



Annual Financial Disclosure Statement
Year ended December 31, 2021

Allina Health System



Minnesota Twins mascot, T.C. Bear, hit the slopes with the Courage Kenny Ski & Snowboard program which provides ski and snowboard lessons for youth and adults with disabilities.

For additional information please visit allinahealth.org.
Direct questions regarding disclosure information to treasury@allina.com.

TABLE OF CONTENTS

Page

OVERVIEW OF ALLINA HEALTH.....	2
THE ALLINA HEALTH MISSION	3
STRATEGY.....	6
MEMBERS OF ALLINA HEALTH.....	13
SYSTEM GOVERNANCE	15
RECENT INITIATIVES AND DEVELOPMENTS	19
OPERATING INFORMATION	28
MANAGEMENT’S DISCUSSION AND ANALYSIS OF RESULTS OF OPERATIONS	29
ADDITIONAL ANNUAL FINANCIAL DISCLOSURE	34

Overview of Allina Health

Introduction

Allina Health System, primarily doing business as Allina Health (“Allina Health”), is a Minnesota non-profit corporation and an integrated health care delivery network primarily serving the communities in the greater Minneapolis-St. Paul (the “Twin Cities”) metro area and the western part of Wisconsin. Allina Health is anchored by three Twin Cities metro area hospitals, Abbott Northwestern Hospital (“Abbott”), United Hospital (“United”) and Mercy Hospital (“Mercy”), and is supported by a network of community hospitals, including two critical access hospitals. Allina Health is staffed by employed physicians and a large, aligned provider network. With approximately 27,500 full- and part-time employees, Allina Health is one of the largest employers in Minnesota. Allina Health consolidated revenue for the year ended December 31, 2021, was \$4.9 billion.

The Allina Health Mission

We serve our communities by providing exceptional care, as we prevent illness, restore health and provide comfort to all who entrust us with their care.



Our Commitment to Whole Person Care



Whole Person Care is an approach that recognizes all factors impacting health are connected – mind, body, spirit and community.

A deep belief in the mission and commitment to Whole Person Care guides what Allina Health aspires to build as an organization. Allina Health employees care for more than just the clinical needs of their patients, and also consider the non-clinical components of their patients' lives as they provide exceptional care "for the whole patient." Whole Person Care for Us is an extension of Allina Health's Whole Person Care efforts by fostering a relationship-driven culture with employees. Allina Health views its employees as its greatest asset and endeavors to support employees by giving them the freedom to focus on making a difference in people's lives.

As a health care organization committed to improving health and preventing illness, Allina Health recognizes that healthy habits start early. One example of how Allina Health brings its mission to life in the community is its long-standing partnership with Free Bikes 4 Kidz MN to help kids live a healthy, active life by collecting, refurbishing and giving bikes to those who may not be able to afford one. Every year, Allina Health collects and distributes between 5,000 and 7,000 bikes to families.

Our Vision for the Future of Health Care: The Whole Way to Better



In the United States, health care is too complex, too expensive and too fragmented. The result is a system that serves some patients well, some adequately and some hardly at all. Allina Health is launching an ambitious, transformational initiative to challenge the health care status quo on multiple fronts. Allina Health calls this initiative "The Whole Way to Better." The Whole Way to Better includes:

New ways to deliver and fund care. Allina Health is pioneering financial models such as value-based care, where the goal is to improve health rather than simply treat

illness. Allina Health is also partnering with others who share its vision for creating more accessible and affordable care. See “Strategy – Transforming Our Business to Deliver Greater Value.”

Meeting people where they are. Whether it’s online, in the community or at a community vaccine clinic, Allina Health knows that health care lives beyond the walls of hospitals and clinics and that many other factors matter greatly, including employment, housing, transportation and safety. See “Strategy – Strengthening Customer Care and Experience.”

Providing seamless, connected care. Allina Health is taking steps to ensure that every part of the system works in coordination to create an effortless care delivery experience for patients. See “Strategy – Strengthening Customer Care and Experience.”

Making care more equitable and inclusive. Allina Health is co-leading efforts in its community to eliminate structural inequities in health care. See “Strategy – Investing in Our People, Culture and Community.”

Allina Health by the Numbers

Allina Health owns and operates 10 hospitals and jointly owns and operates one other hospital. These include urban tertiary care, suburban community, and rural hospitals. Allina Health hospitals provided 95,229 inpatient admissions and 1,390,971 outpatient visits during the year ended December 31, 2021. As of December 31, 2021, Allina Health hospitals had a licensed bed capacity of 2,451 acute care beds, 1,775 of which were staffed for inpatient services.

Allina Health provides clinical services through its Allina Health Group (“AHG”) and hospital-based physicians, and employs 1,465 physicians, including approximately:

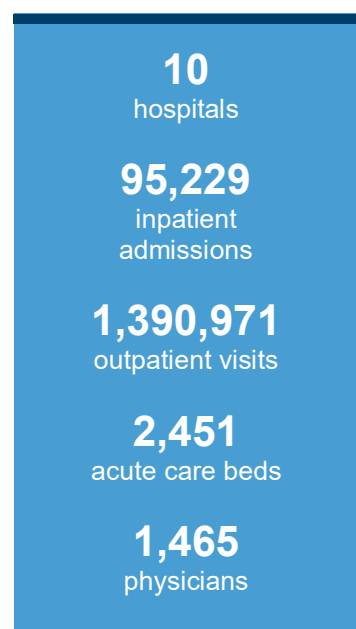
- 760 physicians in AHG, which controls and operates 60 clinics and operates the clinical service lines. AHG includes approximately 250 hospitalists in three hospitalist programs operated by Allina Health on the Abbott Northwestern, United and Mercy hospital campuses.
- 85 physicians consisting of cardiologists, cardiothoracic and vascular surgeons within Allina Specialty Associates, Inc. (“ASA”), operating under the name Minneapolis Heart Institute®.
- 370 specialty physicians, including intensivists, perinatologists and psychiatrists in the Allina Health hospitals.

Allina Health physicians and allied professionals generated 8,852,097 work RVUs during the year ended December 31, 2021. The Allina Integrated Medical (“AIM”) Network aligns Allina Health physicians, 2,000 independent medical physicians, and more than 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.

A Leading Health Care Organization in the Region

Allina Health has a strong market position in key clinical service lines relative to its competitors. Allina Health’s main strengths are in cardiovascular and neuroscience, with strong market competitive services in orthopedics. Allina Health also launched the new Allina Health Cancer Institute – predicated on a vision for seamless, comprehensive, whole person cancer care in response to the fragmented nature of oncology services in the Twin Cities.

The Twin Cities market has experienced stable population growth for the past several years. Allina Health continues to have a stable and leading market share in the metropolitan area, with a 32.2% inpatient market share as of September 30, 2021.



As an integrated health care system that includes hospitals, employed physicians, emergency medical services, ambulatory care, pharmacy services, home care, hospice services and an automated electronic medical record system, Allina Health is a leader in health care in the Twin Cities area and greater Minnesota, and is well-positioned for the continued evolution of health care delivery.

Strategy

Allina Health believes that a clear strategic focus is crucial to serving patients and communities in a rapidly evolving health care marketplace. The COVID-19 pandemic has only strengthened the organization's strategic resolve and emphasized the priorities set in place. The past two years have validated Allina Health's strategy and shown a need to accelerate the implementation of key initiatives. Informed by its Whole Way to Better commitment, Allina Health's strategy rests on three key pillars:

- Strengthening Customer Care and Experience
- Investing in Our People, Culture and Community
- Transforming Our Business to Deliver Greater Value

The three pillars are critical to transforming the enterprise on multiple, interwoven dimensions. Allina Health is evolving from a holding company – created through acquisitions and organic growth over decades – to a highly aligned operating company by strengthening the organization's functions and systemic capabilities. The organization is leading in adopting a value-based economic model, moving from a primarily fee-for-service model to one driven by population health. Allina Health is moving from primarily responding to illness to a more proactive approach as a high value complex care coordinator by developing multi-channel access to care and engaging with the community and consumer.

Allina Health believes that investing in these imperatives will enable the organization to deliver unprecedented Whole Person Care and high value care in an integrated, coordinated and seamless fashion to patient populations increasingly defined by complex clinical and non-clinical issues.

Allina Health has targeted performance and cost improvement over the next five years through a rigorous and comprehensive approach to allow the organization to fund future operational and strategic needs. Success in Allina Health's market role will require the organization to deliver market-leading outcomes and value and generate capital for role-enabling investments in order to be positioned to support our communities for the next generation. This capital will be generated partly through the savings that are expected to result from the implementation of performance improvement initiatives.

Strengthening Customer Care and Experience

The work to continually improve and integrate care and deliver a compassionate and exceptional patient experience remains essential. Allina Health believes that the way in which it designs, offers and markets its services must center on customers who expect:

- Empowerment of health and information
- Improved experience: integration and access on demand
- Holistic care
- Pricing that is transparent and lowers costs.

Care Coordinator. As a system, Allina Health strives to be a high-value, complex care coordinator for its patients and communities. Solving consumer issues, including the growing gap between consumer expectations and actual experience, also supports Allina Health's future market role as a care coordinator by seamlessly connecting all of the necessary services for a patient's unique needs. To address



this imperative, Allina Health is pursuing both enterprise-wide tactics and building specific capabilities to pursue a better consumer experience through:

- A next-generation approach to consumer experience design, including designing its cancer infusion centers and new clinics in partnership with patient advisors.
- Centralizing and investing in key points of care connection, such as a state-of-the art Customer Experience Center and Access Center, that help create seamless connections for patients across the care continuum.
- Offering non-traditional services based on consumer demand and preferences, including improved telemedicine capabilities and Home Hospital (see “Innovation” below).
- Building out a portfolio of innovative products and services (see “Transforming Our Business to Deliver Greater Value” below).
- Prioritizing person-centered and culturally appropriate care by including pronoun preference in the patient’s electronic health record.

Innovation. Innovation is a key strategic initiative for Allina Health to identify alternative and emerging business opportunities to serve the patient, advance Allina Health’s organizational strategy and mission, and positively impact Allina Health’s operating results. Allina Health has identified key trends that will be a focus for innovation, driving at new care models, capabilities and consumer products.

One such innovative effort is a joint venture with Presbyterian Homes, called “Genevive,” that provides geriatric care for older adults with complex medical conditions in assisted living and long-term care. Genevive provides these services via value-based payments for Medicare and Medicaid patients.

Launched during the height of the COVID-19 pandemic, Home Hospital Care is a new program designed to decrease length of stay and total cost of care, reduce readmissions, increase patient satisfaction and divert patients from the emergency department or urgent care. By bringing patient care to the home, Allina Health created capacity within hospital resources while bringing care directly to the patient. The offering has expanded to assist patients with conditions beyond COVID-19, including COPD, CHF, sepsis, post-surgical and cardiovascular conditions. Home Hospital Care aligns with Allina Health’s population health strategy to improve access by developing new access channels, make care more affordable and improve the health of the broader community.

Allina Health’s virtual care services for all patients grew exponentially as a result of the COVID-19 pandemic, swelling to 710,478 virtual visits in 2020, more than 4000% above 2019’s total of 16,910. Virtual visits remain an integral component of care delivery moving forward, as proven in the 504,389 virtual visits completed in 2021. As consumer expectations have shifted and technology has improved, Allina Health has responded by offering many convenient alternatives to in-person care. Allina Health’s suite of virtual care services includes scheduled virtual visits, On Demand virtual care, online visits/eVisits and more. In alignment with Whole Person Care and Allina Health’s “Triple Aim” of improving the experience of care, improving the health of populations and reducing per capita costs of health care, virtual care has proven to be crucial in expanding access, improving outcomes and enhancing patient experience across the Allina Health system. Scheduled virtual visits are offered by most ambulatory providers at Allina Health, including providers in the primary care, mental health, orthopedics, oncology and cardiology departments. Patients may also access On Demand virtual care options via Virtual Urgent Care and Virtual Mental Health, where patients can connect directly with an urgent care provider or licensed mental health consultant. There are plans to expand the On Demand virtual care service offering to more specialties in the future, including orthopedics and Mother/Baby. Patients may also access Everyday Online, an asynchronous visit platform available 24 hours a day, every day of the year.

Allina Health has also made significant investments in its digital platform, empowering its patients with the information to make decisions and interact with its providers. Allina Health’s patient portal includes Patient Wisdom, a guided online platform for patients to share stories about themselves, their health and their care with their Allina Health care team through integration with the electronic health record. Relative to the national health care market, leadership believes that Allina Health’s digital capabilities are leading-edge, with strong offerings in digitized self-service like online bill pay, scheduling, patient education and monitoring. An example of this is Allina Health’s partnership with Cedar, an innovative health care financial technology platform, which will improve the patient experience by making financial transactions easier and more seamless.

With the approval of the Investment Committee of the Allina Health Board of Directors, Allina Health has dedicated funds in the initial amount of \$40 million to make investments in strategic management directed funds. In 2021, an additional \$40 million allocation was also approved. The intent of the strategic healthcare managed directed funds are to allow for unique insights into innovation in the healthcare venture space and two way interaction with both the General Partners and other Strategic Limited Partners. The primary objectives of strategic management directed funds will generally include increasing awareness into future market opportunities and trends, accessing a pipeline of vetted disruptors that will align with Allina Health's strategy to deliver enhanced value and innovation, and gaining exposure to products and services that could accelerate disruption and drive performance.

Investing in Our People, Culture and Community



Allina Health intends to continue to invest in its talent by fostering a relationship-driven culture rooted in its values. As one of Minnesota's largest employers, Allina Health recruits and retains exceptional people by offering valuable benefits that support the total well-being of its employees and their family members. Allina Health strives to empower and support employees so they can focus on delivering exceptional Whole Person Care. Allina Health expects that this further investment will help employees feel an even stronger connection to the organization and the work they do and help provide even better experiences and outcomes for patients.

As part of Allina Health's Whole Person Care for Us efforts, Allina Health is proud to offer a number of support services and benefits to help employees at home as well as at work. One example is a recently launched paid caregiver leave program, which eases the stress employees face when needing to care for a loved one. In 2021, Allina Health continued to promote its well-being resources for employees, which includes many new types of vendor support for anxiety, sleep and financial support, and offered well-being funds for all employees to use on well-being products, memberships, services or gift cards of their choice.

The following strategic initiatives aimed at "Investing in Our People, Culture and Community" provide the foundation for Whole Person Care to come to life across the system:

Commitment to Safety and Quality. Allina Health's commitment centers on preventing harm and encouraging a culture where all employees speak up and feel empowered. Allina Health has committed to a journey to Zero Preventable harm by adopting the successful systems of high-reliability organizations. Key components of this journey include extending multi-tiered safety huddles across the system and engaging in a systemwide program that will provide each employee and provider with the language, tools and standardized processes to respond to and prevent both physical and emotional harm. Capital improvement funding—and a swift implementation timeline for security and facilities enhancements—have ensured we are delivering on a holistic, organizational approach to safer and more secure environments for patients and employees. To date, more than 90% of all employees and providers have been trained in high reliability skills. In addition to training, a culture of safety survey was deployed in 2021 to assess and measure the organization's safety culture, specifically asking questions about how safe employees feel to speak up for safety.

Allina Health Leadership Model. The model enables leaders to be their best at creating collaborative, engaging environments where all employees understand their value, feel the organization's investment in them, and see opportunities for development.

The Allina Health Leadership Model describes a mindset and set of capabilities that, when exhibited consistently across the system, extends the impact of individuals into a collective group of caregivers that rely on each other. It also creates effective, simplified systems and helps employees understand how to consistently show up to be their best.

Allina Health Improvement System. The Allina Health Improvement System provides a structured approach, process and tools aimed at improving care, building trust and engaging those who are closest to the work of care delivery.

Allina Health applies Lean methodology to continuously improve work processes through the elimination of waste while incorporating the ideas of “Continuous Incremental Improvement” and “Respect for People.”

Diversity, Equity and Inclusion. In the aftermath of the murder of George Floyd, which occurred blocks from Allina Health’s headquarters and Abbott Northwestern Hospital, Allina Health has accelerated its plans around Diversity, Equity and Inclusion, along with its commitment to the long-term recovery of the communities that incurred significant damage in the unrest and those that have been historically oppressed. Allina Health leadership has taken an active role in community conversations related to the importance of racial equity. Part of this effort included the creation of a community principles document that has been signed by 29 other organizations who pledge to use their roles as employers, providers of care, purchasers and community leaders to address systemic racial inequities in health care.



Our CEO Diversity, Equity and Inclusion Council, governs our organization’s diversity, equity and inclusion deliverables and is driving long-term sustainable results, including that diversity, equity and inclusion is developed as a core competency. Honoring that commitment, all directors are required to participate in the Intercultural Development Index (IDI), an online assessment to benchmark a person’s intercultural competency.

Key components of Allina Health’s Diversity, Equity and Inclusion plan include increasing and retaining employee diversity at all levels in the organization with a focus on leadership, and providing mandatory Unconscious Bias in the Workplace training for all employees. Additional training on bias in hiring and bias in patient care is also provided to leaders throughout the organization in order to ensure that Allina Health’s culture is welcoming, supportive and collaborative. Additional work includes building infrastructure throughout the organization to support this work and to create accountability for achieving progress. For example, Allina Health’s Employee Resource Groups provide opportunities to participate in courageous conversations around topics of inclusion and equity, to volunteer in the community and to attend culturally responsive trainings. Anchoring to Whole Person Care, Diversity, Equity and Inclusion work creates the strategies, plan and system-wide approach to help bring to life Allina Health’s commitment to providing and enhancing a workplace culture where all employees feel safe, respected and empowered to fulfill Allina Health’s mission.

Allina Health strongly believes in the health equity definition developed by the Robert Wood Johnson Foundation, which says, “Everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.” Allina Health uses this definition as a framework for all health equity initiatives in an effort to create an impactful, sustainable strategy.

Sustainability efforts. Taking care of the environment is critical to ensure good health for Allina Health’s patients, employees and community. At Allina Health, environmental sustainability refers both to Allina Health’s overall approach and to a collection of efforts and projects occurring across the system and at individual business units. A new Sustainability Steering Committee is working on an environmental sustainability strategic plan as well as working with staff members on energy and waste reduction efforts. Sustainability efforts have saved Allina Health more than \$1 million annually. Sustainability is also being considered when evaluating capital investments across Allina Health, including the infrastructure updates and new Central Utility Plant on the Abbott Northwestern campus. See “Other Recent Initiatives and Developments – Abbott Northwestern Hospital Infrastructure Updates” below.

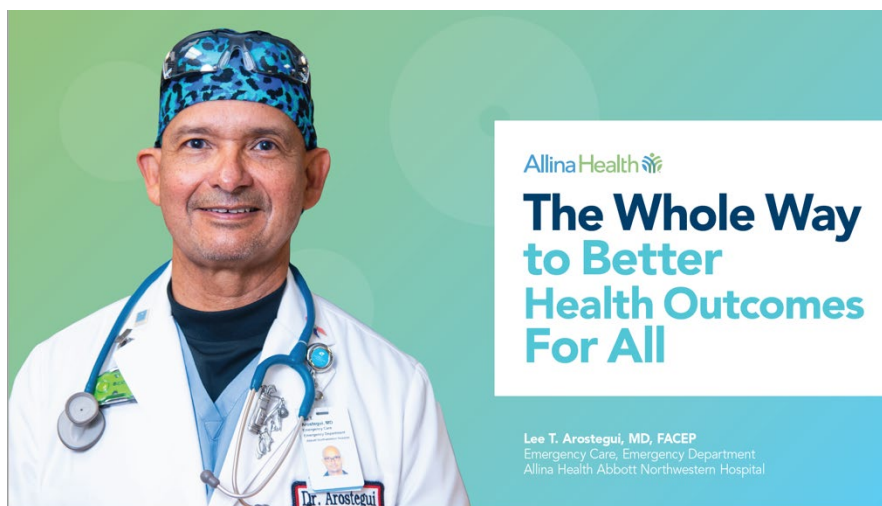
Impact Investments. With the approval of the Investment Committee of the Allina Health Board of Directors, Allina Health has created a separate portfolio and dedicated funds in the initial amount of \$30 million to make investments that create both positive financial return as well as positive social or environmental impact that is actively measured. The intent is to pursue the Allina Health organizational mission more effectively and use assets to generate impact towards improving the health of the communities it serves, while maintaining liquidity. Examples could include investment in organizations related to affordable housing, local businesses and schools. Initial investments were sourced and funded during the second half of 2021, with the potential for growth of the fund over time.

Transforming Our Business to Deliver Greater Value

In order to execute on this pillar of Allina Health's strategy, Allina Health's focus is on cost and payment structure, market differentiation and partnerships.

Cost and Payment Structure

To support the health of its patients and communities, Allina Health is philosophically committed to delivering increasingly higher-value care and performing on outcomes-based payment models. Allina Health additionally believes that it must evolve the current reimbursement model so that it can be reimbursed for services that matter to its patients and help make care more efficient, effective and affordable. Expanding care management services, using data to inform best practices and collaborating with partners will be key to transforming Allina Health's business as well as patient care.



The vision of Whole Person Care guides and reinforces this philosophy throughout the organization, from leadership to front-line providers. Leadership believes that expanding Allina Health's portfolio of outcomes-based risk contracts will enable Allina Health to create and deliver value.

Allina Health recognizes that outcomes-based risk contracts are a necessary step to financial sustainability, especially in government payer segments. Allina Health has successfully built up the capabilities required to manage risk and does not want to lose those capabilities or halt the internal momentum to value-based care. Therefore, Allina Health plans to expand its outcomes-based risk contract portfolio in a measured fashion to gain experience, manage uncontrollable risk and maintain a focus on providing value more broadly. Allina Health is implementing a phased approach that aligns with Allina Health's goal of pursuing outcomes-based risk contracts that build scale over time, with the goal of receiving a near-majority of patient service revenue under value-based arrangements in the coming years and achieving a material reduction in the growth of costs through provision of Whole Person Care.

This value-based care philosophy supports Allina Health's population health strategy. Population health is a systematic approach to health care that leverages the full scope of the care continuum to improve patient health outcomes by emphasizing the value of preventative medicine. As part of this evolution, Allina Health has entered into contracts with health plan insurance payers (described below) that reward enhancing quality, improving outcomes, addressing health disparities and reducing total cost of care. Allina Health works with its health plan partners to establish contracts that have a positive impact for patients, Allina Health and health plan insurance payers.

This is expected to result in better outcomes, lower premiums and improved access to care for patients while increasing the number of people in the community Allina Health serves and improving satisfaction for providers and teams. Allina Health also hopes to earn additional incentives for producing good outcomes for its patients. Additionally,

health plans will be able to grow and retain membership by offering lower cost and improved benefits to patients and employers.

Blue Cross and Blue Shield Agreement

In August 2020, Allina Health announced a six-year agreement with Blue Cross and Blue Shield of Minnesota (“Blue Cross”) that significantly advances Allina Health’s payment model to support efforts to increase connected care and reduce health inequities. This value-based payment agreement is designed to provide enhanced value for insurance plan members while fostering even more high-quality care and healthy outcomes for patients.

The COVID-19 pandemic accelerated the realization that health care in the United States can and should be more sustainable, through better coordination, accessibility and affordability. The pandemic underscores the timeliness and importance of this agreement, as Allina Health has seen dramatic acceleration of alternative modalities of care that are central to a value-based care model, including telehealth, Allina Health’s Home Hospital Care Program and more.

Blue Cross is Allina Health’s largest payer and Allina Health is Blue Cross’ largest provider of care for its Minnesota members. Altogether, this agreement has the potential to positively impact the cost and quality of care for approximately 130,000 people. The agreement aims to reduce the cost trend of Blue Cross-specific care at Allina Health by 10 percent over five years. Notably, the portion of payments made by Blue Cross that are tied to achieving optimal patient outcomes are five to 10 times larger than what is outlined in typical outcomes-based risk arrangements. Moreover, a portion of Allina Health’s revenue under the contract consists of fixed population health payments. Allina Health believes the sheer scale of this agreement will set a high bar for value-based care, driving innovation and transformation in health care.

Allina Health and HealthPartners Partnership

In April 2021, Allina Health announced a five-year partnership with HealthPartners, implementing value-based care across both organizations with the goal of providing better outcomes, better access to care and lower premiums for members and patients.

The partnership builds on the two non-profit organizations’ collaborative approach, including their work together over the past 10 years on the Northwest Metro Alliance, an accountable care organization (“ACO”). Started in 2010, the Northwest Metro Alliance brought together the HealthPartners health plan, four HealthPartners clinics, five Allina Health clinics, the RiverWay Pain Clinic, Mercy Hospital campuses in Coon Rapids and Fridley, as well as other affiliated specialists, all in an effort to improve the health of residents in the northwest metro area.

The value-based care partnership elevates the quality of care delivered over the quantity of care provided and has the potential to positively impact approximately 300,000 people. Reimbursement structures are directly connected to patient outcomes and improving quality of care based on specific measures, such as reducing hospital readmissions, improving coordination of care, ultimately leading to the improvement of both individual and community health. Additionally, the length of the partnership allows for a longer-term focus on population health strategies.

Allina Health and Aetna Health Plan

In January 2017, Allina Health and Aetna signed an agreement to create a jointly owned health plan company, Allina Health and Aetna Insurance Company (“AHAIC”), which provides an innovative health care option for employers and consumers in the greater Twin Cities area. This jointly owned health plan is intended to fully align the incentives and capabilities of a national insurer and major local health system in ways that Allina Health expects to lead to improved health outcomes and cost management. The ownership structure for the 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. Allina Health’s investment in AHAIC is expected to create returns both from a financial and operational perspective.

The Minnesota Department of Commerce issued a Certificate of Authority for AHAIC in August 2017, which makes AHAIC an officially licensed health insurance provider and the first new insurance company to enter the Minnesota

market in many years. AHAIC began offering large group (51 or more members) products in 2018 and began to offer a Medicare Advantage product in 2019. As of December 31, 2021, AHAIC total membership was approximately 33,700, including approximately 15,000 Medicare Advantage members.

Partnerships

For Allina Health to achieve the “complex care coordinator” component of its future role, the organization must be equipped to care for a patient throughout their entire care journey. Given that this journey typically occurs over multiple care settings and organizations, partnerships at all levels of operations must be a core competency for Allina Health.

Allina Health has developed a set of inviolable principles that will guide consideration for potential partners. These principles will be a lens for leadership to use as they consider potential partners and whether those partnerships will be worth further analysis. These principles are meant to be broad, but also reflect a clear distillation of priorities. The principles are the following:

- Align culturally and strategically to improve care for Allina Health’s communities.
- Ensure communities across Allina Health’s footprint will continue to have access to high-quality, affordable, patient-centered care.
- Deliver continued commitment to Whole Person Care.
- Yield demonstrably greater value than Allina Health could achieve on its own.

With these principles in mind, Allina Health continuously assesses its portfolio of assets and services with a view toward opportunities for partnerships, acquisitions and divestitures. This process of assessment includes ongoing discussions with various prospective affiliation partners – including independent physician groups, third party consultants and managers, technology companies, retail entities, venture capital and other providers of clinical and administrative services, both regional and national – about potential transactions.

Members of Allina Health

Obligated Group Members

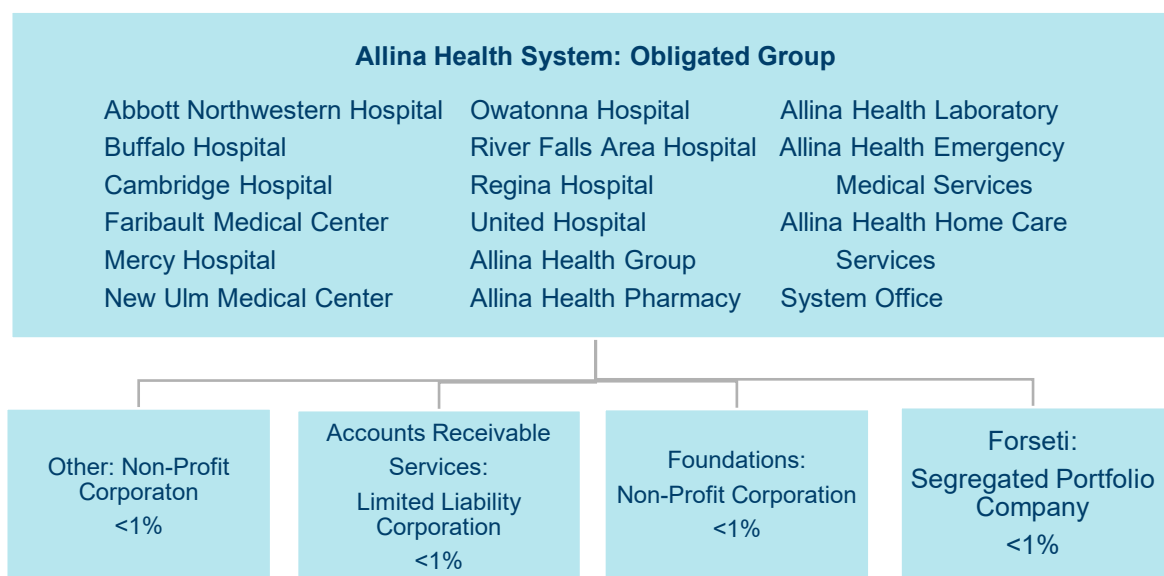
The Allina Health Obligated Group (“Obligated Group”) was created under the Master Trust Indenture dated October 1, 1998, between Allina Health System and Wells Fargo Bank Minnesota, National Association as successor master trustee (the "Master Indenture"). The Master Indenture provides for a Credit Group, including the Obligated Group, members of which are jointly and severally liable for any debts and/or other obligations of each Obligated Group member and the Obligated Group as a whole. Several other forms of Credit Group membership are available to affiliated entities whose funds are available to satisfy any obligation of the Obligated Group under the Master Indenture. None of these forms of Credit Group Membership are currently in use. Currently, Allina Health is the only member of the Obligated Group and the Credit Group.

Subsidiaries and Affiliates Outside the Obligated Group

Allina Health owns and operates a number of wholly owned direct and indirect subsidiaries outside of the Obligated Group. In aggregate, the non-Obligated Group subsidiaries represented approximately \$80 million or 1.6% of Allina Health consolidated total operating revenue for the year ended December 31, 2021. Allina Health contributes capital to certain subsidiaries, if needed.

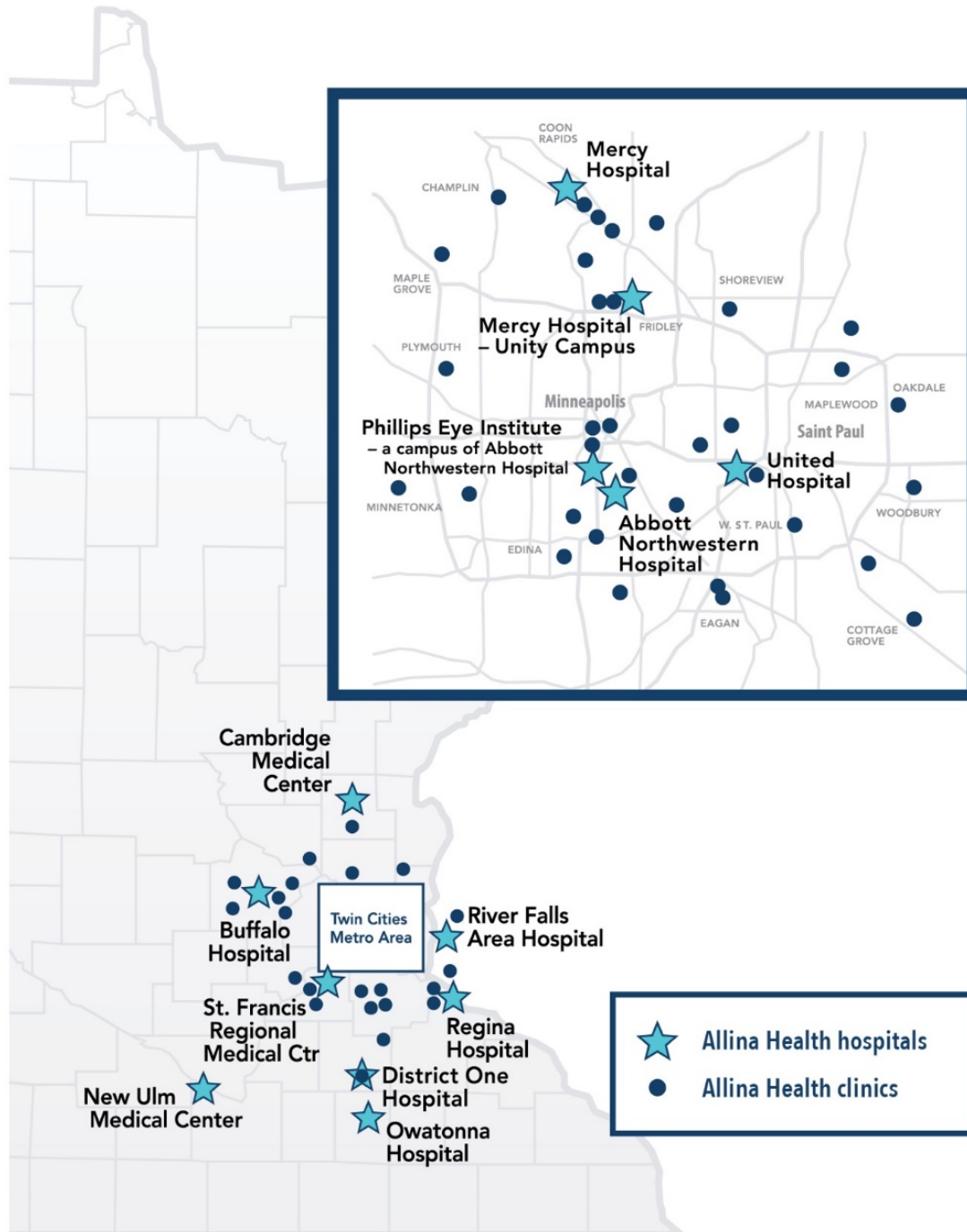
Organization Chart

The organizational structure of Allina Health is illustrated below. Allina Health directly owns and operates its acute care hospitals (with the exception of St. Francis, which is operated by Allina Health but jointly owned with Essentia and HPI-Ramsey), ambulatory care centers and clinics, which are all operated as separate divisions within Allina Health. In addition to these relationships, Allina Health holds interests in several smaller subsidiary corporations, limited liability companies, joint ventures and partnerships that have been excluded from the chart below because they collectively comprise less than one percent of Allina Health’s net revenue.



Location of Care Delivery Sites

The following map provides the locations of Allina Health owned (with the exception of St. Francis) and operated hospitals and clinics.



System Governance

Allina Health is a Minnesota nonprofit corporation exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. It is also exempt from state income taxation. Allina Health has several tax-exempt and taxable subsidiaries. Certain of Allina Health's real estate is also exempt from taxation under Minnesota law.

Allina Health is governed by a single Board of Directors ("Board") that meets on a quarterly basis over a two-day period, including Committee meetings. The board oversees the operations of the entire Allina Health system. Allina Health's regional hospitals have boards of trustees, which function in an advisory capacity. Allina Health subsidiaries have separate boards which are subject to the reserved powers of the Allina Health Board.

In addition to the directors elected by the Board, the Chief Executive Officer of Allina Health serves ex-officio, with the right to vote. The bylaws prescribe three-year terms for elected directors and limit elected directors to three (3) successive terms. Upon a recommendation by the Governance & Nominating Committee, an elected director (other than the director emeritus) may be elected to serve for up to one (1) additional, consecutive, one (1) year term. The immediate past Chairperson of the Board may be elected by the Board to hold office as director emeritus for a term of one (1) year, and may be reelected at the end of their first term for a second one (1) year term. A former Allina Health Board member who has served the maximum term may return to Allina Health Board membership after a one (1) year hiatus.

The Board retains approval authority over all significant strategic and policy decisions. Many decisions are approved by the Board through its approval of the consolidated annual strategic and financial plan. Capital expenditures over a certain level and any significant debt incurrence require separate action by the Board.

The Allina Health Board has eight standing committees: Audit and Compliance; Human Resources and Compensation; Finance; Investment; Governance and Nominating; Philanthropy; Physician Governance; and Quality and Population Health.

Board of Directors

The following are Allina Health Board members (as of December 31, 2021):

Name	Profession / Association	Director Since:
Debbra Schoneman (Chairperson)	President Piper Sandler Companies	2013
Clay Ahrens	Retired Health Care Executive	2016
Jennifer Alstad	Founder and Chief Executive Officer bswing	2016
Shari Ballard	Chief Executive Officer Minnesota United Football Club	2020
Gary Bhojwani	Chief Executive Officer CNO Financial Group, Inc.	2016
Barbara Butts-Williams, PhD	Executive Dean, External Relations and Partnerships, and Dean emeritus, Business, Capella University, Inc.	2015
John Church	Chief Transformation Officer and Enterprise Officer General Mills	2021
Laura Gillund	Former Chief Talent Officer Cardiovascular Systems, Inc.	2015
MayKao Hang, DPA	Vice President and Founding Dean Morrison Family College of Health, University of St. Thomas	2019
Louis King, II	President & Chief Executive Officer Summit Academy OIC	2016
David Kuplic	Former President and Chief Executive Officer Securian Asset Management	2015
Steve LaCroix	Owner and Chief Executive Officer LaCroix Sports & Entertainment	2017
Dan O’Laughlin, MD	Medical Director Emergency Care Consultants	2022
Vicki Rasmusen Yanisch	Former Medtronic Executive	2019
Amy Ronneberg	Chief Executive Officer Be The Match	2020
Brian Rosenberg, PhD	Former President Macalester College	2013
Thomas S. Schreier, Jr. (Director Emeritus)	Inspired Leadership Initiative, University of Notre Dame	2022
Abir Sen	Chief Executive Officer Gravie	2014
Sally Smith	Former President and CEO Buffalo Wild Wings, Inc.	2012
Darrell Tukua	Former Partner KPMG LLP	2014

<u>Name</u>	<u>Profession / Association</u>	<u>Director Since:</u>
Tim Welsh (Vice chairperson)	Vice Chairman, Consumer and Business Banking US Bank National Association	2017
Penny Wheeler, MD (Ex-Officio)	Chief Executive Officer Allina Health	2015

Conflict of Interest

As required by Allina Health's Bylaws, the Allina Health Board has adopted a Conflict of Interest Policy requiring Allina Health directors, officers, key employees, and other individuals to promptly and fully disclose interests that have the potential to compromise or bias the judgment or objectivity of the individual or create the appearance of such potential, and annually complete a conflict of interest disclosure statement. Such interests are analyzed and, if necessary, conflict management plans are developed, implemented, monitored and enforced. A conflict management could, for example, prohibit an affected director from being present for a discussion of and participating in a vote on, any matter in which a conflict of interest exists.

Additionally, the Allina Health Board has adopted an arrangement with disqualified persons policy, which sets forth the requirements and procedures that apply to all proposed transactions and relationships between Allina Health (or certain of its subsidiaries) and disqualified persons (including directors). Allina Health transacts business with disqualified person pursuant to such policy.

Organizational Design

Allina Health strategy is system-based, with strategic and capital planning conducted at the system level. The operating units develop business plans consistent with the system strategic plan. Several departments within Allina Health are managed centrally to ensure access to capital, a common approach to liability and risk issues, and direction of capital to achieve suitable returns. Management teams are in place to oversee the strategic direction and daily operations of the organization.

The Executive Leadership Team makes system-level decisions. This team includes the Chief Executive Officer; Chief Financial Officer; President and Chief Operating Officer; Chief Human Resource Officer and Administrative Officer; Senior Vice President of Operations, Allina Health Group; Senior Vice President of Operations, Regional Hospitals and Clinical Services; Chief Medical Executive; Chief Information and Improvement Officer; Chief Compliance Officer; Chief Strategy and Growth Officer; General Counsel; and presidents of Abbott, Mercy and United. The Executive Leadership Team provides a blend of clinical, operations and staff function expertise to ensure its ability to set strategy and tactics in support of Allina Health's strategic imperatives.

The Clinical Leadership Team (the "CLT"), is comprised of the Chief Medical Executive, who serves as its chair, along with the Chairs of the Executive Quality Committees for Hospitals, Allina Health Group and Home Care; the Quality Council Chair; one Metropolitan Hospital Vice President of Medical Affairs representative of the Hospital Division Quality Committee; one Community Hospital Vice President of Medical Affairs representative; and the Chair of the Nurse Executive Council. The CLT ensures Allina Health's operational performance meets or exceed the goals of key initiatives that drive Allina Health's strategy and progress toward alignment, integration and continuum-based care. It is accountable to the Allina Health Quality Council and serves as its Executive Committee.

Centralized Functions

Allina Health provides certain management functions to its hospitals, divisions and subsidiaries through a corporate shared-service structure, which is generally focused on risk management and strategic direction of the organization as well as on providing financial economies of scale. These functions include strategy and business development, marketing and communications, legal, risk management, insurance, information systems, community benefits and engagement, philanthropy, compliance, treasury, credentials verification organization, design and construction, public policy and government relations, health information, hospital accreditation, audit, regulatory affairs, revenue cycle

management, finance, human resources, purchasing, real estate, clinical knowledge management, clinical integration, clinical service lines and quality resources and care management.

Allina Health negotiates third-party payer contracts through a central payer relations and contracting department. This approach permits Allina Health to concentrate its expertise in market conditions and payer methodology in a single group and to maintain a unified, coherent approach to dealing with third-party payers.

Allina Health has a centralized revenue management function to manage the complex process of registering patients, billing for services performed, and collecting payment for services.

prevention and detection, clinical innovation and research partnership, substantial emphasis on tumor-specific specialization, the importance of physician alignment and the array of people and processes needed to deliver Whole Person Care. The model also reflects how a diverse and complex condition is managed across a network – balancing the programs that need to be concentrated and those that can be delivered close to home with equivalent quality. Allina Health expects that the Institute’s network will span the full care continuum and open opportunities for growth and collaboration that are expected to create enriching professional opportunities, highly distributed access for patients and top-decile clinical and experiential outcomes for Allina Health’s community.

A component of Allina Health Cancer Institute is a new, comprehensive breast center, which opened in the Mercy Hospital Specialty Center in April 2021. The first of its kind in the north metro area, the comprehensive breast cancer care program follows a multidisciplinary care model that aligns with the Piper Breast Centers at Abbott Northwestern and United hospitals. The Piper Breast Center Mercy Hospital includes state-of-the-art screening, diagnostics and treatment for breast cancer, as well as breast cancer education, genetic counseling and high-risk breast cancer programs and includes the radiologist, oncology surgeon and medical oncologists all in one setting. Allina Health’s multidisciplinary breast centers are also located at its other comprehensive cancer sites at Abbott Northwestern and United hospitals, and treatment is available at infusion centers located throughout the community.

Allina Health appointed Badrinath Konety, MD, as president of Allina Health Cancer Institute, overseeing the oncology programs and leadership teams, providing direction and collaboration for oncology-related innovation, research, philanthropy and the multidisciplinary nature of cancer care for all patients Allina Health serves.

Allina Health Ambulatory Surgery Center Strategy

Allina Health has undertaken and is committed to an accelerated and significant expansion of its ambulatory surgery platform to enable efficient, cost-effective and high-quality consumer-facing care consistent with its payer strategies and intended to keep pace, to the extent achievable, with rapidly evolving reimbursement models. The strategy, which involves commitment of capital and other resources, is aligned to advance Allina Health’s vision as the high-value, integrated complex care coordinator for its community. This propels Allina Health as an organization that can deliver surgical care in all settings from complex surgery in a major metropolitan hospital to same day surgery in a community-based setting.

In January 2020, Allina Health announced a joint venture with Surgical Care Affiliates (“SCA”) to develop and run efficient multi-specialty surgery centers. SCA is a nationally renowned group with a network of more than 250 ambulatory surgery centers performing more than one million procedures per year. In 2020, the joint venture acquired four ambulatory surgery centers. In 2021, the joint venture acquired one additional ambulatory surgery center, explored several additional acquisitions and worked on developing two de novo ambulatory surgery centers to be located in the Twin Cities. The first new location includes an 18,000 square foot center located in Brooklyn Park, which was announced in February 2021 and is expected to open in mid-2022. The joint venture intends to have up to 50 operating rooms in ambulatory surgery centers over the next five years.

Credit Ratings

In October 2021, Moody’s Investor Services affirmed Allina Health’s bond rating of Aa3. The outlook is negative.

In October 2021, Fitch Ratings affirmed Allina Health’s bond rating of AA-. The outlook is stable.

In October 2021, Standard & Poor’s Ratings Services affirmed the AA- rating of Allina Health. The outlook is stable.

The complete rating agency reports are available at [dacbond.com](https://www.dacbond.com); [moody.com](https://www.moody.com); [fitchratings.com](https://www.fitchratings.com); or [standardandpoors.com](https://www.standardandpoors.com).

Management Personnel

Following are the Executive Leadership Team members and their biographies (as of Dec. 31, 2021):



Penny Wheeler, MD (63) – *Chief Executive Officer (see retirement note below)*. Prior to her appointment as CEO, Dr. Wheeler served as President and Chief Clinical Officer of Allina Health, responsible for leading the organization's quality and value agenda through alignment of the clinical and operational leadership to optimally benefit those served by Allina Health. A board-certified obstetrician/gynecologist, Dr. Wheeler served patients at Women's Health Consultants in Minneapolis, was the president of Abbott Northwestern Hospital's medical staff, chaired the Allina Health Quality Committee and served on the Allina Health Board of Directors. Under Dr. Wheeler's leadership, Allina Health has sharpened its focus on serving those who have not always been well-served by a health care system.

Dr. Wheeler serves on a variety of local and national Boards. She currently chairs the American Hospital Association's Health Systems Council; and serves on the Boards for NRC Health and Cedar, an organization that eases the strain of financial billing for those served. Locally, Dr. Wheeler serves on the Executive Committee of the Minnesota Business Partnership, Medical Alley, the University of Minnesota Foundation, St. Thomas University Board of Trustees, and Portico Healthnet, an organization dedicated to helping uninsured Minnesotans receive affordable health coverage and care. Dr. Wheeler was recently recognized as a Luminary by Modern Health Care for her multiple appearances on their top 25 Women Leaders in Health Care list. In addition, she received an award as one of the 100 most influential people in health care and was recognized as one of the 50 most influential clinical executives. Her educational background includes an undergraduate degree with honors from the University of Minnesota, and a doctorate of medicine degree from the University of Minnesota Medical School.

Dr. Wheeler retired at the end of 2021, but remains on the Allina Health Board of Directors. Lisa Shannon assumed the President and CEO role as of Jan. 1, 2022.



Lisa Shannon (56) – *President and Chief Operating Officer*. Lisa Shannon has responsibility for Allina Health's hospitals, primary and specialty care divisions and information services. In her role, Ms. Shannon helps drive exceptional clinical, operational and financial performance, so that Allina Health can deliver quality, affordable care to the communities it serves. The Allina Health Board of Directors has appointed Ms. Shannon as the successor to Dr. Penny Wheeler as Chief Executive Officer as of January 1, 2022. Prior to Allina Health, Ms. Shannon served as president, Health System Delivery, for KentuckyOne Health, Kentucky's largest integrated health system. Before joining KentuckyOne Health, Ms. Shannon served in several executive leadership roles at Spectrum Health in Grand Rapids, Michigan, including three years as Chief Operating Officer. Ms. Shannon began her career as a clinical dietitian at The Community Hospital in Springfield, Ohio, and spent 10 years at OhioHealth Corporation in Columbus, rising to vice president of ambulatory services. She is a graduate of Bowling Green State University in Ohio, and earned a Master's of Business Administration from Franklin University in Columbus, Ohio. Ms. Shannon places a great deal of value on community engagement. She currently serves on the Board of the Greater Twin Cities United Way and the University of St. Thomas Opus College of Business Strategic Board of Advisors.

Ms. Shannon assumed the role of President and Chief Executive Officer Jan. 1, 2022.



Richard Magnuson (59) – *Executive Vice President, Chief Financial Officer*. Mr. Magnuson was appointed Chief Financial Officer in January 2017. He is responsible for ensuring that Allina Health resources are deployed properly to enhance the quality, safety and effectiveness of the care Allina Health provides to its patients and communities. 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 Burlington, Vermont. Mr. Magnuson also served Allina Health from 1987 to 2004 in a variety of financial leadership roles. In addition to Finance, Mr. Magnuson also has operational responsibility for Payer Relations and Contracting, Supply Chain Management and Revenue Cycle Management. In 2019, Mr. Magnuson was recognized by Minneapolis/St. Paul Business Journal as CFO of the Year for his work in helping streamline and improve the financial position of Allina Health. He earned his bachelor's degree at Augsburg College in Minneapolis in accounting and finance and his master's degree at the University of St. Thomas in Minneapolis.



Elizabeth Truesdell Smith (58) – *Senior Vice President, General Counsel and Secretary to the Allina Health Board of Directors*. Elizabeth Truesdell Smith is senior vice president, general counsel and secretary to the Allina Health Board of Directors. Ms. Truesdell Smith has been practicing law for more than two decades and has served as in-house counsel for Allina Health since December 2000. As general counsel, Ms. Truesdell Smith serves on the Executive Leadership Team and is the chief legal advisor to the health system and all of its operating units, subsidiaries, employees, boards and constituents. She also is the senior executive responsible for system clinical risk management and all insurance programs. Prior to her appointment as general counsel, she held the position of vice president of the Allina Health Law Department medical-legal team. Before joining Allina Health, Ms. Truesdell 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 defense. Ms. Truesdell Smith received her juris doctor from the University of Minnesota Law School in 1992 after earning a master's degree in public health with a health law and bioethics concentration from Boston University School of Public Health in 1989.



Ann Madden Rice (64) – *Senior Vice President, Allina Health Operations, and President of Abbott Northwestern Hospital*. Ann Madden Rice oversees Abbott Northwestern Hospital, the largest hospital in the Twin Cities, which is recognized nationally and locally for its exceptional expertise and care. Each year, the hospital serves more than 200,000 patients and their families. Prior to arriving at Allina Health in 2018, Ms. Rice served as the chief executive officer of the UC Davis Medical Center in Sacramento, Calif. Part of the University of California, the academic health system.

Ms. Rice is currently serving on the Minnesota Hospital Association Board of Directors. Previously, she was the chair of the California Hospital Association and of the Hospital Council of Northern and Central California. She is a past national president of the Association of Healthcare Internal Auditors. Rice served in leadership roles in many other health systems, including chief financial officer and chief operating officer for the University of Iowa Hospitals and Clinics. She is a fellow of the American College of Healthcare Executives. Ms. Rice has a baccalaureate degree in Industrial Administration from Iowa State University and a master's degree in accounting from the University of Iowa. In 2018, she was recognized by United Cerebral Palsy of Sacramento and Northern California as the UCP Humanitarian of the Year.



Sara J. Criger (60) – *Senior Vice President, Allina Health Operations and President, Mercy Hospital and United Hospital*. In her role as president, Sara Criger oversees Mercy Hospital (Mercy and Unity Campuses) and United Hospital, Allina Health's tertiary hospitals – each providing 546 licensed beds and serving the north and east Twin Cities metro areas, respectively. Ms. Criger also provides executive leadership support to Allina Health Emergency Medical Services, and the Mental Health and Addiction Services Clinical Service Line. Prior to joining Allina Health in 2012, Ms. Criger held the position of vice president, HealthEast Care System, and CEO, St. Joseph's Hospital, where she also led HealthEast system responsibilities for cardiovascular, neurosciences and mental health service lines, as well as HealthEast Medical Laboratories and Hospice Care. Ms. Criger held

several leadership positions during a 16-year career at Fairview Health Services, including vice president of ambulatory services, University of Minnesota Medical Center, Fairview, and president of Fairview Ridges Hospital and Clinics.

An active member of the community, Ms. Criger currently serves as the Chair of the Minnesota Hospital Association Board of Directors and Executive Committee, and is the immediate past chair of the Life Source Board of Directors and Executive Committee. Ms. Criger holds a bachelor's degree in business administration from Western Connecticut State University and a master's degree in health services administration from the University of St. Francis in Illinois.



Christine Moore (52) – *Executive Vice President, Chief Human Resource Officer and Administrative Officer.* Christine Moore leads the Human Resources, Marketing, Internal Communications and Public Affairs functions of Allina Health and is accountable for the organization's human resources and people strategies, which are critical to building and sustaining an engaged workforce committed to exceptional care and service. Prior to joining Allina Health in 2015, Ms. Moore served as an executive HR leader at Ecolab and Best Buy. She began her career at a management consulting agency. Ms. Moore earned a bachelor's degree in economics from Scripps College in Claremont, California, and she received her PhD in Organizational Psychology from Claremont Graduate University. She is on the board of the Montessori Center of Minnesota and the board of St. Catherine University.



Jonathan Shoemaker (51) – *Senior Vice President, Chief Information and Improvement Officer.* Jonathan Shoemaker has responsibility for Allina Health's improvement system and information services, with accountability for performance improvement, health information management, clinical engineering services, consumer experience, consumer insights and consumer research. Mr. Shoemaker joined Allina Health in 2005. His tenure with Allina Health has included driving the strategies and implementation of major technologies that help improve the delivery of care. These include Allina Health's electronic health records and health information exchange systems, as well as products for anesthesia, radiology, lab and hospice that make these areas of health care run more efficiently. Mr. Shoemaker has served as the committee chair for the State of Minnesota Standards and Interoperability Committee and currently serves on Minnesota's eHealth Advisory Committee representing large hospitals. Prior to joining Allina Health, Mr. Shoemaker held information services roles within hospital and ambulatory settings. He also worked with a national consulting firm focusing on information technology.



Sarah Kleaveland Kupczak (58) – *Senior Vice President, Chief Compliance Officer.* As Chief Compliance Officer, Sarah Kleaveland Kupczak provides overall direction for the Allina Health Compliance, Privacy, Audit, Enterprise Risk Management and Human Research Projection Programs. Ms. Kleaveland Kupczak joined Allina Health in January 2020. Before joining Allina Health, she was the Regional Compliance Officer at Ascension, leading, developing and evolving the compliance function. Prior to this role, Ms. Kleaveland Kupczak held leadership positions at Wheaton Franciscan Healthcare as the Vice President, Corporate Compliance and Columbia St. Mary's as Director, Risk and Compliance. Ms. Kleaveland Kupczak has a master's degree and an ABD in Economics from the University of Michigan. She earned her law degree from University of Virginia School of Law following bachelor's degrees in political science and economics at the University of Iowa.



David Slowinske (46) – *Senior Vice President of Operations, Allina Health Group.* Dave Slowinske was appointed Senior Vice President of Operations for Allina Health Group in January 2020. He is responsible for clinical, operational and financial performance across Allina Health's ambulatory services that include the Allina Health Medical Group, Allina Health Home and Community Services and the Allina Integrated Medical Network (AIMN). Mr. Slowinske joined Allina Health in 2012 as the Director of Operations for the Penny George Institute for Health and Healing. He also served as Vice President of Operations for Courage Kenny Rehabilitation Institute, orthopedic and spine clinical service lines and the Penny George Institute before moving into the role of Vice President of Operations for Allina Health Group. Mr. Slowinske has extensive experience improving

operational performance and culture change within large integrated delivery systems. Prior to joining Allina Health, Mr. Slowinske held leadership roles with HealthPartners, Cardinal Health and Allegiance Healthcare. He has served the community through the American Cancer Society's Minnesota State Leadership Council, and board of director roles with Westfield Hospital and Axis Healthcare. Mr. Slowinske holds a bachelor's degree in business administration from Illinois Wesleyan University and a Master of Business Administration from DePaul University Kellstadt Graduate School of Business.



Scott Leighty (59) – *Senior Vice President of Operations, Regional Hospitals and Clinical Services.* Scott Leighty joined Allina Health in June 2020 and is responsible for Allina Health's community hospitals, Central Laboratory, Pharmacy, Courage Kenny Rehabilitation Services and Cancer Institute. Mr. Leighty joined the organization from Atrium Health in Charlotte, N.C., where he led several successful initiatives to standardize, scale and improve the patient experience for Pharmacy, Radiology and Laboratory. Mr. Leighty also championed the integration work for dozens of acquired acute care, oncology and ambulatory facilities across the system to realize significant operational improvements. He previously served in an executive role at Mercy Medical Center - North Iowa in Mason City, Iowa. His deep health care experience and operations knowledge will be beneficial to Allina Health's journey to be a high reliability organization. Mr. Leighty holds a bachelor's degree from Yale University and an MBA from the Kellogg School of Management, Northwestern University.



Lawrence Cho (43) – *Senior Vice President, Chief Strategy and Growth Officer.* Lawrence Cho is responsible for advancing and sustaining Allina Health's innovation, strategic and growth initiatives, while prioritizing accelerating organizational performance. Before joining Allina Health in 2021, Mr. Cho was a member of Mayo Clinic's executive team. At Mayo Clinic, he held positions of chief operating officer for Mayo Clinic International, where he focused on expanding Mayo's model of care internationally, and chair of Corporate Development, where he led enterprise-wide strategic partnership and merger & acquisitions initiatives. Prior to joining Mayo Clinic, Mr. Cho held various finance, strategy and business development positions in industry-leading organizations of Medtronic, McKinsey & Company and General Mills. Mr. Cho earned both a bachelor's degree in neuroscience and economics and a Master of Business Administration from the University of Michigan. Past board memberships include the Make-A-Wish Foundation, Wolverine Venture Fund and Mu Performing Arts.



John Misa, MD (53) – *Vice President, Chief Clinical Officer.* In his current role, Dr. John Misa provides clinical oversight of the Allina Health Group including primary care, surgical and procedural services, Mother/Baby (women's health) and specialty services, and he serves as the Allina Integrated Medical Network (AIMN) President. Dr. Misa has been with Allina Health since 2019, first serving as the Vice President of Medical Operations for the Allina Health Group. Prior to joining Allina Health, Dr. Misa held various positions with Park Nicollet Health Services, including Senior Medical Director, Primary Care; and as an Internist. Dr. Misa holds a bachelor's of degree in biology from The John Hopkins University and doctorate in medicine from Stony Brook University Health Sciences Center School of Medicine. He also completed an internal medicine residency at the University Of North Carolina Chapel Hill School of Medicine.



Hsieng Su, MD (54) – *Senior Vice President, Chief Medical Executive.* Dr. Hsieng Su serves as the senior executive responsible for clinical performance and advancing Allina Health's safety, quality and population health journey. Prior to joining Allina Health in 2021, Dr. Su was at SSM Health-St. Louis as the Regional Chief Medical Officer, where she was an integral part of improving patient care by leading clinical teams across five specialty areas, creating a physician leadership development program, providing leadership to the SSM Health-St. Louis Institutional Review Board and research contracts with the affiliated academic university. She served as a board member of the Accountable Care Organization for the region. Dr. Su spent six years at Aurora St. Luke's Medical Center in Milwaukee, WI, as the Chief Medical Officer prior to her time with SSM Health-St. Louis. Dr. Su holds an undergraduate degree in microbiology from the University of Washington, Seattle; a Master of Business Administration from the University of California, Irvine; earned a Master of

Health Care Management from Harvard School of Public Health; and a doctorate of medicine from Georgetown University School of Medicine. She completed her internal medicine residency at Mayo Clinic, finished a preventative medicine fellowship at Mayo Clinic, and completed The Academy, GE Chief Medical Officer fellowship.

COVID-19 Pandemic

In March 2020, the World Health Organization declared the COVID-19 outbreak a pandemic and the Governor of Minnesota issued a series of executive orders, including a stay-at-home order. The federal government declared COVID-19 a national emergency, and many federal and state authorities implemented aggressive measures in an attempt to curtail the spread of the virus and to avoid overwhelming the health care system.

In 2021, Allina Health, along with the rest of Minnesota and western Wisconsin's health care system, continued to respond to the shifting nature of COVID-19. Significant surges in cases brought on by Delta and Omicron variants caused unprecedented staffing pressures and led to delays in procedural care. The results of the past two years are likely to continue to have a material adverse impact on economic conditions throughout much of the world, including the United States and Minnesota. Due to the evolving nature and unknown duration of the COVID-19 pandemic, the ultimate impact to Allina Health and its financial condition is presently unknown. Allina Health is continuously monitoring the situation and will adjust its response in concert with federal, state and local health officials and governmental authorities.

Impact of and Response to COVID-19

In response to COVID-19, Allina Health convened a task force to coordinate clinical and operational readiness, including staffing, supply management, telehealth capabilities and surge capacity, as well as protocols for screening, testing, isolating and treating patients with potential or actual cases of COVID-19. The task force continuously assessed and reassessed Allina Health's response plan and resource allocation with other members of the public health community as the pandemic grew, including transitioning to virtual care where appropriate, redeploying staff and coordinating testing and patient care. Allina Health experienced a significant increase in virtual or telehealth visits, from 16,910 visits in fiscal year 2019 to 710,478 visits in fiscal year 2020. This has continued with 504,389 virtual visits completed in 2021. Leadership anticipates that increased use of telehealth will remain after the pandemic.

On March 19, 2020, the Governor of Minnesota issued an emergency executive order directing delay of all non-essential or elective surgeries and procedures that utilize personal protective equipment or ventilators. The order took effect March 23, 2020, and ended May 10, 2020. Allina Health experienced patient revenue losses of approximately \$40 million per week during this shutdown. Allina Health volumes in most service lines recovered by the fourth quarter of 2020, which, along with aggressive management of expenses, led to a recovery in operating performance through the year ended December 31, 2021. See "Financial Information – Management's Discussion and Analysis of Results of Operations" for additional discussion. COVID-19 variants Delta and Omicron led to new surges in COVID-19 cases, causing sustained staffing pressures and procedural delays, which began in September 2021 and continued in varying degrees into January 2022.

Allina Health has subsequently adapted to operating in a COVID-19 environment while delivering the full spectrum of care in the communities it serves and has undertaken initiatives designed to ensure its operational and financial stability for the duration of the pandemic and beyond. Throughout the pandemic, Allina Health has continued to prioritize the health and well-being of its employees as one of its core tenants. From additional safety training and clinical supports to innovative benefits designed to support Whole Person Care, Allina Health is working comprehensively to address the needs of its workforce.

Equipment, Supply Chain and Surge Capacity

Under the Governor's order allowing resumption of non-emergent procedures, any facility that offers procedures that utilize personal protective equipment ("PPE") or ventilators must develop and implement an internal oversight structure and written plan, following State Department of Health guidance (a "Plan"). Plan requirements include a process for prioritizing cases; collaboration to ensure adequate supplies and capacity are available to respond to a potential surge in COVID-19 cases without resorting to crisis standards of care; the reduction or cessation of low- and

medium-priority procedures in the event of a surge in COVID-19 cases; patient, staff and visitor screening and testing protocols and conservation of PPE. Pursuant to this order, public PPE reserves will not be available for use in non-COVID-19 procedures and scheduling of non-emergent procedures may be subject to continued availability of capacity for treatment of COVID-19 patients.

Allina Health continues to screen all patients, employees and visitors to its facilities for COVID-19 symptoms in addition to requiring masking. Allina Health is testing all patients having surgery in operating rooms and select procedures that are invasive or include an aerosol-generating procedure for COVID-19 as part of pre-procedural safety. Additionally, Allina Health is testing all patients upon hospital admission, as well as all other symptomatic patients. All employees or providers that work in Allina Health facilities are afforded timely access to testing at times of high-risk exposure or development of symptoms consistent with COVID-19 without requiring a provider appointment. Family members or household members are also prioritized for testing with a provider appointment. Extensive efforts went into adding added HEPA filters to create negative pressure in designated inpatient and procedural recovery areas to accommodate viral patients and to allow for expanded patient capacity in the event of a critical surge. Allina Health is closely monitoring its supply of PPE through a dashboard that care staff may access.

Allina Health's system infrastructure allows it to monitor capacity and staffing in real time in order to be able to make decisions, in collaboration with the state and other health care providers, about how to best deploy and utilize resources to meet the care needs of the communities Allina Health serves. Pandemic conditions in Minnesota and Wisconsin remain dynamic with the changing levels of disease burden in the community caused by variants and significant resumption of public activity. Currently, Allina Health is seeing a sustained high demand for medical services, in addition to caring for COVID-19 patients. The systems, care models and policies that were developed at the beginning of the pandemic continue to serve as the foundation of Allina Health's ongoing response and allow it to adjust according to changing conditions.

COVID-19 Vaccination Efforts

Allina Health is proud to be a significant part of the COVID-19 vaccination infrastructure in Minnesota and western Wisconsin in support of the effort to bring an end to the pandemic. Beginning in December 2020, Allina Health began vaccinating employees as health care workers were in the first priority group. Since that time, Allina Health has administered COVID-19 vaccines to patients and community members in a variety of settings: dedicated vaccine clinics, clinics and urgent care sites, as well as pop-up community events designed to create equitable access to the vaccine in communities that might otherwise experience barriers.

On August 2, 2021, Allina Health implemented a systemwide policy to make the COVID-19 vaccine a condition of employment, requiring COVID-19 vaccination by October 1, 2021, for all employees, volunteers, students and contracted staff, with limited exemptions for medical or religious reasons.

Government Assistance

Allina Health received \$327 million in funds through the Centers for Medicare & Medicaid Services ("CMS") advance payment program ("APP Funds") in 2020. These advanced funds began to be recouped starting April 2021 through a process established by CMS. As of December 31, 2021, \$115.2 million of these advanced funds have been recouped. APP funds will be recognized under revenue as earned during the repayment process. Allina Health also recognized \$183.2 million in other operating revenue from all COVID-19 funding sources, including all forms of Coronavirus Aid, Relief and Economic Security Act ("CARES Act") funding and state funding in 2020. Additional CARES Act funding of \$58.9 million was received in 2021 and recognized as other revenue for the year ended December 31, 2021. The CARES Act also provides for a deferral of payments of the employer portion of social security payroll tax incurred during the pandemic. Allina Health deferred \$75.5 million of payroll taxes in 2020. One half of the deferred payroll taxes was paid at the end of 2021 and one half of the deferred payroll taxes is required to be paid by the end of 2022. Allina Health expects to apply for all appropriate COVID-19 related resources, but the availability of further grants, reimbursements or funding provisions under the CARES Act or other government programs is not assured.

Liquidity, Debt and Investments

As of December 30, 2021, Allina Health had \$1,213 million in cash, cash equivalents and short-term investments (\$1,001 million net of APP Funds) that serve as an institutional liquidity reserve within an overall investment portfolio

of approximately \$3.7 billion. A significant portion of the portfolio could be monetized in seven days or less. To increase its liquidity profile, Allina Health increased its lines of credit by \$200 million in April 2020. Effective April 2021, Allina Health entered into amendments to reduce its lines of credit by \$100 million. In December 2021 Allina increased its lines of credit by \$25 million. There were no draws on the lines of credit at December 31, 2021. Allina Health entered into a 364-day Term Loan Agreement dated August 5, 2020, with Wells Fargo Bank, National Association in the amount of \$100 million. The Term Loan was paid in full in August 2021.

Operating Information

For the years ended December 31, 2021 and 2020										
	Abbott Northwestern Hospital		United Hospital		Mercy Hospital		Other		Total	
	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020
I. Hospital Volume										
Inpatient Admissions	32,570	30,305	21,510	21,058	29,223	28,760	11,926	11,460	95,229	91,583
Patient Days	169,628	152,392	105,396	94,291	132,372	121,375	44,208	39,461	451,604	407,519
Outpatient Admissions	501,760	370,711	188,142	155,522	235,882	190,831	465,187	379,994	1,390,971	1,097,058
Adjusted Admissions	54,930	49,393	39,282	37,110	50,458	47,508	32,638	29,880	177,308	163,891
Surgeries	28,695	25,568	17,806	15,432	18,476	16,147	16,637	13,772	81,614	70,919
Emergency Room Visits	58,381	50,769	49,496	44,621	104,895	96,725	97,873	82,477	310,645	274,592
Staffed Beds	646	660	380	380	480	480	269	258	1,775	1,778
II. Other Volume										
Ambulance transports	-	-	-	-	-	-	91,756	81,242	91,756	81,242
Clinic Work RVUs	1,515,198	1,288,825	581,924	431,280	534,013	445,696	6,220,962	5,229,341	8,852,097	7,395,142
III. Payer Mix (Net Revenue)										
Medicare	34.8%	35.0%	37.4%	36.0%	37.5%	39.0%	27.0%	24.4%	32.6%	31.5%
Medicaid	10.2%	9.8%	13.0%	12.2%	12.6%	12.5%	9.1%	8.1%	10.6%	9.9%
Managed Care	51.4%	51.9%	46.1%	51.2%	46.3%	47.1%	58.6%	59.0%	52.6%	53.6%
Self Pay	1.0%	2.0%	0.8%	0.6%	1.3%	1.4%	2.7%	2.8%	1.7%	2.3%
Other	2.6%	1.3%	2.6%	0.0%	2.3%	0.0%	2.6%	5.7%	2.5%	2.7%

Management's Discussion and Analysis of Results of Operations

Operating Results

The 2021 Audited Financial Statements can be referenced on www.emma.msrb.org for the full year ended December 31, 2021 financial results. The following highlights summarized financial results.

Allina Health's operating margin was 2.7% for the year ended December 31, 2021, compared to -0.8% for the same period in 2020. Operating income increased by \$165 million when compared to the same period in 2020.

Allina Health's Earnings Before Interest, Depreciation and Amortization (EBIDA) margin was 7.6% for the year ended December 31, 2021, compared to 4.7% for the same period in 2020. Non-operating investment return and interest rate swap activity were consistent with market conditions.

EARNINGS SUMMARY	ALLINA HEALTH		OBLIGATED GROUP	
	Year Ended December 31		Year Ended December 31	
	2021	2020	2021	2020
EBIDA	\$ 369.7	\$ 206.0	\$ 345.5	210.9
Interest income	1.2	1.3	0.2	0.2
Financing costs	(47.2)	(49.9)	(46.6)	(49.4)
Depreciation and amortization	(194.9)	(193.7)	(192.3)	(192.0)
Operating (loss) income	128.8	(36.3)	106.8	(30.3)
Investment return	246.1	145.9	243.7	144.7
Interest rate swap agreements	8.8	(25.0)	8.8	(25.0)
Non-operating other	(2.6)	(8.5)	(1.5)	(8.3)
Excess of revenues over expenses	<u>\$ 381.1</u>	<u>\$ 76.1</u>	<u>\$ 357.8</u>	<u>\$ 81.1</u>

Patient Service Revenue

Allina Health's total revenue increased \$493 million, or 11.3% for the year ended December 31, 2021, as compared to 2020, directly related to reduced volumes during the mandatory shutdown period in 2020. Through December 2021, 40.1% of patient revenue is inpatient revenue, compared to 42.3% in 2020.

PATIENT REVENUE	ALLINA HEALTH		OBLIGATED GROUP	
	Year Ended December 31		Year Ended December 31	
	2021	2020	2021	2020
Inpatient	\$ 1,790.9	\$ 1,652.7	\$ 1,790.1	\$ 1,651.7
Change	8.4%		8.4%	
Outpatient/Ambulatory	1,529.6	1,296.4	1,498.6	1,295.8
Change	18.0%		15.7%	
Clinic	1,130.0	927.8	1,123.8	900.3
Change	21.8%		24.8%	
Other patient revenue	19.2	28.0	16.2	22.3
Change	-31.4%		-27.4%	
Total Patient Service Revenue	<u>\$ 4,469.7</u>	<u>\$ 3,904.9</u>	<u>\$ 4,428.7</u>	<u>\$ 3,870.1</u>
Change	14.5%		14.4%	

Managed Care Relationships

Allina Health negotiates and contracts with managed care payers through a centralized payer relations function. Managed care payers accounted for 53% of Allina Health's total patient service revenues before implicit price concessions in 2021. Allina Health's top three managed care payers comprise 39% of Allina Health's revenue. Allina Health's contract with its largest managed care payer (Blue Cross) expires on December 31, 2025. The contracts with Allina Health's next two largest managed care payers expire on December 31, 2025 and December 31, 2024. Allina Health, separately and in conjunction with managed care payers, continues to redesign clinical processes and to develop evidenced-based guidelines in order to decrease costs and provide the demonstrable improvements in quality required by managed care.

The charts below show that payer mix has remained relatively stable.

ALLINA HEALTH		Patient Revenue	
		December 31	
PAYER MIX PERCENTAGE		2021	2020
Medicare		32.6%	31.5%
Medicaid		10.6	9.9
Contracted Payers		52.6	53.6
Self Pay		1.7	2.3
Other		2.5	2.7
Total		100.0%	100.0%

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.

The estimated cost of providing charity care, by applying a cost to charge ratio to charges identified as charity care, for the year ended December 31, 2021, and 2020 were \$16.8 million and \$17.4 million, respectively. The schedule below reflects uncompensated care at gross charges forgone.

UNCOMPENSATED CARE	ALLINA HEALTH	
	Year Ended	
	December 31	
	2021	2020
Uninsured Discount	\$ 42.0	\$ 44.9
Charity Care Discount	46.5	43.3
Implicit Price Concessions	98.5	120.6
Total Uncompensated Care	\$ 187.0	\$ 208.8
Change	-10.4%	
Total Uncompensated Care as a % of Patient Charges before price concessions	1.6%	2.1%

Volume

Inpatient admissions increased by 4.0%, while inpatient surgeries increased 0.2% for the year ended December 31, 2021, from 2020.

VOLUME STATISTICS	ALLINA HEALTH	
	Year Ended December 31	
	2021	2020
Inpatient Hospital Admissions	95,229	91,583
Inpatient change from prior period	4.0%	
Observation Days	32,716	27,340
Observation days change from prior period	19.7%	
Outpatient Hospital Admissions	1,390,971	1,097,058
Outpatient change from prior period	26.8%	
Average Length of Stay (days)	4.7	4.4
Hospital Patient Days	451,604	407,519
Patient days change from prior period	10.8%	
Hospital Occupancy (based on staffed beds)	69.7%	62.4%
Inpatient Surgeries	26,331	26,291
Outpatient Surgeries	55,283	44,628
Total Surgeries	81,614	70,919
Total surgeries change from prior period	15.1%	
Clinic Work RVUs	8,852,097	7,395,142
Work RVUs change from prior period	19.7%	
Total Case Mix	1.72	1.68
Medicare Case Mix	2.11	2.04

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 11 county metropolitan hospital market is updated as of September 30, 2021.

MARKET SHARE STATISTICS	ALLINA HEALTH	
	September 30 2021	December 31 2020
Allina Metro Hospital Inpatient Market Share *	32.2%	31.3%
Change in Total Metro Market Volume**	-4.0%	-11.2%
* Hospitals Include: Abbott Northwestern, United, Mercy, Regina and St. Francis		
** year over year change of the eleven county metro hospital inpatient market volume for the twelve months ending.		

Non-Operating Gains and 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 7.9% for the year ended December 31, 2021, consistent with the market conditions for the period, which was an improvement to the losses experienced prior to fourth quarter 2020. To mitigate changes in interest rates on variable rate debt, Allina Health has entered into fixed-payer swaps, which are marked to market.

NON-OPERATING GAINS & LOSSES	ALLINA HEALTH		OBLIGATED GROUP	
	Year Ended December 31		Year Ended December 31	
	2021	2020	2021	2020
Interest and dividends	\$ 37.0	\$ 34.6	\$ 37.0	\$ 34.7
Realized gains on sales of investments	61.8	148.7	61.2	146.8
Unrealized (losses) gains on investments	147.3	(37.4)	145.5	(36.8)
Interest rate swap agreements - fair value	21.5	(13.3)	21.5	(13.3)
Interest rate swap agreements - counterparty interest	(12.7)	(11.7)	(12.7)	(11.7)
Other	(2.6)	(8.6)	(1.5)	(8.3)
Total non-operating	<u>\$ 252.3</u>	<u>\$ 112.3</u>	<u>\$ 251.0</u>	<u>\$ 111.4</u>

Balance Sheet and Cash Flow

Allina Health has lines of credit with three commercial banks totaling \$150 million. There were no draws on the lines of credit as of December 31, 2021. On August 5, 2020, Allina Health closed on a \$100 million, 364-day Term Loan Agreement with Wells Fargo Bank, which was paid in full in August 2021. Allina Health also applied for, and received, funds through the Centers for Medicare & Medicaid Services (CMS) advance payment program in the amount of \$327 million in 2020. CMS began recoupment of the advanced funds in April 2021.

Allina Health had 301 days cash on hand (DCOH) as of December 31, 2021, compared with 280 days at December 31, 2020. Allina Health DCOH net of Medicare Advance Payments was 284 as of December 31, 2021 and 251 at December 31, 2020. Proceeds of the Term Loan are not included in the 2020 DCOH calculation.

Leverage increased to 32.5% at December 31, 2021, from 28.2% at December 31, 2020 related to the bond issuance in November 2021. Cash to debt is 228% as of December 31, 2021, compared to 274% at December 31, 2020. Proceeds of the Term Loan are not included in the 2020 cash to debt calculation.

The historical annual debt service coverage ratio is calculated on a twelve-month look back and without nonrecurring expense adjustments for December 31, 2021. Such nonrecurring expense adjustments are possible in future calculations.

Allina Health capital spending was \$189.0 million for the year ended December 31, 2021, compared to capital spending of \$210.8 million for the same time period in 2020. In response to the COVID-19 pandemic, Allina Health is restricting capital spending outside of the Abbott Northwestern Hospital infrastructure updates.

BALANCE SHEET & LIQUIDITY STATISTICS	ALLINA HEALTH		OBLIGATED GROUP	
	December 31 2021	December 31 2020	December 31 2021	December 31 2020
Unrestricted cash & investments	\$ 3,740.6	\$ 3,316.7	\$ 3,660.0	\$ 3,249.4
Days cash on hand	301	280	298	279
Total Debt	\$ 1,637.2	\$ 1,174.4	\$ 1,634.9	\$ 1,173.1
Net assets without donor restrictions	\$ 3,404.3	\$ 2,993.0	\$ 3,269.2	\$ 2,913.9
Debt to capitalization *	32.5%	28.2%	34.0%	29.6%
Patient receivables	\$ 565.7	\$ 517.3	\$ 557.4	\$ 503.2
Days revenue in receivables, net	46	48	46	47
Cash to debt	228%	274%	224%	268%
Historical annual debt service coverage	5.9	4.7	5.6	4.8

* Obligated Group includes Letters of Credit and Surety indebtedness

Additional Annual Financial Disclosure

Estimated Annual Debt Service Requirements

The following table sets forth, for each calendar year, estimated amounts for payments of principal and interest on indebtedness secured by an Obligation under the Master Trust Indenture.

Consolidated Debt Schedule Allina Health System			
Calendar Year Ending December 31	Principal	Interest	Total Debt Service
2022	25,230	65,959	91,189
2023	28,045	64,869	92,914
2024	29,300	63,397	92,697
2025	25,395	61,965	87,360
2026	26,535	60,717	87,252
2027	27,745	59,408	87,153
2028	27,225	58,077	85,302
2029	26,525	56,686	83,211
2030	33,130	55,135	88,265
2031	34,350	53,503	87,853
2032	35,610	51,800	87,410
2033	36,925	50,030	86,955
2034	38,280	48,672	86,952
2035	39,680	47,283	86,963
2036	30,975	45,803	76,778
2037	32,215	44,564	76,779
2038	33,505	43,275	76,780
2039	34,840	41,935	76,775
2040	36,235	40,541	76,776
2041	50,000	39,092	89,092
2042	50,000	36,689	86,689
2043	50,000	34,287	84,287
2044	50,000	31,884	81,884
2045	50,000	29,482	79,482
2046	91,709	25,297	117,006
2047	150,000	20,192	170,192
2048	102,121	14,885	117,006
2049	106,170	10,837	117,007
2050	149,000	8,773	157,773
2051	153,323	4,449	157,772
	<u>\$ 1,604,068</u>	<u>\$ 1,269,486</u>	<u>\$ 2,873,554</u>

This table includes an assumed differential on \$282 million of fixed payer interest rate swaps and an additional \$46 million unhedged swap. The indebtedness not secured by an obligation issued under the Master Trust Indenture totaling \$2.3 million has been excluded from the table.

Coverage of Estimated Annual Debt Service Requirements

The following tables set forth, for fiscal years ended December 31, 2021 and 2020 (i) the amounts reflected in the consolidated financial statements of Allina Health available to pay debt service and the extent to which such amounts covered debt service requirements on the actual long-term indebtedness of Allina Health outstanding during these periods and (ii) the amounts reflected in the consolidated financial statements of the Obligated Group, available to pay debt service and the extent to which such amounts covered debt service requirements on actual long-term indebtedness of the Obligated Group entities outstanding during these periods. Under generally accepted accounting principles, Allina Health's consolidated financial statements, from which the data set forth in the first of the following tables are derived, are required to include the amounts of certain affiliates and subsidiaries that are not members of the Obligated Group. Loss on debt refinancing are excluded from the definition of "expenses" contained in the Master Indenture for purposes of calculation of Income Available to Pay Debt Service.

Allina Health Debt Service Coverage Ratios	December 31,	
	2021	2020
Excess of Revenues Over Expenses	\$ 381,055	\$ 76,148
Loss on Debt Refinancing	-	2,061
Unrealized (Gain) Loss on Investments	(147,288)	37,446
Unrealized Loss (Gain) on Interest Rate Swap Agreements	(8,827)	25,008
Financing Costs (1)	38,444	39,632
Depreciation and Amortization	194,909	193,703
Income Available to Pay Debt Service	\$ 458,293	\$ 373,998
Actual Long-term Debt Service	\$ 77,429	\$ 80,097
Historical Coverage Ratio	5.9 X	4.7 X
Pro-forma Maximum Annual Debt Service (2) (3) (4) (5)	\$ 112,126	\$ 89,747
Coverage Ratio of Pro-forma Maximum Annual Debt Service	4.1 X	4.2 X

Obligated Group Debt Service Coverage Ratios	December 31,	
	2021	2020
Excess of Revenues Over Expenses	\$ 357,811	\$ 81,141
Loss on Debt Refinancing	-	2,061
Unrealized (Gain) Loss on Investments	(145,486)	36,763
Unrealized Loss (Gain) on Interest Rate Swap Agreements	(8,827)	25,008
Financing Costs (1)	37,857	39,156
Depreciation and Amortization	192,342	191,950
Income Available to Pay Debt Service	\$ 433,697	\$ 376,079
Actual Long-term Debt Service	\$ 76,843	\$ 78,751
Historical Coverage Ratio	5.6 X	4.8 X
Pro-forma Maximum Annual Debt Service (2) (3) (4) (5) (6)	\$ 111,627	\$ 89,747
Coverage Ratio of Pro-forma Maximum Annual Debt Service	3.9 X	4.2 X

(1) Excludes financing costs related to bank charges and short-term loans of \$8,752 in 2021 and \$10,219 in 2020.

(2) Maximum annual principal and interest payments on long-term debt for any succeeding fiscal year assuming an interest rate of 3.25%, as appropriate, on all variable rate debt. This analysis also factors in the anticipated effect of fixed payer interest rate swaps with notional amounts of \$164.5 million (2009B&C), \$115.5 million (2007C), \$2.4 million (1998A), and \$46 million (2001). Other funded debt included in the pro-forma maximum annual debt service but not secured by an Obligation issued under the Master Trust Indenture has an outstanding balance of \$2.3 million as of December 31, 2021.

(3) Assumes the Series 2017 Bonds are amortized over a 25 year period beginning in 2019 with interest calculated at 4.43% and approximately level debt service in each year from 2018 through 2043, inclusive.

(4) Assumes the Series 2019 Bonds are amortized over a 25 year period beginning in 2020 with interest calculated at 3.887% and approximately level debt service in each year from 2019 through 2044, inclusive.

(5) Assumes the Series 2021 Bonds are amortized over a 25 year period beginning in 2022 with interest calculated at 2.902% and approximately level debt service in each year from 2022 through 2046, inclusive.

(6) The pro-forma maximum annual debt service for the Obligated Group under the Master Trust Indenture debt is \$111.6 million for the period ended December 31, 2021. The pro-forma coverage ratio on only the Master Trust Indenture Debt is 4.0x for the Obligated Group at December 31, 2021.

Capitalization Table

Capitalization	December 31,	
	2021	2020
Series 2021 Bonds - Taxable	\$ 302,323	\$ -
Series 2021 Bonds	167,770	-
Series 2019 Bonds - Taxable	300,000	300,000
Series 2019 Bonds	63,845	66,475
Series 2017 Bonds - Taxable	150,000	150,000
Series 2017A Bonds	73,080	76,180
Series 2017B Bonds	14,800	29,295
Series 2015 Bonds - Taxable	250,000	250,000
Series 2009BC Bonds	164,525	164,525
Series 2007C Bonds	115,525	116,500
Series 1998A Bonds	2,200	5,475
All Other	2,298	2,233
Unamortized Portion of Original Issue Premium (Discount)	53,457	22,882
Deferred Bond Issuance Cost	(22,640)	(9,178)
Total Allina Health Long-term Debt	1,637,183	1,174,387
Less: Non-Obligated Group Debt	(2,295)	(1,328)
Total Obligated Group Debt	\$ 1,634,888	\$ 1,173,059
Allina Health		
Net Assets Without Donor Restrictions	\$ 3,404,344	\$ 2,993,025
Total Consolidated Long-term Debt & Net Assets Without Donor Restrictions	\$ 5,041,527	\$ 4,167,412
Debt to Capitalization Ratio	32.5%	28.2%
Obligated Group		
Net Assets Without Donor Restrictions of the Obligated Group	\$ 3,269,208	\$ 2,913,869
Total Long-term Debt* & Net Assets Without Donor Restrictions	\$ 4,954,873	\$ 4,137,705
Debt to Capitalization Ratio*	34.0%	29.6%

*Includes Letters of Credit and Surety indebtedness.

Debt Structure

Allina Health holds a mix of both fixed and variable rate long-term debt. The following chart displays the structure, and provides detail regarding credit enhancement and expiration of the credit agreement, if applicable. Allina Health also hedges a portion of its variable rate interest risk through interest rate swaps. The December 31, 2021, valuations are given below, along with the swap rates and counterparties.

Allina Health's current debt structure as of December 31, 2021					
Series	\$ Outstanding	Structure	Final Maturity	Credit Enhancement	YTD Average Int. Rate*
2021 Taxable	302,323	Fixed Rate	2051	None	2.90%
2021	167,770	Fixed Rate	2040	None	4.00%
2019 Taxable	300,000	Fixed Rate	2049	None	3.89%
2019	63,845	Fixed Rate	2029	None	5.00%
2017 Taxable	150,000	Fixed Rate	2042	None	4.43%
2017A	73,080	Fixed Rate	2029	None	5.00%
2017B	14,800	Fixed Rate	2022	None	2.58%
2015 Taxable	250,000	Fixed Rate	2045	None	4.81%
2009B	114,525	Daily VRDB	2035	JP Morgan LOC	0.02%
2009C	50,000	Weekly VRDB	2035	Wells Fargo LOC	0.05%
2007C	115,525	Weekly VRDB	2034	Wells Fargo LOC	0.05%
1998A	2,200	Auction Rate	2022	MBIA Insured	0.11%
	<u>\$ 1,604,068</u>	Total Bonds			
Other ***	<u>33,115</u>				
	<u>\$ 1,637,183</u>	Total Debt			
Fixed Rate		\$ 1,321,818	80.7%		
Hedged Variable Rate**		282,250	17.2%	(2009B, 2009C, 2007C & 1998A)	
Other		<u>33,115</u>	1.9%		
Total		<u>\$ 1,637,183</u>			

Allina Health provides liquidity support to 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						
Debt	Liquidity Support	Amount	Expiration	Termination Trigger - Rating	Term-Out Provisions	Counterparty
2009B	Letter of Credit	\$ 114,525	January 2024	Allina Rating Less Than BBB	3 Year	JP Morgan
2009C	Letter of Credit	50,000	January 2023	Allina Rating Less Than BBB	3 Year	Wells Fargo
2007C	Letter of Credit	115,525	January 2023	Allina Rating Less Than BBB	3 Year	Wells Fargo
		<u>\$ 280,050</u>				

Health Care Delivery Facilities and Operations

Allina Health is a direct provider of health care through its hospitals and physician clinics.

The hospitals owned (with the exception of St Francis) and operated by Allina Health and the locations thereof are described in the following table.

Acute Care Hospitals			
Hospital Name	Location	December 31, 2021	
		Licensed Beds	Staffed Beds
Metropolitan Hospitals			
Abbott Northwestern Hospital	Minneapolis, MN	972	646
United Hospital	Saint Paul, MN	546	380
Mercy Hospital	Coon Rapids and Fridley, MN	546	480
Total Metropolitan Hospitals		2,064	1,506
Community Hospitals			
Buffalo Hospital	Buffalo, MN	65	39
Cambridge Memorial Hospital	Cambridge, MN	86	58
Fairbault Medical Center	Faribault, MN	49	34
New Ulm Medical Center	New Ulm, MN	62	35
Owatonna Hospital	Owatonna, MN	43	39
Regina Hospital	Hastings, MN	57	46
River Falls Area Hospital	River Falls, WI	25	18
Total Community Hospitals		387	269
Total - Allina Health owned and operated		2,451	1,775
St. Francis Regional (1)	Shakopee, MN	93	89
Total - All Hospitals		2,544	1,864

- (1) St. Francis Regional Medical Center (SFRMC) is operated in partnership with HealthPartners, Inc. and Critical Access Group (formally ECHC, also known as Essentia Community Hospitals and Clinics) pursuant to a joint membership agreement whereby Allina Health, HealthPartners, and Critical Access Group are the joint members of SFRMC. Allina Health has certain reserved powers over the hospital to ensure the financial integrity of the hospital and has authority and responsibility for the day-to-day operations.

Allina Health provides clinical services through the Allina Health Group and hospital-based physicians. Allina Health employs physicians throughout the system. Allina Health offers a comprehensive, integrated network of primary care clinics across Allina Health's service area using the same electronic health record system, and consistent approaches to care delivery enables the clinical service line to share best practices to improve the quality of care and safety for all of its patients. Primary Care providers include physicians in the specialties of Family Medicine, Internal Medicine, Pediatrics, Internal Medicine/Pediatrics as well as nurse practitioners and physician assistants.

The following table indicates the size distribution of the medical staff FTEs of the various Allina Health Group clinic sites.

Number of Clinics Employing:			
1-5 Physician FTEs	6-10 Physician FTEs	11-15 Physician FTEs	16+ Physician FTEs
16	23	12	9

Consolidated Utilization Table

The following table consolidates Allina Health's utilization information for the years ended December 31, 2021 and 2020.

UTILIZATION STATISTICS	Year Ended	
	December 31 2021	December 31 2020
Hospitals		
Admissions *	95,229	91,583
Patient Days *	451,604	407,519
Average length of stay	4.7	4.4
Observation days	32,716	27,340
Licensed beds	2,451	2,451
Staffed beds	1,775	1,778
Outpatient admissions	1,390,971	1,097,058
Emergency room visits	310,645	274,592
Inpatient surgical procedures	26,331	26,291
Outpatient surgical procedures	55,283	44,628
Physicians and allied professionals		
Work RVUs	8,852,097	7,395,142
Ambulance transports	91,756	81,242

* Results exclude newborns.

Market Share by Hospital

Discharges by Metropolitan Hospitals (Excluding Newborns/Neonatal)								
Hospital Name	Discharges				Market Share Percentage			
	2021 Q3	2020	2019	2018	2021	2020	2019	2018
Allina Health								
Abbott Northwestern	24,342	30,019	35,203	35,683	11.6%	11.0%	11.5%	11.3%
United Hospital	16,403	20,799	23,567	24,364	7.8%	7.6%	7.7%	7.7%
Mercy Hospital	22,092	28,176	31,931	31,157	10.6%	10.4%	10.4%	9.8%
St. Francis Regional	3,467	4,805	5,742	5,927	1.7%	1.8%	1.9%	1.9%
Regina - Hastings	986	1,300	1,486	1,556	0.5%	0.5%	0.5%	0.5%
	<u>67,290</u>	<u>85,099</u>	<u>97,929</u>	<u>98,687</u>	<u>32.2%</u>	<u>31.3%</u>	<u>32.0%</u>	<u>31.2%</u>
Fairview								
Fairview Ridges	7,828	10,229	10,656	11,173	3.8%	3.8%	3.5%	3.5%
Fairview Univ Med Ctr	21,708	27,522	30,802	32,134	10.4%	10.1%	10.1%	10.2%
Fairview Southdale	12,576	16,360	17,926	18,382	6.0%	6.0%	5.8%	5.8%
HealthEast St. Johns	8,631	9,976	10,694	11,852	4.1%	3.6%	3.5%	3.8%
HealthEast St. Josephs	1,844	9,255	10,785	11,199	0.9%	3.4%	3.5%	3.5%
HealthEast Woodwinds	4,753	6,195	7,312	7,873	2.3%	2.3%	2.4%	2.5%
	<u>57,340</u>	<u>79,537</u>	<u>88,175</u>	<u>92,613</u>	<u>27.5%</u>	<u>29.2%</u>	<u>28.8%</u>	<u>29.3%</u>
Health Partners								
Methodist Hospital	16,147	20,275	22,231	22,638	7.7%	7.4%	7.3%	7.2%
Regions (St. Paul Ramsey)	19,915	24,425	25,557	26,850	9.5%	9.0%	8.3%	8.5%
Lakeview - Stillwater	2,676	3,373	4,061	3,958	1.3%	1.2%	1.3%	1.3%
	<u>38,738</u>	<u>48,073</u>	<u>51,849</u>	<u>53,446</u>	<u>18.5%</u>	<u>17.6%</u>	<u>16.9%</u>	<u>16.9%</u>
North Memorial								
	<u>12,268</u>	<u>16,474</u>	<u>18,355</u>	<u>19,776</u>	<u>5.9%</u>	<u>6.0%</u>	<u>6.0%</u>	<u>6.3%</u>
Maple Grove Hospital								
	<u>6,819</u>	<u>8,904</u>	<u>9,240</u>	<u>9,160</u>	<u>3.3%</u>	<u>3.3%</u>	<u>3.0%</u>	<u>2.9%</u>
Hennepin County Med Ctr								
	<u>13,713</u>	<u>18,148</u>	<u>19,981</u>	<u>20,366</u>	<u>6.6%</u>	<u>6.7%</u>	<u>6.5%</u>	<u>6.4%</u>
Ridgeview - Waconia								
	<u>4,355</u>	<u>5,649</u>	<u>6,148</u>	<u>6,514</u>	<u>2.1%</u>	<u>2.1%</u>	<u>2.0%</u>	<u>2.1%</u>
Children's								
Children's - Mpls	4,563	5,821	7,030	7,468	2.2%	2.1%	2.3%	2.4%
Children's - St. Paul	2,236	2,639	5,249	5,365	1.1%	1.0%	1.7%	1.7%
	<u>6,799</u>	<u>8,460</u>	<u>12,279</u>	<u>12,833</u>	<u>3.3%</u>	<u>3.1%</u>	<u>4.0%</u>	<u>4.1%</u>
Gillette Children's								
	<u>1,545</u>	<u>1,892</u>	<u>2,330</u>	<u>2,420</u>	<u>0.7%</u>	<u>0.7%</u>	<u>0.8%</u>	<u>0.8%</u>
Totals	<u>208,867</u>	<u>272,236</u>	<u>306,286</u>	<u>315,815</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>

Source: Minnesota Hospital Association

Market Share and Discharges by Program

Allina Health Market Share by Program (based on number of discharges)				
Service	2021 Q3	2020	2019	2018
Cardiology	40.1%	39.3%	39.8%	38.8%
Chemical Dependency	30.6%	29.7%	29.5%	28.6%
General Medicine	29.9%	28.5%	29.2%	28.6%
General Surgery	29.9%	30.5%	31.8%	31.7%
Gynecology	26.7%	25.1%	30.1%	29.9%
Neurology	33.5%	32.0%	32.7%	31.6%
Obstetrics	30.5%	30.7%	32.7%	33.0%
Oncology	28.5%	24.5%	25.8%	25.6%
Ophthalmology	14.7%	17.1%	20.3%	20.5%
Orthopedics	37.5%	35.7%	33.2%	32.9%
Otorhinolaryngology	20.1%	19.7%	19.5%	21.9%
Psychiatry	29.8%	29.5%	29.7%	26.4%
Rehabilitation	60.6%	66.3%	62.3%	65.0%
Urology	30.5%	30.6%	31.8%	30.2%
Total	<u>32.2%</u>	<u>31.3%</u>	<u>32.0%</u>	<u>31.2%</u>
Source: Minnesota Hospital Association				

Allina Health Discharges by Program

Service	2021 Q3	2020	2019	2018
Cardiology	16.3%	15.4%	15.7%	15.2%
Chemical Dependency	2.8%	2.8%	2.6%	2.4%
General Medicine	27.6%	27.9%	26.0%	26.1%
General Surgery	6.9%	7.2%	7.3%	7.5%
Gynecology	0.5%	0.4%	0.5%	0.6%
Neurology	8.0%	7.6%	7.7%	7.5%
Obstetrics	14.0%	14.6%	14.0%	14.4%
Oncology	2.7%	2.2%	2.4%	2.3%
Ophthalmology	0.1%	0.1%	0.1%	0.1%
Orthopedics	10.7%	11.2%	12.8%	13.3%
Otorhinolaryngology	0.4%	0.4%	0.5%	0.6%
Psychiatry	5.6%	6.1%	6.1%	5.7%
Rehabilitation	0.2%	0.2%	0.2%	0.2%
Urology	4.2%	3.9%	4.1%	4.1%
Total	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>

Source: Minnesota Hospital Association

Minnesota Metro Hospital Discharges by Program

Service	2021 Q3	2020	2019	2018
Cardiology	13.1%	12.1%	12.6%	12.3%
Chemical Dependency	3.0%	2.9%	2.8%	2.7%
General Medicine	29.8%	30.6%	28.5%	28.5%
General Surgery	7.5%	7.4%	7.3%	7.4%
Gynecology	0.6%	0.5%	0.5%	0.6%
Neurology	7.7%	7.4%	7.6%	7.4%
Obstetrics	14.8%	14.9%	13.7%	13.6%
Oncology	3.1%	2.9%	2.9%	2.8%
Ophthalmology	0.1%	0.1%	0.1%	0.1%
Orthopedics	9.2%	9.8%	12.3%	12.6%
Otorhinolaryngology	0.7%	0.7%	0.8%	0.9%
Psychiatry	6.0%	6.4%	6.6%	6.7%
Rehabilitation	0.1%	0.1%	0.1%	0.1%
Urology	4.4%	4.0%	4.1%	4.3%
Total	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>

Source: Minnesota Hospital Association

Investment Pools

The Investment Committee, a committee of the Allina Health Board, is responsible for overseeing asset allocation studies; evaluating and selecting an independent investment consultant; developing investment objectives, guidelines, and performance measurement standards; evaluating and selecting investment managers; and reviewing and evaluating the results of each investment component and the overall performance of all invested funds.

Allina Health maintains its unrestricted investments in cash, cash equivalents 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 audited 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, consider other asset classes and to address shifts in market expectations. The Investment Committee of the Allina Health Board approved a new asset allocation target in 2021, which is reflected in the following table. The move toward the asset allocation target with the long-term assets will occur over the next few years.

Unrestricted Cash and Investments - Asset Allocation						
Unrestricted Balances	2021 Target	12/31/2021		2020 Target	12/31/2020	
Cash and Cash Equivalents		16.4%	613,453		21.1%	698,509
Short-Term Fixed Income		16.0%	599,722		10.3%	341,563
Total Liquidity Assets	15.0%	32.4%	1,213,175	15.0%	31.4%	1,040,072
Long-Term Assets	85.0%	67.6%	2,527,402	85.0%	68.6%	2,276,604
Total Unrestricted Assets		100.0%	3,740,577		100.0%	3,316,676
Asset Allocation - Asset Class						
	2021 Target Allocation	12/31/2021 % of Long Term Assets	12/31/2021 % Total Unrestricted Investments	2020 Target Allocation	12/31/2020 % of Long Term Assets	12/31/2020 % Total Unrestricted Investments
Investment						
Global Equity	36.0%	35.5%	24.0%	30.0%	32.4%	22.2%
Long/Short Equity Hedge Funds	0.0%	4.3%	2.9%	4.0%	4.2%	2.9%
Global Fixed Income	46.0%	39.6%	26.8%	30.0%	29.2%	20.0%
Alternatives	18.0%	20.4%	13.8%	28.0%	28.5%	19.6%
Real Return	0.0%	0.2%	0.1%	8.0%	5.7%	3.9%
Total Long-Term	100.0%	100.0%	67.6%	100.0%	100.0%	68.6%
Cash and Cash Equivalents			16.4%			21.1%
Short-Term Fixed Income			16.0%			10.3%
Total Liquidity			32.4%			31.4%

Liquidity

Days Cash on Hand is calculated for any period tested, as the aggregate amount of unrestricted and unencumbered cash, cash equivalents and investments divided by the quotient of operating expenses less depreciation and strike expenses for the rolling twelve months ended for the period tested divided by the number of days in the period.

Days Cash on Hand				
	For the years ended December 31,			
	2021	2020	2019	2018
Operating Expenses	4,729,976	\$4,401,827	\$4,410,053	\$4,284,181
Depreciation	(194,909)	(193,703)	(184,146)	(181,647)
Cash Flow Expenses	4,535,067	4,208,124	4,225,907	4,102,534
Daily Average Expenses	\$12,425	\$11,498	\$11,578	\$11,240
	As of December 31,			
	2021	2020	2019	2018
Total Cash and Investments	\$3,740,577	\$3,216,676	\$2,764,832	\$2,238,286
Days Cash on Hand	301.1	279.8	238.8	199.1

Employee Retirement Plans

Allina Health employees are eligible to participate in employee benefits programs, including a defined contribution 401(k) plan. The 401(k) plan includes an annual non-elective employer contribution for eligible employees, based on years of vesting service, and a defined-contribution match, in which 50% of the employees' initial 4% of salary contributions is matched.

Certain union (contract) employees are eligible to participate in multi-employer pension plans. Contributions to the multi-employer pension plans are made in accordance with the collective bargaining agreements. Allina Health contributes more than 5% of the total contributions to all of the plans in which it participates. Allina Health is required to make minimum contributions each year and will make contributions of \$51.4 million in 2022. Allina Health's portion of the withdrawal liability from the multi-employer plans was \$83.7 million as of the year ended December 31, 2020. Allina Health has not yet received actuarial information regarding its portion of the withdrawal liability from the multi-employer plans as of the year ended December 31, 2021.

Additional information is included in Note 15 to the audited financial statements of Allina Health.

Summary of Key Financial Ratios

The table below is a summary of key financial ratios.

Indicators	Year Ended December 31			
	2021	2020	2019	2018
Liquidity Ratios:				
Monthly DCOH*	260	247	207	171
Annual DCOH**	282	269	230	193
Traditional DCOH	301	280	239	199
Days Cash on Hand (Obligated Group)	298	279	238	198
Cash to Debt	228%	274%	227%	236%
Days Revenue in Receivables	46	48	47	46
VRDB Debt (in millions)	\$280	\$281	\$282	\$283
Monthly liquidity to VRDB debt	1154%	1011%	849%	679%
Capital Structure Ratios:				
Historical Coverage Ratio (x) (Obligated Group)	5.6	4.8	4.7	5.0
Cushion Ratio (x) (Obligated Group)	47.6	40.0	36.7	31.9
Leverage (Obligated Group)	34.0%	29.6%	31.1%	28.6%
Leverage	32.5%	28.2%	29.7%	27.0%
Profitability Ratios:				
EBIDA Margin	7.6%	4.7%	6.6%	7.1%
Operating Margin	2.7%	-0.8%	1.4%	2.0%
Net Income Margin	7.8%	1.7%	6.8%	0.5%
Revenue Growth	14.5%	-2.4%	2.3%	4.5%

Note: All ratios are for Allina Health consolidated financial results, unless otherwise noted.
DCOH excludes draws on revolving lines of credit and proceeds on 364-day Term Loan

* Days cash on hand available within 0 – 30 days
** Days cash on hand available within 0 – 365 days