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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
ALLINA ASSOCIATED FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 43 MR 10890

City or town, state or country, and ZIP + 4
MINNEAPOLIS, MN 554400043

D Employer identification number
27-4116873

E Telephone number
(612) 262-0660

G Gross receipts $ 6,645,927

F Name and address of principal officer
DUKE ADAMSKI
2925 CHICAGO AVE
MINNEAPOLIS, MN 55407

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2010

M State of legal domicile MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO RAISE, STEWARD AND DISTRIBUTE PHILANTHROPIC FUNDS IN SUPPORT OF BUFFALO, CAMBRIDGE, NEW ULM, OWATONNA, AND RIVER FALLS AREA HOSPITALS AND ALLINA HOME AND COMMUNITY SERVICES PROGRAM

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	5
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	313
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	0	4,310,174
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	63,452
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	70,994
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	4,444,620
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	3,870,508
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	66,132
	b Total fundraising expenses (Part IX, column (D), line 25) ▶1,002,145		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	0	1,411,785
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	0	5,348,425
	19 Revenue less expenses Subtract line 18 from line 12	0	-903,805

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	0	4,626,779
	21 Total liabilities (Part X, line 26)	0	1,223,619
	22 Net assets or fund balances Subtract line 21 from line 20	0	3,403,160

Part II Signature Block

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

Sign Here

****** 2012-11-12
Signature of officer — Date

LAURIE M LAFONTAINE VP, FINANCE AND TREASURY
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 | EIN ▶ | Phone no ▶

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE MISSION OF ALLINA ASSOCIATED FOUNDATION IS TO DISTRIBUTE PHILANTHROPIC FUNDS IN SUPPORT OF BUFFALO, CAMBRIDGE, NEW ULM, OWATONNA, AND RIVER FALLS AREA HOSPITALS AND ALLINA HOME AND COMMUNITY SERVICES PROGRAM THE FOUNDATION IS A SEPARATE NOT-FOR-PROFIT ENTITY DEDICATED TO SUPPORTING THE HOSPITALS AND ALLINA HOME AND COMMUNITY SERVICES PROGRAM AND IS GOVERNED BY A SEPARTE BOARD

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☑ **Yes** ☐ **No**

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 3,264,610 including grants of $ 3,264,610) (Revenue $)

HOSPITAL AND MEDICAL CENTER CAPITAL EXPANSION $3,264,610 IN 2011, ALLINA ASSOCIATED FOUNDATION PROVIDED $3,264,609 FOR CAPITAL EXPANSION PROJECTS FOR BUFFALO AND NEW ULM AREA HOSPITALS AND FOR A RESIDENTIAL HOSPICE BUILDING IN ST PAUL J A WEDUM RESIDENTIAL HOSPICE - 2011 GRANT $2,594,320J A WEDUM RESIDENTIAL HOSPICE IS ENHANCING THE WAY ALLINA HOSPICE PROVIDES END-OF-LIFE CARE IN THIS REGION BY PROVIDING AROUND-THE-CLOCK HOSPICE CARE, THE WISHES OF PATIENTS WHO WANT TO LIVE THE REMAINDER OF THEIR DAYS IN A HOME-LIKE SETTING ARE HONORED THEIR LOVED ONES ARE OFFERED THE ABILITY TO STEP BACK FROM BEING THE CAREGIVER AND FOCUS ON WHAT REALLY MATTERS - BEING A FAMILY VIRGINIA PIPER CANCER INSTITUTE - NEW ULM - 2011 GRANT $341,150THE VIRGINIA PIPER CANCER INSTITUTE (VPCI) - NEW ULM PROVIDES OUTPATIENT CARE THAT IS INDIVIDUALLY TAILORED AND CONVENIENT FOR PATIENTS AN ONSITE ONCOLOGIST, NURSES AND PHARMACISTS WORK COLLABORATIVELY TO PROVIDE COMPASSIONATE CARE BASED ON THE INDIVIDUALIZED NEEDS OF EACH PATIENT AS A TEAM, THEY STRIVE TO ADDRESS THE EMOTIONAL, AS WELL AS THE PHYSICAL NEEDS OF THE PATIENT NEW ULM SURGERY CENTER EXPANSION - 2011 GRANT $150,099THE GOAL OF THE SURGERY CENTER EXPANSION PROJECT WAS TO RECONSTRUCT AND EXPAND THE OUTDATED EXISTING SURGERY CENTER FOR INCREASED PRIVACY AND CAPACITY FOR PATIENTS, AS WELL AS PROVIDE MORE COMFORTABLE AND ATTRACTIVE SPACE FOR FAMILIES AND STAFF BUFFALO HOSPITAL'S WOMEN & CHILDREN'S CENTER - 2011 GRANT $179,041THIS BEAUTIFUL NEW CENTER WAS DESIGNED TO BE ENVIRONMENTALLY SAFE AND FRIENDLY WITH RECYCLED FLOORINGS, FABRICS, WALL COVERINGS AND WINDOW GLAZING TO REDUCE HEATING AND COOLING COSTS IN ADDITION TO THE MODERN TECHNOLOGY FOR THE PHYSICIANS AND NURSES, THE BIRTH CENTER OFFERS NEW MOTHERS AND FAMILY MEMBERS A PRIVATE POST-PARTUM ROOM WITH A SOAKING TUB, WIRELESS INTERNET ACCESS, IPOD DOCKING STATION, SMALL PERSONAL REFRIGERATOR, A ROCKING CHAIR FOR NEW MOTHERS AND A BEAUTIFUL, LIGHT-FILLED SPACE WITH THE EQUIPMENT NEEDED FOR NEWBORN CARE ALSO, A SPECIAL MUSIC SYSTEM WAS INSTALLED TO PLAY BEAUTIFUL LULLABY CHIMES THROUGHOUT THE HOSPITAL TO CELEBRATE THE BIRTH OF EACH NEW BABY

4b (Code) (Expenses $ 439,779 including grants of $ 439,779) (Revenue $)

HOSPITAL AND MEDICAL CENTER GENERAL OPERATIONS $439,779

4c (Code) (Expenses $ 127,160 including grants of $ 127,160) (Revenue $)

HOUSING/LIVING, MEDICAL, AND EDUCATIONAL ASSISTANCE TO CO-WORKERS AND PATIENTS - $127,160 THE FOLLOWING ARE SOME EXAMPLES OF HOSPITAL AND MEDICAL CENTER PROGRAMS SUPPORTING INDIVIDUAL PATIENTS AND EMPLOYEES CAMBRIDGE MEDICAL CENTER'S "HOPE FUND" OFFERS EMERGENCY FINANCIAL ASSISTANCE TO HELP WITH EXPENSES DURING BREAST CANCER CARE AND TREATMENT $14,690 IN ASSISTANCE WAS PROVIDED IN 2011 BUFFALO HOSPITAL'S "CARING FOR CO-WORKERS" PROVIDES CONFIDENTIAL EMERGENCY ASSISTANCE TO HOSPITAL EMPLOYEES WHO SUFFER SUDDEN ECONOMIC HARDSHIP AND ARE STRUGGLING TO PAY MEDICAL BILLS, RENT AND OTHER EVERYDAY EXPENSES $15,242 IN ASSISTANCE WAS PROVIDED IN 2011 $59,102 IN ASSISTANCE WAS PROVIDED IN 2011 TO PAY MEDICAL BILLS FOR OWATONNA HOSPITAL HOSPICE PATIENTS HOSPICE'S "TENDER LOVING CARE" PROGRAM PROVIDES ASSISTANCE TO HOSPICE PATIENTS WHO ARE EXPERIENCING FINANCIAL HARDSHIPS $11,671 IN ASSISTANCE WAS PROVIDED IN 2011 TO ASSIST WITH HOUSING AND LIVING COSTS AND MEDICAL AND FUNERAL COSTS

(Code) (Expenses $ 38,959 including grants of $ 38,959) (Revenue $)

$38,959 IN EXTERNAL GRANTS WERE PROVIDED IN 2011 THE FOLLOWING ARE SOME EXAMPLES OF EXTERNAL PROGRAMS THAT RIVER FALLS AREA HOSPITAL SUPPORTED IN 2011 $26,259 WAS PROVIDED TO THE "FREE CLINIC OF PIERCE AND ST CROIX COUNTIES " GRANTS WERE GIVEN TO PROVIDE FLU SHOTS FOR FREE CLINIC PATIENTS, LAB AND RADIOLOGY SERVICES AND FOR GENERAL CLINIC OPERATIONS SINCE 2007, THE CLINIC HAS BEEN PROVIDING FREE PRIMARY HEALTH CARE TO LOW-INCOME, UNINSURED RESIDENTS OF PIERCE AND ST CROIX COUNTIES IN WESTERN WISCONSIN $10,000 WAS GIVEN TO "CIRCLE IN THE FIELD" IN 2011 BY RIVER FALLS AREA HOSPITAL THE GRANT WAS GIVEN TO SUPPORT CIRCLE IN THE FIELDS'S WORK TO PROVIDE SUPPORT FOR BREAST CANCER PATIENTS

4d Other program services (Describe in Schedule O)

(Expenses $ 38,959 including grants of $ 38,959) (Revenue $)

4e **Total program service expenses** ▶ $ 3,870,508

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state		13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the aggregate amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

TAX SERVICES MR 10890
2925 CHICAGO AVENUE
MINNEAPOLIS, MN 554071321
(612) 262-0660

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DUKE ADAMSKI DIR/CHAIR/PRES	40 00	X		X				0	339,931	72,974
(2) DAVID ALBRECHT DIRECTOR	40 00	X						0	207,732	46,410
(3) GAYLE ANDERSON DIRECTOR	40 00	X						0	312,100	32,473
(4) KATHLEEN BACKER DIRECTOR/SECRETARY	2 00	X		X				0	0	0
(5) JASON BRADSHAW DIRECTOR/VICE CHAIR	2 00	X		X				0	0	0
(6) DENNIS DORAN DIRECTOR	40 00	X						0	371,423	61,397
(7) TOBY FREIER DIRECTOR	40 00	X						0	189,455	45,271
(8) PATRICIA HACKMAN DIRECTOR/TREASURER	40 00	X		X				0	46,985	24,274
(9) S DOUGLAS HUTCHINGS DIRECTOR/SECRETARY	40 00	X		X				0	276,014	52,069
(10) RICHARD MEYER DIR/VICE CHAIR/TREAS	40 00	X		X				0	306,097	65,227
(11) CHRISTINE MILLER DIRECTOR	2 00	X						0	0	0
(12) DAVID MILLER DIRECTOR	40 00	X						0	322,741	62,864
(13) JENNIFER MYSTER DIRECTOR	40 00	X						0	299,962	48,472
(14) JENNIFER O'NEILL DIRECTOR/CHAIR	2 00	X		X				0	0	0
(15) DOUG RUTH DIRECTOR	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								0	2,672,440	511,431

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a 24,805				
	b	Membership dues 1b				
	c	Fundraising events 1c 198,073				
	d	Related organizations 1d 1,474,666				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 2,612,630				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f	4,310,174			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f				
	3	Investment income (including dividends, interest and other similar amounts)	80,039			80,039
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 2,140,661				
	b	Less cost or other basis and sales expenses: 2,157,248				
	c	Gain or (loss): -16,587				
	d	Net gain or (loss)	-16,587			-16,587
	8a	Gross income from fundraising events (not including $ 198,073 of contributions reported on line 1c) See Part IV, line 18 a 112,278				
	b	Less direct expenses b 44,059				
	c	Net income or (loss) from fundraising events	68,219			68,219
	9a	Gross income from gaming activities See Part IV, line 19 a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory				
Other Revenue		Miscellaneous Revenue / Business Code				
	11a	SALE OF BRACELETS 900099	1,650			1,650
	b	SALE OF SCOOTER 900099	1,125			1,125
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d	2,775			
	12	**Total revenue.** See Instructions	4,444,620	0	0	134,446

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	3,743,348	3,743,348		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	127,160	127,160		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	3,300		1,527	1,773
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .	66,132			66,132
f	Investment management fees				
g	Other				
12	Advertising and promotion	6,659		1,250	5,409
13	Office expenses	51,361		36,632	14,729
14	Information technology				
15	Royalties . .				
16	Occupancy				
17	Travel	13,734		3,910	9,824
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	41,917		15,653	26,264
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,452		1,795	1,657
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	STAFF SERVICES	821,323		246,915	574,408
b	PURCH SVCS-AFFILIATES	414,383		142,503	271,880
c	OTHER PURCH SERVICES	44,407		20,289	24,118
d	MISCELLANEOUS EXPENSE	10,398		5,045	5,353
e					
f	All other expenses	851		253	598
25	**Total functional expenses.** Add lines 1 through 24f	5,348,425	3,870,508	475,772	1,002,145
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	0	3	646,806
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	0	9	2,000
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a			
	b	Less accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	3,977,973
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	0	16	4,626,779
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0	25	1,223,619
	26	**Total liabilities.** Add lines 17 through 25	0	26	1,223,619
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	0	27	1,086,920
	28	Temporarily restricted net assets	0	28	2,316,240
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	0	33	3,403,160
	34	Total liabilities and net assets/fund balances	0	34	4,626,779

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,444,620
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,348,425
3	Revenue less expenses Subtract line 2 from line 1	3	-903,805
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0
5	Other changes in net assets or fund balances (explain in Schedule O)	5	4,306,965
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,403,160

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ALLINA ASSOCIATED FOUNDATION

Employer identification number
27-4116873

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☑ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☑ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
(A) ALLINA HEALTH SYS	363261413	3	Yes		Yes		Yes		3,704,388
Total									3,704,388

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2010 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ALLINA ASSOCIATED FOUNDATION

Employer identification number
27-4116873

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				0

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CASH EQUIVALENTS	712,755	F
(B) FIXED INCOME SECURITIES	3,265,218	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	3,977,973	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO AFFILIATE	1,223,619
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,223,619

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,444,620
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,348,425
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-903,805
4	Net unrealized gains (losses) on investments	4	-9,990
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	4,316,955
9	Total adjustments (net) Add lines 4 - 8	9	4,306,965
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,403,160

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	4,434,630
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-9,990		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	-9,990
3	Subtract line **2e** from line **1**			3	4,444,620
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	4,444,620

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	5,348,425
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	5,348,425
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	5,348,425

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	ALLINA ASSOCIATED FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE IT IS CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION THEREFORE, CHARITABLE CONTRIBUTIONS ARE TAX DEDUCTIBLE THE FOUNDATION HAS ADOPTED GUIDANCE IN THE INCOME TAX STANDARD REGARDING THE RECOGNITION OF UNCERTAIN TAX POSITIONS THE GUIDANCE PRESCRIBES RECOGNITION THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX FILING THAT ARE NOT CERTAIN TO BE REALIZED THE IMPLEMENTATION OF THIS GUIDANCE HAD NO IMPACT ON THE FOUNDATION'S FINANCIAL STATEMENTS THE FOUNDATION'S TAX FILINGS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES THE FOUNDATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX EXEMPT STATUS THE FOUNDATION IS NOT AWARE OF ANY ACTIVITIES THAT ARE SUBJECT TO TAX ON UNRELATED BUSINESS INCOME, EXCISE OR OTHER TAXES THE FILINGS FOR THE YEAR ENDING 2011 ARE OPEN TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES
PART XI, LINE 8 - OTHER ADJUSTMENTS		ASSETS TRANSFERRED FROM ALLINA HEALTH SYSTEM TO FOUNDATION 1/1/2011 4,316,955

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ALLINA ASSOCIATED FOUNDATION

Employer identification number
27-4116873

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and e-mail solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
RUFFALO CODY 65 KIRKWOOD NORTH ROAD SW CEDAR RAPIDS, IA 52404	TELEFUNDRAISING		No	51,620	66,132	-14,512
Total . . . . . ▶				51,620	66,132	-14,512

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

MN, WI

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 2011 HOSPICE GALA (event type)	(b) Event #2 2011 CAMBRIDGE GOLF EVENT (event type)	(c) Other Events 5 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	158,840	24,733	126,778	310,351
	2 Less Charitable contributions	112,906	8,758	76,409	198,073
	3 Gross income (line 1 minus line 2)	45,934	15,975	50,369	112,278
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	2,000		4,141	6,141
	7 Food and beverages	16,693	2,397	3,945	23,035
	8 Entertainment			1,550	1,550
	9 Other direct expenses	9,323	3,781	229	13,333
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(44,059)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				68,219

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ALLINA ASSOCIATED FOUNDATION

Employer identification number
27-4116873

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ALLINA HEALTH SYSTEM (DBA BUFFALO HOSPITAL)2925 CHICAGO AVENUE MINNEAPOLIS, MN 55407	36-3261413	170(B)(1)(A)(III)	227,694				WOMENS & CHILDRENS CENTER AND GENERAL OPERATIONS BUFFALO HOSPITAL
(2) ALLINA HEALTH SYSTEM (DBA CAMBRIDGE MEDICAL CENTER)2925 CHICAGO AVENUE MINNEAPOLIS, MN 55407	36-3261413	170(B)(1)(A)(III)	32,022				GENERAL OPERATIONS CAMBRIDGE MEDICAL CENTER
(3) ALLINA HEALTH SYSTEM (DBA NEW ULM MEDICAL CENTER)2925 CHICAGO AVENUE MINNEAPOLIS, MN 55407	36-3261413	170(B)(1)(A)(III)	592,836				NEW ULM CANCER CENTER, SURGERY CENTER AND GENERAL OPERATIONS NEW ULM MEDICAL CENTER
(4) ALLINA HEALTH SYSTEM (DBA OWATONNA HOSPITAL)2925 CHICAGO AVENUE MINNEAPOLIS, MN 55407	36-3261413	170(B)(1)(A)(III)	127,816				GENERAL OPERATIONS OWATONNA HOSPITAL
(5) ALLINA HEALTH SYSTEM (DBA RIVER FALLS AREA HOSPITAL) 2925 CHICAGO AVENUE MINNEAPOLIS, MN 55407	36-3261413	170(B)(1)(A)(III)	37,000				GENERAL OPERATIONS RIVER FALLS AREA HOSPITAL
(6) ALLINA HEALTH SYSTEM (DBA ALLINA HOME AND COMMUNITY SERVICES)2925 CHICAGO AVENUE MINNEAPOLIS, MN 55407	36-3261413	170(B)(1)(A)(III)	2,687,020				RESIDENTIAL HOSPICE BLDG, INTEGRATIVE THERAPIES AND GENERAL OPERATIONS
(7) FREE CLINIC OF PIERCE AND ST CROIX COUNTIESPO BOX 745 RIVER FALLS, WI 54022	20-5892220	170(B)(1)(A)(III)	26,259				PROVIDE FLU SHOTS, LAB AND RADIOLOGY SERVICES & GENERAL CLINIC OPERATIONS
(8) CIRCLE IN THE FIELD 8481 QUANT AVE S HASTINGS, MN 55033	27-3601169	170(B)(1)(A)(III)	10,000				SUPPORT BREAST CANCER PATIENTS , FAMILY & FRIENDSSUPPORT BREAST CANCER PATIENTS, FAMILY & FRIENDS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 3

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) HOUSING AND LIVING ASSISTANCE	107	46,609			
(2) MEDICAL / PATIENT CARE	50	64,758			
(3) RESEARCH AND EDUCATION	26	14,177			
(4) FUNERAL	3	1,616			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 ALLINA ASSOCIATED FOUNDATION STRICTLY MONITORS GRANT FUNDS TO ENSURE THAT SUCH GRANTS ARE USED FOR PROPER AND INTENDED PURPOSES AND ARE NOT OTHERWISE DIVERTED FROM THE INTENDED USE THE ORGANIZATION HAS A PROCESS THAT INCLUDES A WRITTEN APPLICATION REQUIRING SUPPORTING DOCUMENTATION AND SUBSTANTIATION PRIOR TO A GRANT BEING APPROVED AND DISBURSED IN ADDITION AND DEPENDING ON THE FACTS AND CIRCUMSTANCE OF THE GRANT, THE ORGANIZATION EMPLOYS VARIOUS METHODS TO ENSURE PROPER AND INTENDED USE SUCH AS PERIODIC REPORTING TO THE ORGANIZATION, FIELD INVESTIGATIONS, CONTRACTS WITH REPAYMENT CLAUSES, REQUIRING ADDITIONAL SUBSTANTIATION AND DOCUMENTATION NOT AVAILABLE AT THE TIME OF THE GRANT, PAYING THIRD PARTIES DIRECTLY ON BEHALF OF THE GRANTEE ORGANIZATION, AND OTHER METHODS AS APPROPRIATE AND WARRANTED

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 27-4116873
Name: ALLINA ASSOCIATED FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALLINA HEALTH SYSTEM (DBA BUFFALO HOSPITAL)2925 CHICAGO AVENUE MINNEAPOLIS,MN 55407	36-3261413	170(B)(1)(A)(III)	227,694				WOMENS & CHILDRENS CENTER AND GENERAL OPERATIONS BUFFALO HOSPITAL
ALLINA HEALTH SYSTEM (DBA CAMBRIDGE MEDICAL CENTER) 2925 CHICAGO AVENUE MINNEAPOLIS,MN 55407	36-3261413	170(B)(1)(A)(III)	32,022				GENERAL OPERATIONS CAMBRIDGE MEDICAL CENTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALLINA HEALTH SYSTEM (DBA NEW ULM MEDICAL CENTER)2925 CHICAGO AVENUE MINNEAPOLIS, MN 55407	36-3261413	170(B)(1)(A)(III)	592,836				NEW ULM CANCER CENTER, SURGERY CENTER AND GENERAL OPERATIONS NEW ULM MEDICAL CENTER
ALLINA HEALTH SYSTEM (DBA OWATONNA HOSPITAL)2925 CHICAGO AVENUE MINNEAPOLIS, MN 55407	36-3261413	170(B)(1)(A)(III)	127,816				GENERAL OPERATIONS OWATONNA HOSPITAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALLINA HEALTH SYSTEM (DBA RIVER FALLS AREA HOSPITAL)2925 CHICAGO AVENUE MINNEAPOLIS, MN 55407	36-3261413	170(B)(1)(A)(III)	37,000				GENERAL OPERATIONS RIVER FALLS AREA HOSPITAL
ALLINA HEALTH SYSTEM (DBA ALLINA HOME AND COMMUNITY SERVICES)2925 CHICAGO AVENUE MINNEAPOLIS, MN 55407	36-3261413	170(B)(1)(A)(III)	2,687,020				RESIDENTIAL HOSPICE BLDG, INTEGRATIVE THERAPIES AND GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FREE CLINIC OF PIERCE AND ST CROIX COUNTIESPO BOX 745 RIVER FALLS, WI 54022	20-5892220	170(B)(1)(A)(III)	26,259				PROVIDE FLU SHOTS, LAB AND RADIOLOGY SERVICES & GENERAL CLINIC OPERATIONS
CIRCLE IN THE FIELD8481 QUANT AVE S HASTINGS, MN 55033	27-3601169	170(B)(1)(A)(III)	10,000				SUPPORT BREAST CANCER PATIENTS , FAMILY & FRIENDSSUPPORT BREAST CANCER PATIENTS, FAMILY & FRIENDS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ALLINA ASSOCIATED FOUNDATION

Employer identification number
27-4116873

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**	Yes	
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**	Yes	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**	Yes	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DUKE ADAMSKI	(i)	0	0	0	0	0	0	0
	(ii)	231,843	64,902	43,186	63,357	9,617	412,905	0
(2) DAVID ALBRECHT	(i)	0	0	0	0	0	0	0
	(ii)	157,694	48,145	1,893	29,913	16,497	254,142	0
(3) GAYLE ANDERSON	(i)	0	0	0	0	0	0	0
	(ii)	215,642	64,396	32,062	15,925	16,548	344,573	0
(4) DENNIS DORAN	(i)	0	0	0	0	0	0	0
	(ii)	250,421	74,866	46,136	55,162	6,235	432,820	0
(5) TOBY FREIER	(i)	0	0	0	0	0	0	0
	(ii)	165,558	21,008	2,889	28,766	16,505	234,726	0
(6) S DOUGLAS HUTCHINGS	(i)	0	0	0	0	0	0	0
	(ii)	194,046	60,318	21,650	23,609	28,460	328,083	0
(7) RICHARD MEYER	(i)	0	0	0	0	0	0	0
	(ii)	198,858	61,456	45,783	36,802	28,425	371,324	0
(8) DAVID MILLER	(i)	0	0	0	0	0	0	0
	(ii)	218,219	67,242	37,280	56,668	6,196	385,605	0
(9) JENNIFER MYSTER	(i)	0	0	0	0	0	0	0
	(ii)	212,600	63,810	23,552	37,962	10,510	348,434	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 4B	DUKE ADAMSKI - $38,693, GAYLE ANDERSON - $27,397, DENNIS DORAN - $32,206, S DOUGLAS HUTCHINGS - $13,024, RICHARD MEYER - $28,237, DAVID MILLER - $32,091, JENNIFER MYSTER - $20,531
	PART I, LINE 6	MANAGEMENT INCENTIVE PLAN ALLINA PROVIDES AN ANNUAL INCENTIVE COMPENSATION OPPORTUNITY TO MOST MANAGERS, SOME HIGH-LEVEL INDIVIDUAL CONTRIBUTORS AND EXECUTIVES UNDER THIS PLAN, THE TARGET AWARD IS EXPRESSED AS A FUNCTION THE PARTICIPANT'S SALARY PAID DURING THE CALENDAR YEAR AND REQUIRES AT LEAST FOUR MONTHS OF SERVICE IN AN ELIGIBLE POSITION DURING THE YEAR ACTUAL AWARDS CAN RANGE FROM 0% TO 150% OF THE TARGET AWARD, BASED ON ALLINA PERFORMANCE OVER THE CALENDAR YEAR PERFORMANCE MEASURES INCLUDE FINANCIAL PERFORMANCE, SERVICE QUALITY, PATIENT SATISFACTION, PATIENT SAFETY AND COMMUNITY SERVICE NO AWARDS ARE PROVIDED UNLESS THRESHOLD FINANCIAL PERFORMANCE IS ACHIEVED PARTICIPANTS WHO HAVE LEFT EMPLOYMENT PRIOR TO THE END OF THE YEAR AS THE RESULT OF VOLUNTARY TERMINATION OR TERMINATION FOR POOR PERFORMANCE ARE NOT ELIGIBLE FOR AN AWARD
	PART I, LINE 8	CERTAIN AMOUNTS REPORTED ON FORM 990, PART VII WERE PAID OR ACCRUED PURSUANT TO A CONTRACT THAT WAS SUBJECT TO THE INITIAL CONTRACT EXCEPTION DESCRIBED IN REGULATION SECTION 53 4958-4(A)(3) FROM TIME TO TIME, ALLINA HEALTH SYSTEM ENTERS INTO CONTRACTUAL ARRANGEMENTS THAT MAY QUALIFY FOR THE INITIAL CONTRACT EXCEPTION BASED ON THE TERMS AND UNDERSTANDINGS OF THE CONTRACTUAL AGREEMENTS
SUPPLEMENTAL INFORMATION	PART III	DEFERRED COMPENSATION PLANS TERMS AND CONDITIONS ALLINA HOSPITALS & CLINICS EXECUTIVE BENEFIT PLAN ALLINA HOSPITALS & CLINICS PHYSICIANS BENEFIT PLAN EXECUTIVE MUTUAL FUND ACCOUNT PLAN THESE ACCOUNTS GIVE THE PARTICIPANT THE OPPORTUNITY FOR CAPITAL ACCUMULATION NOT FULLY AVAILABLE TO THEM THROUGH SOCIAL SECURITY OR THE GENERAL EMPLOYEE RETIREMENT PLANS BECAUSE OF MAXIMUMS PLACED ON COMPENSATION THAT CAN BE RECOGNIZED UNDER FEDERAL LAW FOR PURPOSES OF CONTRIBUTIONS THEY ALSO SERVE AS AN IMPORTANT NON-COMPETE INCENTIVE TO PARTICIPANTS PRIOR TO THE YEAR IN WHICH CONTRIBUTIONS ARE MADE, THE PARTICIPANT MUST DESIGNATE A VESTING/PAYOUT DATE CONSISTENT WITH THE CONSTRAINTS OF THE PLANS AND FEDERAL DEFERRED COMPENSATION REGULATIONS AFTER THE CONTRIBUTIONS ARE MADE, THE PARTICIPANT HAS A ONE-TIME LIMITED OPPORTUNITY TO EXTEND THE ELECTED PAYMENT DATE FOR AT LEAST FIVE YEARS ONCE THE VESTING/PAYOUT DATE HAS BEEN REACHED, ALLINA WILL WITHHOLD THE APPROPRIATE TAXES AND THE BALANCE WILL BE PAID TO THE PARTICIPANT ON THEIR PAYCHECK AS SOON AS ADMINISTRATIVELY FEASIBLE IF THE PARTICIPANT TERMINATES EMPLOYMENT VOLUNTARILY BEFORE AN AMOUNT IS PAID, PAYMENT WILL BE SUBJECT TO THE PARTICIPANT'S COMPLIANCE WITH A NON-COMPETE AGREEMENT WITH ALLINA FOR TWO YEARS AFTER TERMINATION THE PARTICIPANT MAY ELECT FROM AMONG INVESTMENT ALTERNATIVES THAT ARE SIMILAR TO THOSE AVAILABLE IN THE RETIREMENT SAVINGS PLAN UNLIKE THE RETIREMENT SAVINGS PLAN, THE PARTICIPANT HAS THE STATUS AN UNSECURED CREDITOR OF ALLINA AND WILL NOT HAVE A PREFERRED CLAIM TO PAYMENT IN THE CASE OF THE COMPANYS INABILITY TO PAY HOWEVER, THE COMPANY DOES SET ASIDE ASSETS FOR ITS OBLIGATIONS BY ACTUALLY INVESTING THE PROMISED ASSETS CONSISTENT WITH PARTICIPANT ELECTIONS ALLINA SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) ELIGIBLE ALLINA EXECUTIVES PARTICIPATE IN A DEFINED CONTRIBUTION SERP EMPLOYER CREDITS ARE MADE EACH YEAR TO THEIR SERP BALANCE ACCORDING TO THE FOLLOWING SCHEDULE EXECUTIVE YEARS OF SERVICE CONTRIBUTION AS A % OF PENSIONABLE EARNINGS 0-5 YEARS 2 75% 6-10 YEARS 3 5% 11+ YEARS 4 75% EXECUTIVES ARE ALSO CREDITED AN AMOUNT EQUAL TO THE EXCESS AMOUNT THAT WOULD HAVE BEEN CREDITED TO THE PENSION ACCOUNT PLAN WERE IT NOT FOR THE QUALIFIED PLAN COMPENSATION LIMITS DEPOSITS EARN THE INVESTMENT RATE OF RETURN EQUAL TO THE PENSION ACCOUNT PLAN CREDITING RATE AS DECLARED BY ALLINA THE CURRENT RATE IS 4% THE PARTICIPANT VESTS AFTER THREE YEARS OF EXECUTIVE SERVICE PROVIDED THAT IF THE PARTICIPANT TERMINATES EMPLOYMENT WITH ALLINA PRIOR TO AGE 65 FOR ANY REASON OTHER THAN ELIMINATION OF POSITION, THE PARTICIPANT MUST FULFILL THE TERMS OF A COVENANT NOT TO COMPETE BENEFITS ARE PAID AS A SINGLE LUMP-SUM AMOUNT UPON AGE 65 RETIREMENT OR JOB POSITION ELIMINATION IN THE CASE OF OTHER VOLUNTARY TERMINATIONS, PAYMENT IS DELAYED UNTIL COMPLETION OF THE TWO-YEAR NON-COMPETE PERIOD THE SERP IS PAYABLE FROM ALLINA'S GENERAL ASSETS IF ALLINA BECOMES INSOLVENT, THE PARTICIPANT WILL BE AN UNSECURED CREDITOR AND WILL HAVE NO PREFERRED CLAIM TO ANY ASSETS THIS PLAN WAS AMENDED EFFECTIVE DECEMBER 31, 2008, SUCH THAT NO FUTURE BENEFITS ACCRUE FOR SERVICE AFTER THAT DATE ALLINA EXECUTIVE RETIREMENT BENEFIT RESTORATION PLAN (SERP) ELIGIBLE ALLINA EXECUTIVES PARTICIPATE IN A DEFERRED COMPENSATION SERP EXECUTIVES ARE CREDITED AN AMOUNT EQUAL TO THE EXCESS AMOUNT THAT WOULD HAVE BEEN CREDITED TO THE ALLINA RETIREMENT SAVINGS PLAN WERE IT NOT FOR THE QUALIFIED PLAN COMPENSATION LIMITS EMPLOYER CREDITS ARE MADE EACH YEAR TO THEIR SERP BALANCE ACCORDING TO THE FOLLOWING SCHEDULE AS OF THE END OF THE PLAN YEAR PARTICIPANT'S YEARS OF VESTING SERVICE APPLICABLE PERCENTAGE LESS THAN 1 0% 1-5 5 0% 6-10 5 5% 11-15 6 0% 16 OR MORE 6 5% DEPOSITS EARN THE INVESTMENT RATE OF RETURN EQUAL TO THE INVESTMENT OPTIONS SELECTED BY THE PARTICIPANT WHICH ARE THE SAME OPTIONS AVAILABLE UNDER THE QUALIFIED PLAN A PARTICIPANT WHO HAS COMPLETED AT LEAST TWO YEARS OF SERVICE BECOMES VESTED IN THE PORTION OF HIS OR HER SERP ACCOUNT ATTRIBUTABLE TO THE ANNUAL SERP CREDIT FOR A PARTICULAR YEAR AS OF JANUARY 15 OF THE YEAR FOLLOWING THE CALENDAR YEAR IN WHICH THE ANNUAL SERP CREDIT IS EARNED IN THE EVENT OF TERMINATION (OTHER THAN BECAUSE OF DEATH) PRIOR TO AGE 67, THE DISTRIBUTION DATE SHALL BE AS SOON AS ADMINISTRATIVELY POSSIBLE AFTER TERMINATION IN THE FORM OF A LUMP SUM PAYMENT THE SERP IS PAYABLE FROM ALLINA'S GENERAL ASSETS IF ALLINA BECOMES INSOLVENT, THE PARTICIPANT WILL BE AN UNSECURED CREDITOR AND WILL HAVE NO PREFERRED CLAIM TO ANY ASSETS THIS PLAN WAS EFFECTIVE JANUARY 1, 2009 EXECUTIVE SEVERANCE PLAN ALLINA PROVIDES SALARY CONTINUATION FOR EXECUTIVES WHOSE EMPLOYMENT HAS BEEN INVOLUNTARILY TERMINATED FOR REASONS OTHER THAN CAUSE OR POOR PERFORMANCE THE LENGTH OF THE SEVERANCE PAY PERIOD IS DEFINED BY THE PLAN AND DEPENDS ON THE LEVEL OF THE EXECUTIVE POSITION UNDER THE PLAN THE SEVERED EXECUTIVE ALSO COULD CONTINUE CERTAIN BENEFITS FOR A LIMITED PERIOD OF TIME IN 2009 THE PLAN WAS AMENDED TO FURTHER RESTRICT SEVERANCE BENEFITS IN THE CASE THAT THE EXECUTIVE OBTAINS OTHER EMPLOYMENT DURING THE SEVERANCE PERIOD

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ALLINA ASSOCIATED FOUNDATION

Employer identification number
27-4116873

Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	FORM 990, PART III LINE 2 - SEE DETAILED DESCRIPTION FORM 990 PART III LINE 4

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	ALLINA HEALTH SYSTEM IS THE SOLE CORPORATE MEMBER ORGANIZATION OF ALLINA ASSOCIATED FOUNDATION ALLINA ASSOCIATED FOUNDATION IS THE SUPPORTING ORGANIZATION AND ALLINA HEALTH SYSTEM IS THE SUPPORTED ORGANIZATION SEE SCHEDULE A AND SCHEDULE R FOR FURTHER DETAILS ALLINA HEALTH SYSTEM PROVIDES ALLINA ASSOCIATED FOUNDATION WITH ADMINISTRATIVE AND STAFF SERVICES AT NO COST THE VALUE OF THE SERVICES PROVIDED BY ALLINA HEALTH SYSTEM TO ALLINA ASSOCIATED FOUNDATION DURING 2011 WERE ESTIMATED AT $1,453,279 AND HAVE BEEN RECORDED AS CONTRIBUTION REVENUE FROM A RELATED ORGANIZATION IN THE STATEMENT OF REVENUE AND AS ADMINISTRATIVE AND FUNDRAISING EXPENSES IN THE STATEMENT OF FUNCTIONAL EXPENSES ALLINA ASSOCIATED FOUNDATION HAS NO EMPLOYEES AND DOES NOT PAY COMPENSATION COMPENSATION DISCLOSED AS PAID BY A RELATED ORGANIZATION IS DETERMINED SOLELY BY THE RELATED ORGANIZATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	AS THE SOLE CORPORATE MEMBER ORGANIZATION, ALLINA HEALTH SYSTEM HOLDS CERTAIN RESERVED POWERS OVER ALLINA ASSOCIATED FOUNDATION THE RESERVED POWERS ARE FULLY DESCRIBED IN ALLINA ASSOCIATED FOUNDATION'S GOVERNING DOCUMENTS AND INCLUDE SUCH POWERS AS ELECTION AND APPROVAL OF DIRECTORS, FINAL APPROVAL OF AMENDMENTS TO ARTICLES OF INCORPORATION OR BYLAWS, APPROVAL OF STRATEGIC PLANS AND CAPITAL AND OPERATING BUDGETS, APPROVAL OF PLANS OF MERGER OR CONSOLIDATION, APPROVAL OF INCURRENCE OF DEBT OR EXPENDITURES IN EXCESS OF CERTAIN AMOUNTS, AND VARIOUS OTHER RESERVED POWERS AS DESCRIBED THEREIN

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	SEE THE EXPLANATION IN SCHEDULE O FOR FORM 990, PART VI, SECTION A, LINE 7A

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	ALLINA ASSOCIATED FOUNDATION'S FORM 990 WAS PREPARED BY THE TAX SERVICES FUNCTION OF ALLINA HEALTH SYSTEM, ALLINA ASSOCIATED FOUNDATION'S SOLE CORPORATE MEMBER AND SUPPORTED ORGANIZATION THE FORM 990 FILING WAS SUBJECTED TO A RIGOROUS REVIEW PROCESS BY ALLINA'S TAX MANAGER AND TAX DIRECTOR ALLINA'S VICE PRESIDENT OF FINANCE & TREASURY ALSO PERFORMED AN EXECUTIVE REVIEW OF THE FORM 990 AFTER THE MANAGEMENT REVIEW PROCESS DESCRIBED ABOVE WAS COMPLETED, THE FINAL FORM 990, AS ULTIMATELY FILED WITH THE INTERNAL REVENUE SERVICE ["IRS"], WAS PROVIDED TO EACH VOTING MEMBER OF ALLINA ASSOCIATED FOUNDATION'S BOARD OF DIRECTORS AN ALLINA ASSOCIATED FOUNDATION BOARD OF DIRECTORS MEETING WAS HELD ON OCTOBER 16,2012 TO REVIEW AND DISCUSS THE FORM 990 FILING ALLINA ASSOCIATED FOUNDATION'S BOARD OF DIRECTORS VOTED ON AND APPROVED A RESOLUTION APPROVING THE FORM 990, THE MINNESOTA CHARITABLE ORGANIZATION ANNUAL REPORT TO BE FILED WITH THE MINNESOTA ATTORNEY GENERAL, AND THE WISCONSIN CHARITABLE ORGANIZATION ANNUAL REPORT TO BE FILED WITH THE WISCONSIN DEPARTMENT OF REGULATION AND LICENSING THE BOARD OF DIRECTORS RESOLUTION ALSO DIRECTED OFFICERS TO FILE THE FORM 990 WITH THE IRS, THE CHARITABLE ANNUAL REPORT WITH THE CHARITIES DIVISION OF THE OFFICE OF THE MINNESOTA ATTORNEY GENERAL, AND THE WISCONSIN CHARITABLE ORGANIZATION ANNUAL REPORT WITH THE WISCONSIN DEPARTMENT OF REGULATION AND LICENSING THE ABOVE STATED REVIEW AND APPROVAL PROCESS OCCURRED PRIOR TO FILING ALLINA ASSOCIATED FOUNDATION'S FORM 990 WITH THE IRS, MINNESOTA CHARITABLE ORGANIZATION ANNUAL REPORT WITH THE MINNESOTA ATTORNEY GENERAL, AND WISCONSIN CHARITABLE ORGANIZATION ANNUAL REPORT WITH THE WISCONSIN DEPARTMENT OF REGULATION AND LICENSING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION HAS SEVERAL METHODS OF MONITORING AND ENFORCING COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY FIRST , THE ORGANIZATION REGULARLY DISTRIBUTES CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRES TO ITS OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES THESE INDIVIDUALS ARE REQUIRED TO DISCLOSE ANNUALLY ANY INTEREST THAT COULD GIVE RISE TO CONFLICTS, INCLUDING ANY FAMILY OR BUSINESS RELATIONSHIP SECOND, THE GENERAL COUNSEL'S OFFICE ANNUALLY DELIVERS A REPORT TO ALLINA'S BOARD OF DIRECTORS WHICH INCLUDES, AMONG OTHER THINGS, THE RESULTS OF THE CONFLICT OF INTEREST QUESTIONNAIRE, AN ANALYSIS OF POTENTIAL CONFLICTS, AND GUIDANCE FOR SATISFACTORILY RESOLVING CONFLICTS THIRD, THE ORGANIZATION UNDERTAKES MANDATORY COMPLIANCE TRAINING OF ALL ITS EMPLOYEES WHICH INCLUDES TRAINING ON CONFLICTS OF INTEREST FOURTH, ALL EMPLOYEES RECEIVE, AND ARE EXPECTED TO CONDUCT THEMSELVES IN ACCORDANCE WITH ALLINA'S CODE OF CONDUCT THE CODE OF CONDUCT CONTAINS EDUCATIONAL MATERIALS AND GUIDANCE TO RESOLVE POTENTIAL CONFLICTS OF INTEREST FIFTH, ALLINA MAINTAINS A CORPORATE INTEGRITY HOTLINE, A CONFIDENTIAL 24 HOUR EXTERNAL RESOURCE TO HELP ANSWER QUESTIONS RELATED TO ETHICAL BUSINESS CONDUCT ALL CALLS TO THE INTEGRITY LINE ARE KEPT CONFIDENTIAL

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	ALLINA ASSOCIATED FOUNDATION HAS NO EMPLOYEES AND DOES NOT PAY COMPENSATION ANY COMPENSATION DISCLOSED AS PAID BY A RELATED ORGANIZATION IS DETERMINED SOLELY BY THE RELATED ORGANIZATION THEREFORE, PART VI, SECTION B, LINE 15A AND LINE 15B ARE NOT APPLICABLE TO ALLINA ASSOCIATED FOUNDATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	ALLINA ASSOCIATED FOUNDATION MAKES ITS FORM 990, FORM 1023, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST TO ARRANGE AN INSPECTION OR RECEIVE A COPY, PLEASE CONTACT THE FOLLOWING ALLINA ASSOCIATED FOUNDATION TAX SERVICES MAIL ROUTE 10890 P O BOX 43 MINNEAPOLIS, MN 55407-0043 TELEPHONE 612-262-0660 PHYSICAL ADDRESS 2925 CHICAGO AVENUE MINNEAPOLIS, MN 55407-1321 THE FORM 990 AND FORM 1023 ARE ALSO AVAILABLE DIRECTLY FROM THE INTERNAL REVENUE SERVICE THE FORM 990 AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE FROM THE CHARITIES DIVISION OF THE OFFICE OF THE MINNESOTA ATTORNEY GENERAL

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -9,990 ASSETS TRANSFERRED FROM ALLINA HEALTH SYSTEM TO FOUNDATION 1/1/2011 4,316,955 TOTAL TO FORM 990, PART XI, LINE 5 4,306,965

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THIS PROCESS REMAINS UNCHANGED FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
ASSETS TRANSFERRED JANUARY 1, 2011-4,316,995	FORM 990 , PART XI LINE 5	THE ALLINA ASSOCIATED FOUNDATION (THE FOUNDATION) WAS ESTABLISHED AS A SEPARATE LEGAL ENTITY AS OF NOVEMBER 23, 2010 PRIOR TO THAT DATE, DEPARTMENTS WITHIN ALLINA HEALTH SYSTEM'S BUFFALO HOSPITAL, CAMBRIDGE MEDICAL CENTER, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, RIVER FALLS AREA HOSPITAL AND ALLINA HOME AND COMMUNITY SERVICES PROGRAM (THE HOSPITALS) CONDUCTED THE HOSPITALS' FUND-RAISING ACTIVITIES THE FOUNDATION COMBINED THESE DEPARTMENTS INTO A NEW SEPARATE LEGAL ENTITY TO MANAGE AND RAISE FUNDS THROUGH GIFTS, CONTRIBUTIONS AND GRANTS FOR THE BENEFIT OF EACH RESPECTIVE HOSPITAL THE ASSETS WERE TRANSFERRED FROM ALLINA HEALTH SYSTEM TO FORM THE FOUNDATION ON JANUARY 1, 2011

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ALLINA ASSOCIATED FOUNDATION

Employer identification number
27-4116873

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
See Additional Data Table												

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) HEALTHSPAN SERVICES CORPORATION PO BOX 43 MINNEAPOLIS, MN 55440 41-1716415	DEBT COLLECTION	MN		C			
(2) ALLINA SPECIALTY ASSOCIATES PO BOX 43 MINNEAPOLIS, MN 55440 41-1802815	HEALTHCARE SERVICES	MN		C			
(3) ALLINA CLINIC HOLDINGS LTD PO BOX 43 MINNEAPOLIS, MN 55440 26-3954371	HOLDING COMPANY	MN		C			
(4) QUELLO CLINIC LIMITED PO BOX 43 MINNEAPOLIS, MN 55440 41-0874754	HEALTHCARE SERVICES	MN		C			
(5) ALLINA HEALTH SYSTEM TRUST 500 GRANT STREET SUITE 0625 PITTSBURGH, PA 15258 27-6712988	TRUST	PA		T			
(6) ALLINA HEALTH SYSTEM DEFINED BENEFIT MASTER TRUST 500 GRANT STREET SUITE 0625 PITTSBURGH, PA 15258 37-6520273	TRUST	PA	N/A	T			

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n Sharing of paid employees with related organization(s)	1n	Yes	
o Reimbursement paid to related organization(s) for expenses	1o	Yes	
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q	Yes	
r Other transfer of cash or property from related organization(s)	1r	Yes	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 27-4116873
Name: ALLINA ASSOCIATED FOUNDATION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
ALLINA MEDICAL CLINIC PO BOX 43 MINNEAPOLIS, MN 554400043 41-1781624	HEALTHCARE SERVICES	MN	501(C)(3)	LINE 3	ALLINA HEALTH SYSTEM		No
ABBOTT NORTHWESTERN HOSPITAL FOUNDATION PO BOX 43 MINNEAPOLIS, MN 554400043 04-3643816	SUPPORTING ORGANIZATION	MN	501(C)(3)	LINE 11A, I	ALLINA HEALTH SYSTEM		No
MERCY & UNITY HOSPITALS FOUNDATION PO BOX 43 MINNEAPOLIS, MN 554400043 30-0086426	SUPPORTING ORGANIZATION	MN	501(C)(3)	LINE 11A, I	ALLINA HEALTH SYSTEM		No
PHILLIPS EYE INSTITUTE FOUNDATION PO BOX 43 MINNEAPOLIS, MN 554400043 41-1613017	SUPPORTING ORGANIZATION	MN	501(C)(3)	LINE 11A, I	ALLINA HEALTH SYSTEM		No
SISTER KENNY FOUNDATION PO BOX 43 MINNEAPOLIS, MN 554400043 41-1952989	SUPPORTING ORGANIZATION	MN	501(C)(3)	LINE 11A, I	ALLINA HEALTH SYSTEM		No
UNITED HOSPITAL FOUNDATION PO BOX 43 MINNEAPOLIS, MN 554400043 23-7420998	SUPPORTING ORGANIZATION	MN	501(C)(3)	LINE 11A, I	ALLINA HEALTH SYSTEM		No
CENTER FOR HEALTHCARE INNOVATION FOUNDATION PO BOX 43 MINNEAPOLIS, MN 554400043 26-3553868	SUPPORTING ORGANIZATION	MN	501(C)(3)	LINE 11A, I	ALLINA HEALTH SYSTEM		No
ALLINA HEALTH SYSTEM PO BOX 43 MINNEAPOLIS, MN 554400043 36-3261413	HEALTHCARE SERVICES	MN	501(C)(3)	LINE 3			No
ASPEN ASSET CORPORATION PO BOX 43 MINNEAPOLIS, MN 554400043 41-1788674	HOLDING TITLE TO PROPERTY	MN	501(C)(2)		ALLINA HEALTH SYSTEM		No
ASPEN MEDICAL GROUP PO BOX 43 MINNEAPOLIS, MN 554400043 41-1452624	HEALTHCARE SERVICES	MN	501(C)(4)		ALLINA HEALTH SYSTEM		No
ALLINA INTEGRATED MEDICAL NETWORK PO BOX 43 MINNEAPOLIS, MN 554400043 27-5129095	SUPPORTING ORGANIZATION	MN	501(C)(3)	LINE 11A, I	ALLINA HEALTH SYSTEM		No
UNITED AND CHILDRENS AMBULATORY SURGERY CENTER ASSOCIATION 310 NORTH SMITH AVENUE ST PAUL, MN 55102 41-1694626	SUPPORTING ORGANIZATION	MN	501(C)(3)	LINE 11A, I	ALLINA HEALTH SYSTEM		No
MBP FACILITY LLC PO BOX 43 MINNEAPOLIS, MN 554400043 45-4078371	SUPPORTING ORGANIZATION	MN	501(C)(3)	LINE 11A, I	ALLINA HEALTH SYSTEM		No
WESTHEALTH INC 2855 CAMPUS DRIVE PLYMOUTH, MN 55441 41-1768814	HEALTHCARE SERVICES	MN	501(C)(3)	LINE 3	ALLINA HEALTH SYSTEM		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
APPLE VALLEY BUILDING ASSOCIATES LLC 14655 GALAXIE AVENUE S APPLE VALLEY, MN 55124 41-1677072	RENTAL REAL ESTATE	MN	N/A									
METROPOLITAN INTEGRATED CANCER CARE LLC 16825 NORTHCHASE DRIVE SUITE 1300 HOUSTON, TX 77060 20-5068485	RADIOLOGY	TX	N/A									
SOUTHWEST SURGICAL CENTER LLC 920 EAST 28TH STREET SUITE 500 MINNEAPOLIS, MN 55407 41-2013700	SURGICAL SERVICES	MN	N/A									
MAGNETO LEASING LLC 225 SMITH AVE N SUITE 201 ST PAUL, MN 55102 20-1582501	RENTAL EQUIPMENT	MN	N/A									
WEST SUBURBAN HEALTH CAMPUS 2855 CAMPUS DRIVE PLYMOUTH, MN 55441 41-1730888	RENTAL REAL ESTATE	MN	N/A									
ASPEN SLEEP CENTER 1010 BANDANA BOULEVARD WEST ST PAUL, MN 55108 26-1850227	HEALTHCARE SERVICES	MN	N/A									
GERIATRIC SERVICES OF MINNESOTA LLC 3366 OAKDALE AVE NORTH SUITE 551 ROBBINSDALE, MN 55422 45-3357936	HEALTHCARE SERVICES	MN	N/A									
NORTHSTAR SLEEP CENTER LLC 920 EAST 28TH STREET SUITE 700 MINNEAPOLIS, MN 55407 45-2532456	HEALTHCARE SERVICES	MN	N/A									
DISTRICT ONE CANCER CENTER LLC 200 STATE AVENUE FAIRBAULT, MN 55021 45-1258847	HEALTHCARE SERVICES	MN	N/A									
MOBILE IMAGING SERVICES LLC 1221 NICOLLET MALL STE 600 MINNEAPOLIS, MN 554032444 41-1883212	RADIOLOGY	MN	N/A									
CROSBY CARDIOVASCULAR SERVICESLLC 920 E 28TH STREET SUITE 500 MINNEAPOLIS, MN 55407 41-2010368	HEALTHCARE SERVICES	MN	N/A									

Additional Data

Software ID:
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EIN: 27-4116873
Name: ALLINA ASSOCIATED FOUNDATION

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 38,959 including grants of $ 38,959) (Revenue $)

$38,959 IN EXTERNAL GRANTS WERE PROVIDED IN 2011 THE FOLLOWING ARE SOME EXAMPLES OF EXTERNAL PROGRAMS THAT RIVER FALLS AREA HOSPITAL SUPPORTED IN 2011 $26,259 WAS PROVIDED TO THE "FREE CLINIC OF PIERCE AND ST CROIX COUNTIES " GRANTS WERE GIVEN TO PROVIDE FLU SHOTS FOR FREE CLINIC PATIENTS, LAB AND RADIOLOGY SERVICES AND FOR GENERAL CLINIC OPERATIONS SINCE 2007, THE CLINIC HAS BEEN PROVIDING FREE PRIMARY HEALTH CARE TO LOW-INCOME, UNINSURED RESIDENTS OF PIERCE AND ST CROIX COUNTIES IN WESTERN WISCONSIN $10,000 WAS GIVEN TO "CIRCLE IN THE FIELD" IN 2011 BY RIVER FALLS AREA HOSPITAL THE GRANT WAS GIVEN TO SUPPORT CIRCLE IN THE FIELDS'S WORK TO PROVIDE SUPPORT FOR BREAST CANCER PATIENTS