

2003 REPORT TO DONORS

the

gift

of

change

ABBOTT NORTHWESTERN

*today.*

A publication of Abbott Northwestern Hospital Foundation

<b>2</b>	2003 Highlights
<b>3</b>	Letter from the Board Chairwoman and Foundation President
<b>4</b>	The Gift of Change
<b>10</b>	Meet the CEO
<b>11</b>	Philanthropy in Action
<b>12</b>	Abbott Northwestern Board Members
<b>14</b>	2003 Financial Statements
<b>17</b>	2003 Contributors
<b>31</b>	Gifts of Time
<b>36</b>	2003 Boards and Staff

## The Gift of Change

2003 REPORT TO DONORS

**Change is never easy.** To move forward, there are almost always some things we must leave behind. But without change, the things we want to stay forever – such as quality health care in our community – can, instead, disappear altogether.

**Change is a gift we give to the future.**

We let go of some things that may be dear to us in order to ensure that our children, grandchildren and future members of our community can enjoy the same benefits we have known.

“ change

... should happen by plan,  
not by accident. ”

– PHILIP CROSBY, REFLECTIONS ON QUALITY

With this year's Report to Donors, we are announcing a change in governance designed to ensure that Abbott Northwestern Hospital's world-class health care remains available far into the future. We express our gratitude to the members of the hospital's previous Boards of Trustees and welcome a new, metro Allina Board designed to better support a systemwide focus on patient-centered care. We look back to our history and salute the many people before us who had the courage and foresight to look to the future and give the gift of change. And we look forward to a hospital and a foundation that will play an even more vital role in the ongoing health of our community, now and in the future.

**2003  
Highlights**

2003 was a year of significant accomplishment. Abbott Northwestern opened the new **Outpatient Care Center in Edina**, and launched plans for a new **Neuroscience, Orthopaedics and Spine Center**, which will occupy the top floors of the heart hospital, and a new **Lung Cancer Program** within the Virginia Piper Cancer Institute. The hospital was recognized for its **world-class health care**, including its ranking in seven specialty areas in *U.S. News & World Report's* "America's Best Hospitals," as well as a number one ranking for overall cardiac services and the **third straight number one** ranking in stroke services from HealthGrades. The Abbott Northwestern Hospital Foundation raised **\$9.3 million** in 2003, including an impressive **\$176,000** in its first-ever employee campaign. **\$3.6 million was disbursed** to programs benefiting the hospital, our patients and the community. We touched thousands of lives in 2003, counting more than **43,000 inpatient admissions** and approximately **378,000 outpatient registrations**.

We thank the generosity of our donors, the leadership of our 1,607 physicians, the contributions of our **697 volunteers**, and the continuing excellence of our 5,234 employees for making this all happen.

FROM THE BOARD CHAIRWOMAN  
AND FOUNDATION PRESIDENT

“All changes, even the most longed for, have their melancholy;  
for what we leave behind us is a part of ourselves.”

— ANATOLE FRANCE (1844 – 1924)



**So much has changed in the two years since the Foundation was created.** The heart hospital, which was just breaking ground, is now moving quickly toward its opening in early 2005. Many other new programs and projects have been launched, both on our main campus and satellite locations. And the Foundation has been a part of it, raising nearly \$20 million in support of the hospital since our founding.

All of these were changes that can be wholeheartedly celebrated. But other changes, while necessary to keep Abbott Northwestern Hospital at the leading edge of health care, are bittersweet. As you'll read in the accompanying story, the hospital's Board of Trustees, who have lent their wisdom and support to Abbott Northwestern over many decades, has been officially dissolved. The individual hospital boards are being replaced by a new metro board that will oversee governance of all Allina Hospitals & Clinics.

It would be difficult to say farewell to so many thoughtful leaders who have played such important roles in Abbott Northwestern's success. Fortunately, it's not really a farewell. Although the hospital Board of Trustees is no longer, former members will remain strong supporters of the hospital in a variety of different capacities. For example, some will be joining the metro board. Others, we are delighted to say, will be part of an expanded board of directors for the Abbott Northwestern Hospital Foundation, which the hospital Board of Trustees had the foresight to create two years ago, and which continues under the new governance structure.

In fact, as the sole hospital-centered board remaining on our campus, the Foundation will play an even greater role in supporting Abbott Northwestern's ongoing quest for health care excellence. You can be assured that, as in the past, all gifts to the Abbott Northwestern Hospital Foundation will be used entirely to support the programs and services of Abbott Northwestern and the community it serves.

The change in governance is difficult because of the people involved, but we've all come to appreciate the need to take this step in order to continue providing excellent care within a more challenging health care environment. Once again, our thanks to the members of the past Boards of Trustees whose contributions have been so valuable. We look forward to working with you in new ways to support the important work of Abbott Northwestern Hospital.

Terry Saario, chairwoman  
Abbott Northwestern Hospital  
Foundation Board

Sid Mallory, president  
Abbott Northwestern Hospital  
Foundation

Emily Ann Tuttle stands before the Lake Harriet bandshell, whose history, like Abbott Northwestern's, dates back to the 1880s. Both institutions have been through many changes in their long histories, and are just as treasured today as they were over 100 years ago.



# the gift of change



**The idea of change doesn't ruffle long-time AbbottNorthwestern supporters Thomas Crosby Jr., Tad Piper or Emily Anne Tuttle. They've seen it happen before and while they will acknowledge that change can be challenging, they also see it as necessary to any organization that wants to stay vital.**

Their sentiments are more than theoretical – the most recent change at Abbott Northwestern affects them personally. Beginning this summer, a new 20-member Allina Board will provide governance of Abbott Northwestern and other Allina hospitals, replacing the individual hospitals' boards of trustees and the previous Allina Board of Directors. Crosby was board chairman and Tuttle was a member of the 2003-04 Abbott Northwestern Hospital Board of Trustees that was recently dissolved. Piper is a long-time board member and his family is the driving force behind Abbott Northwestern's renowned Virginia Piper Cancer Institute.

All had ties to Abbott Northwestern's predecessor organizations, too. At one time Tuttle was on Northwestern's all-female board, as was Piper's mother Virginia, who, Piper says, "introduced the radical idea that maybe they could invite men to be on the board." Crosby's father was on the Abbott Hospital board of trustees and Crosby had personal history there, too – all four of his children were born there. They've all seen that you can make dramatic changes – such as the merger of Abbott and Northwestern – without losing what's important.

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“The two hospitals each had a rich heritage of outstanding patient care that continued at Abbott Northwestern after the merger and remains there today,” said Piper. “I haven’t met a single person who works there that doesn’t really care about the patients. And I’m confident we will retain those same characteristics moving forward.”

“The important things are staying the same,” agreed Crosby, who has been appointed a member of the new Allina Board. “Although we will be governed as one Allina system, many things remain site specific. This will still be the Abbott Northwestern Hospital campus and we will still have a strong focus on patient-centered care and community service. The medical and nursing staff are also staying site specific. For patients, I think this transition will be seamless. If anything, the patient care experience will improve.”

That’s key to Tuttle. “My main concern today – and 30 years ago, when Northwestern Hospital merged with Abbott Hospital – is that we not lose the quality and personalization of patient care. And we’ve been assured that that remains a priority under the new board. That said, I’m a huge fan of staying ahead of the curve. Change is inevitable and you’re wise to be ahead of it.”

### The Need for Change

Piper noted that change may be even more constant in health care organizations than in other sectors. “The technology is constantly evolving and patients quite rightly want the latest equipment and techniques to be used. Can you imagine a patient saying, ‘No, I don’t want that drug-coated stent – use what you were using 20 years ago?’ Well, governance is no different. It has to be reflective of current needs.”

That’s one reason Allina CEO Dick Pettingill and the former Allina Board began exploring a new governance structure. “Allina, like many health care systems that emerged in the late 1980s and early 1990s, didn’t build its own governance structure,” said Pettingill. “We inherited a governance system formed by a series of at least nine hospital mergers and many more clinic acquisitions, resulting in a decentralized combination of local boards. That made it difficult to standardize processes and implement best practices across the system, resulting in unintentional wastefulness and missed opportunities to improve patient care as a whole.”

“I think the thoughtful combining of our resources is a good thing,” said Piper. “I’ve been impressed with the Allina leadership as they explored options – it was a

*(continued on page 9)*

### at a glance

- We’re still “Abbott Northwestern Hospital” and still providing world-class care in the same locations, with the same medical and nursing staff.
- A new 20-member board will provide governance of Abbott Northwestern and other Allina hospitals, regional facilities and specialty operations, replacing the individual hospitals’ boards of trustees and the previous Allina Board of Directors.
- Abbott Northwestern’s focus on patient-centered care remains and will be strengthened through systemwide efficiencies that will free up additional resources for patient care.
- All philanthropic support will stay hospital-based. The Abbott Northwestern Hospital Foundation and its newly expanded board will play an even more important role in supporting the goals and strategies of Abbott Northwestern Hospital.
- The Allina Board will be advised by a Physician Practice Council, which will provide the board with a physician perspective and oversee clinical care; and by locally based Community Councils, which will identify community health needs and work with local partners to develop solutions.

### The Cycles of Change

1882

**Northwestern Hospital** was founded by Harriet G. Walker, who organized her friends to start a charity hospital in a rented house on 3-1/2 Avenue South.

1887

Northwestern dedicated its **first permanent hospital building** in 1887 at the corner of Chicago Avenue and 27th Street.

Amos Abbott, MD, opened his **Hospital for Women** in 1902 at 10 East 17th Street.

1910

Mrs. William Hood Dunwoody convinced her husband to build a **35-bed hospital** for Dr. Abbott at 1818 First Avenue South.

1913

George G. Eitel, MD, established a “first-rate hospital” called **Eitel Hospital** on Loring Park.

1914

William Dunwoody willed \$100,000 to the trustees of **Westminster Presbyterian Church** with the stipulation that they serve as the hospital’s administrators upon Dr. Abbott’s death. Abbott asked them to assume those responsibilities as soon as possible.

Tad Piper is pictured in front of the still vibrant 121-year-old Stone Arch Bridge, which represents both a respect for history and adaptability to change.





## 1920

The **Janney Children's Hospital** Pavilion opened as part of Abbott Hospital.

## 1940

Australian native **Sister Elizabeth Kenny** brought her brash style and dedication to treating polio patients to Abbott Hospital in the summer of 1940. The original Sister Kenny Institute was dedicated in 1942.

## 1966

In October, Northwestern Hospital and three other health care facilities formed the **Minneapolis Medical Center** whose joint planning function created Children's Hospitals and Clinics, which opened in January 1973. One month later, pediatric patients from Abbott and Northwestern hospitals were moved into the new facility.

Also in 1966, The Westminster Presbyterian Church Board resigned their responsibilities with Abbott Hospital and **Abbott Hospital becomes an independent corporation.**

## 1967

The women of the Northwestern Hospital Board, led by Chairman Virginia Piper, set aside 84 years of tradition in 1967 by electing 11 men to its board.

## 1970s

Abbott and Northwestern hospitals merged into **Abbott Northwestern Hospital** in 1970. Once consolidated on paper, the physical consolidation took another 10 years. The last patients moved into the new Abbott Northwestern Hospital facilities on January 26, 1980. **Sister Kenny Institute** merged with Abbott Northwestern in 1975.



**Thomas Crosby Jr., reflects on the Nicollet Mall, which underwent a revitalizing transformation in the late 1960s, just as Abbott and Northwestern hospitals were moving toward their own successful merger.**

thoughtful, inclusive process, focused on providing outstanding patient care.”

To that end, the new Allina Board will be advised by a Physician Practice Council, which will provide the board with a physician perspective and oversee clinical care, and by locally based Community Councils, which will identify community health needs and work with local partners to develop solutions. A previous decision made by the Allina Board certainly demonstrated their commitment to the community Abbott Northwestern serves. In February 2004, they chose the nearby Sears/Midtown site for Allina’s new corporate headquarters. Allina Commons, as the headquarters will be called, will house more than 1,000 employees.

“While cost savings were a primary factor, Allina’s mission and values were key in our decision,” said Pettingill. Close proximity to Allina’s Abbott Northwestern Hospital, located across the street from the Sears/Midtown Exchange, and the community renewal opportunity for the Phillips and Powderhorn Park neighborhoods were major factors, according to Pettingill. “We will be part of the fabric of the community. Whether that is through supporting economic development or through community

improvement initiatives, we want the community to know us and trust us as good neighbors,” he said.

**A Strong Foundation**

Although Allina will have systemwide community improvement initiatives, philanthropy is remaining hospital-specific under the new governance system. That makes the Abbott Northwestern Hospital Foundation even more vital than in the past.

“In addition to raising funds in support of the hospital, we’ll be the eyes and ears of the community,” said Tuttle, who is a Foundation board member, as are Crosby and Piper. In light of this new status, the Foundation board has expanded from 11 to 17 members to ensure a broader representation of the community.

“To have the Foundation as the principal body focused on Abbott Northwestern Hospital is a good thing, I think,” said Piper. “As Foundation board members, we will be actively engaged in the affairs of the hospital, because we will be raising money to support the hospital’s priorities.”

All funds raised by the Foundation will be used to support the hospital and the

*(continued on next page)*

**1982**

A new parent corporation, **LifeSpan**, brought together Abbott Northwestern Hospital, Sister Kenny Institute and Eitel Hospital.

**1990s**

In 1993, LifeSpan merged with HealthOne to form **HealthSpan**, which included Abbott Northwestern in Minneapolis, United in St. Paul, Unity in Fridley and Mercy in Coon Rapids.

In 1994, HealthSpan merged with Medica to form **Allina Health System**, a not-for-profit integrated health care system.

**2000**

In 2000, the Allina board voted to **restructure Allina Hospitals & Clinics** without the Medica health plan, a transition that was finalized in May 2002.

**2004**

In 2004, a **new governance structure** consolidated all governance across Allina into one board with 20 members who oversee the operations of the entire Allina system.

# meet the ceo

Dick Pettingill, CEO, Allina Hospitals & Clinics



Dick Pettingill was appointed chief executive officer of Allina Hospitals & Clinics in October 2002, bringing with him a diverse health care background, including executive experience with an academic medical center, a district and community hospital system, and one of the nation's largest integrated health care systems. At Allina, he has focused on creating and supporting a more patient-centered health care system. As part of that effort, he led the effort to consolidate Allina's governance system.

## Q. What is the reason for the change in governance?

Patient care is the focus of everything we do. Aligned, systemwide governance will help us minimize duplication and waste and allow us to make more effective use of our resources on behalf of our patients. Although each hospital's board was made up of talented and dedicated individuals and focused on how to best meet the needs of the local community, it presented challenges on how to standardize practices and implement best practices across so many entities. We are grateful to all these individuals and intend to build on the strong foundation they have laid. We are striving to preserve the uniqueness of each organization, while creating greater leverage to enhance the performance of the entire system. It's not about what's broken, it's about how to achieve improved performance for all.

## Q. Will people still be able to direct their philanthropic support to Abbott Northwestern Hospital?

Absolutely. Funds raised locally will stay local. The Abbott Northwestern Hospital Foundation and its board will continue to play an active role in

supporting the work of the hospital. I believe the governance changes will build on the wonderful history of the Abbott Northwestern community and create stronger philanthropic support in the years ahead.

## Q. If philanthropic support is strong, will that reduce the amount of capital resources Abbott Northwestern receives from Allina?

No. Abbott Northwestern will continue to receive capital funds during Allina's normal capital allocation process, with decisions made across the system based on patient and community needs.

## Q. How will this change the patient experience at Abbott Northwestern?

Short term, I expect the transition to be smooth, with no disruptions to the patient's experience. Long term, I think this will help Abbott Northwestern further enhance its reputation for providing excellent, patient-centered health care and continue its reputation for service in the community.

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community it serves. "Philanthropy is going to continue to play a crucial role in the success of Abbott Northwestern," said Crosby. "In today's rapidly changing health care environment, there are always going to be improvements we want to make that won't be possible without philanthropic support from the community."

## The Gift of Change

Like the leaders who served before them, Crosby, Tuttle and Piper are embracing change as a necessary ingredient of continued quality and high-level service. "In any endeavor, if you're not open to change – if you keep doing thing the way you've always done them, you quickly become irrelevant," said Crosby.

Tuttle agreed. "I was looking over the campus from the heart hospital construction site the other day and thought about how much had changed over the years," she said. "When I was on the board of Northwestern Hospital, there was one building at 27th and Chicago. And now here I was, looking down at an entire health care campus that features the latest advances in technology and patient care.

"None of this would have happened if past leaders hadn't been willing to take risks," she continued. "I'm thinking of people like Ginny [Virginia] Piper, Gordon Sprenger and Con Brooks. They gave thoughtful consideration to every change they made, but at a certain point you've got to be willing to take a leap of faith and move forward."

"I'm excited to be a part of this change," concluded Piper. "And I'm excited about the new generation of Foundation board members who are working with us. I think there are huge opportunities ahead to make Abbott Northwestern Hospital even greater." ■

Abbott Northwestern Hospital was chosen as a 'Distinguished Hospital' in 2003 by a health care consumer information service – and it's your gifts that make that level of excellence possible. New technologies, medical education, patient care improvements and community outreach programs are often not covered by medical reimbursements and must be subsidized with philanthropic dollars. Here are just a few examples.

**Beneficiary: Level One Heart Attack Program**

The Level One Heart Attack program is a treatment protocol developed for Minnesota community hospitals that are transferring heart attack patients to Abbott Northwestern. The goal is to safely transfer patients requiring angioplasty in 90 minutes or less from the first medical contact at their local community hospital to the time the first balloon is inflated or stent placed in the patient at Abbott Northwestern. The protocol is the first of its kind in the United States. The Foundation granted nearly \$50,000 for the staff coordination of the program.

**Beneficiary: Integrative Medicine**

To start the Integrative Medicine program at Abbott Northwestern in 2003, Penny and Bill George gave a \$2 million gift to the Abbott Northwestern Hospital Foundation. The program, now called the Institute for Health and Healing and co-founded by the Ted and Roberta Mann Foundation, focuses on holistic care and offers patients tools they can use to participate in their own recovery.

# philanthropy in action

**Beneficiary: Nurses**

Each year, more than \$100,000 is granted from Abbott Northwestern Hospital Foundation and awarded to patient care staff to celebrate excellence. Specifically for nurses, the awards include the \$10,000 Petersen Award, 10 Carol Huttner Nurse Excellence Awards for \$150 each, and three Jane Wachtler Becker Awards for \$1,000 each.

**Beneficiary: Sister Kenny Rehabilitation Institute**

Abbott Northwestern Hospital Foundation partnered with the Sister Kenny Foundation to provide grant money for adaptive rehabilitation equipment and related staff training. The \$9,000 provided by the Abbott

Northwestern Hospital Foundation purchased equipment to help patients with spinal cord injuries and low vision as they went through the rehabilitation process.

**Beneficiary: Black and diverse populations**

A partnership between Abbott Northwestern Hospital and the Powderhorn Phillips Cultural Wellness Center, the project studies how to improve health care and outcomes for black and other diverse populations served by the hospital. The Foundation has supplied \$60,000 to train and support the providers related to this pilot project.



# thank you!

Over the past 120+ years, more than 450

members of our community have shared their time, talents and wisdom as hospital trustees for Abbott Northwestern Hospital and its predecessors. The names below were gathered from the historical records of Northwestern Hospital, established in 1882; Abbott Hospital, established in 1902; and Abbott Northwestern Hospital, created by merger in 1970; and are reproduced as they appeared. We regret we did not have access to the historical records of all the organizations that became part of Abbott Northwestern Hospital, but our thanks go out to everyone who was a part of making the hospital the vibrant, nationally respected health care organization it is today.

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- R. S. Platou, MD  
 Nathan Plimpton, MD  
 Mrs. John P. Poindexter  
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 F. H. Poppe, MD  
 R. E. Priest, MD  
 Mr. Thomas R. Reeves  
 E. A. Reghier, MD  
 Richard E. Reiley, MD  
 Mr. Peter R. Reis  
 Mrs. Bergemann Richards  
 Mrs. Richards  
 W. W. Rieke, MD  
 Mrs. Walter  
 Elizabeth Ringer  
 R. K. Rizer, MD  
 Mrs. Charles Robinson  
 Mr. Walter G. Robinson  
 Richard Rodgers, MD  
 Joanne B. Rogin, MD  
 Mr. G. A. (Pat) Rooney  
 Mrs. A. H. Rose  
 Mr. J. Gordon Ross  
 Morris Rothenem, MD  
 Swanson Roy, MD  
 W. H. Rucker, MD  
 Helen Rutledge  
 Mr. Robert L. Ryan  
 Ms. Terry Saario  
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 Karl Sandt, MD  
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 Scallen, MD  
 Mildred Schaffhausen, MD  
 Mrs. Gordon A.  
 Schlichting  
 Mr. Richard W. Schoenke  
 Albert J. Schroeder, MD  
 Mr. Walter J. Schuelke  
 Gustave Schywzer, MD  
 Robert H. Scott, MD  
 Mrs. Robert Searles  
 Max Seham, MD  
 Laurisa Sellers  
 Mr. Joseph K. Selvaggio  
 John Seymour, MD  
 Mr. Everett Sherman  
 Mr. Morris M. Sherman  
 Mr. V. DeWitt Shuck  
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 Mrs. Justin B. Smith  
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 Mr. Sue Snyder  
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 Mrs. Raymond Stevenson
- Mr. Gordon  
 Campbell Stewart  
 Mr. William G. Stocks  
 Mr. William L. Stocks III  
 Mrs. F. B. Stone  
 Mr. William B. Stromme  
 E. S. Strout, MD  
 Richard Sturgeon, MD  
 Marcia Swanson  
 Roy Swanson, MD  
 Mrs. Charles Sweatt  
 Mrs. William R. Sweatt  
 Miss Stella Teal  
 Carol L. Thacher  
 Mr. William Thomas  
 Gertrude S. Thompson  
 Mr. Robert D. Thompson  
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 William Torp, MD  
 Mrs. J. F. Tourtellote  
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 Mr. Frank Trestman  
 Mr. Thomas Triplett  
 Mr. William L. Trubeck  
 Mr. H. S. Trueman, MD  
 Ms. Carol B. Truesdell  
 Richard Tudor, MD  
 Mr. John G. Turner  
 Ms. Emily Anne Tuttle  
 Mrs. H. A. Tuttle  
 R. W. Utendorfer, MD  
 Ms. Martha Van de Ven  
 Mrs. F. C. VanDusen  
 Robert VanTassel, MD  
 Mrs. Richard  
 (Mary) Vaughan  
 Mrs. James Vaughn  
 Mr. Richard H. Vaughn  
 Stanley Von drashek, MD  
 Robert Wagner, MD  
 Mr. Archie D. Walker  
 Mrs. Archie D. Walker  
 Mr. Edward W. Walker  
 Mrs. Harriet G. Walker  
 Mrs. T. B. Walker  
 Mrs. Walter Walker  
 Walter Walker, MD  
 Mrs. W. J. Walker  
 Mr. Thomas F. Wallace  
 Mr. Winston R. Wallin  
 Mrs. Harold Ward  
 Cecil J. Watson, MD  
 Mrs. George Watson  
 Mrs. James A. Watson Jr.  
 Mrs. Donald Weesner  
 Ms. Karen E. Welke  
 Mr. Paul Wernicke
- Ms. Jane Haugen West, MD  
 Mrs. Sheffield West  
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 Mr. R. S. Ylvisaker, MD  
 Mr. O. W. Yoerg, MD  
 Mr. A. A. Zierold, MD  
 Mr. Charles Zinn

# financial statements Abbott Northwestern Hospital Foundation

Statement of Activities for the years ended December 31, 2003 and 2002

## Revenues, Gains and Support

	2003	2002
Contributions	<b>\$8,972,027</b>	\$8,179,076
Transfers from Allina Health System	<b>1,436,289</b>	1,033,167
Release of Pledges Receivable	<b>(953,488)</b>	0
Support from Abbott Northwestern Hospital and Allina Health System	<b>1,197,716</b>	1,421,700
Investment Gain (Loss), net	<b>8,276,024</b>	(2,653,607)
Increase (Decrease) in value of split-interest agreements	<b>52,107</b>	(22,885)
<b>Total revenues, gains and support</b>	<b>\$18,980,675</b>	\$7,957,451

## Expenses and Grants

<b>Expenses</b>		
Administrative	<b>706,963</b>	1,032,799
Fund raising	<b>490,753</b>	388,901
<b>Total expenses</b>	<b>1,197,716</b>	1,421,700
<b>Grants</b>		
Grants to support Abbott Northwestern Hospital	<b>3,186,996</b>	2,695,886
Grants to community programs	<b>200,000</b>	138,000
<b>Total grants</b>	<b>3,386,996</b>	2,833,886
<b>Total expenses and grants</b>	<b>4,584,712</b>	4,255,586
<b>Increase in net assets</b>	<b>14,395,963</b>	3,701,865
<b>Net assets at beginning of year</b>	<b>62,602,946</b>	58,901,081
<b>Net assets at end of year</b>	<b>\$76,998,909</b>	\$62,602,946

Statement of Financial Position *As of December 31, 2003 and 2002*

**Assets**

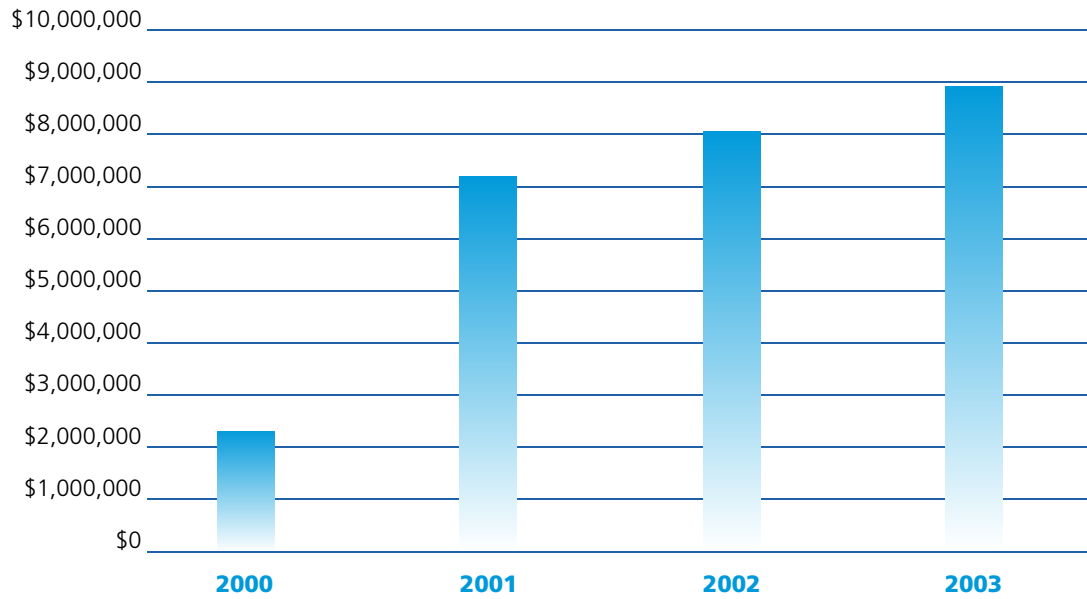
	<b>2003</b>	<b>2002</b>
Investments	<b>\$65,678,503</b>	\$55,418,876
Pledges receivable, net	<b>9,632,036</b>	6,701,451
Due from Allina Health System	<b>1,928,516</b>	1,233,657
Gift annuities	<b>107,183</b>	159,903
Pooled income funds	<b>18,717</b>	19,919
Beneficial interest in charitable remainder trust	<b>11,692</b>	7,493
<b>Total assets</b>	<b>\$77,376,647</b>	\$63,541,299

**Liabilities and Net Assets**

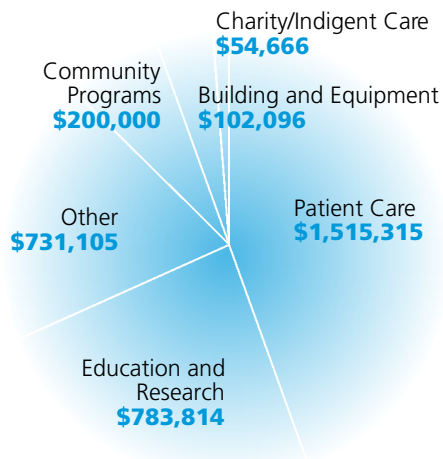
<b>Liabilities</b>		
Grants and other payable	<b>\$40,000</b>	\$450,000
Due to third-party recipient	<b>315,525</b>	445,412
Beneficiaries payable	<b>22,213</b>	42,941
<b>Total liabilities</b>	<b>377,738</b>	938,353
<b>Net Assets</b>		
Unrestricted net assets	<b>4,668,885</b>	2,971,028
Temporarily restricted net assets	<b>53,823,740</b>	41,769,630
Permanently restricted net assets	<b>18,506,284</b>	17,862,288
<b>Total net assets</b>	<b>76,998,909</b>	62,602,946
<b>Total liabilities and net assets</b>	<b>\$77,376,647</b>	\$63,541,299

# disbursements

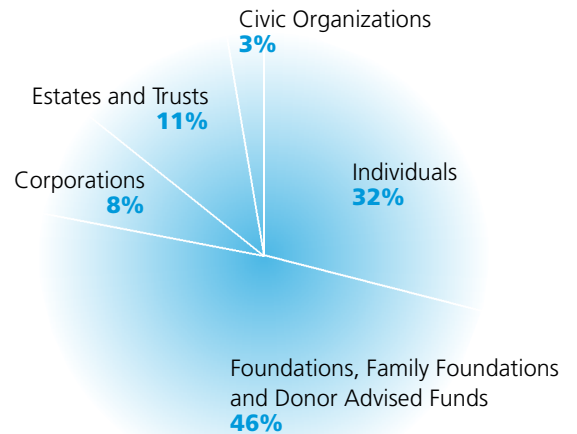
## Contributions Raised, 2000 – 2003



## Grants by Type



## Total Raised by Type of Donors







**ABBOTT  
NORTHWESTERN  
HOSPITAL**

*Allina Hospitals & Clinics*

Abbott Northwestern Hospital Foundation  
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Minneapolis, MN 55407-3799  
612-863-4126

[www.abbottnorthwestern.com](http://www.abbottnorthwestern.com)