

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2017)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

THE MISSION OF ALLINA ASSOCIATED FOUNDATION IS TO RAISE, STEWARD AND DISTRIBUTE PHILANTHROPIC FUNDS IN SUPPORT OF BUFFALO HOSPITAL, CAMBRIDGE MEDICAL CENTER, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, RIVER FALLS AREA HOSPITAL, ALLINA HEALTH HOME CARE SERVICES AND PENNY GEORGE INSTITUTE FOR HEALTH & HEALING THE FOUNDATION IS A SEPARATE NOT-FOR-PROFIT ENTITY DEDICATED TO SUPPORTING THE HOSPITALS, ALLINA HEALTH HOME CARE SERVICES PROGRAM AND PENNY GEORGE INSTITUTE FOR HEALTH & HEALING AND IS GOVERNED BY A SEPARATE 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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

|                     |                                                                                   |
|---------------------|-----------------------------------------------------------------------------------|
| <b>4a</b>           | (Code ) (Expenses \$ 1,699,018 including grants of \$ 1,699,018 ) (Revenue \$ 0 ) |
| See Additional Data |                                                                                   |

|                     |                                                                               |
|---------------------|-------------------------------------------------------------------------------|
| <b>4b</b>           | (Code ) (Expenses \$ 562,380 including grants of \$ 562,380 ) (Revenue \$ 0 ) |
| See Additional Data |                                                                               |

|                     |                                                                             |
|---------------------|-----------------------------------------------------------------------------|
| <b>4c</b>           | (Code ) (Expenses \$ 65,969 including grants of \$ 65,969 ) (Revenue \$ 0 ) |
| See Additional Data |                                                                             |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Code ) (Expenses \$ 98,183 including grants of \$ 98,183 ) (Revenue \$ 0 )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| HOUSING/LIVING, MEDICAL, AND EDUCATIONAL ASSISTANCE TO CO-WORKERS AND PATIENTS - \$98,183 THE FOLLOWING ARE SOME EXAMPLES OF HOSPITAL AND MEDICAL CENTER PROGRAMS SUPPORTING INDIVIDUAL PATIENTS AND EMPLOYEES BUFFALO HOSPITAL'S HOPE FUND AND CANCER CARE FUND OFFER EMERGENCY FINANCIAL ASSISTANCE TO HELP WITH EXPENSES DURING BREAST CANCER CARE AND TREATMENT \$46,617 IN ASSISTANCE WAS PROVIDED IN 2017 BUFFALO HOSPITAL'S CARING FOR COWORKERS PROVIDES CONFIDENTIAL EMERGENCY ASSISTANCE TO HOSPITAL EMPLOYEES WHO SUFFER SUDDEN ECONOMIC HARDSHIP AND ARE STRUGGLING TO PAY MEDICAL BILLS, RENT AND OTHER EVERYDAY EXPENSES \$6,222 IN ASSISTANCE WAS PROVIDED IN 2017 BUFFALO AND NEW ULM PROVIDED \$13,000 AND \$13,000 RESPECTIVELY IN EDUCATIONAL SCHOLARSHIPS IN 2017 OWATONNA PROVIDED \$2,478 TO SUPPORT THE EMPLOYEE EMERGENCY FUND RIVER FALLS PROVIDED \$16,866 TO SUPPORT CANCER PATIENT ASSISTANCE AND EDUCATIONAL SCHOLARSHIPS |

|                                                                     |                                                  |
|---------------------------------------------------------------------|--------------------------------------------------|
| <b>4d</b>                                                           | Other program services (Describe in Schedule O ) |
| (Expenses \$ 98,183 including grants of \$ 98,183 ) (Revenue \$ 0 ) |                                                  |

|           |                                                   |
|-----------|---------------------------------------------------|
| <b>4e</b> | <b>Total program service expenses</b> ▶ 2,425,550 |
|-----------|---------------------------------------------------|

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                           | Yes            | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>                                                                                                                                                                         | <b>1</b> Yes   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?                                                                                                                                                                                                         | <b>2</b> Yes   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>                                                                                                                      | <b>3</b>       | No |
| <b>4 Section 501(c)(3) organizations.</b><br>Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?<br><i>If "Yes," complete Schedule C, Part II</i>                                                                                                        | <b>4</b>       | No |
| <b>5</b> 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?<br><i>If "Yes," complete Schedule C, Part III</i>                                                                            | <b>5</b>       | No |
| <b>6</b> 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?<br><i>If "Yes," complete Schedule D, Part I</i>                                                 | <b>6</b>       | No |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>                                                                                            | <b>7</b>       | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets?<br><i>If "Yes," complete Schedule D, Part III</i>                                                                                                                                                      | <b>8</b>       | No |
| <b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>             | <b>9</b>       | No |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>                                                                                                     | <b>10</b>      | No |
| <b>11</b> 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                                                                                                                                                                  |                |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10?<br><i>If "Yes," complete Schedule D, Part VI</i>                                                                                                                                                                    | <b>11a</b>     | No |
| <b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>                                                                                                     | <b>11b</b> Yes |    |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>                                                                                                     | <b>11c</b>     | No |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>                                                                                                                      | <b>11d</b> Yes |    |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>                                                                                                                                                                                     | <b>11e</b> Yes |    |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>                                                            | <b>11f</b> Yes |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year?<br><i>If "Yes," complete Schedule D, Parts XI and XII</i>                                                                                                                                                     | <b>12a</b> Yes |    |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>                                                                        | <b>12b</b> Yes |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>                                                                                                                                                                                                        | <b>13</b>      | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                    | <b>14a</b>     | No |
| <b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | <b>14b</b>     | No |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>                                                                                                           | <b>15</b>      | No |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>                                                                                                     | <b>16</b>      | No |
| <b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)                                                                                            | <b>17</b> Yes  |    |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>                                                                                                                           | <b>18</b> Yes  |    |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>                                                                                                                                                     | <b>19</b>      | No |

**Part IV Checklist of Required Schedules** (continued)

|                                                                                                                                                                                                                                                                                                                                             | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .                                                                                                                                                                                                                     |     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                                       |     |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                                                                    | Yes |    |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                                                                        | Yes |    |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .                                                             | Yes |    |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                                  |     | No |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                                                                        |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                               |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .                                                                                                                                                                                                                  |     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                                                   |     | No |
| <b>b</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?<br><i>If "Yes," complete Schedule L, Part I</i> . . . . .                                            |     | No |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?<br><i>If "Yes," complete Schedule L, Part II</i> . . . . .                                     |     | No |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .        |     | No |
| <b>28</b> 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)<br><b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . |     | No |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                        |     | No |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                            |     | No |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                                                         | Yes |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                         |     | No |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                                                               |     | No |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?<br><i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                                                          |     | No |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                                                             |     | No |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .                                                                                                                                                                         | Yes |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                          |     | No |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                 |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                                         |     | No |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .                                                                                    |     | No |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                                                                     | Yes |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☒

|            |                                                                                                                                                                                                                                            | Yes | No  |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.                                                                                                                                                              | 1   |     |
| <b>b</b>   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                           | 1   |     |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                   | 1c  | No  |
| <b>2a</b>  | 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>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).        | 2b  |     |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                              | 3a  | No  |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.                                                                                                                               | 3b  |     |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a  | No  |
| <b>b</b>   | If "Yes," enter the name of the foreign country: _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                              |     |     |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                      | 5a  | No  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                           | 5b  | No  |
| <b>c</b>   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                         | 5c  |     |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    | 6a  | Yes |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                              | 6b  | Yes |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                       |     |     |
| <b>a</b>   | 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>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                            | 7b  | Yes |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                       | 7c  | No  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                         | 7d  |     |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                            | 7e  | No  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                               | 7f  | No  |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                           | 7g  |     |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                         | 7h  |     |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b><br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                          | 8   |     |
| <b>9a</b>  | Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                         | 9a  |     |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                          | 9b  |     |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter                                                                                                                                                                                              |     |     |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                  | 10a |     |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                               | 10b |     |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter                                                                                                                                                                                             |     |     |
| <b>a</b>   | Gross income from members or shareholders.                                                                                                                                                                                                 | 11a |     |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).                                                                                                               | 11b |     |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                          | 12a |     |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                     | 12b |     |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                    |     |     |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                              | 13a |     |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.                                                                                 | 13b |     |
| <b>c</b>   | Enter the amount of reserves on hand.                                                                                                                                                                                                      | 13c |     |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                 | 14a | No  |
| <b>b</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 or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

|           |                                                                                                                                                                                                                     | Yes | No |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                 |     |    |
|           | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O    |     |    |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  |     |    |
| <b>2</b>  | 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?                                               |     | No |
| <b>3</b>  | 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? |     | No |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                    |     | No |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                          |     | No |
| <b>6</b>  | Did the organization have members or stockholders?                                                                                                                                                                  | Yes |    |
| <b>7a</b> | 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?                                                                  | Yes |    |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                           | Yes |    |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                   |     |    |
| <b>a</b>  | The governing body?                                                                                                                                                                                                 | Yes |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?                                                                                                                                               | Yes |    |
| <b>9</b>  | 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.       |     | No |

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

|            |                                                                                                                                                                                                                                                                                              | Yes | No |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                           |     | No |
| <b>10b</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?                                                                   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                  | Yes |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13.                                                                                                                                                                                                     | Yes |    |
| <b>12b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                          | Yes |    |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.                                                                                                                                          | Yes |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                    | Yes |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                               | Yes |    |
| <b>15</b>  | 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?                                                                         |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                       | Yes |    |
| <b>15b</b> | Other officers or key employees of the organization                                                                                                                                                                                                                                          | Yes |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)                                                                                                                                                                                                           |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                        |     | No |
| <b>16b</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? |     |    |

**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 ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
**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 or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, 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 organization compensated any current officer, director, or trustee

| (A)<br>Name and Title                                | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) DAVID ALBRECHT<br>.....<br>DIRECTOR              | 2 00<br>.....<br>40 00                                                                     | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 274,539                                                                   | 67,300                                                                                        |
| (2) COURTNEY BAECHLER MD<br>.....<br>DIRECTOR        | 2 00<br>.....<br>40 00                                                                     | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 542,432                                                                   | 99,514                                                                                        |
| (3) DENISE BLIZIL<br>.....<br>DIRECTOR               | 2 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (4) JULIA CRIST<br>.....<br>DIRECTOR                 | 2 00<br>.....<br>40 00                                                                     | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 191,017                                                                   | 51,162                                                                                        |
| (5) ANGELA FAHMY<br>.....<br>DIRECTOR/TREASURER      | 2 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (6) TOBY FREIER<br>.....<br>DIRECTOR                 | 2 00<br>.....<br>40 00                                                                     | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 359,839                                                                   | 86,567                                                                                        |
| (7) DAVID MILLER<br>.....<br>DIRECTOR                | 2 00<br>.....<br>40 00                                                                     | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 307,681                                                                   | 64,987                                                                                        |
| (8) JENNIFER MYSTER<br>.....<br>DIRECTOR             | 2 00<br>.....<br>40 00                                                                     | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 366,003                                                                   | 66,720                                                                                        |
| (9) GAYLE OBER<br>.....<br>DIRECTOR                  | 2 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (10) GARY SHAW<br>.....<br>DIRECTOR                  | 2 00<br>.....<br>40 00                                                                     | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 456,988                                                                   | 62,719                                                                                        |
| (11) PAUL SMITH<br>.....<br>DIRECTOR                 | 2 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (12) DAVID STURGES<br>.....<br>DIRECTOR              | 2 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (13) ERIC WILTROUT<br>.....<br>DIRECTOR              | 2 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (14) STEPHEN BARITEAU<br>.....<br>DIRECTOR/PRESIDENT | 2 00<br>.....<br>40 00                                                                     | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 308,753                                                                   | 66,037                                                                                        |
| (15) KATHLEEN BACKER<br>.....<br>DIRECTOR/SECRETARY  | 2 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (16) PATRICIA HACKMAN<br>.....<br>DIRECTOR/TREASURER | 2 00<br>.....<br>40 00                                                                     | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 38,592                                                                    | 28,669                                                                                        |
| (17) JENNIFER O'NEILL<br>.....<br>DIRECTOR/CHAIR     | 2 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |

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

| (A)<br>Name and Title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (18) RICHARD MAGNUSON<br>CFO                                   | 2 00<br>40 00                                                                              |                                                                                                           |                       | X       |              |                              |        | 0                                                                    | 651,816                                                                   | 170,586                                                                                       |
| (19) JAN MALCOLM<br>FORMER DIRECTOR/FORMER PRESIDENT           | 0 00<br>2 00                                                                               |                                                                                                           |                       |         |              |                              | X      | 0                                                                    | 377,369                                                                   | 3,258                                                                                         |
| (20) DUNCAN GALLAGHER<br>FORMER CFO                            | 2 00<br>40 00                                                                              |                                                                                                           |                       |         |              |                              | X      | 0                                                                    | 584,817                                                                   | 25,162                                                                                        |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>1b Sub-Total</b>                                            |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                           |                       |         |              |                              |        | 0                                                                    | 4,459,846                                                                 | 792,681                                                                                       |

**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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .                                        | Yes |    |
| <b>4</b> 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 . . . . . | Yes |    |
| <b>5</b> 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 . . . . .                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>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**

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

|                                                           |                                                                                                                                                                       |                | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512-514 |         |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------|----------------------------------------------------|-----------------------------------------|------------------------------------------------------------------|---------|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | <b>1a</b> Federated campaigns . . .                                                                                                                                   | <b>1a</b>      | 17,293               |                                                    |                                         |                                                                  |         |
|                                                           | <b>b</b> Membership dues . . .                                                                                                                                        | <b>1b</b>      |                      |                                                    |                                         |                                                                  |         |
|                                                           | <b>c</b> Fundraising events . . .                                                                                                                                     | <b>1c</b>      | 428,057              |                                                    |                                         |                                                                  |         |
|                                                           | <b>d</b> Related organizations                                                                                                                                        | <b>1d</b>      | 1,316,533            |                                                    |                                         |                                                                  |         |
|                                                           | <b>e</b> Government grants (contributions)                                                                                                                            | <b>1e</b>      |                      |                                                    |                                         |                                                                  |         |
|                                                           | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included<br>above                                                                         | <b>1f</b>      | 2,238,803            |                                                    |                                         |                                                                  |         |
|                                                           | <b>g</b> Noncash contributions included<br>in lines 1a-1f \$ _____                                                                                                    |                | 27,224               |                                                    |                                         |                                                                  |         |
|                                                           | <b>h Total.</b> Add lines 1a-1f . . . . . ▶                                                                                                                           |                |                      | 4,000,686                                          |                                         |                                                                  |         |
| Program Service Revenue                                   | <b>2a</b> _____                                                                                                                                                       | Business Code  |                      |                                                    |                                         |                                                                  |         |
|                                                           | <b>b</b> _____                                                                                                                                                        |                |                      |                                                    |                                         |                                                                  |         |
|                                                           | <b>c</b> _____                                                                                                                                                        |                |                      |                                                    |                                         |                                                                  |         |
|                                                           | <b>d</b> _____                                                                                                                                                        |                |                      |                                                    |                                         |                                                                  |         |
|                                                           | <b>e</b> _____                                                                                                                                                        |                |                      |                                                    |                                         |                                                                  |         |
|                                                           | <b>f</b> All other program service revenue                                                                                                                            |                |                      |                                                    |                                         |                                                                  |         |
|                                                           | <b>g Total.</b> Add lines 2a-2f . . . . . ▶                                                                                                                           |                |                      |                                                    |                                         |                                                                  |         |
| Other Revenue                                             | <b>3</b> Investment income (including dividends, interest, and other<br>similar amounts) . . . . . ▶                                                                  |                | 134,026              |                                                    |                                         | 134,026                                                          |         |
|                                                           | <b>4</b> Income from investment of tax-exempt bond proceeds ▶                                                                                                         |                |                      |                                                    |                                         |                                                                  |         |
|                                                           | <b>5</b> Royalties . . . . . ▶                                                                                                                                        |                |                      |                                                    |                                         |                                                                  |         |
|                                                           | <b>6a</b> Gross rents                                                                                                                                                 | (i) Real       | (ii) Personal        |                                                    |                                         |                                                                  |         |
|                                                           | <b>b</b> Less rental expenses                                                                                                                                         |                |                      |                                                    |                                         |                                                                  |         |
|                                                           | <b>c</b> Rental income or<br>(loss)                                                                                                                                   |                |                      |                                                    |                                         |                                                                  |         |
|                                                           | <b>d</b> Net rental income or (loss) . . . . . ▶                                                                                                                      |                |                      |                                                    |                                         |                                                                  |         |
|                                                           | <b>7a</b> Gross amount<br>from sales of<br>assets other<br>than inventory                                                                                             | (i) Securities | (ii) Other           |                                                    |                                         |                                                                  |         |
|                                                           | <b>b</b> Less cost or<br>other basis and<br>sales expenses                                                                                                            |                |                      |                                                    |                                         |                                                                  |         |
|                                                           | <b>c</b> Gain or (loss)                                                                                                                                               |                |                      |                                                    |                                         |                                                                  |         |
|                                                           | <b>d</b> Net gain or (loss) . . . . . ▶                                                                                                                               |                |                      | -44,716                                            |                                         |                                                                  | -44,716 |
|                                                           | <b>8a</b> Gross income from fundraising events<br>(not including \$ _____ 428,057 of<br>contributions reported on line 1c)<br>See Part IV, line 18 . . . . . <b>a</b> |                | 242,300              |                                                    |                                         |                                                                  |         |
|                                                           | <b>b</b> Less direct expenses . . . . . <b>b</b>                                                                                                                      |                | 162,888              |                                                    |                                         |                                                                  |         |
|                                                           | <b>c</b> Net income or (loss) from fundraising events . . . ▶                                                                                                         |                |                      | 79,412                                             |                                         |                                                                  | 79,412  |
|                                                           | <b>9a</b> Gross income from gaming activities<br>See Part IV, line 19 . . . . . <b>a</b>                                                                              |                | 37,600               |                                                    |                                         |                                                                  |         |
|                                                           | <b>b</b> Less direct expenses . . . . . <b>b</b>                                                                                                                      |                | 100                  |                                                    |                                         |                                                                  |         |
|                                                           | <b>c</b> Net income or (loss) from gaming activities . . . ▶                                                                                                          |                |                      | 37,500                                             |                                         |                                                                  | 37,500  |
|                                                           | <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . <b>a</b>                                                                                    |                |                      |                                                    |                                         |                                                                  |         |
|                                                           | <b>b</b> Less cost of goods sold . . . <b>b</b>                                                                                                                       |                |                      |                                                    |                                         |                                                                  |         |
|                                                           | <b>c</b> Net income or (loss) from sales of inventory . . . ▶                                                                                                         |                |                      |                                                    |                                         |                                                                  |         |
| Miscellaneous Revenue                                     |                                                                                                                                                                       | Business Code  |                      |                                                    |                                         |                                                                  |         |
| <b>11a</b> _____                                          |                                                                                                                                                                       |                |                      |                                                    |                                         |                                                                  |         |
| <b>b</b> _____                                            |                                                                                                                                                                       |                |                      |                                                    |                                         |                                                                  |         |
| <b>c</b> _____                                            |                                                                                                                                                                       |                |                      |                                                    |                                         |                                                                  |         |
| <b>d</b> All other revenue . . . . .                      |                                                                                                                                                                       |                |                      |                                                    |                                         |                                                                  |         |
| <b>e Total.</b> Add lines 11a-11d . . . . . ▶             |                                                                                                                                                                       |                |                      |                                                    |                                         |                                                                  |         |
| <b>12 Total revenue.</b> See Instructions . . . . . ▶     |                                                                                                                                                                       |                | 4,206,908            | 0                                                  | 0                                       | 206,222                                                          |         |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|                                                                                                                                                                                                                                                   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.                                                                                                                                    | 2,327,366             | 2,327,366                       |                                        |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.                                                                                                                                                               | 98,184                | 98,184                          |                                        |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.                                                                                                         |                       |                                 |                                        |                             |
| <b>4</b> Benefits paid to or for members.                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees.                                                                                                                                                                |                       |                                 |                                        |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                                                                                           |                       |                                 |                                        |                             |
| <b>7</b> Other salaries and wages.                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).                                                                                                                                     |                       |                                 |                                        |                             |
| <b>9</b> Other employee benefits.                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>10</b> Payroll taxes.                                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| <b>11</b> Fees for services (non-employees):                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| <b>a</b> Management.                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>b</b> Legal.                                                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| <b>c</b> Accounting.                                                                                                                                                                                                                              | 9,445                 |                                 | 9,445                                  |                             |
| <b>d</b> Lobbying.                                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                 | 23,987                |                                 |                                        | 23,987                      |
| <b>f</b> Investment management fees.                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).                                                                                                                              | 67,083                |                                 | 21,788                                 | 45,295                      |
| <b>12</b> Advertising and promotion.                                                                                                                                                                                                              | 922                   |                                 | 240                                    | 682                         |
| <b>13</b> Office expenses.                                                                                                                                                                                                                        | 140,338               |                                 | 36,488                                 | 103,850                     |
| <b>14</b> Information technology.                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>15</b> Royalties.                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>16</b> Occupancy.                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>17</b> Travel.                                                                                                                                                                                                                                 | 7,573                 |                                 | 1,969                                  | 5,604                       |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                         |                       |                                 |                                        |                             |
| <b>19</b> Conferences, conventions, and meetings.                                                                                                                                                                                                 | 41,704                |                                 | 10,843                                 | 30,861                      |
| <b>20</b> Interest.                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| <b>21</b> Payments to affiliates.                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>22</b> Depreciation, depletion, and amortization.                                                                                                                                                                                              | 2,272                 |                                 | 591                                    | 1,681                       |
| <b>23</b> Insurance.                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):                                       |                       |                                 |                                        |                             |
| <b>a</b> STAFF SERVICES                                                                                                                                                                                                                           | 909,708               |                                 | 236,524                                | 673,184                     |
| <b>b</b> PURCH SVCS-AFFILIATES                                                                                                                                                                                                                    | 201,071               |                                 | 201,071                                | 0                           |
| <b>c</b> ORIGINAL FUNDRAISING CO                                                                                                                                                                                                                  | 133,058               |                                 |                                        | 133,058                     |
| <b>d</b> BAD DEBT EXPENSES                                                                                                                                                                                                                        | 50,000                |                                 | 50,000                                 |                             |
| <b>e</b> All other expenses                                                                                                                                                                                                                       | 63,216                |                                 | 4,329                                  | 58,887                      |
| <b>25</b> Total functional expenses. Add lines 1 through 24e.                                                                                                                                                                                     | 4,075,927             | 2,425,550                       | 573,288                                | 1,077,089                   |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |                                        |                             |

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

|                                                                                      |                                                                                                                                                                                                                                                                                                                                                  | (A)<br>Beginning of year |            | (B)<br>End of year |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|--------------------|
| <b>Assets</b>                                                                        | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                                                                                                                                                                                                                                     |                          | <b>1</b>   |                    |
|                                                                                      | <b>2</b> Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                                                        |                          | <b>2</b>   |                    |
|                                                                                      | <b>3</b> Pledges and grants receivable, net . . . . .                                                                                                                                                                                                                                                                                            | 364,862                  | <b>3</b>   | 185,744            |
|                                                                                      | <b>4</b> Accounts receivable, net . . . . .                                                                                                                                                                                                                                                                                                      |                          | <b>4</b>   |                    |
|                                                                                      | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .                                                                                                                                                           |                          | <b>5</b>   |                    |
|                                                                                      | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . |                          | <b>6</b>   |                    |
|                                                                                      | <b>7</b> Notes and loans receivable, net . . . . .                                                                                                                                                                                                                                                                                               |                          | <b>7</b>   |                    |
|                                                                                      | <b>8</b> Inventories for sale or use . . . . .                                                                                                                                                                                                                                                                                                   |                          | <b>8</b>   |                    |
|                                                                                      | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                                                                                                                                                                                                                         |                          | <b>9</b>   |                    |
|                                                                                      | <b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D                                                                                                                                                                                                                                                    | <b>10a</b>               |            |                    |
|                                                                                      | <b>b</b> Less: accumulated depreciation                                                                                                                                                                                                                                                                                                          | <b>10b</b>               | <b>10c</b> |                    |
|                                                                                      | <b>11</b> Investments—publicly traded securities . . . . .                                                                                                                                                                                                                                                                                       |                          | <b>11</b>  |                    |
|                                                                                      | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                           | 6,489,329                | <b>12</b>  | 6,803,137          |
|                                                                                      | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                            |                          | <b>13</b>  |                    |
|                                                                                      | <b>14</b> Intangible assets . . . . .                                                                                                                                                                                                                                                                                                            |                          | <b>14</b>  |                    |
|                                                                                      | <b>15</b> Other assets. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                                           | 477,746                  | <b>15</b>  | 464,056            |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 7,331,937                                                                                                                                                                                                                                                                                                                                        | <b>16</b>                | 7,452,937  |                    |
| <b>Liabilities</b>                                                                   | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                                                                                                                                                                                                                        |                          | <b>17</b>  |                    |
|                                                                                      | <b>18</b> Grants payable . . . . .                                                                                                                                                                                                                                                                                                               |                          | <b>18</b>  |                    |
|                                                                                      | <b>19</b> Deferred revenue . . . . .                                                                                                                                                                                                                                                                                                             |                          | <b>19</b>  |                    |
|                                                                                      | <b>20</b> Tax-exempt bond liabilities . . . . .                                                                                                                                                                                                                                                                                                  |                          | <b>20</b>  |                    |
|                                                                                      | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .                                                                                                                                                                                                                                                        |                          | <b>21</b>  |                    |
|                                                                                      | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .                                                                                                                                         |                          | <b>22</b>  |                    |
|                                                                                      | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                               |                          | <b>23</b>  |                    |
|                                                                                      | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                                 |                          | <b>24</b>  |                    |
|                                                                                      | <b>25</b> 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 . . . . .                                                                                                                                                        | 78,422                   | <b>25</b>  | 71,920             |
|                                                                                      | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                                                                                                                                                                            | 78,422                   | <b>26</b>  | 71,920             |
| <b>Net Assets or Fund Balances</b>                                                   | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>                                                                                                                                                                                |                          |            |                    |
|                                                                                      | <b>27</b> Unrestricted net assets . . . . .                                                                                                                                                                                                                                                                                                      | 3,992,908                | <b>27</b>  | 4,485,433          |
|                                                                                      | <b>28</b> Temporarily restricted net assets . . . . .                                                                                                                                                                                                                                                                                            | 3,260,607                | <b>28</b>  | 2,895,584          |
|                                                                                      | <b>29</b> Permanently restricted net assets . . . . .                                                                                                                                                                                                                                                                                            |                          | <b>29</b>  |                    |
|                                                                                      | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>                                                                                                                                                                                                         |                          |            |                    |
|                                                                                      | <b>30</b> Capital stock or trust principal, or current funds . . . . .                                                                                                                                                                                                                                                                           |                          | <b>30</b>  |                    |
|                                                                                      | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                                                                                                                                                                              |                          | <b>31</b>  |                    |
|                                                                                      | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                                                                                                                                                                             |                          | <b>32</b>  |                    |
|                                                                                      | <b>33</b> <b>Total net assets or fund balances</b> . . . . .                                                                                                                                                                                                                                                                                     | 7,253,515                | <b>33</b>  | 7,381,017          |
| <b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .            | 7,331,937                                                                                                                                                                                                                                                                                                                                        | <b>34</b>                | 7,452,937  |                    |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

|           |                                                                                                               |           |           |
|-----------|---------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                     | <b>1</b>  | 4,206,908 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                      | <b>2</b>  | 4,075,927 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1                                                             | <b>3</b>  | 130,981   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 7,253,515 |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                  | <b>5</b>  | 8,447     |
| <b>6</b>  | Donated services and use of facilities                                                                        | <b>6</b>  |           |
| <b>7</b>  | Investment expenses                                                                                           | <b>7</b>  |           |
| <b>8</b>  | Prior period adjustments                                                                                      | <b>8</b>  |           |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)                                          | <b>9</b>  | -11,926   |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 7,381,017 |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

|                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O                                                                                                                                         |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis                 | Yes |    |
| <b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O                                                                     | Yes |    |
| <b>3a</b> 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?                                                                                                                                                                                                                                                                 |     | No |
| <b>b</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                                                                                                                                                                                                      |     |    |

# Additional Data

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

Form 990 (2017)

**Form 990, Part III, Line 4a:**

HOSPITAL AND MEDICAL CENTER GENERAL OPERATIONS OPERATIONAL GRANTS ARE USED TO SUPPORT A MULTITUDE OF PROGRAMS INCLUDING RESEARCH, BIRTH, HEART, LITERACY AND INTEGRATIVE THERAPY PROGRAMS THESE PROGRAMS WERE ESTABLISHED TO SUPPORT THE PATIENTS AND COMMUNITIES OF BUFFALO HOSPITAL, CAMBRIDGE MEDICAL CENTER, NEW ULM MEDICAL CENTER, OWATONNA HOSPITAL, RIVER FALLS AREA HOSPITAL, ALLINA HEALTH HOME CARE SERVICES AND PENNY GEORGE INSTITUTE FOR HEALTH & HEALING

## **Form 990, Part III, Line 4b:**

THE FOLLOWING ARE SOME EXAMPLES OF EXTERNAL PROGRAMS SUPPORTED IN 2017

NEW ULM MEDICAL CENTER COURAGE KENNY REHABILITATION INSTITUTE REMODEL \$220,850 THIS GRANT WAS USED TO EXPAND AND RENOVATE NEW ULM MEDICAL CENTER'S COURAGE KENNY REHABILITATION INSTITUTE INCLUDED IN AN INCREASE IN OVERALL SPACE, NEW ROOM WITH SEPARATE SPACES FOR ADULT AND CHILD REHAB, A COURAGE KENNY KIDS PROGRAM, GYM EXPANSION, PRIVATE TREATMENTS AREAS AND ADDITIONAL OFFICE SPACE

NEW ULM MEDICAL CENTER LARYNGOSCOPE \$29,578 THIS GRANT WAS USED TO PURCHASE A GLIDESCOPE SYSTEM FOR NEW ULM MEDICAL CENTER IT WILL ALLOW FOR VIDEO-SCOPIC VISUALIZATION OF AIRWAYS TO ASSIST IN INTUBATION OF PATIENTS CAPABLE TO BE USED IN PATIENTS DOWN TO THREE POUNDS, THIS SYSTEM WILL EXPAND GLIDESCOPE USE TO NEONATE EMERGENT SITUATIONS, LESSENING THE RISK OF BRAIN DAMAGE AND DEATH IN THESE PATIENTS

BUFFALO MEDICAL CENTER PENNY GEORGE INSTITUTE FOR HEALTH & HEALING (IHH) \$106,484 THIS GRANT WAS USED TO OPEN A PENNY GEORGE INSTITUTE FOR HEALTH & HEALING AT THE BUFFALO CAMPUS, BRINGING INTEGRATIVE MEDICINE OPTIONS AND OPPORTUNITIES TO THE COMMUNITY THE PENNY GEORGE IHH SITE OFFERS ACUPUNCTURE, NUTRITION COUNSELING AND INTEGRATIVE MEDICINE CONSULTS

BUFFALO MEDICAL CENTER BREAST CARE \$194,997 THIS GRANT FACILITATED THE PURCHASE AND INSTALL OF A 3D MAMMOGRAPHY UNIT IN NOVEMBER OF 2017 BRINGING 3D MAMMOGRAPHY TO THE BUFFALO HOSPITAL CAMPUS ADDS POTENTIAL FOR STEREOTACTIC BIOPSY PROCEDURES IN THE FUTURE

\$10,471 IN ADDITIONAL CAPITAL GRANTS WERE PROVIDED TO SUPPORT VARIOUS INDIVIDUAL PROJECTS

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**Form 990, Part III, Line 4c:**

THE FOLLOWING ARE SOME EXAMPLES OF EXTERNAL PROGRAMS SUPPORTED IN 2017 \$13,469 WAS PROVIDED TO THE FREE CLINIC OF PIERCE AND ST CROIX COUNTIES GRANTS WERE GIVEN TO SUPPORT 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 \$50,000 WAS PROVIDED TO MINNEAPOLIS HEART INSTITUTE FOUNDATION TO SUPPORT THE HEART OF NEW ULM PROGRAM FUNDS WILL BE USED LOCALLY AND WILL WORK ON STRATEGIES SUCH AS HIGH RISK POPULATIONS, HEALTH CARE, WORKSITE TRAININGS, FOOD ENVIRONMENT, POLICY/SYSTEMS, COMMUNICATIONS AND COMMUNITY CAPACITY TRAINING \$2,500 WAS PROVIDED TO VOLUNTEERS OF AMERICA TO FUND THE PURCHASE OF A NEW BUS

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SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ALLINA ASSOCIATED FOUNDATION

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.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

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 12, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☒

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations

1
- g

Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN  | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|-----------|--------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                    |           |                                                                                | Yes                                                         | No |                                                   |                                                 |
| (A) ALLINA HEALTH SYSTEM           | 363261413 | 3                                                                              | Yes                                                         |    | 2,261,398                                         | 0                                               |
| Total                              | 1         |                                                                                |                                                             |    | 2,261,398                                         | 0                                               |



Part II

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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<br>(or fiscal year beginning in) ►                                                                                                                                                    | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1                         | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")                                                                                                    |          |          |          |          |          |           |
| 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                         | <b>Total.</b> 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                         | <b>Public support.</b> Subtract line 5 from line 4                                                                                                                                                  |          |          |          |          |          |           |

| Section B. Total Support                         |                                                                                                                                                                                                                                  |         |         |         |         |           |          |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|---------|-----------|----------|
| Calendar year<br>(or fiscal year beginning in) ► |                                                                                                                                                                                                                                  | (a)2013 | (b)2014 | (c)2015 | (d)2016 | (e)2017   | (f)Total |
| 7                                                | Amounts from line 4                                                                                                                                                                                                              |         |         |         |         |           |          |
| 8                                                | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                                   |         |         |         |         |           |          |
| 9                                                | Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                                                               |         |         |         |         |           |          |
| 10                                               | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )                                                                                                                                   |         |         |         |         |           |          |
| 11                                               | <b>Total support.</b> Add lines 7 through 10                                                                                                                                                                                     |         |         |         |         |           |          |
| 12                                               | Gross receipts from related activities, etc (see instructions)                                                                                                                                                                   |         |         |         |         | <b>12</b> |          |
| 13                                               | <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/> |         |         |         |         |           |          |

| Section C. Computation of Public Support Percentage |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 14                                                  | Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                                                          | 14 |
| 15                                                  | Public support percentage for 2016 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                                                                 | 15 |
| 16a                                                 | <b>33 1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>                                                                                                                                                                            |    |
| b                                                   | <b>33 1/3% support test—2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>                                                                                                                                                                       |    |
| 17a                                                 | <b>10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>      |    |
| b                                                   | <b>10%-facts-and-circumstances test—2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span> |    |
| 18                                                  | <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span>► <input type="checkbox"/></span>                                                                                                                                                                                                                                                               |    |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                  | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| <b>b</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           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)                                                                                                                          |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                          | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6                                                                                                              |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b                                                                                                            |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)                                                                                  |          |          |          |          |          |           |

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

**Section C. Computation of Public Support Percentage**

|                                                                                                  |           |  |
|--------------------------------------------------------------------------------------------------|-----------|--|
| <b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|                                                                                                              |           |  |
|--------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17                        | <b>18</b> |  |

**19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>                                                                                                                                                                                                                |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>                                                                                                                                                                                                                                             |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>                                                                                                                                                                                                                                                           |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>                                                                                                                                                                                                                                                                                                    |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>                                                                                                                                                                                                                                                                                                                                                |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>                                                                                                                                                                                                        |     |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>                                                                                                                                                                           |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                                |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                          |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>                                                                                                                                                                                              |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>                                                                                                                                                                                                                                                                                                                                                     |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                      |     |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                                                                                                          |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                                                                               |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>                                                                                                                                                                                                                                                     |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>                                                                                                                                                                                                                                                                                                                                                          |     |    |

Part IV

Supporting Organizations (continued)

|                                                                                                                                                                              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?                                                                            |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described in (a) above?                                                                                                                 |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>                                         |     |    |
| <b>11a</b>                                                                                                                                                                   |     | No |
| <b>11b</b>                                                                                                                                                                   |     | No |
| <b>11c</b>                                                                                                                                                                   |     | No |

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |     |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)                                                                                                                                                                                                                                                                                                                                                                                               |  |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.                                                                                                                                                                                                                                                                                                                                                                                                                                |  |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.                                                                                                                                                                                                                                                                                                                                                                                                         |  |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).                                                                                                                                                                                                                                                                                                                                                                       |  |     |    |
| <b>2</b> Activities Test. Answer (a) and (b) below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Yes | No |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |  |     |    |
| <b>2a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |     |    |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>                                                                                                                              |  |     |    |
| <b>2b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |     |    |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>                                                                                                                                                                                                                                                                                                                                |  |     |    |
| <b>3a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>                                                                                                                                                                                                                                                                                    |  |     |    |
| <b>3b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |     |    |

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

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

| <b>Section A - Adjusted Net Income</b>                                                                                                                                                                            |           | (A) Prior Year | (B) Current Year<br>(optional) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|--------------------------------|
| <b>1</b> Net short-term capital gain                                                                                                                                                                              | <b>1</b>  |                |                                |
| <b>2</b> Recoveries of prior-year distributions                                                                                                                                                                   | <b>2</b>  |                |                                |
| <b>3</b> Other gross income (see instructions)                                                                                                                                                                    | <b>3</b>  |                |                                |
| <b>4</b> Add lines 1 through 3                                                                                                                                                                                    | <b>4</b>  |                |                                |
| <b>5</b> Depreciation and depletion                                                                                                                                                                               | <b>5</b>  |                |                                |
| <b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b>  |                |                                |
| <b>7</b> Other expenses (see instructions)                                                                                                                                                                        | <b>7</b>  |                |                                |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)                                                                                                                                              | <b>8</b>  |                |                                |
| <b>Section B - Minimum Asset Amount</b>                                                                                                                                                                           |           | (A) Prior Year | (B) Current Year<br>(optional) |
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)                                                                           | <b>1</b>  |                |                                |
| <b>a</b> Average monthly value of securities                                                                                                                                                                      | <b>1a</b> |                |                                |
| <b>b</b> Average monthly cash balances                                                                                                                                                                            | <b>1b</b> |                |                                |
| <b>c</b> Fair market value of other non-exempt-use assets                                                                                                                                                         | <b>1c</b> |                |                                |
| <b>d Total</b> (add lines 1a, 1b, and 1c)                                                                                                                                                                         | <b>1d</b> |                |                                |
| <b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)                                                                                                                            |           |                |                                |
| <b>2</b> Acquisition indebtedness applicable to non-exempt use assets                                                                                                                                             | <b>2</b>  |                |                                |
| <b>3</b> Subtract line 2 from line 1d                                                                                                                                                                             | <b>3</b>  |                |                                |
| <b>4</b> Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)                                                                                                            | <b>4</b>  |                |                                |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                                                                                         | <b>5</b>  |                |                                |
| <b>6</b> Multiply line 5 by .035                                                                                                                                                                                  | <b>6</b>  |                |                                |
| <b>7</b> Recoveries of prior-year distributions                                                                                                                                                                   | <b>7</b>  |                |                                |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)                                                                                                                                                              | <b>8</b>  |                |                                |
| <b>Section C - Distributable Amount</b>                                                                                                                                                                           |           |                | Current Year                   |
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)                                                                                                                                    | <b>1</b>  |                |                                |
| <b>2</b> Enter 85% of line 1                                                                                                                                                                                      | <b>2</b>  |                |                                |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)                                                                                                                                   | <b>3</b>  |                |                                |
| <b>4</b> Enter greater of line 2 or line 3                                                                                                                                                                        | <b>4</b>  |                |                                |
| <b>5</b> Income tax imposed in prior year                                                                                                                                                                         | <b>5</b>  |                |                                |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)                                                                                    | <b>6</b>  |                |                                |
| <b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)                                 |           |                |                                |

Part V

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

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

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

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

|                                     |
|-------------------------------------|
| <b>Facts And Circumstances Test</b> |
|-------------------------------------|

**990 Schedule A, Supplemental Information**

| Return Reference           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART IV, SECTION A, LINE 6 | <p>FROM TIME TO TIME ALLINA ASSOCIATED FOUNDATION SUPPORTS OTHER NON-PROFIT 501(C)(3) ORGANIZATIONS OR NON-PROFIT GOVERNMENTAL ORGANIZATION THAT SUPPORT AND OR CARRY OUT THE MISSION, VISION AND VALUES OF ALLINA HEALTH SYSTEM AND THEIR COMMITMENT TO PATIENTS AND THE COMMUNITIES SERVED. ALLINA HEALTH SYSTEM IS THE SUPPORTED ORGANIZATION OF ALLINA ASSOCIATED FOUNDATION. PLEASE SEE SCHEDULE I, PART II, GRANTS AND OTHER ASSISTANCE TO DOMESTIC ORGANIZATIONS AND DOMESTIC GOVERNMENTS, FOR ORGANIZATIONS SUPPORTED BY ABBOTT NORTHWESTER HOSPITAL FOUNDATION THAT ARE ORGANIZED TO CARRY OUT OR SUPPORT THE PURPOSES, VALUES AND VISION OF ALLINA HEALTH SYSTEM.</p> |

**990 Schedule A, Supplemental Information**

| Return Reference           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART IV, SECTION B, LINE 2 | FROM TIME TO TIME ALLINA ASSOCIATED FOUNDATION SUPPORTS OR PROVIDES BENEFIT TO OTHER NON-P<br>ROFIT 501(C)(3) ORGANIZATIONS OR NON-PROFIT GOVERNMENTAL ORGANIZATIONS THAT SUPPORT AND OR<br>CARRY OUT THE MISSION, VISION AND VALUES OF ALLINA HEALTH SYSTEM, THE SUPPORTED ORGANIZAT<br>ION, AND THEIR COMMITMENT TO PATIENTS AND THE COMMUNITIES SERVED PLEASE SEE SCHEDULE I, P<br>ART II, GRANTS AND OTHER ASSISTANCE TO DOMESTIC ORGANIZATIONS AND DOMESTIC GOVERNMENT, FOR<br>ORGANIZATIONS BENEFITED BY ALLINA ASSOCIATED FOUNDATION THAT ARE OPERATED TO CARRY OR SUP<br>PORT THE PURPOSES, VALUES AND VISION OF ALLINA HEALTH SYSTEM AND SUPPORT ALLINA'S CARE CON<br>TINUUM OF SERVICES, INCLUDING MEDICAL REHABILITATION, COMMUNITY BASED HEALTH AND WELLNESS<br>SERVICES, ADVOCACY, RESEARCH AND INNOVATION AND ACT IN THE BEST INTEREST OF THE PATIENTS A<br>ND COMMUNITIES ALLINA HEALTH SYSTEM IS COMMITTED TO SERVE |



SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

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" on Form 990, Part IV, line 6.

|                                                     | (a) Donor advised funds | (b) Funds and other accounts |
|-----------------------------------------------------|-------------------------|------------------------------|
| 1 Total number at end of year                       |                         |                              |
| 2 Aggregate value of contributions to (during year) |                         |                              |
| 3 Aggregate value of 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 can 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" on 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 education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 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, and not on a historic structure listed in the National Register | 2d                          |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on 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 (ASC 958) relating to these items

a Revenue included on 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . .

☐

Part V

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

|                                                            | (a)Current year | (b)Prior year | (c)Two years back | (d)Three years back | (e)Four years back |
|------------------------------------------------------------|-----------------|---------------|-------------------|---------------------|--------------------|
| 1a Beginning of year balance . . . . .                     |                 |               |                   |                     |                    |
| b Contributions . . . . .                                  |                 |               |                   |                     |                    |
| c Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b

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

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

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

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|-------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| (1) Financial derivatives . . . . .                                     |                |                                                             |
| (2) Closely-held equity interests . . . . .                             |                |                                                             |
| (3) Other _____                                                         |                |                                                             |
| (A) CASH EQUIVALENTS                                                    | 38,283         | F                                                           |
| (B) FIXED INCOME SECURITIES                                             | 6,500,059      | F                                                           |
| (C) EQUITY SECURITIES                                                   | 30,501         | F                                                           |
| (D) FUNDS OF HEDGE FUNDS                                                | 33,672         | F                                                           |
| (E) MONEY MARKET                                                        | 78,724         | F                                                           |
| (F) COMMODITIES AND OTHER                                               | 98,395         | F                                                           |
| (G) REAL RETURN MUTUAL FUNDS                                            | 23,503         | F                                                           |
| (H)                                                                     |                |                                                             |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶     | 6,803,137      |                                                             |

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment                                       | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|---------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| (1)                                                                 |                |                                                             |
| (2)                                                                 |                |                                                             |
| (3)                                                                 |                |                                                             |
| (4)                                                                 |                |                                                             |
| (5)                                                                 |                |                                                             |
| (6)                                                                 |                |                                                             |
| (7)                                                                 |                |                                                             |
| (8)                                                                 |                |                                                             |
| (9)                                                                 |                |                                                             |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶ |                |                                                             |

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

| (a) Description                                                               | (b) Book value |
|-------------------------------------------------------------------------------|----------------|
| (1) CHARITABLE REMAINDER TRUST                                                | 116,918        |
| (2) DUE FROM ALLINA HEALTH SYSTEM                                             | 347,138        |
| (3)                                                                           |                |
| (4)                                                                           |                |
| (5)                                                                           |                |
| (6)                                                                           |                |
| (7)                                                                           |                |
| (8)                                                                           |                |
| (9)                                                                           |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶ | 464,056        |

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  
See Form 990, Part X, line 25.

| (a) Description of liability                                        | (b) Book value |
|---------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                            |                |
| CHARITABLE REMAINDER TRUSTS BENEFICIARIES PAYABLE                   | 71,920         |
| (2)                                                                 |                |
| (3)                                                                 |                |
| (4)                                                                 |                |
| (5)                                                                 |                |
| (6)                                                                 |                |
| (7)                                                                 |                |
| (8)                                                                 |                |
| (9)                                                                 |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶ | 71,920         |

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |                                                                                                          |           |           |
|----------|----------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       | <b>1</b>  | 4,203,429 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                       |           |           |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .                                                   | <b>2a</b> | 8,447     |
| <b>b</b> | Donated services and use of facilities . . . . .                                                         | <b>2b</b> |           |
| <b>c</b> | Recoveries of prior year grants . . . . .                                                                | <b>2c</b> |           |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .                                                                 | <b>2d</b> | -11,926   |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                          | <b>2e</b> | -3,479    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                     | <b>3</b>  | 4,206,908 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>                               |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |           |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .                                                                 | <b>4b</b> |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                              | <b>4c</b> | 0         |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . . | <b>5</b>  | 4,206,908 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |                                                                                                           |           |           |
|----------|-----------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      | <b>1</b>  | 4,075,927 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25                                          |           |           |
| <b>a</b> | Donated services and use of facilities . . . . .                                                          | <b>2a</b> |           |
| <b>b</b> | Prior year adjustments . . . . .                                                                          | <b>2b</b> |           |
| <b>c</b> | Other losses . . . . .                                                                                    | <b>2c</b> |           |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .                                                                  | <b>2d</b> |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                           | <b>2e</b> | 0         |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                      | <b>3</b>  | 4,075,927 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                                |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |           |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .                                                                  | <b>4b</b> |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                               | <b>4c</b> | 0         |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . . | <b>5</b>  | 4,075,927 |

**Part XIII Supplemental Information**

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

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

**Part XIII** Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |

**Additional Data**

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

**Supplemental Information**

| Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART X, LINE 2   | 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 |

| Supplemental Information             |                                                      |
|--------------------------------------|------------------------------------------------------|
| Return Reference                     | Explanation                                          |
| PART XI, LINE 2D - OTHER ADJUSTMENTS | CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -11,926 |

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" on 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.  
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

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" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☒ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations
- 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.

| (i) Name and address of individual or entity (fundraiser)                             | (ii) Activity   | (iii) Did fundraiser have custody or control of contributions? |    | (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 |
|---------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------|----|-----------------------------------|------------------------------------------------------------------|---------------------------------------------------|
|                                                                                       |                 | Yes                                                            | No |                                   |                                                                  |                                                   |
| 1<br>RUFFALO NOEL LEVITZ<br>1025 KIRKWOOD PARKWAY<br>SW<br><br>CEDAR RAPIDS, IA 52404 | TELEFUNDRAISING |                                                                | No | 20,838                            | 23,987                                                           | -2,249                                            |
| 2                                                                                     |                 |                                                                |    |                                   |                                                                  |                                                   |
| 3                                                                                     |                 |                                                                |    |                                   |                                                                  |                                                   |
| 4                                                                                     |                 |                                                                |    |                                   |                                                                  |                                                   |
| 5                                                                                     |                 |                                                                |    |                                   |                                                                  |                                                   |
| 6                                                                                     |                 |                                                                |    |                                   |                                                                  |                                                   |
| 7                                                                                     |                 |                                                                |    |                                   |                                                                  |                                                   |
| 8                                                                                     |                 |                                                                |    |                                   |                                                                  |                                                   |
| 9                                                                                     |                 |                                                                |    |                                   |                                                                  |                                                   |
| 10                                                                                    |                 |                                                                |    |                                   |                                                                  |                                                   |
| Total ▶                                                                               |                 |                                                                |    | 20,838                            | 23,987                                                           | -2,249                                            |

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

MN, WI

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

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2017



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |                                                                                   | (a)Event #1<br><b>DRAGONFLY GALA</b><br>(event type) | (b) Event #2<br><b>SPRING TONIC<br/>BUFFALO GALA</b><br>(event type) | (c)Other events<br><b>7</b><br>(total number) | (d)<br>Total events<br>(add col (a) through<br>col (c)) |
|-----------------|-----------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------|
|                 |                                                                                   |                                                      |                                                                      |                                               |                                                         |
| Revenue         | <b>1</b> Gross receipts . . . . .                                                 | 222,224                                              | 128,280                                                              | 319,853                                       | 670,357                                                 |
|                 | <b>2</b> Less Contributions . . . . .                                             | 170,738                                              | 69,984                                                               | 187,335                                       | 428,057                                                 |
|                 | <b>3</b> Gross income (line 1 minus<br>line 2) . . . . .                          | 51,486                                               | 58,296                                                               | 132,518                                       | 242,300                                                 |
| Direct Expenses | <b>4</b> Cash prizes . . . . .                                                    | 858                                                  | 0                                                                    | 0                                             | 858                                                     |
|                 | <b>5</b> Noncash prizes . . . . .                                                 | 0                                                    | 2,991                                                                | 6,269                                         | 9,260                                                   |
|                 | <b>6</b> Rent/facility costs . . . . .                                            | 195                                                  | 3,198                                                                | 4,620                                         | 8,013                                                   |
|                 | <b>7</b> Food and beverages . . . . .                                             | 24,925                                               | 12,825                                                               | 26,421                                        | 64,171                                                  |
|                 | <b>8</b> Entertainment . . . . .                                                  | 375                                                  | 1,100                                                                | 8,850                                         | 10,325                                                  |
|                 | <b>9</b> Other direct expenses . . . . .                                          | 14,981                                               | 19,397                                                               | 35,883                                        | 70,261                                                  |
|                 | <b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶  |                                                      |                                                                      |                                               | 162,888                                                 |
|                 | <b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶ |                                                      |                                                                      |                                               | 79,412                                                  |

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

|                 |                                                                                        | (a) Bingo                                                           | (b) Pull tabs/Instant<br>bingo/progressive bingo                    | (c) Other gaming                                                               | (d) Total gaming (add<br>col (a) through col (c)) |
|-----------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------|
|                 |                                                                                        |                                                                     |                                                                     |                                                                                |                                                   |
| Revenue         | <b>1</b> Gross revenue . . . . .                                                       |                                                                     |                                                                     | 37,600                                                                         | 37,600                                            |
|                 | <b>2</b> Cash prizes . . . . .                                                         |                                                                     |                                                                     |                                                                                |                                                   |
| Direct Expenses | <b>3</b> Noncash prizes . . . . .                                                      |                                                                     |                                                                     |                                                                                |                                                   |
|                 | <b>4</b> Rent/facility costs . . . . .                                                 |                                                                     |                                                                     |                                                                                |                                                   |
|                 | <b>5</b> Other direct expenses . . . . .                                               |                                                                     |                                                                     | 100                                                                            | 100                                               |
|                 | <b>6</b> Volunteer labor . . . . .                                                     | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input checked="" type="checkbox"/> No |                                                   |
|                 | <b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶        |                                                                     |                                                                     |                                                                                | 100                                               |
|                 | <b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶ |                                                                     |                                                                     |                                                                                | 37,500                                            |

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct 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 \_\_\_\_\_

|                                                                                                                                                                                                   |                                                                                                                                                                                                                                 |            |   |            |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---|------------|---|
| <b>11</b> Does the organization conduct gaming activities with nonmembers?                                                                                                                        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                             |            |   |            |   |
| <b>12</b> 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?                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                             |            |   |            |   |
| <b>13</b> Indicate the percentage of gaming activity conducted in                                                                                                                                 |                                                                                                                                                                                                                                 |            |   |            |   |
| <b>a</b> The organization's facility                                                                                                                                                              | <table border="1" style="display: inline-table;"><tr><td style="width: 100px;"><b>13a</b></td><td style="width: 100px; text-align: right;">%</td></tr><tr><td><b>13b</b></td><td style="text-align: right;">%</td></tr></table> | <b>13a</b> | % | <b>13b</b> | % |
| <b>13a</b>                                                                                                                                                                                        | %                                                                                                                                                                                                                               |            |   |            |   |
| <b>13b</b>                                                                                                                                                                                        | %                                                                                                                                                                                                                               |            |   |            |   |
| <b>b</b> An outside facility                                                                                                                                                                      |                                                                                                                                                                                                                                 |            |   |            |   |
| <b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records                                                                        |                                                                                                                                                                                                                                 |            |   |            |   |
| Name ► .....                                                                                                                                                                                      |                                                                                                                                                                                                                                 |            |   |            |   |
| Address ► .....                                                                                                                                                                                   |                                                                                                                                                                                                                                 |            |   |            |   |
| <b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue?                                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                             |            |   |            |   |
| <b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....                             |                                                                                                                                                                                                                                 |            |   |            |   |
| <b>c</b> If "Yes," enter name and address of the third party                                                                                                                                      |                                                                                                                                                                                                                                 |            |   |            |   |
| Name ► .....                                                                                                                                                                                      |                                                                                                                                                                                                                                 |            |   |            |   |
| Address ► .....                                                                                                                                                                                   |                                                                                                                                                                                                                                 |            |   |            |   |
| <b>16</b> Gaming manager information                                                                                                                                                              |                                                                                                                                                                                                                                 |            |   |            |   |
| Name ► .....                                                                                                                                                                                      |                                                                                                                                                                                                                                 |            |   |            |   |
| Gaming manager compensation ► \$ .....                                                                                                                                                            |                                                                                                                                                                                                                                 |            |   |            |   |
| Description of services provided ► .....                                                                                                                                                          |                                                                                                                                                                                                                                 |            |   |            |   |
| <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor                                                                       |                                                                                                                                                                                                                                 |            |   |            |   |
| <b>17</b> Mandatory distributions                                                                                                                                                                 |                                                                                                                                                                                                                                 |            |   |            |   |
| <b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?                                               |                                                                                                                                                                                                                                 |            |   |            |   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                               |                                                                                                                                                                                                                                 |            |   |            |   |
| <b>b</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 Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ALLINA ASSOCIATED FOUNDATION

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

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------|---------|---------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) See Additional Data                            |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (2)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (3)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (4)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (5)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (6)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (7)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (8)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (9)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (10)                                               |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (11)                                               |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (12)                                               |         |                                 |                          |                                   |                                                       |                                       |                                    |

2

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

10

3

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

0

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

Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance   | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|-----------------------------------|--------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|
| (1) HOUSING AND LIVING ASSISTANCE | 169                      | 61,684                   |                                  |                                                       |                                       |
| (2) RESEARCH AND EDUCATION        | 28                       | 36,500                   |                                  |                                                       |                                       |
| (2)                               |                          |                          |                                  |                                                       |                                       |
| (3)                               |                          |                          |                                  |                                                       |                                       |
| (4)                               |                          |                          |                                  |                                                       |                                       |
| (5)                               |                          |                          |                                  |                                                       |                                       |
| (6)                               |                          |                          |                                  |                                                       |                                       |
| (7)                               |                          |                          |                                  |                                                       |                                       |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government                                                   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                          |
|------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|-------------------------------------------------------------|
| ALLINA HEALTH SYSTEM DBA<br>BUFFALO HOSPITAL<br>2925 CHICAGO AVENUE<br>MINNEAPOLIS, MN 55407         | 36-3261413 | 170(B)(1)(A)(III)             | 558,396                  |                                   |                                                       |                                        | SUPPORT GENERAL OPERATIONS BUFFALO HOSPITAL AND AED PROGRAM |
| ALLINA HEALTH SYSTEM DBA<br>CAMBRIDGE MEDICAL CENTER<br>2925 CHICAGO AVENUE<br>MINNEAPOLIS, MN 55407 | 36-3261413 | 170(B)(1)(A)(III)             | 85,208                   |                                   |                                                       |                                        | SUPPORT GENERAL OPERATIONS CAMBRIDGE MEDICAL CENTER         |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------|
| (a) Name and address of organization or government                                                             | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                                                                               |
| ALLINA HEALTH SYSTEM DBA<br>NEW ULM MEDICAL CENTER<br>2925 CHICAGO AVENUE<br>MINNEAPOLIS, MN 55407             | 36-3261413 | 170(B)(1)(A)(III)             | 351,982                  |                                   |                                                       |                                        | SUPPORT GENERAL OPERATIONS NEW ULM MEDICAL CENTER, COURAGE KENNY INSTITUTE RENOVATION AND LARYNGOSCOPY EQUIPMENT |
| ALLINA HEALTH SYSTEM DBA<br>OWATONNA HOSPITAL<br>2925 CHICAGO AVENUE<br>MINNEAPOLIS, MN 55407                  | 36-3261413 | 170(B)(1)(A)(III)             | 56,669                   |                                   |                                                       |                                        | SUPPORT GENERAL OPERATIONS OWATONNA HOSPITAL                                                                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.        |            |                               |                          |                                   |                                                       |                                        |                                                                                |
|-----------------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------|
| (a) Name and address of organization or government                                                                    | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                                             |
| ALLINA HEALTH SYSTEM DBA RIVER FALLS AREA HOSPITAL<br>2925 CHICAGO AVENUE<br>MINNEAPOLIS, MN 55407                    | 36-3261413 | 170(B)(1)(A)(III)             | 94,692                   |                                   |                                                       |                                        | SUPPORT GENERAL OPERATIONS RIVER FALLS AREA HOSPITAL AND PURCHASE OF LOCAL ART |
| ALLINA HEALTH SYSTEM DBA ALLINA HOME CARE HOPSICE AND PALLIATIVE CARE<br>2925 CHICAGO AVENUE<br>MINNEAPOLIS, MN 55407 | 36-3261413 | 170(B)(1)(A)(III)             | 757,127                  |                                   |                                                       |                                        | INTEGRATIVE THERAPIES, OPERATIONS AND REIMBURSEMENT OF PATIENT BILLS           |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.   |            |                               |                          |                                   |                                                       |                                        |                                    |
|------------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (a) Name and address of organization or government                                                               | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ALLINA HEALTH SYSTEM DBA PENNY GEORGE INSTITUTE HEALTH & HEALING<br>2925 CHICAGO AVENUE<br>MINNEAPOLIS, MN 55407 | 36-3261413 | 170(B)(1)(A)(III)             | 357,324                  |                                   |                                                       |                                        | SUPPORT OF PGIHH OPERATIONS        |
| MINNEAPOLIS HEART INSTITUTE FOUNDATION<br>920 EAST 28TH STREET SUITE 100<br>MINNEAPOLIS, MN 55407                | 41-1426406 | 501(C)(3)                     | 50,000                   |                                   |                                                       |                                        | SUPPORT HEART OF NEW ULM           |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
|----------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (a) Name and address of organization or government                                                             | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| FREE CLINIC OF PIERCE AND ST CROIX COUNTIES INC<br>PO BOX 745<br>RIVER FALLS, WI 54022                         | 20-5892220 | 501(C)(3)                     | 13,469                   |                                   |                                                       |                                        | SUPPORT GENERAL CLINIC OPERATIONS  |

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
**▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
**▶ Attach to Form 990.**  
**▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization  
ALLINA ASSOCIATED FOUNDATION

Employer identification number  
27-4116873

**Part I Questions Regarding Compensation**

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

- |                                                                    |                                                                          |
|--------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (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 or provision of all of the expenses described above? If "No," complete Part III to explain.

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

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |                                                              |                                                                          |
|--------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?

**b** Any related organization?

If "Yes," on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?

**b** Any related organization?

If "Yes," on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

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

Yes No

**1b**

**2**

**4a**

Yes

**4b**

Yes

**4c**

No

**5a**

No

**5b**

No

**6a**

No

**6b**

Yes

**7**

No

**8**

Yes

**9**

Yes

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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, applicable column (D) and (E) amounts for that individual.

See Additional Data Table

[illegible]

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference            | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LINES 4A-B          | LINE 4(A) JAN MALCOLM - \$210,322 LINE 4(B) COURTNEY BAECHLER, MD - \$46,135, STEPHEN BARITEAU - \$22,300, JAN MALCOLM - \$102,570, JENNIFER MYSTER - \$30,889, GARY SHAW - \$37,451, DUNCAN GALLAHER - \$105,382                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| PART I, LINE 6              | DEFERRED COMPENSATION PLANS TERMS AND CONDITIONS MANAGEMENT INCENTIVE PLAN (MIP) 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 OF 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'S PERFORMANCE OVER THE CALENDAR YEAR. PERFORMANCE MEASURES INCLUDE FINANCIAL PERFORMANCE, HOSPITAL AND CLINIC CARE MEASURES AND HOSPITAL AND CLINIC PATIENT EXPERIENCE MEASURES. 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. LONG-TERM INCENTIVE PLAN (LTIP) ALLINA HAS A LONG-TERM INCENTIVE PLAN THAT PROVIDES A CASH AWARD OPPORTUNITY TO A SMALL NUMBER OF TOP EXECUTIVES APPROVED FOR PARTICIPATION BY THE COMPENSATION COMMITTEE OF THE BOARD. THE AWARD OPPORTUNITY IS BASED ON ALLINA PERFORMANCE DURING OVERLAPPING THREE-YEAR CYCLES. PERFORMANCE MEASURES AND TARGETS ARE DEFINED BY THE COMMITTEE FOR EACH THREE-YEAR PERIOD AND CAN VARY FROM ONE PERIOD TO ANOTHER DEPENDING ON THE COMMITTEE'S JUDGMENT OF THE MOST IMPORTANT MEASURES OF SUCCESS. ACTUAL AWARDS CAN RANGE FROM 0% TO 150% OF TARGET AWARD, BASED ON ALLINA'S PERFORMANCE OVER THE PERFORMANCE PERIOD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| SCHEDULE J, LINE 4(A) & (B) | ADDITIONAL COMPENSATION DISCLOSURE DEFERRED COMPENSATION PLANS TERMS AND CONDITIONS EXECUTIVE MUTUAL FUND ACCOUNT PLAN PHYSICIAN 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 OF AN UNSECURED CREDITOR OF ALLINA AND WILL NOT HAVE A PREFERRED CLAIM TO PAYMENT IN THE CASE OF THE COMPANY'S 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) THIS PLAN WAS AMENDED EFFECTIVE DECEMBER 31, 2008, SUCH THAT NO FUTURE BENEFITS ACCRUE FOR SERVICE AFTER THAT DATE. ELIGIBLE ALLINA EXECUTIVES PARTICIPATED IN A DEFINED CONTRIBUTION SERP. EMPLOYER CREDITS WERE MADE EACH YEAR TO THEIR SERP BALANCE ACCORDING TO THE FOLLOWING SCHEDULE: EXEC YRS OF SERVICE CONTRIBUTION % OF PENSIONABLE EARNINGS 0-5 2 75% 6-10 3 50% 11+ 4 75%. EXECUTIVES WERE 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 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. ALLINA EXECUTIVE RETIREMENT BENEFIT RESTORATION PLAN ELIGIBLE ALLINA EXECUTIVES PARTICIPATE IN A DEFERRED COMPENSATION RETIREMENT PLAN. 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 ACCOUNT 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 ACCOUNT ATTRIBUTABLE TO THE ANNUAL CREDIT FOR A PARTICULAR YEAR AS OF JANUARY 15 OF THE YEAR FOLLOWING THE CALENDAR YEAR IN WHICH THE ANNUAL 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 PLAN 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. |
| SCHEDULE J, PART I, LINE 4  | 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 2017 WERE ESTIMATED AT \$1,271,109 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

Additional Data

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and Title                                  |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|-----------------------------------------------------|------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                                     |      | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| 1DAVID ALBRECHT<br>DIRECTOR                         | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                     | (ii) | 204,959                                            | 46,637                              | 22,943                              | 42,691                                         | 24,609                  | 341,839                         | 333                                                                   |
| 1COURTNEY BAECHLER MD<br>DIRECTOR                   | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                     | (ii) | 385,482                                            | 73,310                              | 83,640                              | 72,255                                         | 27,259                  | 641,946                         | 51,594                                                                |
| 2JULIA CRIST<br>DIRECTOR                            | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                     | (ii) | 147,953                                            | 24,115                              | 18,949                              | 24,559                                         | 26,603                  | 242,179                         | 0                                                                     |
| 3TOBY FREIER<br>DIRECTOR                            | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                     | (ii) | 270,954                                            | 60,357                              | 28,528                              | 54,796                                         | 31,771                  | 446,406                         | 4,884                                                                 |
| 4DAVID MILLER<br>DIRECTOR                           | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                     | (ii) | 231,103                                            | 51,187                              | 25,391                              | 52,510                                         | 12,477                  | 372,668                         | 2,599                                                                 |
| 5JENNIFER MYSTER<br>DIRECTOR                        | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                     | (ii) | 268,000                                            | 55,767                              | 42,236                              | 49,056                                         | 17,664                  | 432,723                         | 32,351                                                                |
| 6GARY SHAW<br>DIRECTOR                              | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                     | (ii) | 314,468                                            | 67,962                              | 74,558                              | 56,770                                         | 5,949                   | 519,707                         | 41,859                                                                |
| 7STEPHEN BARITEAU<br>DIRECTOR/PRESIDENT             | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                     | (ii) | 237,418                                            | 45,595                              | 25,740                              | 40,797                                         | 25,240                  | 374,790                         | 21,344                                                                |
| 8RICHARD MAGNUSON<br>CFO                            | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                     | (ii) | 535,410                                            | 86,194                              | 30,212                              | 154,327                                        | 16,259                  | 822,402                         | 0                                                                     |
| 9JAN MALCOLM<br>FORMER DIRECTOR/FORMER<br>PRESIDENT | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                     | (ii) | 10,165                                             | 54,312                              | 312,892                             | 3,257                                          | 1                       | 380,627                         | 95,242                                                                |
| 10DUNCAN GALLAGHER<br>FORMER CFO                    | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                     | (ii) | 42,110                                             | 369,335                             | 173,372                             | 22,712                                         | 2,450                   | 609,979                         | 326,501                                                               |

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
►Attach to Form 990.  
►Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
ALLINA ASSOCIATED FOUNDATION

Employer identification number  
27-4116873

Part ITypes of Property

|                                                                            | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line<br>1g | (d)<br>Method of determining<br>noncash contribution amounts |
|----------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1 Art—Works of art . . . .                                                 |                               |                                                        |                                                                                       |                                                              |
| 2 Art—Historical treasures . .                                             |                               |                                                        |                                                                                       |                                                              |
| 3 Art—Fractional interests . .                                             |                               |                                                        |                                                                                       |                                                              |
| 4 Books and publications . .                                               |                               |                                                        |                                                                                       |                                                              |
| 5 Clothing and household<br>goods . . . . .                                |                               |                                                        |                                                                                       |                                                              |
| 6 Cars and other vehicles . .                                              |                               |                                                        |                                                                                       |                                                              |
| 7 Boats and planes . . . .                                                 |                               |                                                        |                                                                                       |                                                              |
| 8 Intellectual property . . . .                                            |                               |                                                        |                                                                                       |                                                              |
| 9 Securities—Publicly traded .                                             | X                             | 4                                                      | 9,086                                                                                 | FAIR MARKET VALUE                                            |
| 10 Securities—Closely held stock .                                         |                               |                                                        |                                                                                       |                                                              |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . .              |                               |                                                        |                                                                                       |                                                              |
| 12 Securities—Miscellaneous . .                                            |                               |                                                        |                                                                                       |                                                              |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . . |                               |                                                        |                                                                                       |                                                              |
| 14 Qualified conservation<br>contribution—Other . . . .                    |                               |                                                        |                                                                                       |                                                              |
| 15 Real estate—Residential .                                               |                               |                                                        |                                                                                       |                                                              |
| 16 Real estate—Commercial . .                                              |                               |                                                        |                                                                                       |                                                              |
| 17 Real estate—Other . . . .                                               |                               |                                                        |                                                                                       |                                                              |
| 18 Collectibles . . . . .                                                  |                               |                                                        |                                                                                       |                                                              |
| 19 Food inventory . . . .                                                  |                               |                                                        |                                                                                       |                                                              |
| 20 Drugs and medical supplies .                                            |                               |                                                        |                                                                                       |                                                              |
| 21 Taxidermy . . . . .                                                     |                               |                                                        |                                                                                       |                                                              |
| 22 Historical artifacts . . . .                                            |                               |                                                        |                                                                                       |                                                              |
| 23 Scientific specimens . . .                                              |                               |                                                        |                                                                                       |                                                              |
| 24 Archeological artifacts . . . .                                         |                               |                                                        |                                                                                       |                                                              |
| 25 Other ► ( <u>HOUSEHOLD GOODS</u> )                                      | X                             | 1                                                      | 18,138                                                                                | FAIR MARKET VALUE                                            |
| 26 Other ► ( <u>                    </u> )                                 |                               |                                                        |                                                                                       |                                                              |
| 27 Other ► ( <u>                    </u> )                                 |                               |                                                        |                                                                                       |                                                              |
| 28 Other ► ( <u>                    </u> )                                 |                               |                                                        |                                                                                       |                                                              |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

290

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) (2017)

**Part II Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, COLUMN (B) | COLUMN (B) INCLUDES THE NUMBER OF CONTRIBUTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| PART I, LINE 32B   | ALLINA ASSOCIATED FOUNDATION MAY, FROM TIME TO TIME AND IN THE ORDINARY COURSE OF ITS CHARITABLE ACTIVITIES, ACCEPT NONCASH CONTRIBUTIONS OF PUBLICLY TRADED SECURITIES ALLINA ASSOCIATED FOUNDATION USES THIRD PARTIES, SUCH AS SECURITIES BROKERAGE FIRMS, TO LIQUIDATE THE PUBLICLY TRADED SECURITIES TO CASH ON THE OPEN SECURITIES MARKET THE SALE OF PUBLICLY TRADED SECURITIES ARE GENERALLY SUBJECT TO MARKET RATE BROKERAGE COMMISSIONS AND FEES OF THE THIRD PARTY SECURITIES BROKER ALLINA ASSOCIATED FOUNDATION CASH AND INVESTMENTS ARE POOLED WITH ITS SOLE MEMBER ORGANIZATION, ALLINA HEALTH SYSTEM, AND ITS RELATED ORGANIZATIONS |

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

ALLINA ASSOCIATED FOUNDATION

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public Inspection**

**Employer identification number**

27-4116873

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, ITEM J | ALLINA ASSOCIATED FOUNDATION ITSELF DOES NOT HAVE A WEBSITE EACH OF THE ORGANIZATIONS SUPPORTED BY ALLINA ASSOCIATED FOUNDATION HAVE A PHILANTHROPIC WEBSITE THE FOLLOWING ARE THE WEBSITES BUFFALO HOSPITAL-HTTPS //WWW ALLINAHEALTH ORG/BUFFALO-HOSPITAL/FOUNDATION/ CAMBRIDGE MEDICAL CENTER-HTTPS //WWW ALLINAHEALTH ORG/CAMBRIDGE-MEDICAL-CENTER/FOUNDATION NEW ULM MEDICAL CENTER-HTTPS //WWW ALLINAHEALTH ORG/NEW-ULM-MEDICAL-CENTER/FOUNDATION/ OWATONNA HOSPITAL-HTTPS //WWW ALLINAHEALTH ORG/OWATONNA-HOSPITAL/FOUNDATION/ RIVER FALLS AREA HOSPITAL-HTTPS //WWW ALLINAHEALTH ORG/RIVER-FALLS-AREA-HOSPITAL/FOUNDATION/ ALLINA HEALTH HOME CARE-HTTPS //WWW ALLINAHEALTH ORG/MEDICAL-SERVICES/CHRONIC-AND-ADVANCED-ILLNESS/HOSPICE/ALLINA-HEALTH-HOSPICE-FOUNDATION/ PENNY GEORGE INSTITUTE OF HEALTH & HEALING-HTTPS //WWW ALLINAHEALTH ORG/PENNY-GEORGE-INSTITUTE-FOR-HEALTH-AND-HEALING/PENNY-GEORGE-INSTITUTE-FOUNDATION/ |



## 990 Schedule O, Supplemental Information

| Return Reference          | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART V, LINE 1C | IN APRIL 2017, ALLINA ASSOCIATED FOUNDATION (DBA BUFFALO HOSPITAL FOUNDATION) HELD A FUNDRAISING EVENT THAT INCLUDED A RAFFLE. THE RAFFLE PRIZE EXCEEDED THE THRESHOLD FOR FORM W-2G REPORTING AND GAMBLING WITHHOLDING. THE PRIZE WAS INADVERTENTLY RELEASED TO THE RAFFLE WINNER PRIOR TO RECEIVING THE REQUIRED GAMBLING WITHHOLDING. ALLINA ASSOCIATED FOUNDATION MADE SEVERAL ATTEMPTS TO COLLECT THE NECESSARY WITHHOLDING FROM THE RAFFLE WINNER. ALL EFFORTS WERE UNSUCCESSFUL. ALLINA ASSOCIATED FOUNDATION ISSUED AND FILED FORM W-2G WITHOUT COLLECTING THE REQUIRED GAMBLING WITHHOLDING. |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION A,<br>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 2017 WERE ESTIMATED AT \$1,271,109 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 |

## 990 Schedule O, Supplemental Information

| Return Reference                               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION A,<br>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 |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                            | Explanation                                                                 |
|------------------------------------------------|-----------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 7B | SEE THE EXPLANATION IN SCHEDULE O FOR FORM 990, PART VI, SECTION A, LINE 7A |

**990 Schedule O, Supplemental Information**

| <b>Return<br/>Reference</b>                     | <b>Explanation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 11B | <p>ALLINA ASSOCIATED FOUNDATION'S FORM 990 WAS PREPARED EXTERNALLY BY THE PUBLIC ACCOUNTING FIRM CLIFTON LARSON ALLEN. THE FORM 990 WAS SUBJECTED TO A RIGOROUS REVIEW PROCESS BY ALLINA A HEALTH SYSTEM, ALLINA ASSOCIATED FOUNDATION'S SOLE CORPORATE MEMBER AND SUPPORTED ORGANIZATION'S TAX MANAGER AND TAX DIRECTOR, ALLINA'S VP OF FINANCE &amp; SUPPLY CHAIN, AND ALLINA'S CHIEF FINANCIAL OFFICER. 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. 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 FINANCIAL INSTITUTIONS. 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 FINANCIAL INSTITUTIONS. 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 FINANCIAL INSTITUTIONS.</p> |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 12C | <p>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</p> |

## 990 Schedule O, Supplemental Information

| Return<br>Reference                            | Explanation                                                                                                                                                                                                                                                                                       |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION B,<br>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 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                            | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION C,<br>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 |



**990 Schedule O, Supplemental Information**

| Return<br>Reference             | Explanation                                          |
|---------------------------------|------------------------------------------------------|
| FORM 990,<br>PART XI,<br>LINE 9 | CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -11,926 |

# 990 Schedule O, Supplemental Information

| Return<br>Reference               | Explanation                                        |
|-----------------------------------|----------------------------------------------------|
| FORM 990,<br>PART XII,<br>LINE 2C | THIS PROCESS REMAINS UNCHANGED FROM THE PRIOR YEAR |

|                                                          |                                                                                                                                                                                                                                                                  |                 |  |                                              |                           |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--|----------------------------------------------|---------------------------|
| efile GRAPHIC print - DO NOT PROCESS                     |                                                                                                                                                                                                                                                                  | As Filed Data - |  | DLN: 93493317021138                          |                           |
| SCHEDULE R<br>(Form 990)                                 | Related Organizations and Unrelated Partnerships                                                                                                                                                                                                                 |                 |  |                                              | OMB No 1545-0047          |
|                                                          |                                                                                                                                                                                                                                                                  |                 |  |                                              | 2017                      |
|                                                          | ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.<br>▶ Attach to Form 990.<br>▶ Information about Schedule R (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> . |                 |  |                                              | Open to Public Inspection |
| Department of the Treasury<br>Internal Revenue Service   |                                                                                                                                                                                                                                                                  |                 |  |                                              |                           |
| Name of the organization<br>ALLINA ASSOCIATED FOUNDATION |                                                                                                                                                                                                                                                                  |                 |  | Employer identification number<br>27-4116873 |                           |

| Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. |                         |                                                  |                     |                           |                                  |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                                                      | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>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. |                         |                                                  |                            |                                                     |                                  |                                              |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
| See Additional Data Table                                                                                                                                                                                             |                         |                                                  |                            |                                                     |                                  |                                              |    |
| (a)<br>Name, address, and EIN of related organization                                                                                                                                                                 | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  | Yes                                          | No |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |

**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.

See Additional Data Table

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

**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)<br>Name, address, and EIN of<br>related organization                                                                             | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)<br>(13) controlled<br>entity? |    |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|-----------------------------------------------------|----|
|                                                                                                                                      |                         |                                                           |                                     |                                                        |                                 |                                           |                                | Yes                                                 | No |
| <b>(1)</b> HEALTHSPAN SERVICES COMPANY<br>PO BOX 43 MAIL ROUTE 10890<br>MINNEAPOLIS, MN 55440<br>41-1249999                          | DEBT COLLECTION         | MN                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                     | No |
| <b>(2)</b> ALLINA SPECIALTY ASSOCIATES INC<br>PO BOX 43 MAIL ROUTE 10890<br>MINNEAPOLIS, MN 55440<br>41-1802815                      | HEALTHCARE SERVICES     | MN                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                     | No |
| <b>(3)</b> ALLINA HEALTH SYSTEM TRUST<br>PO BOX 535007<br>PITTSBURGH, PA 15253<br>27-6712988                                         | TRUST                   | PA                                                        | N/A                                 | T                                                      |                                 |                                           |                                |                                                     | No |
| <b>(4)</b><br>ALLINA HEALTH SYSTEM DEFINED BENEFIT MASTER TRUST<br>500 GRANT STREET SUITE 0625<br>PITTSBURGH, PA 15258<br>37-6520273 | TRUST                   | PA                                                        | N/A                                 | T                                                      |                                 |                                           |                                |                                                     | No |
| <b>(5)</b> LIFESPAN AFFILIATES DEFERRED COMPENSATION PLAN<br>PO BOX 43 MAIL ROUTE 10890<br>MINNEAPOLIS, MN 55440<br>41-1720860       | TRUST                   | MN                                                        | N/A                                 | T                                                      |                                 |                                           |                                |                                                     | No |
| <b>(6)</b> ALLINA INTEGRATED MEDICAL NETWORK<br>PO BOX 43 MAIL ROUTE 10890<br>MINNEAPOLIS, MN 55440<br>27-5129095                    | HEALTHCARE SERVICES     | MN                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                     | No |
| <b>(7)</b><br>FORSETI RISK MANAGEMENT INDEMNIFICATION COMPANY<br>SPC<br>PO BOX 1085<br>GRAND CAYMAN<br>CJ 98-1366132                 | CAPTIVE INSURANCE       | CJ                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                     | No |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

**a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .

**b** Gift, grant, or capital contribution to related organization(s) . . . . .

**c** Gift, grant, or capital contribution from related organization(s) . . . . .

**d** Loans or loan guarantees to or for related organization(s) . . . . .

**e** Loans or loan guarantees by related organization(s) . . . . .

**f** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

**h** Purchase of assets from related organization(s) . . . . .

**i** Exchange of assets with related organization(s) . . . . .

**j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .

**k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .

**l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

**m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

**o** Sharing of paid employees with related organization(s) . . . . .

**p** Reimbursement paid to related organization(s) for expenses . . . . .

**q** Reimbursement paid by related organization(s) for expenses . . . . .

**r** Other transfer of cash or property to related organization(s) . . . . .

**s** Other transfer of cash or property from related organization(s) . . . . .

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

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)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|----------------------------------------------|
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |

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.

[illegible]

**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Additional Data

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

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

| (a)<br>Name, address, and EIN of related organization                 | (b)<br>Primary activity    | (c)<br>Legal domicile<br>(state<br>or foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501(c)<br>(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|-----------------------------------------------------------------------|----------------------------|--------------------------------------------------------|-------------------------------|---------------------------------------------------------------|-------------------------------------|--------------------------------------------------------|----|
|                                                                       |                            |                                                        |                               |                                                               |                                     | Yes                                                    | No |
| PO BOX 43 MAIL ROUTE 10890<br>MINNEAPOLIS, MN 554400043<br>04-3643816 | SUPPORTING<br>ORGANIZATION | MN                                                     | 501(C)(3)                     | LINE 12A, I                                                   | ALLINA HEALTH<br>SYSTEM             |                                                        | No |
| PO BOX 43 MAIL ROUTE 10890<br>MINNEAPOLIS, MN 554400043<br>30-0086426 | SUPPORTING<br>ORGANIZATION | MN                                                     | 501(C)(3)                     | LINE 12A, I                                                   | ALLINA HEALTH<br>SYSTEM             |                                                        | No |
| PO BOX 43 MAIL ROUTE 10890<br>MINNEAPOLIS, MN 554400043<br>41-1613017 | SUPPORTING<br>ORGANIZATION | MN                                                     | 501(C)(3)                     | LINE 12A, I                                                   | ALLINA HEALTH<br>SYSTEM             |                                                        | No |
| PO BOX 43 MAIL ROUTE 10890<br>MINNEAPOLIS, MN 554400043<br>41-1952989 | SUPPORTING<br>ORGANIZATION | MN                                                     | 501(C)(3)                     | LINE 12A, I                                                   | ALLINA HEALTH<br>SYSTEM             |                                                        | No |
| PO BOX 43 MAIL ROUTE 10890<br>MINNEAPOLIS, MN 554400043<br>23-7420998 | SUPPORTING<br>ORGANIZATION | MN                                                     | 501(C)(3)                     | LINE 12A, I                                                   | ALLINA HEALTH<br>SYSTEM             |                                                        | No |
| PO BOX 43 MAIL ROUTE 10890<br>MINNEAPOLIS, MN 554400043<br>36-3261413 | HEALTHCARE SERVICES        | MN                                                     | 501(C)(3)                     | LINE 3                                                        |                                     |                                                        | No |
| PO BOX 43 MAIL ROUTE 10890<br>MINNEAPOLIS, MN 554400043<br>45-4078371 | SUPPORTING<br>ORGANIZATION | MN                                                     | 501(C)(3)                     | LINE 12A, I                                                   | N/A                                 |                                                        | No |
| PO BOX 43 MAIL ROUTE 10890<br>MINNEAPOLIS, MN 554400043<br>41-1987372 | SUPPORTING<br>ORGANIZATION | MN                                                     | 501(C)(3)                     | LINE 12A, I                                                   | N/A                                 |                                                        | No |





**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

| (a)<br>Name, address, and EIN of<br>related organization                                                                  | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|--------------------------------------------------------|----|
|                                                                                                                           |                         |                                                           |                                     |                                                        |                                 |                                           |                                | Yes                                                    | No |
| HEALTHSPAN SERVICES COMPANY<br>PO BOX 43 MAIL ROUTE 10890<br>MINNEAPOLIS, MN 55440<br>41-1249999                          | DEBT COLLECTION         | MN                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |
| ALLINA SPECIALTY ASSOCIATES INC<br>PO BOX 43 MAIL ROUTE 10890<br>MINNEAPOLIS, MN 55440<br>41-1802815                      | HEALTHCARE SERVICES     | MN                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |
| ALLINA HEALTH SYSTEM TRUST<br>PO BOX 535007<br>PITTSBURGH, PA 15253<br>27-6712988                                         | TRUST                   | PA                                                        | N/A                                 | T                                                      |                                 |                                           |                                |                                                        | No |
| ALLINA HEALTH SYSTEM DEFINED BENEFIT<br>MASTER TRUST<br>500 GRANT STREET SUITE 0625<br>PITTSBURGH, PA 15258<br>37-6520273 | TRUST                   | PA                                                        | N/A                                 | T                                                      |                                 |                                           |                                |                                                        | No |
| LIFESPAN AFFILIATES DEFERRED<br>COMPENSATION PLAN<br>PO BOX 43 MAIL ROUTE 10890<br>MINNEAPOLIS, MN 55440<br>41-1720860    | TRUST                   | MN                                                        | N/A                                 | T                                                      |                                 |                                           |                                |                                                        | No |
| ALLINA INTEGRATED MEDICAL NETWORK<br>PO BOX 43 MAIL ROUTE 10890<br>MINNEAPOLIS, MN 55440<br>27-5129095                    | HEALTHCARE SERVICES     | MN                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |
| FORSETI RISK MANAGEMENT<br>INDEMNIFICATION COMPANY SPC<br>PO BOX 1085<br>GRAND CAYMAN<br>CJ 98-1366132                    | CAPTIVE INSURANCE       | CJ                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |