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2014

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Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

## A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

B Check if applicable	C Name of organization MINNESOTA HOSPITAL ASSOCIATION		D Employer identification number 41-0637595
<input type="checkbox"/> Address change			
<input type="checkbox"/> Name change	Doing business as		E Telephone number (651) 641-1121
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated	Number and street (or P O box if mail is not delivered to street address) 2550 UNIVERSITY AVENUE WEST NO 350-S	Room/suite	
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code ST PAUL, MN 551141900		G Gross receipts \$ 12,864,317
<input type="checkbox"/> Application pending	F Name and address of principal officer LAWRENCE J MASSA 2550 UNIVERSITY AVENUE WEST NO 350-S ST PAUL, MN 551141900		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

I Tax-exempt status  501(c)(3)  501(c) ( 6 ) (insert no)  4947(a)(1) or  527

J Website: ► WWW MNHOSPITALS.ORG

K Form of organization  Corporation  Trust  Association  Other ►H(b) Are all subordinates included?  Yes  No

If "No," attach a list (see instructions)

H(c) Group exemption number ►

L Year of formation 1917 M State of legal domicile MN

## Part I Summary

1 Briefly describe the organization's mission or most significant activities PROMOTION OF THE HEALTHCARE INDUSTRY		
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets		
3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	31
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	30
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .	5	0
6 Total number of volunteers (estimate if necessary) . . . . .	6	200
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	15,600
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	4,650
8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g) . . . . .	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	10,206,716	12,579,539
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	40,032	75,324
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	46,241	19,225
	10,292,989	12,674,088
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	4,040	484,937
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,166,829	5,456,871
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	3,989,800	4,587,118
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	9,160,669	10,528,926
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	1,132,320	2,145,162
20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26) . . . . .	10,505,757	12,559,056
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	3,621,523	3,210,216
	6,884,234	9,348,840

## Part II Signature Block

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

Sign Here	***** Signature of officer JEFFREY K ANDERSEN CONTROLLER Type or print name and title	2015-05-05 Date
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Paid Preparer Use Only	Print/Type preparer's name JOHN TAUER	Preparer's signature JOHN TAUER	Date	Check <input type="checkbox"/> if self-employed	PTIN P00294068
	Firm's name ► CLIFTONLARSONALLEN LLP			Firm's EIN ► 41-0746749	
	Firm's address ► 220 SOUTH SIXTH STREET SUITE 300 MINNEAPOLIS, MN 55402			Phone no (612) 376-4500	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

**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**

TO ENHANCE THE ABILITY OF OUR MEMBERS TO ACHIEVE THEIR MISSIONS AND GOALS BY BEING THE STATE'S MOST INFLUENTIAL, TRUSTED AND RESPECTED LEADER IN HEALTH-CARE POLICY AND ADVOCACY, AND BY BEING A VALUED RESOURCE FOR INFORMATION AND KNOWLEDGE

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**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**

**4a** (Code  ) (Expenses \$  including grants of \$  ) (Revenue \$  )

EDUCATION PROVIDED 61 EDUCATION PROGRAMS THROUGH WEBINAR, IN PERSON SEMINARS AND CONFERENCES FOR HEALTH CARE EXECUTIVES, CAREGIVERS, MANAGERS, HOSPITAL TRUSTEES, PHYSICIAN LEADERS AND MEMBERS OF THE PUBLIC IN 2014, MHA ALSO PRODUCED EDUCATIONAL VIDEOS ON KEY HEALTH CARE AND GOVERNANCE TOPICS AND MADE THESE VIDEOS AVAILABLE THROUGH OUR WEBSITE MANY PUBLIC AND CHARITABLE HOSPITALS HAVE USED THE VIDEOS FOR BOARD AND COMMUNITY EDUCATION PROGRAMS

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**4b** (Code  ) (Expenses \$  including grants of \$  ) (Revenue \$  )

HOSPITAL ENGAGEMENT NETWORK (HEN) MHA HAS SUCCESSFULLY ADMINISTERED A HOSPITAL ENGAGEMENT NETWORK (HEN) THROUGH A CONTRACT WITH THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) BY PREVENTING HARM TO OVER 13,000 PATIENTS AND SAVING OVER \$93 MILLION IN HEALTHCARE COSTS. THIS INCLUDES A 94% REDUCTION IN EARLY ELECTIVE DELIVERIES, 54% REDUCTION IN PRESSURE ULCERS, AND 19% REDUCTION IN READMISSIONS BECAUSE OF MHA'S SUCCESS IN HELPING PARTICIPATING HOSPITALS MAKE MEASURABLE IMPROVEMENTS IN QUALITY, SAFETY AND PATIENT SATISFACTION, CMS AWARDED MHA AN EXTENSION OF THE OPTION YEAR ONE CONTRACT WHICH COMPLETED AT THE END OF 2014. THIS WORK, ALONG WITH THE LEAPT PROJECT, IS ACCELERATING THE DISSEMINATION OF BEST PRACTICES AND PROTOCOLS TO MAKE CARE PROVIDED IN MINNESOTA AND, THROUGH JOINT COLLABORATIVES WITH OTHER HENS AROUND THE COUNTRY, IN OTHER STATES

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**4c** (Code  ) (Expenses \$  including grants of \$  ) (Revenue \$  )

LEADING EDGE ADVANCED PRACTICE TOPICS (LEAPT) BECAUSE OF MHA'S SUCCESSFUL HOSPITAL ENGAGEMENT NETWORK (HEN), THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) AWARDED A CONTRACT TO MHA TO UNDERTAKE AN AMBITIOUS EFFORT TO IMPROVE CARE SAFETY AND QUALITY AT PARTICIPATING HOSPITALS. THE LEADING EDGE ADVANCED TOPICS (LEAPT) WORK WILL FOCUS ON SEVERAL AREAS OF CARE IMPROVEMENT INCLUDING REDUCING HOSPITAL ACQUIRED CONDITIONS SUCH AS SEPSIS INFECTIONS, C DIFFICILE, DELIRIUM, PRESSURE ULCERS, ADVERSE DRUG EVENTS, AND FALLS ACROSS THE COMMUNITY. RESULTS INCLUDED A 9% REDUCTION IN SEPSIS, 14% DECREASE IN C DIFFICILE, AND 6% REDUCTION IN DELIRIUM. THIS CONTRACT BEGAN IN 2013 AND WAS COMPLETED IN 2014

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See Additional Data

**4d Other program services (Describe in Schedule O )**(Expenses \$  including grants of \$  ) (Revenue \$  )**4e Total program service expenses**

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)? . . . . .

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  . . . . .

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  . . . . .

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  . . . . .

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  . . . . .

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  . . . . .

9 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? If "Yes," complete Schedule D, Part IV  . . . . .

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  . . . . .

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  . . . . .

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  . . . . .

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  . . . . .

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  . . . . .

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  . . . . .

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI  . . . . .

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  . . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  . . . . .

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .

15 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? If "Yes," complete Schedule F, Parts II and IV . . . . .

16 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? If "Yes," complete Schedule F, Parts III and IV . . . . .

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1		No
2		No
3		No
4		
5	Yes	
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b	Yes	
11c		No
11d	Yes	
11e	Yes	
11f	Yes	
12a		No
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a		No
20b		

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response 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 . . .	<b>1a</b>	78	
<b>1b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . .	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . .	<b>1c</b>		
<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 . . .	<b>2a</b>	0	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	<b>3a</b>	Yes	
<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 . . .	<b>3b</b>	Yes	
<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)? . . .	<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country ► 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? . . .	<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . .	<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . .	<b>5c</b>		
<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? . . .	<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .	<b>6b</b>		
<b>7</b> <b>Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</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? . . .	<b>7b</b>		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .	<b>7c</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .	<b>7d</b>		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . .			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	<b>7e</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	<b>7f</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .	<b>7h</b>		
<b>8</b> <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . .	<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . .	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	<b>9b</b>		
<b>10</b> <b>Section 501(c)(7) organizations.</b> Enter	<b>10a</b>		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . .	<b>10b</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
<b>11</b> <b>Section 501(c)(12) organizations.</b> Enter	<b>11a</b>		
<b>a</b> Gross income from members or shareholders . . .	<b>11b</b>		
<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) . . .			
<b>12a</b> <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . .	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . .	<b>12b</b>		
<b>13</b> <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<b>13a</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	<b>13b</b>		
<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 . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . .	<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	<b>14b</b>		

**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
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 31		
	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			
1b	Enter the number of voting members included in line 1a, above, who are independent	1b 30		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 No		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3 No		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 No		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 No		
6	Did the organization have members or stockholders?	6 No		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a No		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b Yes		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a Yes		
a	The governing body?	8b Yes		
b	Each committee with authority to act on behalf of the governing body?	9 No		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			

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

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

**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

<b>(A)</b> Name and Title	<b>(B)</b> Average hours per week (list any hours for related organizations below dotted line)	<b>(C)</b> Position (do not check more than one box, unless person is both an officer and a director/trustee)						<b>(D)</b> Reportable compensation from the organization (W-2/1099-MISC)	<b>(E)</b> Reportable compensation from related organizations (W-2/1099-MISC)	<b>(F)</b> Estimated amount of other compensation from the organization and related organizations
		Individual trustee Or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

<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>	1,585,643	0	236,865

**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 **►15**

	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 . . . . .	3	No
<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 . . . . .	4	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 . . . . .	5	No

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
TUNHEIM 1100 RIVERVIEW TOWER 80039 34TH AV MINNEAPOLIS, MN 55425	PROFESSIONAL SERVICES FOR PHMCC	170,846
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>►1</b>		

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>			
	<b>g</b> Noncash contributions included in lines 1a-1f \$				
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .				
<b>Program Service Revenue</b>	<b>2a</b> PROGRAM SERVICE GRANTS/FEES	Business Code 541900	6,852,494	6,852,494	
	<b>b</b> MEMBERSHIP DUES/SERVICES	541900	4,692,147	4,692,147	
	<b>c</b> SEMINAR REGISTRATION	541900	697,432	697,432	
	<b>d</b> SUBSCRIPTIONS/PUBLICATIONS	541900	337,466	321,866	15,600
	<b>e</b>				
	<b>f</b> All other program service revenue				
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		12,579,539		
	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		55,325		55,325
<b>4</b> Income from investment of tax-exempt bond proceeds					
<b>5</b> Royalties . . . . .					
<b>6a</b> Gross rents	(I) Real				
<b>b</b> Less rental expenses	(II) Personal				
<b>c</b> Rental income or (loss)					
<b>d</b> Net rental income or (loss) . . . . .					
<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities				
<b>b</b> Less cost or other basis and sales expenses	210,228				
<b>c</b> Gain or (loss)	190,229				
<b>d</b> Net gain or (loss) . . . . .	19,999			19,999	
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
<b>b</b> Less direct expenses . . . . .	b				
<b>c</b> Net income or (loss) from fundraising events . . . . .					
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	a				
<b>b</b> Less direct expenses . . . . .	b				
<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	a				
<b>b</b> Less cost of goods sold . . . . .	b				
<b>c</b> Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>	Business Code				
<b>11a</b> MISCELLANEOUS REVENUE	900099	19,225			19,225
<b>b</b>					
<b>c</b>					
<b>d</b> All other revenue . . . . .					
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		19,225			
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		12,674,088	12,563,939	15,600	94,549

**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 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	484,937			
2 Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .				
4 Benefits paid to or for members . . . . .				
5 Compensation of current officers, directors, trustees, and key employees . . . . .	822,513			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7 Other salaries and wages . . . . .	3,363,909			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	485,183			
9 Other employee benefits . . . . .	785,266			
10 Payroll taxes . . . . .				
11 Fees for services (non-employees)				
a Management . . . . .				
b Legal . . . . .	223,495			
c Accounting . . . . .	24,128			
d Lobbying . . . . .				
e Professional fundraising services See Part IV, line 17				
f Investment management fees . . . . .	29,273			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	1,673,337			
12 Advertising and promotion . . . . .	119,145			
13 Office expenses . . . . .	245,705			
14 Information technology . . . . .	105,154			
15 Royalties . . . . .				
16 Occupancy . . . . .	272,193			
17 Travel . . . . .	121,137			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	585,597			
20 Interest . . . . .				
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	7,290			
23 Insurance . . . . .	34,315			
24 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)				
a INCENTIVES - LEAPT & HE	622,177			
b EQUIPMENT RENTAL	116,893			
c DUES AND SUBSCRIPTIONS	114,150			
d MDH STAFFING	99,328			
e All other expenses	193,801			
25 <b>Total functional expenses.</b> Add lines 1 through 24e	10,528,926			
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► 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 X 

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year	
Assets	1 Cash—non-interest-bearing	3,431,377	<b>1</b> 4,878,552	
	2 Savings and temporary cash investments	1,350,476	<b>2</b> 391,523	
	3 Pledges and grants receivable, net	276,223	<b>3</b> 649,849	
	4 Accounts receivable, net	57,729	<b>4</b> 36,343	
	5 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>
	6 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>
	7 Notes and loans receivable, net		<b>7</b>	
	8 Inventories for sale or use		<b>8</b>	
	9 Prepaid expenses and deferred charges	69,913	<b>9</b>	73,917
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b>	49,754	
	b Less accumulated depreciation	<b>10b</b>	38,883	<b>10c</b> 10,871
	11 Investments—publicly traded securities	2,041,094	<b>11</b>	3,307,629
	12 Investments—other securities See Part IV, line 11	2,470,152	<b>12</b>	2,488,162
	13 Investments—program-related See Part IV, line 11		<b>13</b>	
	14 Intangible assets		<b>14</b>	
	15 Other assets See Part IV, line 11	790,633	<b>15</b>	722,210
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	10,505,757	<b>16</b>	12,559,056	
Liabilities	17 Accounts payable and accrued expenses	301,215	<b>17</b> 398,301	
	18 Grants payable		<b>18</b>	
	19 Deferred revenue	1,303,184	<b>19</b> 1,811,481	
	20 Tax-exempt bond liabilities		<b>20</b>	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	22 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>	
	23 Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	24 Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	2,017,124	<b>25</b> 1,000,434	
	<b>26 Total liabilities.</b> Add lines 17 through 25	3,621,523	<b>26</b> 3,210,216	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	6,884,234	<b>27</b> 9,348,840	
	28 Temporarily restricted net assets		<b>28</b>	
	29 Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		<b>30</b>	
	31 Paid-in or capital surplus, or land, building or equipment fund		<b>31</b>	
	32 Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	33 Total net assets or fund balances	6,884,234	<b>33</b> 9,348,840	
	<b>34 Total liabilities and net assets/fund balances</b>	10,505,757	<b>34</b> 12,559,056	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,674,088
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,528,926
3	Revenue less expenses Subtract line 2 from line 1	3	2,145,162
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,884,234
5	Net unrealized gains (losses) on investments	5	283,850
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	17,584
9	Other changes in net assets or fund balances (explain in Schedule O)	9	18,010
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,348,840

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3b 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	3a	No
	3b	

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 41-0637595  
**Name:** MINNESOTA HOSPITAL ASSOCIATION

### Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
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DIRECT SUPERVISION OF OUTPATIENT THERAPEUTIC SERVICES WHITE PAPER MHA PRODUCED AND DISTRIBUTED AT NO CHARGE A RESEARCH PAPER ON NEW DIRECT PHYSICIAN SUPERVISION REQUIREMENTS FOR OUTPATIENT THERAPEUTIC SERVICES DELIVERED IN A HOSPITAL THIS RESEARCH WAS PROVIDED TO ALL MHA MEMBER HOSPITALS, AS WELL AS MADE PUBLICLY AVAILABLE TO OTHERS AROUND THE COUNTRY IN PARTICULAR, OTHER STATE HOSPITAL ASSOCIATIONS HAVE USED THE RESEARCH TO HELP SUPPORT THE EDUCATION AND COMPLIANCE NEEDS OF THEIR MEMBERS

(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
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COMMUNITY HEALTH NEEDS ASSESSMENTS TO HELP MHA MEMBERS COMPLETE THEIR COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNAS) AS REQUIRED BY FEDERAL LAW, MHA CREATED A WEBSITE WITH TOOLKITS AND OTHER RESOURCES FOR HOSPITALS TO USE, AS WELL AS LINKS TO PUBLICLY AVAILABLE DATA SETS THAT MIGHT BE USEFUL IN ASSESSING THE HEALTH NEEDS OF THEIR COMMUNITIES MHA THEN COLLECTED APPROXIMATELY 100 CHNAS COMPLETED BY MEMBER HOSPITALS IN PREPARATION FOR EXPANDING ACCESS TO THOSE REPORTS FOR THE PUBLIC, AS WELL AS CONDUCTING INDEPENDENT RESEARCH AND ANALYSIS ON THE HEALTH NEEDS OF MINNESOTA'S COMMUNITIES AS WELL AS THE STRATEGIES HOSPITALS IDENTIFIED TO ADDRESS THE MOST SIGNIFICANT NEEDS AS MHA COMPLETES ITS RESEARCH AND ANALYSIS, THE RESULTS WILL BE PUBLICLY AVAILABLE

**Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)**

(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
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MENTAL HEALTH BED TRACKER ADMINISTER ELECTRONIC MENTAL HEALTH INPATIENT BED TRACKER TO PROVIDE DAILY CLOSE-TO-REAL-TIME INFORMATION FOR HOSPITALS SEEKING TO ADMIT PATIENTS WITH MENTAL OR BEHAVIORAL HEALTH NEEDS. THIS BED TRACKER IS USED FOR PATIENT PLACEMENT BY ALMOST ALL 146 HOSPITALS IN MINNESOTA. MHA ALSO RECENTLY EXPANDED ACCESS TO THE BED TRACKER TO INCLUDE COMMUNITY-BASED SERVICES WHO MAY NEED TO REFER A PATIENT FOR INPATIENT CARE FROM TIME TO TIME.

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Compensated Employees, and Independent Contractors									
(A) Name and Title		(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			Or director	Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former
(1) LAWRENCE J MASSA		40 00							
PRESIDENT & CHIEF EXECUTIVE OFFICER		1 00	X		X			694,583	0
(1) KENNETH PAULUS		0 70		X		X		0	0
CHAIR		0 70						0	0
(2) CARL VAAGENES		0 70		X		X		0	0
CHAIR-ELECT		0 70						0	0
(3) BRADLEY BEARD		0 70		X		X		0	0
SECRETARY/TREASURER/REGION DIRECTOR		0 70						0	0
(4) BEN KOPPELMAN		0 70		X		X		0	0
IMMEDIATE PAST CHAIR		0 70						0	0
(5) KATHRYN CORREIA		0 50		X				0	0
STANDING DIRECTOR		0 50						0	0
(6) ALAN GOLDBLOOM MD		0 50		X				0	0
STANDING DIRECTOR		0 00						0	0
(7) MARK KOCH		0 50		X				0	0
STANDING DIRECTOR		0 00						0	0
(8) BROCK NELSON		0 50		X				0	0
STANDING DIRECTOR		0 50						0	0
(9) PETER PERSON MD		0 50		X				0	0
STANDING DIRECTOR		0 00						0	0
(10) TERENCE PLADSON MD		0 50		X				0	0
STANDING DIRECTOR		0 00						0	0
(11) JON PRYOR MD		0 50		X				0	0
STANDING DIRECTOR		0 50						0	0
(12) RULON STACEY PHD		0 50		X				0	0
STANDING DIRECTOR		0 00						0	0
(13) LOREN TAYLOR		0 50		X				0	0
STANDING DIRECTOR		0 00						0	0
(14) SARA CRIGER		0 50		X				0	0
AT-LARGE DIRECTOR		0 00						0	0
(15) MARY MAERTENS		0 50		X				0	0
AT-LARGE DIRECTOR		0 50						0	0
(16) H DANIEL ODEGAARD		0 50		X				0	0
AT-LARGE DIRECTOR		0 00						0	0
(17) MARY RUYTER		0 50		X				0	0
AT-LARGE DIRECTOR		0 00						0	0
(18) RACHELLE SCHULTZ		0 50		X				0	0
AT-LARGE DIRECTOR		0 00						0	0
(19) STEVEN MULDER MD		0 50		X				0	0
EX OFFICIO DIRECTOR		0 00						0	0
(20) DAVID ALBRECHT		0 50		X				0	0
REGIONAL DIRECTOR		0 00						0	0
(21) FRANK LAWATSCHE		0 50		X				0	0
REGIONAL DIRECTOR		0 00						0	0
(22) KEITH OKESON		0 50		X				0	0
REGIONAL DIRECTOR		0 00						0	0
(23) JOHN SOLHEIM		0 50		X				0	0
REGIONAL DIRECTOR		0 00						0	0
(24) JEFFRY STAMPOHAR		0 50		X				0	0
REGIONAL DIRECTOR		0 00						0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

## **SCHEDULE C**

## Political Campaign and Lobbying Activities

## For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ

► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

2014

**Open to Public  
Inspection**

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Section 501(c)(4), (5), or (6) organizations. Complete Part III.

Name of the organization

Name of the organization  
**MINNESOTA HOSPITAL ASSOCIATION**

**Employer identification number**

41-0637595

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV

**2** Political expenditures

**3** Volunteer hours

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ \_\_\_\_\_

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No

**4a** Was a correction made?  Yes  No

**b** If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_ (0)

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_ (0)

**3** Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_

**4** Did the filing organization file **Form 1120-POL** for this year?  Yes  No

**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			
<b>d</b> Other exempt purpose expenditures			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)			
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-			
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**4-Year Averaging Period Under section 501(h)**

**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a) 2011</b>	<b>(b) 2012</b>	<b>(c) 2013</b>	<b>(d) 2014</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)			(b)	
	Yes	No	Amount		
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
<b>a</b> Volunteers?					
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
<b>c</b> Media advertisements?					
<b>d</b> Mailings to members, legislators, or the public?					
<b>e</b> Publications, or published or broadcast statements?					
<b>f</b> Grants to other organizations for lobbying purposes?					
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?					
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
<b>i</b> Other activities?					
<b>j</b> Total Add lines 1c through 1i					
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912					
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

		Yes	No
1	1	Yes	
2	2		No
3	3		No

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid)		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>4</b>	
	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Return Reference	Explanation

**Part IV** **Supplemental Information (continued)**

**Schedule C (Form 990 or 990EZ) 2014**

2014

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to 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).Department of the Treasury  
Internal Revenue Service**Name of the organization**

MINNESOTA HOSPITAL ASSOCIATION

**Employer identification number**

41-0637595

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate 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" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or 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
2a	
2b	
2c	
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, and enforcing conservation easements during the year  
► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  
► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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" to 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 in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

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

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other
<b>c</b> <input type="checkbox"/> Preservation for future generations	

**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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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 in 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" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

<b>Yes</b>	<b>No</b>
<b>3a(i)</b>	
<b>3a(ii)</b>	
<b>3b</b>	

**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' to 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
<b>1a</b> Land . . . . .					
<b>b</b> Buildings . . . . .					
<b>c</b> Leasehold improvements . . . . .					
<b>d</b> Equipment . . . . .		49,754	38,883	10,871	
<b>e</b> Other . . . . .					
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				10,871	

**Part VI Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	2,488,162	F
Other		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.)	2,488,162	

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13.)		

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

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLES	722,498
(2) RELATED PARTY RECEIVABLES	-288
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	722,210

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
INTERCOMPANY PAYABLES	704,203
SERP LIABILITY	296,231
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	1,000,434

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' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	12,975,948
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments . . . . .	2a	283,850
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII) . . . . .	2d	18,010
e	Add lines 2a through 2d . . . . .	2e	301,860
3	Subtract line 2e from line 1 . . . . .	3	12,674,088
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	12,674,088

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	10,531,577
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII) . . . . .	2d	2,651
e	Add lines 2a through 2d . . . . .	2e	2,651
3	Subtract line 2e from line 1 . . . . .	3	10,528,926
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	10,528,926

**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
PART X, LINE 2	THE ASSOCIATION FOLLOWS THE GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ASSOCIATION'S FINANCIAL STATEMENTS. THE ASSOCIATION IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS AS OF YEAR-END. THE ORGANIZATION WILL RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE, IF INCURRED. THE ASSOCIATION IS NO LONGER SUBJECT TO FEDERAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS PRIOR TO 2011 AND STATE EXAMINATIONS FOR YEARS PRIOR TO 2011
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN INVESTMENT VALUE IN MCCA 18,010
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPENSES REPORTED ON OTHER RETURNS 2,651

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

Return Reference	Explanation

Schedule I  
(Form 990)Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

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

► Attach to Form 990.

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

2014

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Name of the organization

MINNESOTA HOSPITAL ASSOCIATION

Employer identification number

41-0637595

**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" to 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 non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .  35

3 Enter total number of other organizations listed in the line 1 table . . . . .  2

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**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	THE FUNDS ARE MONITORED IN ACCORDANCE WITH THE STANDARDS DEVELOPED AND REQUIRED BY THE FEDERAL GOVERNMENT AND IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. THE FINANCIAL REPORTS ARE PREPARED SEPARATELY AS WELL AS A PART OF THE ORGANIZATION BY EXPERIENCED STAFF. THEY ARE REVIEWED BY THE CONTROLLER ON A DAY TO DAY BASIS AS IS DEEMED NECESSARY. THE MONTHLY FINANCIAL STATEMENTS ARE REVIEWED BY SENIOR MANAGEMENT AT REGULARLY SCHEDULED MEETINGS. THE PRESIDENT PRESENTS THE FINANCIAL STATEMENTS TO THE BOARD OF DIRECTORS ON A QUARTERLY BASIS FOR REVIEW. FINALLY, THEY ARE AUDITED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT ON AN ANNUAL BASIS.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 41-0637595  
**Name:** MINNESOTA HOSPITAL ASSOCIATION

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

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC Code section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
CENTRACARE HEALTH FOUNDATION 1406 - 6TH AVENUE NORTH ST CLOUD, MN 563035000	41-1855173	501(C)(3)	10,000		N/A	N/A	HEN MINI GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CENTRACARE HEALTH ST CLOUD HOSPITAL 1406 - 6TH AVENUE NORTH ST CLOUD, MN 563035000	41-0695596	501(C)(3)	9,382		N/A	N/A	HEN PRESSURE ULCER GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DOUGLAS COUNTY HOSPITAL 111 - 17TH AVENUE EAST ALEXANDRIA, MN 563083703	41-1410148	DOUGLAS COUNTY	10,000		N/A	N/A	HEN SAFETY CULTURE GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DOUGLAS COUNTY HOSPITAL 111 - 17TH AVENUE EAST ALEXANDRIA, MN 563083703	41-1410148	DOUGLAS COUNTY	12,521		N/A	N/A	SHCIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ECUMEN DETROIT LAKES 1415 MADISON AVENUE DETROIT LAKES, MN 565017520	41-0711588	501(C)(3)	6,162		N/A	N/A	SHCIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ESSENTIA HEALTH ST MARY'S 1027 WASHINGTON AVENUE DETROIT LAKES, MN 565013409	41-1620386	501(C)(3)	10,000		N/A	N/A	HEN MINI GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FAIRVIEW RIDGES HOSPITAL 201 EAST NICOLLET BOULEVARD BURNSVILLE, MN 553375799	41-0991680	501(C)(3)	13,653		N/A	N/A	SHCIP

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

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC Code section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
FAIRVIEW SOUTHDALE HOSPITAL 6401 FRANCE AVENUE SOUTH EDINA, MN 554352104	41-0991680	501(C)(3)	14,789		N/A	N/A	SHCIP

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

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC Code section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
FIRSTLIGHT HEALTH SYSTEM 301 HIGHWAY 65 SOUTH MORA, MN 550511899	41-6005815	KANABEC COUNTY	10,196		N/A	N/A	SHCIP

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

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC Code section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
FRIESEN & FRIESEN37762 BLUEWATER ROAD GRAND RAPIDS, MN 557445358	20-0597012		12,243		N/A	N/A	SHCIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GLENCOE REGIONAL HEALTH SERVICES 1805 HENNEPIN AVENUE NORTH GLENCOE, MN 553361416	41-1949230	501(C)(3)	9,190		N/A	N/A	HEN SSI MINI GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GRANITE FALLS MUNICIPAL HOSPITAL 345 - 10TH AVENUE GRANITE FALLS, MN 562411499	41-6005203	MUNICIPALITY	10,000		N/A	N/A	HEN SAFE CARE MINI GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GRANITE FALLS MUNICIPAL HOSPITAL 345 - 10TH AVENUE GRANITE FALLS, MN 56241-1499	41-6005203	MUNICIPALITY	5,751		N/A	N/A	SHCIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GRANITE FALLS MUNICIPAL HOSPITAL 345 - 10TH AVENUE GRANITE FALLS, MN 56241-1499	41-6005203	MUNICIPALITY	6,831		N/A	N/A	HEN SAFE FROM FALLS GRANT

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

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC Code section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
HENNEPIN COUNTY MEDICAL CENTER 701 PARK AVENUE SOUTH MINNEAPOLIS, MN 554151623	42-1707837	501(C)(3)	10,000		N/A	N/A	HEN PRESSURE ULCER GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HENNEPIN HEALTH FOUNDATION 701 PARK AVENUE SOUTH MINNEAPOLIS, MN 554151623	42-1707837	501(C)(3)	10,000		N/A	N/A	HEN CUSP STOP CAUTI MINI GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HENNEPIN HEALTH FOUNDATION 701 PARK AVENUE SOUTH MINNEAPOLIS, MN 554151623	42-1707837	501(C)(3)	10,000		N/A	N/A	HEN SSI MINI GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HENNEPIN HEALTH FOUNDATION 701 PARK AVENUE SOUTH MINNEAPOLIS, MN 554151623	42-1707837	501(C)(3)	10,000		N/A	N/A	HEN CLABSI MINI GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HENNEPIN HEALTH FOUNDATION 701 PARK AVENUE SOUTH MINNEAPOLIS, MN 554151623	42-1707837	501(C)(3)	10,000		N/A	N/A	HEN VAE MINI GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JOHNSON MEMORIAL HEALTH SERVICES 1282 WALNUT STREET DAWSON, MN 562322333	41-0694689	DISTRICT	19,812		N/A	N/A	SHCIP

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

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC Code section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
LAKE REGION HOME HEALTH 22 CENTRAL AVENUE EAST NEW LONDON, MN 56273	27-2909162		6,056		N/A	N/A	SHCIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LAKEWOOD HEALTH SYSTEM 49725 COUNTY 83 STAPLES, MN 564795280	41-0758434	501(C)(3)	9,737		N/A	N/A	HEN PRESSURE ULCER GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LIFECARE MEDICAL CENTER 715 DELMORE DRIVE ROSEAU, MN 567511534	41-1804205	501(C)(3)	8,400		N/A	N/A	HEN SAFE FROM FALLS GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LIFECARE MEDICAL CENTER 715 DELMORE DRIVE ROSEAU, MN 567511534	41-1804205	501(C)(3)	11,819		N/A	N/A	SHCIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MEEKER MEMORIAL HOSPITAL 612 SOUTH SIBLEY AVENUE LITCHFIELD, MN 553553340	41-6005843	MEEKER COUNTY	10,000		N/A	N/A	HEN SAFE FROM FALLS GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MERCY HOSPITAL & HCC 710 SOUTH KENWOOD AVENUE MOOSE LAKE, MN 557679405	41-0859808	DISTRICT	9,450		N/A	N/A	HEN ADE MINI GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MERCY HOSPITAL MOOSE LAKE 710 SOUTH KENWOOD AVENUE MOOSE LAKE, MN 557679405	41-0859808	DISTRICT	10,000		N/A	N/A	HEN SAFETY CULTURE GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MILLE LACS HEALTH SYSTEM 200 NORTH ELM STREET PO BOX A ONAMIA, MN 56359-7901	41-0785161	501(C)(3)	5,469		N/A	N/A	SHCIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MINNEAPOLIS HEART INSTITUTE FOUNDATION 920 EAST 29TH STREET SUITE 100 MINNEAPOLIS, MN 554071139	41-1426406	501(C)(3)	12,753		N/A	N/A	SHCIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTH MEMORIAL HOSPITAL 3300 OAKDALE AVENUE NORTH ROBBINSDALE, MN 55422-2926	41-0729979	501(C)(3)	10,000		N/A	N/A	HEN SSI MINI GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTH MEMORIAL HOSPITAL 3300 OAKDALE AVENUE NORTH ROBBINSDALE, MN 554222926	41-0729979	501(C)(3)	10,000		N/A	N/A	HEN CLABSI MINI GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTH MEMORIAL HOSPITAL 3300 OAKDALE AVENUE NORTH ROBBINSDALE, MN 554222926	41-0729979	501(C)(3)	10,000		N/A	N/A	HEN CUSP STOP CAUTI GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTHFIELD HOSPITALS & CLINICS 2000 NORTH AVENUE NORTHFIELD, MN 550571498	41-6007241	CITY OF NORTHFIELD	5,870		N/A	N/A	SHCIP

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

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC Code section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
RC HOSPITALS & CLINICS 611 EAST FAIRVIEW AVENUE OLIVIA, MN 562774213	41-6005880	RENVILLE COUNTY	5,000		N/A	N/A	HEN CUSP STOP CAUTI MINI GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RIDGEVIEW MEDICAL CENTER 500 SOUTH MAPLE STREET WACONIA, MN 553871791	31-1667875	501(C)(3)	10,000		N/A	N/A	HEN SAFE FROM FALLS GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SLEEPY EYE MEDICAL CENTER 400 - 4TH AVENUE NW PO BOX 323 SLEEPY EYE, MN 560850323	41-6005545	CITY OF SLEEPY EYE	8,200		N/A	N/A	HEN SAFE CARE MINI GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF MN MEDICAL CENTER FAIRVIEW 2450 RIVERSIDE AVENUE MINNEAPOLIS, MN 554541400	41-0991680	501(C)(3)	23,002		N/A	N/A	SHCIP

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2014****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceFor certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

► Complete if the organization answered "Yes" to 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  
MINNESOTA HOSPITAL ASSOCIATION

Employer identification number

41-0637595

**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 in 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 in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization**a** Receive a severance payment or change-of-control payment?**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 in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of**a** The organization?**b** Any related organization?

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

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

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

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		
<b>5b</b>		
<b>6a</b>		
<b>6b</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(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 in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> LAWRENCE J MASSA, PRESIDENT & CHIEF EXECUTIVE OFFICER	(i) 483,674 (ii) 0	(i) 127,992 (ii) 0	(i) 82,917 (ii) 0	(i) 39,351 (ii) 0	(i) 22,374 (ii) 0	(i) 756,308 (ii) 0	(i) 0 (ii) 0
<b>2</b> MATT ANDERSON, VP REGULATORY/STRATEGIC	(i) 170,434 (ii) 0	(i) 19,500 (ii) 0	(i) 0 (ii) 0	(i) 26,083 (ii) 0	(i) 26,083 (ii) 0	(i) 242,100 (ii) 0	(i) 0 (ii) 0
<b>3</b> MARY KRINKIE, VP GOVERNMENT RELATIONS	(i) 162,846 (ii) 0	(i) 17,000 (ii) 0	(i) 0 (ii) 0	(i) 25,791 (ii) 0	(i) 21,322 (ii) 0	(i) 226,959 (ii) 0	(i) 0 (ii) 0
<b>4</b> MARK SONNEBORN, VP INFORMATION SERVICES	(i) 131,198 (ii) 0	(i) 13,275 (ii) 0	(i) 0 (ii) 0	(i) 2,987 (ii) 0	(i) 3,071 (ii) 0	(i) 150,531 (ii) 0	(i) 0 (ii) 0
<b>5</b> BENJAMIN PELTIER, GENERAL COUNSEL	(i) 167,626 (ii) 0	(i) 17,338 (ii) 0	(i) 0 (ii) 0	(i) 21,574 (ii) 0	(i) 19,728 (ii) 0	(i) 226,266 (ii) 0	(i) 0 (ii) 0
<b>6</b> WENDY BURT, VP COMMUNICATIONS & PUBLIC RELATIONS	(i) 116,104 (ii) 0	(i) 15,000 (ii) 0	(i) 0 (ii) 0	(i) 16,143 (ii) 0	(i) 6,892 (ii) 0	(i) 154,139 (ii) 0	(i) 0 (ii) 0

**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, LINE 4B	LAWRENCE J. MASSA, PRESIDENT & CHIEF EXECUTIVE OFFICER, RECEIVED A CONTRIBUTION FROM THE ORGANIZATION IN THE AMOUNT OF \$87,484 UNDER A NON-QUALIFIED 457(F) PLAN
FORM 990, SCHEDULE J, PART II	THE ASSOCIATION'S PRESIDENT & CHIEF EXECUTIVE OFFICER IS COMPENSATED BY A RELATED ORGANIZATION, MCCA. MCCA IS REIMBURSED FOR SERVICES RENDERED BY THE PRESIDENT & CHIEF EXECUTIVE OFFICER TO THE ASSOCIATION FOR THE PURPOSES OF DETERMINING COMPENSATION, THE ASSOCIATION RELIED ON THE RELATED ORGANIZATION TO ESTABLISH COMPENSATION OF THE PRESIDENT & CHIEF EXECUTIVE OFFICER. THE RELATED ORGANIZATION USED THE FOLLOWING PRACTICES FOR ESTABLISHING COMPENSATION FOR THIS POSITION: COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, FORM 990 OF OTHER ORGANIZATIONS, WRITTEN EMPLOYMENT CONTRACT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE. THE ASSOCIATION IS REPORTING ALL COMPENSATION UNDER COMMON PAYMASTER RULES IN FORM 990, PART VII AND SCHEDULE J, PART II

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or 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).****2014****Open to Public  
Inspection**Name of the organization  
MINNESOTA HOSPITAL ASSOCIATION**Employer identification number**

41-0637595

Return Reference	Explanation
FORM 990, PART III, LINE 3	DURING 2014, MINNESOTA HOSPITAL ASSOCIATION COMPLETED WORK ON THE HOSPITAL ENGAGEMENT NETWORK (HEN) AND LEADING EDGE ADVANCED PRACTICE TOPICS (LEAPT) CONTRACTS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE ASSOCIATION'S EXECUTIVE COMMITTEE IS COMPOSED OF THE BOARD CHAIR, CHAIR-ELECT, PRESIDENT, SECRETARY/TREASURER AND FIVE OTHER DIRECTORS ELECTED BY THE BOARD AT THE ANNUAL MEETING, PROVIDED, HOWEVER, THAT IF THE IMMEDIATE PAST-CHAIR IS A DIRECTOR, THEN HE OR SHE SHALL ALSO BE A MEMBER OF THE EXECUTIVE COMMITTEE AND THE BOARD WILL ELECT FOUR NON-OFFICER MEMBERS. THE EXECUTIVE COMMITTEE HAS THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE BUSINESS IN THE INTERVAL BETWEEN MEETINGS OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE IS AT ALL TIMES SUBJECT TO THE CONTROL AND DIRECTION OF THE BOARD.

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	VOTING MEMBERS - ORGANIZATIONS OR INSTITUTIONS WHICH ARE ACTIVE IN THE HEALTH CARE INDUSTRY AND SUPPORT THE WORK OF MHA AND PAY MEMBERSHIP DUES TO MHA CAN BE VOTING MEMBERS WITH APPROVAL FROM THE BOARD OF DIRECTORS REGIONAL MEMBERS - ORGANIZATIONS OR INSTITUTIONS WHICH ARE CONTROLLED BY A VOTING MEMBER THE SOLE VOTING RIGHT AFFORDED TO REGIONAL MEMBERS IS TO PARTICIPATE IN THE ELECTION OF REGIONAL DIRECTORS ASSOCIATE MEMBERS - ORGANIZATIONS THAT SUPPORT THE WORK OF MHA BUT ARE NOT OTHERWISE ELIGIBLE TO BE VOTING MEMBERS OR REGIONAL MEMBERS, AND PAY ASSOCIATE DUES TO MHA CAN BECOME ASSOCIATE MEMBERS WITH APPROVAL FROM THE BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	VOTING MEMBERS DOMICILED IN MINNESOTA HAVING \$100 MILLION IN GROSS REVENUES AS TO WHICH DUES ARE ASSESSED SHALL BE ENTITLED TO DESIGNATE ONE STANDING DIRECTOR, WHO, UPON RATIFICATION BY THE BOARD OF DIRECTORS AT THE NEXT MEETING OF THE DIRECTORS FOLLOWING SUCH DESIGNATION, SHALL BECOME A MEMBER OF THE BOARD OF DIRECTORS. THE VOTING MEMBERS AND THE REGIONAL MEMBERS OF EACH REGION SHALL COLLECTIVELY ELECT ONE REGIONAL DIRECTOR. IN VOTING FOR THE REGIONAL DIRECTOR, THE VOTING MEMBER AND REGIONAL MEMBERS THAT ARE UNDER COMMON CONTROL SHALL COLLECTIVELY BE ENTITLED TO ONE VOTE. VOTING MEMBERS MAY ELECT A MAXIMUM OF FIVE TRUSTEE DIRECTORS. EACH TRUSTEE DIRECTOR SHALL BE A MEMBER OF THE GOVERNING BODY OF A VOTING MEMBER OR REGIONAL MEMBER. VOTING MEMBERS MAY ELECT A MAXIMUM OF FIVE AT-LARGE DIRECTORS.

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	AMENDMENTS TO THE ASSOCIATION'S BYLAWS MUST BE PROPOSED BY ADOPTING A RESOLUTION SETTING FORTH THE PROPOSED AMENDMENT AND DIRECTING THAT IT BE SUBMITTED FOR ADOPTION AT A MEETING OF THE VOTING MEMBERS OR BY WRITTEN PETITION SIGNED BY AT LEAST 50 VOTING MEMBERS OR TEN PERCENT OF THE VOTING MEMBERS, WHICHEVER IS LESS, AND DELIVERED TO THE SECRETARY. EACH PROPOSED AMENDMENT SHALL BE CONSIDERED BY THE VOTING MEMBERS, AND AN AMENDMENT SHALL BE ADOPTED UPON THE AFFIRMATIVE VOTE OF A MAJORITY OF THE VOTING MEMBERS PRESENT AND ENTITLED TO VOTE AT THE MEETING. NOTICE OF THE MEETING SHALL INCLUDE A COPY OR SUMMARY OF EACH PROPOSED AMENDMENT. THE VOTING MEMBERS HAVE NO POWER TO AMEND THE BYLAWS EXCEPT AS DESCRIBED ABOVE.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	A DRAFT COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS. THE BOARD REVIEWS THE DRAFT FORM 990, ADDRESSING ANY COMMENTS OR CONCERN. UPON APPROVAL OF THE DRAFT FORM 990 BY THE BOARD, THE FORM IS FILED WITH THE IRS.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ASSOCIATION'S CONFLICT OF INTEREST POLICY COVERS MEMBERS OF THE BOARD OF DIRECTORS, OFFICERS, AND OTHER INDIVIDUALS ENGAGED IN THE MANAGEMENT OF THE ASSOCIATION THAT OCCUPY POSITIONS OF FIDUCIARY TRUST COVERED INDIVIDUALS ARE REQUIRED TO UPDATE AN ANNUAL DISCLOSURE STATEMENT THAT IS REVIEWED BY THE EXECUTIVE COMMITTEE. THE COMMITTEE WILL MEET WITH INDIVIDUAL BOARD MEMBERS THAT ARE DETERMINED TO HAVE A POTENTIAL CONFLICT OF INTEREST TO RESOLVE WHETHER AND HOW THE INDIVIDUAL WILL PARTICIPATE IN ASSOCIATION ACTIVITIES ASSOCIATED WITH THE POTENTIAL CONFLICT. IF A COVERED INDIVIDUAL HAS A POTENTIAL CONFLICT OF INTEREST THAT ARISES DURING THE COURSE OF THE YEAR, THE MATERIAL FACTS MUST BE FULLY DISCLOSED TO THE BOARD OF DIRECTORS OR COMMITTEE MEMBERS WHO SHALL DETERMINE IF A CONFLICT EXISTS FOLLOWING THE DISCLOSURE THE CONFLICTED INDIVIDUAL MAY NOT BE PRESENT FOR THE DISCUSSION, THE VOTE ON THE TRANSACTION, NOR BE COUNTED FOR DETERMINING THE PRESENCE OF A QUORUM. THE MEETING MINUTES SHALL DOCUMENT THE DISCLOSURE, ABSTENTION FROM PARTICIPATION IN THE DISCUSSION, AND THE ABSTENTION FROM VOTING

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE ASSOCIATION'S BOARD OF DIRECTORS USED MARKET STUDIES, AN INDEPENDENT COMPENSATION CONSULTANT, AND FORM 990S OF OTHER SIMILARLY SIZED AND SITUATED ORGANIZATIONS TO DETERMINE COMPENSATION FOR THE PRESIDENT & CHIEF EXECUTIVE OFFICER, L. MASSA. THE PROCESS WAS LAST UNDERTAKEN DURING 2014. THE ASSOCIATION'S BOARD OF DIRECTORS USED MARKET STUDIES TO DETERMINE COMPENSATION FOR THE CONTROLLER, J. ANDERSEN. THE DETERMINATION LAST TOOK PLACE IN 2014.

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ASSOCIATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTING 1,041,076 SUBCONTRACTOR - HEN PATIENT 142,920 SUBCONTRACTOR - LEAPT PATIENT 469,341 RECRUITMENT 20,000

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN INVESTMENT VALUE IN MCCA 18,010

SCHEDULE R  
(Form 990)

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2014

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
► Attach to Form 990.  
► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
MINNESOTA HOSPITAL ASSOCIATION

Employer identification number

41-0637595

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	Yes	No
(1) MINNESOTA HOSPITAL FOUNDATION 2550 UNIVERSITY AVENUE WEST 350-S  ST PAUL, MN 551141900 41-1769025	PROMOTION OF HEALTH THROUGH EDUCATION	MN	501(C)(3)	LINE 11A, I	MINNESOTA HOSPITAL ASSOCIATION		Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
										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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) MINNESOTA HEALTHCARE PARTNERS  2550 UNIVERSITY AVENUE WEST 350-S ST PAUL, MN 551141900 41-1657120	CONSULTING/OPERATIONS	MN	MINNESOTA HOSPITAL ASSOCIATION	C		166,189	100 000 %	Yes	
(2) MSHARE INC  2550 UNIVERSITY AVENUE WEST 350-S ST PAUL, MN 551141900 41-1502557	CONSULTING/PRODUCT DEVELOPMENT	MN	MINNESOTA HOSPITAL ASSOCIATION	C		12,724	100 000 %	Yes	
(3) MINNESOTA CONTINUUM OF CARE ASSOCIATION  2550 UNIVERSITY AVENUE WEST 350-S ST PAUL, MN 551141900 41-1502234	HUMAN RESOURCES	MN	MINNESOTA HOSPITAL ASSOCIATION	C		2,569,070	75 000 %	Yes	

**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		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i	Yes	
1j		No
1k	Yes	
1l		No
1m		No
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r		No
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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MINNESOTA HOSPITAL FOUNDATION	I	70,595	INVESTMENT FUNDS MOVED TO MHA
(2) MINNESOTA CONTINUUM OF CARE ASSOCIATION	K	383,639	PER CONTRACT
(3) MINNESOTA CONTINUUM OF CARE ASSOCIATION	O	5,451,871	DEPARTMENT CODING

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

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

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

**Part VII Supplemental Information**

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

Return Reference	Explanation
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Schedule R (Form 990) 2014