to the holding of bank bonds. Allina Health does not currently have any bank bonds, nor has Allina Health ever had bank bonds.

Liquidity Support										
Termination Term-Out Debt Liquidity Support Amount Expiration Trigger - Rating Provisions Counterpar										
2009B Letter of Credit	\$ 114,525	January 2018	Allina Rating Less Than BBB	5 Year	JP Morgan					
2009C Letter of Credit	50,000	January 2018	Allina Rating Less Than BBB	5 Year	Wells Fargo					
2007C Letter of Credit	119,700 \$ 284,225	January 2018	Allina Rating Less Than BBB	5 Year	Wells Fargo					

Asset Allocation and Liquidity

Allina Health maintains its unrestricted investments in cash, money market funds and short term fixed income ("liquidity assets"), which are utilized for liquidity and preservation of capital, and diversified long term investments ("long-term assets"), which are utilized for capital growth. The allocation between liquidity and long-term assets depends on the liquidity and strategic needs of the organization. The following table allocates assets based on investment strategy, and will vary from the fair value footnote, which looks through the investment strategies to the underlying holdings.

Allina Health periodically reviews asset allocation to ensure that the organization is maintaining the appropriate portfolio allocation, to consider other asset classes, and to address shifts in market expectations.

Unrestricted Balances	Target	9/30/	2017	9/30/	/2016
Cash and Money Market		4.6%	98,710	6.5%	123,529
Short-Term Fixed Income		20.7%		23.9%	451,660
Total Liquidity Assets	25.0%	25.3%	542,288	30.4%	575,189
Long-Term Assets	75.0%	74.7%		69.6%	
Total Unrestricted Assets		100.0%	2,143,478	100.0%	1,893,729
Asset Allocation - Asset Class					
	Current	9/30/2017	9/30/2017	9/30/2016	9/30/2016
	Target	% of Long	% Total	% of Long	% Total
	Allocation	Term Assets	Unrestricted	Term Assets	Unrestricted
Investment			Investments		Investments
Global Equity	31.0%	34.9%	26.1%	32.2%	22.3%
Long/Short Equity Hedge Funds	5.0%	5.0%	3.7%	5.2%	3.6%
Global Fixed Income	35.0%	32.8%	24.5%	35.1%	24.4%
Fund of Hedge Funds	0.0%	0.0%	0.0%	0.1%	0.1%
Opportunistic and Other	21.0%	20.0%	14.9%	20.1%	14.0%
Real Return	8.0%	7.3%	5.5%	7.3%	5.1%
Total Long-Term	100.0%	100.0%	74.7%	100.0%	69.6%
Cash and Money Market			4.6%		6.5%
Short-Term Fixed Income			20.7%		23.9%
Total Liquidity		•	25.3%		30.4%

Allina Health is invested in nine direct hedge funds. Three of these direct hedge funds are invested in distressed debt and strategic fixed income and are included in the opportunistic and other allocation. Six additional long/short equity direct hedge funds are considered a part of the overall global equity component. Allina Health also has six direct investments in private capital with funding commitments that will be drawn down over the next several years. As of September 30, 2017 these private capital holdings represented approximately 3.05% of unrestricted assets.

Allina Health Summary of Key Financial Ratios

	Nine Month		\		0.4	
	Septemb			ided Decembe	∍r 31,	
Indicators	2017	2016	2016	2015	2014	
Liquidity Ratios:						
Monthly DCOH*	182	169	172	174	163	
Annual DCOH**	200	186	189	199	187	
Traditional DCOH	206	192	195	204	190	
Days Cash on Hand						
(Obligated Group)	203	187	192	200	185	
Cash to Debt	214%	219%	232%	224%	271%	
Days Revenue in Receivables, net						
Hospitals	49	49	49	51	48	
Clinics	29	28	27	24	24	
VRDB Debt (in millions)	\$284	\$285	\$284	\$285	\$286	
Monthly liquidity to VRDB debt	665%	586%	606%	585%	516%	
Capital Structure Ratios:						
·						
Historical Coverage Ratio (x)	5.0	5.0	5 4	7.4	0.0	
(Obligated Group)	5.0	5.8	5.4	7.1	6.6	
Cushion Ratio (x) (Obligated Group)	31.9	29.3	29.8	34.8	33.2	
Leverage (Obligated Group)	31.0%	30.2%	29.4%	30.3%	26.1%	
Leverage	29.4%	28.4%	27.5%	28.7%	24.0%	
Profitability Ratios:						
EBIDA Margin	7.2%	8.3%	8.1%	8.7%	8.8%	
Operating Margin	2.0%	3.1%	3.0%	3.9%	4.0%	
Net Income Margin	5.7%	0.9%	1.5%	3.4%	4.3%	
Revenue Growth	3.7%	4.3%	4.0%	5.4%	5.3%	

Note: All ratios are for Allina Health consolidated financial results, unless otherwise noted. All ratios exclude strike expenses incurred in 2016, where applicable.

^{*} Days cash on hand available within 0 – 30 days

^{**} Days cash on hand available within 0 – 365 days