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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

OMB No 1545-0047

2014

Open to Public Inspection

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

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
PARK NICOLLET GROUP RETURN

Doing business as

Number and street (or P O box if mail is not delivered to street address) 6500 EXCELSIOR BLVD | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
ST LOUIS PARK, MN 55426

D Employer identification number
45-5023260

E Telephone number
(952) 993-3108

G Gross receipts $ 1,651,417,053

F Name and address of principal officer
CATHERINE LENAGH
6500 EXCELSIOR BLVD
ST LOUIS PARK, MN 55426

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

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

H(c) Group exemption number ▶ 5874

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

J Website: ▶ WWW PARKNICOLLET COM

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☑ Other ▶ | **L** Year of formation | **M** State of legal domicile MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO IMPROVE HEALTH AND WELL-BEING IN PARTNERSHIP WITH OUR MEMBERS, PATIENTS AND COMMUNITY

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	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
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	1,327
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,722,228
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	13,492,826	13,935,944
9	Program service revenue (Part VIII, line 2g)	1,220,725,539	1,265,600,379
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,398,507	29,858,118
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,862,518	6,657,544
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,266,479,390	1,316,051,985
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	422,828	312,601
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)	762,686,851	777,493,934
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶322,763		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	456,893,137	465,186,098
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,220,002,816	1,242,992,633
19	Revenue less expenses Subtract line 18 from line 12	46,476,574	73,059,352

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,014,855,016	1,113,263,061
21	Total liabilities (Part X, line 26)	442,737,764	473,917,504
22	Net assets or fund balances Subtract line 21 from line 20	572,117,252	639,345,557

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 — 2015-11-16 Date

▶ CATHERINE LENAGH VP & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ANN LAMOUREUX	ANN LAMOUREUX			P00691316

Firm's name ▶ KPMG LLP — Firm's EIN ▶ 13-5565207

Firm's address ▶ 4200 WELLS FARGO CENTER 90S 7TH STREET MINNEAPOLIS, MN 55402 — Phone no (612) 305-5000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

TO IMPROVE HEALTH AND WELL-BEING IN PARTNERSHIP WITH OUR MEMBERS, PATIENTS AND COMMUNITY

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 $ 1,005,519,749 including grants of $ 312,601) (Revenue $ 1,164,507,406)

IN 2014, PARK NICOLLET HEALTH SERVICES AND AFFILIATES, A NATIONAL HEALTH CARE IMPROVEMENT LEADER, CONTINUED TO MAKE DRAMATIC PATIENT CARE ADVANCES, WIN PROMINENT AWARDS, EXPAND ACCESS TO SERVICES AND INTEGRATE EFFICIENCY INTO PARK NICOLLET HEALTH SERVICES' OPERATIONS PARK NICOLLET HEALTH SERVICES AND AFFILIATES ALSO HAVE ENHANCED COMMUNITY HEALTH, INCREASED TEAM MEMBER SATISFACTION AND PROMOTED RESEARCH AND EDUCATION PARK NICOLLET SPECIALTY CENTERS INCLUDE ALEXANDER CENTER - THE LARGEST CLINIC IN MINNESOTA SERVING THE DEVELOPMENTAL AND BEHAVIORAL NEEDS OF CHILDREN AND THEIR FAMILIES BARIATRIC SURGERY CENTER - A BARIATRIC CENTER OF EXCELLENCE THAT HAS PERFORMED MORE THAN 2,000 SURGERIES IN THE PAST FIVE YEARS EMERGENCY CENTER - OPERATING OUT OF METHODIST HOSPITAL AND TREATING MEDICAL EMERGENCIES FOR MORE THAN 50,000 PATIENTS A YEAR FAMILY BIRTH CENTER - FROM EXPERT CARE TEAMS TO LABOR, DELIVERY AND RECOVERY SUITES TO OUR SPECIAL CARE NURSERY, WE DELIVER AN EXCEPTIONAL EXPERIENCE FOR MOM AND BABY FRAUENSHUH CANCER CENTER - MORE THAN 2,000 CANCER CASES PER YEAR ARE DIAGNOSED AT PARK NICOLLET CANCER SERVICES INCLUDE MEDICAL ONCOLOGY, RADIATION ONCOLOGY, ONCOLOGY PSYCHIATRY AND PSYCHOTHERAPY, INTEGRATIVE THERAPIES, MUSIC THERAPY AND MORE HEART AND VASCULAR CENTER - APPROXIMATELY 12,000 PATIENTS A YEAR USE THE CARDIAC REHAB DEPARTMENT, CARDIOLOGY CLINIC, INTERVENTIONAL CARDIOLOGY, HEART FAILURE CLINIC, SECONDARY PREVENTION CLINIC, CARDIOVASCULAR RESEARCH PROGRAM, INTERVENTIONAL RADIOLOGY, ELECTROPHYSIOLOGY, NEURO RADIOLOGY AND A NON-INVASIVE LAB JANE BRATTAIN BREAST CENTER - SPECIALIZING IN BREAST IMAGING, ANNUAL SCREENING MAMMOGRAMS, BIOPSIES AND SURGERY JOINT REPLACEMENT INSTITUTE - PROVIDING KNEE, HIP AND OTHER JOINT REPLACEMENTS FOR THOSE STRUGGLING WITH SEVERE PAIN MORE THAN 1,000 JOINT REPLACEMENTS ARE PERFORMED ANNUALLY MELROSE CENTER - HELPING PATIENTS WITH EATING DISORDERS FOR MORE THAN 25 YEARS OUR MULTIDISCIPLINARY APPROACH INCLUDES MEDICAL, NUTRITIONAL, PSYCHOLOGICAL AND BEHAVIORAL CARE STRUTHERS PARKINSON'S CENTER - SERVING PATIENTS WITH PARKINSON'S DISEASE THROUGH COMPREHENSIVE ASSESSMENT, INTERDISCIPLINARY TREATMENT, SUPPORT, RESEARCH AND EDUCATION PARK NICOLLET HEALTH SERVICES MISSION IS TO TO IMPROVE HEALTH AND WELL-BEING IN PARTNERSHIP WITH OUR MEMBERS, PATIENTS AND COMMUNITY WE USE FOUR CORE VALUES TO ACCOMPLISH OUR MISSION EXCELLENCE, COMPASSION, PARTNERSHIP AND INTEGRITY HIGHLIGHTS OF 2014 THAT ILLUSTRATE PARK NICOLLET HEALTH SERVICE'S VALUES INCLUDE OUTPATIENT REGIONAL CENTER- PARK NICOLLET BROKE GROUND ON A NEW OUTPATIENTREGIONAL CENTER IN MAPLE GROVE IN JULY THE $48 MILLION PROJECT WILL BRING A WIDE VARIETY OF SERVICES TO THE NORTHWEST METRO, INCLUDING PRIMARY CARE, SPECIALTY CARE AND AMBULATORY SURGICAL SERVICES WOMEN'S CENTER OPENS - PARK NICOLLET WOMEN'S CENTER IS A NEW CONCEPT IN WOMEN'S HEALTH THAT DELIVERS CARE, COMFORT AND CONVENIENCE TO THE WOMEN IN OUR COMMUNITY BY BRINGING MORE OF THE SERVICES WOMEN USE INTO A SINGLE LOCATION DESIGNED FOR WOMEN'S BUSY LIVES, THE CENTER OFFERS MORE THAN 15 PREVENTIVE AND SPECIALTY CARE SERVICES UNDER ONE ROOF FAMILY BIRTH CENTER OPENS - FROM EXPERT CARE TEAMS TO LABOR, DELIVERY AND RECOVERY SUITES TO OUR SPECIAL CARE NURSERY, WE DELIVER AN EXCEPTIONAL EXPERIENCE FOR MOM AND BABY MELROSE CENTER OPENS IN ST PAUL - THE NEW LOCATION IN ST PAUL BRINGS SPECIALIZED EATING DISORDERS CARE TO THE EAST METRO COMMUNITY, WHERE MANY OF OUR PATIENTS RESIDE LEADER IN LGBT - THE HUMAN RIGHTS CAMPAIGN RECOGNIZED PARK NICOLLET METHODIST HOSPITAL AS A LEADER IN LGBT HEALTHCARE EQUALITY IN THE HEALTHCARE EQUALITY INDEX 2014 REPORT WE EARNED TOP MARKS FOR OUR COMMITMENT TO EQUITABLE, INCLUSIVE CARE FOR LGBT PATIENTS AND THEIR FAMILIES YOUTH SERVED - FOUR SCHOOL-BASED HEALTH CENTERS PROVIDED OVER 2,300 FREE MEDICAL VISITS FOR UNINSURED AND UNDERINSURED YOUTH SERVICES INCLUDED TREATMENT OF MINOR, ACUTE ILLNESSES, PHYSICALS, IMMUNIZATIONS, MENTAL HEALTH THERAPY, DENTAL CARE, AND VISION CHECKS HEALTH CARE HOME CERTIFICATION - ALL 20 PARK NICOLLET CLINIC LOCATIONS RECEIVED HEALTH CARE HOME CERTIFICATION IN NOVEMBER EMERGENCY CENTER - OPERATING OUT OF METHODIST HOSPITAL AND TREATING MEDICAL EMERGENCIES FOR MORE THAN 50,000 PATIENTS A YEAR

4b (Code) (Expenses $ 28,218,169 including grants of $) (Revenue $ 59,021,241)

PARK NICOLLET HEALTH CARE PRODUCTS IS PART OF PARK NICOLLET HEALTH SERVICES, A NONPROFIT INTEGRATED CARE DELIVERY SYSTEM, STAFFED BY NATIONALLY RECOGNIZED HOSPITAL AND CLINIC DOCTORS, CLINICAL PROFESSIONALS, NURSES, RESEARCHERS AND OTHER STAFF AT PARK NICOLLET METHODIST HOSPITAL AND PARK NICOLLET CLINIC WHO HELP PATIENTS STAY HEALTHY AND TAKE CARE OF PATIENTS WHEN THEY ARE SICK PARK NICOLLET HEALTH CARE PRODUCTS IS A SUPPORTING ORGANIZATION WITHIN PARK NICOLLET METHODIST HOSPITAL AND PARK NICOLLET CLINIC, PROVIDING DURABLE MEDICAL EQUIPMENT (DME)/SUPPLIES AND PHARMACEUTICALS SUPPORTING ONGOING PATIENT CARE PARK NICOLLET HEALTH CARE PRODUCTS FOCUS ON THE HEALTH, HEALING AND LEARNING OF PATIENTS BY PROVIDING EASY ACCESS TO PRODUCTS AND SERVICES THAT SUPPORT SUCCESSFUL SELF-MANAGEMENT OF A HEALTH CONDITION AT HOME THE PRODUCTS SUPPORT BOTH SHORT TERM ACUTE CONDITIONS AND CHRONIC LIFELONG CONDITIONS, SUCH AS EYEWEAR, HEARING AIDS, CPAP MACHINES AND MANY PRODUCTS THAT CROSS INTO ALMOST EVERY MEDICAL SUBSPECIALTY PARK NICOLLET HEALTH CARE PRODUCTS, BRANDED AS THE STORES @ PARK NICOLLET, IS A GROUP OF DEPARTMENTS WITHIN PARK NICOLLET HEALTH SERVICES PROVIDING DURABLE MEDICAL EQUIPMENT (DME)/SUPPLIES SUPPORTING ONGOING PATIENT CARE HCP PARTNERS WITH YOUR CLINICIAN TO PROVIDE PRODUCTS AND SERVICES TO HELP YOU LIVE MORE COMFORTABLY THE HEALTH AND CARE STORES, WHICH MEET A GROWING DEMAND FOR SELF-CARE PRODUCTS AND SERVICES, LOCATED WITHIN PARK NICOLLET CLINICS, INCLUDE HEALTH & CARE STORE OFFERING DME PRODUCTS AT 5 LOCATIONS, HEARING CENTER & STORE WITH 3 LOCATIONS, CPAP CLINIC/STORE WITH 3 LOCATIONS AND BREASTFEEDING CENTER, (1 LOCATION WITHIN THE MEADOWBROOK HEALTH & CARE STORE), ORTHOTICS & PROSTHETICS CLINIC, (2 LOCATION), THE CONTACT LENS AND OPTICAL STORE @ PARK NICOLLET HEALTH CARE PRODUCTS, WHICH MEET GROWING DEMAND FOR SELF-CARE EYEWARE AND SERVICES, ARE AT THESE PARK NICOLLET CLINIC SITES BLOOMINGTON, BROOKDALE, BURNSVILLE, CARLSON PARKWAY (MINNETONKA), CHANHASSEN, MAPLE GROVE, MINNEAPOLIS, SHAKOPEE, AND ST LOUIS PARK WE ALSO PRODUCE OUR OWN EYE WARE IN HCP'S OPTICAL LAB THE PHARMACY @ PARK NICOLLET MEETS GROWING DEMAND FOR SELF-CARE PRODUCTS AND SERVICES THE PHARMACIES ARE AT THESE PARK NICOLLET CLINIC LOCATIONS BLOOMINGTON, BROOKDALE, BURNSVILLE, CARLSON PARKWAY (MINNETONKA), CHANHASSEN, EAGAN, MAPLE GROVE, MINNEAPOLIS, ST LOUIS PARK, TRIA, AND WAYZATA AS WELL AS HEART AND VASCULAR CENTER AND MEADOWBROOK AT THE PARK NICOLLET METHODIST HOSPITAL THE PATIENT CARE EXPERIENCE DOES NOT END AT THE HOSPITAL OR CLINIC DOOR PATIENTS HAVE MANY SELF-CARE NEEDS TO MANAGE BOTH THEIR ACUTE AND CHRONIC HEALTH CONDITIONS, AND PARK NICOLLET HEALTH CARE PRODUCTS IS EXPANDING ITS CAPACITY TO BETTER SERVE THESE GROWING NEEDS MAJOR ACCOMPLISHMENTS FOR 2014 INCLUDE ENHANCED PRODUCT ASSORTMENTS AVAILABLE FOR PATIENTS ESPECIALLY PATIENTS LIVING WITH CHRONIC HEALTH CONDITIONS SUCH AS DIABETES, CANCER, AND BONE AND JOINT DISEASE NEW AND ROBUST DME POINT OF SALE, FINANCIAL REPORTING, INVENTORY, AND BILLING SYSTEM FOR BETTER PATIENT SERVICE AND EASE OF OBTAINING THEIR PRESCRIPTIONS EDUCATED PHYSICIANS AND CARE PROVIDER'S ABOUT SERVICES AND PRODUCTS TO BETTER LINK SOLUTIONS FOR PATIENT HEALTH CARE NEEDS, INCLUDING ANNUAL STAFF SKILLS REVIEW FOR DME APPLICATIONS DEVELOPED STANDARDIZED PROVIDER REFERRALS TO ASSURE THAT PATIENTS HAVE THE PRODUCTS NEEDED AS THEY GO HOME FROM CLINIC OR HOSPITAL UPDATED E-COMMERCE WEB SITE FOR DME, TO MAKE IT EASIER FOR PROVIDERS AND PATIENTS TO LOCATE AND PURCHASE HEALTH CARE PRODUCTS ENHANCED OPTICAL PRODUCT ASSORTMENTS AVAILABLE FOR PATIENTS, ESPECIALLY PATIENTS LIVING WITH CHRONIC HEALTH CONDITIONS AFFECTING THEIR VISION ENHANCED OPTICAL BENEFIT PROGRAM OFFERED TO PN EMPLOYEES TO INCREASE THE AFFORDABILITY OF EYEWEAR EDUCATED PHYSICIANS AND CARE PROVIDER'S ABOUT HEALTH CARE STORES PRODUCT OFFERINGS TO BETTER LINK PATIENT HEALTH CARE NEEDS TO PRODUCT SOLUTIONS, INCLUDING SMOKING CESSATION EXPANDED POINT OF CARE OPERATION AND SPECIALTY STORES IN TRIA ORTHOPEDICS AND THE NEW PLYMOUTH CLINIC ALONG WITH DME PRODUCTS OFFERED THROUGH THE TARGET STORE CLINICS, BRINGING MORE PRODUCTS DIRECTLY INTO THE CARE ENVIRONMENT TO ASSIST BOTH PROVIDERS AND PATIENTS EXPANDED PHARMACY SERVICES OFFERED IN THE INFECTIOUS DISEASE DEPARTMENT THROUGH MEDICATION THERAPY MANAGEMENT SERVICES AND DEDICATED RETAIL PHARMACIST ASSIGNED FOR THE DEPARTMENT IMPLEMENTED RX TAKE BACK PROGRAM DROP SITE FOR PATIENTS AT OUR PHARMACY LOCATIONS IN HENNEPIN COUNTY IMPLEMENTED A NEW PHARMACY SOFTWARE SYSTEM, ENTERPRISERX, TO IMPROVE WORKFLOW AND EFFICIENCY IN THE PHARMACY TO BETTER SERVE OUR PATIENTS AND EMPLOYEES

4c (Code) (Expenses $ 37,434,174 including grants of $) (Revenue $ 38,346,471)

PARK NICOLLET HEALTH SERVICES AFFILIATES INCURS EXPENSES ON BEHALF OF AFFILIATED TAX EXEMPT ORGANIZATIONS, PARK NICOLLET METHODIST HOSPITAL, PARK NICOLLET CLINIC, PNMC HOLDINGS, PARK NICOLLET HEALTH CARE PRODUCTS, AND PARK NICOLLET INSTITUTE, PROVIDING RENTAL SPACE AND LAB SERVICES TO ITS AFFILIATED ORGANIZATIONS IN ORDER TO ASSURE THE EFFICIENT AND PROFESSIONAL DELIVERY OF HEALTH CARE AND OTHER SERVICES TO THE COMMUNITY AND AIDS IN THE PROVISION OF LOW COST MEDICAL SERVICE

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 1,071,172,092

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 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*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
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*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
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*	15		No
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*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

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**	Yes	
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	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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**	Yes	
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
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*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**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	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	466		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
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)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		No
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

Check if Schedule O contains a response 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**	19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

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

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

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ CATHERINE LENAGH

6500 EXCELSIOR BLVD
ST LOUIS PARK, MN 55426 (952) 993-3108

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

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

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

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

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

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

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

(A) 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			

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			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								6,449,741	14,990,107	3,287,558

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 ▶ 1,217

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GROUP HEALTH INC 8170 33RD AVE S MINNEAPOLIS, MN 55440	ADMINSTRATIVE SERVICES	12,047,880
KNUTSON CONSTRUCTION SERVICES 7515 WAYZATA BLVD MINNEAPOLIS, MN 55426	CONSTRUCTION SERVICES	10,646,616
UNIVERSITY OF MN PHYSICIANS 720 WASHINGTON AVENUE SE MINNEAPOLIS, MN 55407	MEDICAL SERVICES	9,743,369
RJM CONSTRUCTION 5455 HWY 169 PLYMOUTH, MN 55442	CONSTRUCTION SERVICES	8,197,980
RYAN COMPANIES US INC 50 SOUTH 10TH STREET MINNEAPOLIS, MN 55403	CONSTRUCTION SERVICES	6,113,721

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 145

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
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	3,114,242			
	e	Government grants (contributions)	1e	4,855,888			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,965,814			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		13,935,944			
Program Service Revenue			Business Code				
	2a	MEDICAL SERVICES	621400	770,846,068	770,846,068		
	b	MEDICARE/MEDICAID	621400	393,661,338	393,661,338		
	c	RETAIL SALES	446110	62,746,502	59,021,241	3,722,228	3,033
	d	SERVICES TO AFFILIATES	561000	38,346,471	38,346,471		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		1,265,600,379			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		8,472,348			8,472,348
	4	Income from investment of tax-exempt bond proceeds . . ▶		284,646			284,646
	5	Royalties . . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	1,822,040				
	b	Less rental expenses	1,514,498				
	c	Rental income or (loss)	307,542				
	d	Net rental income or (loss) . . . . . ▶		307,542			307,542
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	352,589,649 / 1,994,601				
	b	Less cost or other basis and sales expenses	333,033,923 / 449,203				
	c	Gain or (loss)	19,555,726 / 1,545,398				
	d	Net gain or (loss) . . . . . ▶		21,101,124			21,101,124
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a	1,181,892				
	b	Less cost of goods sold . . b	367,444				
	c	Net income or (loss) from sales of inventory . . ▶		814,448			814,448
		Miscellaneous Revenue	Business Code				
	11a	PROPERTY MANAGEMENT	812930	2,869,189			2,869,189
	b	CAFETERIA	722210	2,620,956			2,620,956
	c	MISC SERVICES	722210	45,409			45,409
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		5,535,554			
	12	**Total revenue.** See Instructions . . . . . ▶		1,316,051,985	1,261,875,118	3,722,228	36,518,695

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	262,601	262,601		
2 Grants and other assistance to domestic individuals See Part IV, line 22	50,000	50,000		
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	1,791,085	1,621,622	169,463	
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	630,305,942	550,346,440	79,689,953	269,549
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	36,885,512	31,692,166	5,177,792	15,554
9 Other employee benefits	70,457,643	58,949,578	11,483,196	24,869
10 Payroll taxes	38,053,752	32,568,961	5,472,000	12,791
11 Fees for services (non-employees)				
a Management				
b Legal	219,837		219,837	
c Accounting	248,512		248,512	
d Lobbying	78,175		78,175	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	489,649		489,649	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	55,676,466	37,153,365	18,523,101	
12 Advertising and promotion	3,652,937	255,201	3,397,736	
13 Office expenses	15,519,297	9,376,618	6,142,679	
14 Information technology	21,974,855	8,928,673	13,046,182	
15 Royalties				
16 Occupancy	43,706,079	40,387,469	3,318,610	
17 Travel	1,366,298	1,062,613	303,685	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	570,208	513,976	56,232	
20 Interest	7,830,917	7,830,917		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	52,024,913	47,063,042	4,961,871	
23 Insurance	122,213	36,642	85,571	
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 MEDICAL SUPPLIES AND EQ	163,649,928	160,547,979	3,101,949	
b COST OF GOOD SOLD	39,204,589	39,204,589		
c BAD DEBT EXPENSE	20,751,882	20,751,882		
d MN CARE TAX EXPENSE	19,355,417	19,355,417		
e All other expenses	18,743,926	3,212,341	15,531,585	
25 **Total functional expenses.** Add lines 1 through 24e	1,242,992,633	1,071,172,092	171,497,778	322,763
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ 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 . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		8,597,067	1	441,974
	2	Savings and temporary cash investments		403,712	2	132,432
	3	Pledges and grants receivable, net		4,388,795	3	2,888,077
	4	Accounts receivable, net		134,983,015	4	140,182,902
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	119
	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		69,279	6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		10,696,185	8	11,932,766
	9	Prepaid expenses and deferred charges		17,813,781	9	8,778,692
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,077,917,338			
	b	Less accumulated depreciation	10b 730,461,995	333,193,629	10c	347,455,343
	11	Investments—publicly traded securities		501,577,381	11	570,712,855
	12	Investments—other securities See Part IV, line 11		493,396	12	201,021
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,638,776	15	30,536,880
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,014,855,016	16	1,113,263,061
Liabilities	17	Accounts payable and accrued expenses		70,382,843	17	71,275,027
	18	Grants payable			18	
	19	Deferred revenue		4,727,727	19	3,644,827
	20	Tax-exempt bond liabilities		361,578,782	20	351,015,048
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	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			22	
	23	Secured mortgages and notes payable to unrelated third parties		327,899	23	0
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		5,720,513	25	47,982,602
	26	**Total liabilities.** Add lines 17 through 25		442,737,764	26	473,917,504
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		571,120,208	27	638,468,291
	28	Temporarily restricted net assets		717,797	28	595,829
	29	Permanently restricted net assets		279,247	29	281,437
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		572,117,252	33	639,345,557
	34	Total liabilities and net assets/fund balances		1,014,855,016	34	1,113,263,061

Part XI Reconcilliation 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	1,316,051,985
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,242,992,633
3	Revenue less expenses Subtract line 2 from line 1	3	73,059,352
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	572,117,252
5	Net unrealized gains (losses) on investments	5	-7,223,300
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	3,706,086
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,313,833
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	639,345,557

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 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 45-5023260
Name: PARK NICOLLET GROUP RETURN

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest 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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS JONES MD DIRECTOR	55 00 1 00	X						769,664	0	55,907
(1) JEFF MENDELOFF MD DIRECTOR	55 00 1 00	X						734,774	0	62,059
(2) ERIC SCHNED MD DIRECTOR	55 00 1 00	X						286,647	0	48,422
(3) ANN WYNIA DIRECTOR & CHAIR	4 40	X						0	40,000	0
(4) DONALD LEWIS DIRECTOR & VICE CHAIR	4 30	X						0	28,000	0
(5) RUTH MICKELSEN DIRECTOR & SECRETARY	3 80	X						0	28,000	0
(6) JAMES MALECHA DIRECTOR & TREASURER	4 00	X						0	28,000	0
(7) THOMAS R BRINSKO DIRECTOR	3 50	X						0	18,750	0
(8) JUDITH S CORSON DIRECTOR	3 80	X						0	28,000	0
(9) LUZ MARIA FRIAS DIRECTOR	2 70	X						0	28,000	0
(10) JOHN E GHERTY DIRECTOR	3 20	X						0	28,000	0
(11) SUSAN L HOYT DIRECTOR	3 30	X						0	25,000	0
(12) TERESA M MORROW DIRECTOR	2 50	X						0	28,000	0
(13) LAURA SCHMALTZ OBERST DIRECTOR	3 00	X						0	25,000	0
(14) BRIAN H RANK MD DIRECTOR	1 00 63 00	X		X				0	790,523	225,543
(15) GREGORY S STRONG DIRECTOR	3 20	X						0	25,000	0
(16) RICHARD E STRUTHERS DIRECTOR	2 90	X						0	25,000	0
(17) CHRISTOPHER H TASHJIAN MD FAAFP DIRECTOR	2 90	X						0	28,000	0
(18) KEN L THOME DIRECTOR	3 50	X						0	28,000	0
(19) DAVID ABELSON MD SR EXEC VP & CEO PN	55 00 1 00			X				0	1,434,423	275,831
(20) BABETTE APLAND VP BEHAVIORAL HEALTH AND C	60 00 1 00			X				0	416,573	126,744
(21) CURT BOEHMMD CMIO	55 00 1 00			X				0	295,580	42,263
(22) STEVEN CONNELLY MD CMO SYSTEM ALIGNMENT & INT	55 00 1 00			X				0	736,135	138,194
(23) PAUL DAMROW MD CHIEF SURGICAL SERVICES	55 00 1 00			X				0	624,852	125,780
(24) JULIE FLASCHENRIEM VP AND CIO	55 00 1 00			X				0	456,979	43,819

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest 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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) LAURA FRAZIER VP SURGICAL SERVICES	55 00 1 00			X				0	305,251	85,968
(1) ROXANNA GAPSTUR PHD SR VP & COO METHODIST HOSP	55 00 1 00			X				0	432,969	89,251
(2) CHRISTA GETCHELL PRESIDENT PNF, VP COMMUNIT	55 00 1 00			X				0	257,807	58,159
(3) DAVID HOMANS MD CHIEF SPECIALTY SSERVICES	55 00 1 00			X				0	635,374	107,375
(4) MICHAEL KAUPA EXEC VP & SYSTEM ALIGNMENT	55 00 1 00			X				0	1,715,391	59,184
(5) KATE KLUGHERZ VP SPECIALTY SERVICES	55 00 1 00			X				0	289,574	67,977
(6) CATHERINE LENAGH VP & CFO	55 00 1 00			X				0	358,129	95,444
(7) BRETT LONG VP STRATEGY & GROWTH, HR	55 00 1 00			X				0	335,066	94,260
(8) KRISTI LYON VP PAYER RELATIONS	55 00 1 00			X				0	211,797	69,926
(9) JOHN MISA MD CHIEF PRIMARY CARE	55 00 1 00			X				0	502,397	99,555
(10) JOAN SANDSTROM VP PRIMARY CARE	55 00 1 00			X				0	333,185	89,108
(11) MELISSA SCHOENHERR VP MARKETING AND COMMUNICA	55 00 1 00			X				0	294,340	60,710
(12) CYNTHIA TOHER MD CHIEF IMPATIENT SERVICES	55 00 1 00			X				0	694,708	117,517
(13) DUANE SPIEGLE VP REAL ESTATE AND SUPPORT	55 00 1 00			X				0	295,284	92,598
(14) KATHERINE TARVESTAD VP AND CARE GROUP COMPLIAN	55 00 1 00			X				0	390,883	77,369
(15) THEODORE WEGLEITNER COO TRIA	55 00 1 00			X				0	293,122	93,731
(16) JOSHUA ZIMMERMAN CHIEF OF BEHAVORIAL HEALTH	55 00 1 00			X				0	381,917	78,980
(17) NANCE MCCLURE CHIEF OPERATING OFFICER	55 00 1 00			X				0	827,398	213,162
(18) BARBARA TRETHEWAY SR VP, GENERAL COUNSEL	55 00 1 00			X				0	661,426	167,082
(19) PRAVEEN BAIMEEDI MD MEDICAL DOCTOR	55 00					X		1,303,572	0	71,423
(20) OLIVER CASS MD MEDICAL DOCTOR	55 00					X		914,722	0	65,784
(21) ANTHONY BOTTINIMD MEDICAL DOCTOR	55 00					X		851,836	0	63,475
(22) TIMOTHY DIEGELMD MEDICAL DOCTOR	55 00					X		839,037	0	46,611
(23) ASRA MOHIUDDIN MD MEDICAL DOCTOR	55 00					X		749,489	0	62,273
(24) SHELIA MCMILLAN VP & CFO	55 00						X	0	608,274	16,074

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
PARK NICOLLET GROUP RETURN

Employer identification number
45-5023260

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference	Explanation
PART 1	PARK NICOLLET METHODIST HOSPITAL LINE 3 170(B)(1)(A)(III) PARK NICOLLET CLINIC LINE 3 170(B)(1)(A)(III) PARK NICOLLET INSTITUTE LINE 4 170(B)(1)(A)(III) PARK NICOLLET HEALTH CARE PRODUCTS LINE 11 TYPE II, 509(A)(3) PNMC HOLDINGS LINE 11 TYPE II, 509(A)(3)
PART I LINE 11	SUPPORTING ORGANIZATIONS DETAIL PNMC HOLDINGS AND PARK NICOLLET HEALTH CARE PRODUCTS PROVIDE SUPPORT TO THE FOLLOWING ORGANIZATIONS PNMC HOLDINGS LINE 11, COLUMN (I) PARK NICOLLET CLINIC, (II) 41-0834920, (III) 170(B)(1)(A)(III), (IV) NO, (V) $0, (VI) $2,199,099 LINE 11, COLUMN (I) PARK NICOLLET HEALTH SERVICES, (II) 36-3465840, (III) 509(A)(2), (IV) YES, (V) $0, (VI) $0 PARK NICOLLET HEALTH SERVICES, WHICH IS A 509(A)(2) PUBLIC CHARITY, IS THE IDENTIFIED SUPPORTED ORGANIZATION IN PNMC HOLDINGS' ARTICLES OF INCORPORATION, IS ALSO THE PARENT OF PNMC HOLDINGS AND OF PARK NICOLLET CLINIC, AMONG OTHERS PARK NICOLLET CLINIC IS CLOSELY RELATED IN PURPOSE AND FUNCTION TO PNMC HOLDINGS AND PARK NICOLLET HEALTH SERVICES FURTHER, THE SAME PERSONS WHO SERVE AS THE BOARD OF DIRECTORS OF PARK NICOLLET HEALTH SERVICES ALSO SERVE AS THE BOARD OF DIRECTORS OF PNMC HOLDINGS, AND OF PARK NICOLLET CLINIC AS A RESULT, IT IS WITHIN THE MISSION AND PURPOSE OF PNMC HOLDINGS AND OF ITS SUPPORTED ORGANIZATION PARK NICOLLET HEALTH SERVICES TO PROVIDE SUPPORT TO PARK NICOLLET CLINIC PNMC HOLDINGS IS NOT REQUIRED TO SPECIFICALLY IDENTIFY PARK NICOLLET CLINIC IN PNMC HOLDINGS' ARTICLES OF ORGANIZATION IN ORDER ALSO TO INCLUDE PARK NICOLLET CLINIC AS PNMC HOLDINGS' SUPPORTED ORGANIZATION PARK NICOLLET HEALTH CARE PRODUCTS LINE 11, COLUMN (I) PARK NICOLLET METHODIST HOSPITAL, (II) 41-0132080, (III) 170(B)(1)(A)(III), (IV) NO, (V) $0, (VI) $3,198,415 LINE 11, COLUMN (I) PARK NICOLLET CLINIC, (II) 41-0834920, (III) 170(B)(1)(A)(III), (IV) NO, (V) $0, (VI) $70,026,488 LINE 11, COLUMN (I) PARK NICOLLET HEALTH SERVICES, (II) 36-3465840, (III) 509(A)(2)(IV) YES, (V) $0, (VI) $0 PARK NICOLLET HEALTH SERVICES, WHICH IS A 509(A)(2) PUBLIC CHARITY, IS THE IDENTIFIED SUPPORTED ORGANIZATION IN PARK NICOLLET HEALTH CARE PRODUCTS' ARTICLES OF INCORPORATION, IS ALSO THE PARENT OF PARK NICOLLET HEALTH CARE PRODUCTS AND OF PARK NICOLLET CLINIC AND PARK NICOLLET METHODIST HOSPITAL, AMONG OTHERS PARK NICOLLET CLINIC AND PARK NICOLLET METHODIST HOSPITAL ARE CLOSELY RELATED IN PURPOSE AND FUNCTION TO PARK NICOLLET HEALTH CARE PRODUCTS AND PARK NICOLLET HEALTH SERVICES FURTHER, THE SAME PERSONS WHO SERVE AS THE BOARD OF DIRECTORS OF PARK NICOLLET HEALTH SERVICES ALSO SERVE AS THE BOARD OF DIRECTORS OF PARK NICOLLET HEALTH CARE PRODUCTS, OF PARK NICOLLET CLINIC AND OF PARK NICOLLET METHODIST HOSPITAL AS A RESULT, IT IS WITHIN THE MISSION AND PURPOSE OF PARK NICOLLET HEALTH CARE PRODUCTS AND OF ITS SUPPORTED ORGANIZATION PARK NICOLLET HEALTH SERVICES TO PROVIDE SUPPORT TO PARK NICOLLET CLINIC AND PARK NICOLLET METHODIST HOSPITAL PARK NICOLLET HEALTH CARE PRODUCTS IS NOT REQUIRED TO SPECIFICALLY IDENTIFY PARK NICOLLET CLINIC AND PARK NICOLLET METHODIST HOSPITAL IN PARK NICOLLET HEALTH CARE PRODUCTS' ARTICLES OF ORGANIZATION IN ORDER ALSO TO INCLUDE PARK NICOLLET CLINIC AND PARK NICOLLET METHODIST HOSPITAL AS PARK NICOLLET HEALTH CARE PRODUCTS SUPPORTED ORGANIZATIONS

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 www.irs.gov/form990.

OMB No 1545-0047

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	Employer identification number
PARK NICOLLET GROUP RETURN	45-5023260

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 ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
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

j 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? ☐ Yes ☐ 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.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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) Yes	(a) No	(b) Amount
1	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			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		143,687
j	Total Add lines 1c through 1i			143,687
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	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	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

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."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	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?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

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 II-B, LINE 1	PARK NICOLLET REIMBURSES GROUP HEALTH INC A RELATED ORGANIZATION FOR LOBBYING ACTIVITIES PARK NICOLLET ALSO REIMBURSES CERTAIN PROFESSIONAL MEMBERSHIP DUES OF EMPLOYEES A PORTION OF SUCH MEMBERSHIP DUES ARE USED BY THE PROFESSIONAL ASSOCIATIONS FOR LOBBYING ACTIVITIES

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 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.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
PARK NICOLLET GROUP RETURN

Employer identification number
45-5023260

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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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)

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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
1a	Beginning of year balance	27,216,599	21,981,337	20,854,970	22,048,592	23,127,080
b	Contributions	2,515,547	4,508,387	2,046,767	1,489,934	1,474,161
c	Net investment earnings, gains, and losses	526,563	2,715,649	877,865	-341,465	850,097
d	Grants or scholarships	3,042,770	1,988,774	1,798,265	2,342,091	3,402,746
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	27,215,939	27,216,599	21,981,337	20,854,970	22,048,592

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 ▶ 42 000 %
- c Temporarily restricted endowment ▶ 58 000 %

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

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

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
1a Land		27,661,044		27,661,044
b Buildings		511,279,727	297,708,740	213,570,987
c Leasehold improvements		51,968,164	37,492,512	14,475,652
d Equipment		474,016,388	394,676,534	79,339,854
e Other		12,992,015	584,209	12,407,806
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				347,455,343

Part VII **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		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **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
Total. *(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
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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	
CAPITAL LEASE OBILGATION	2,982,602
SUBORDINATE NOTE TO RELATED THIRD PARTY	45,000,000
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	47,982,602

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

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	
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			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

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 V, LINE 4	THE TERM ENDOWMENT FUNDS FOR USE WITHIN PARK NICOLLET CLINIC, PARK NICOLLET INSTITUTE AND PARK NICOLLET METHODIST HOSPITAL ARE FOR GRANTS RELATED TO EDUCATION, RESEARCH AND PATIENT CARE
PART X, LINE 2	HPIC, HPSI, HPA, HPAI, HPCMC, PNE, AND DSI, (THE TAXABLE GROUP) ARE SUBJECT TO FEDERAL AND STATE INCOME TAXES DEFERRED INCOME TAX ASSETS AND LIABILITIES ARE RECOGNIZED FOR THE DIFFERENCES BETWEEN THE FINANCIAL AND INCOME TAX REPORTING BASIS OF ASSETS AND LIABILITIES BASED ON ENACTED TAX RATES AND LAWS THE DEFERRED INCOME TAX PROVISION OR BENEFIT GENERALLY REFLECTS THE NET CHANGE IN DEFERRED INCOME TAX ASSETS AND LIABILITIES DURING THE YEAR THE CURRENT INCOME TAX PROVISION REFLECTS THE TAX CONSEQUENCES OF REVENUES AND EXPENSES CURRENTLY TAXABLE OR DEDUCTIBLE ON VARIOUS INCOME TAX RETURNS FOR THE YEAR REPORTED PARK NICOLLET'S ACCOUNTING POLICY PROVIDES THAT A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS PARK NICOLLET RECORDED NO LIABILITIES AT DECEMBER 31, 2014 OR 2013 FOR UNRECOGNIZED TAX BENEFITS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
PARK NICOLLET GROUP RETURN

Employer identification number
45-5023260

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	EDUCATION	10,673
(2)						
(3)						
(4)						
(5)						
3a	Sub-total	0	0			10,673
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			10,673

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*	☐ Yes	☑ No

Additional Data

Software ID:
Software Version:
EIN: 45-5023260
Name: PARK NICOLLET GROUP RETURN

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
PARK NICOLLET GROUP RETURN

Employer identification number
45-5023260

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 27500 0000000000 %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 38500 0000000000 %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a		No
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			8,904,545	240,668	8,663,877	0 700 %
b Medicaid (from Worksheet 3, column a)			137,202,278	87,206,181	49,996,097	4 020 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			146,106,823	87,446,849	58,659,974	4 720 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		105,160	5,692,515	703,756	4,988,759	0 400 %
f Health professions education (from Worksheet 5)			7,276,112	3,123,638	4,152,474	0 330 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			6,119,288	3,781,981	2,337,307	0 190 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits		105,160	19,087,915	7,609,375	11,478,540	0 920 %
k **Total.** Add lines 7d and 7j		105,160	165,194,738	95,056,224	70,138,514	5 640 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 **Total**						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount 2 11,808,634			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit 3 0			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	145,624,465
6	Enter Medicare allowable costs of care relating to payments on line 5	6	142,528,355
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	3,096,110
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group PARK NICOLLET METHODIST HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW PARKNICOLLET COM			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 12			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) WWW PARKNICOLLET COM			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

PARK NICOLLET METHODIST HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 275 000000000000% and FPG family income limit for eligibility for discounted care of 385 000000000000%			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url)			
b	☑ The FAP application form was widely available on a website (list url)			
c	☑ A plain language summary of the FAP was widely available on a website (list url)			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

PARK NICOLLET METHODIST HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**	Yes	
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **34**

	Name and address	Type of Facility (describe)
1	See Additional Data Table	
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 3C	IN ACCORDANCE WITH OUR AGREEMENT WITH THE MN ATTORNEY GENERAL, UNINSURED PATIENTS WHOSE ANNUAL HOUSEHOLD INCOME IS LESS THAN $125,000 ARE ELIGIBLE FOR A DISCOUNT ON THEIR CHARGES THE DISCOUNT IS ESTABLISHED AT THE AVERAGE CONTRACTUAL DISCOUNT FOR PARK NICOLLET HEALTH SERVICE'S LARGEST CONTRACT PAYOR THIS DISCOUNT IS CURRENTLY 29 2% OF GROSS CHARGES PATIENTS WHOSE RECEIVE THIS DISCOUNT ARE ALSO ELIGIBLE FOR OUR FAP PROGRAM BASED ON FPL

Form and Line Reference	Explanation
PART I, LINE 6A	PARK NICOLLET FOUNDATION A RELATED ORGANIZATION OF PARK NICOLLET METHODIST HOPSITAL COMPLETES AN ORGANIZATION WIDE ANNUAL COMMUNITY BENEFIT REPORT THAT INCLUDES PARK NICOLLET METHODIST HOSPITAL AND OTHER AFFILIATED ENTITIES

Form and Line Reference	Explanation
PART I, LINE 7	PARK NICOLLET METHODIST HOSPITAL USES THE COST-TO-CHARGE RATIO METHOD WHEN CALCULATING THE AMOUNTS REPORTED ON PART I LINE 7 THE COST-TO-CHARGE RATIO WAS DERIVED USING WORKSHEET 2, RATIO OF PATIENT CARE-COST-TO-CHARGE, FROM THE SCHEDULE H INSTRUCTIONS

Form and Line Reference	Explanation
PART III, LINE 2	BAD DEBT IS ACCOUNTED FOR ON THE FINANCIAL STATEMENTS BY ESTIMATING PATIENT LIABILITY NET OF ANY CHARITY CARE AND THEN CALUCULATING WHAT PORTION OF THAT WILL NOT BE COLLECTED BASED HISTORICAL UNCOLLECTABLE RATES WHEN A PATIENT MEETS OUR FINICIAL REQUIREMENTS IT IS CLASSIFIED AS CHARITY CARE, IF THEY DO NOT QUALIFY, THEIR SERVICES WILL BE WRITTEN OFF AS BAD DEBT PARK NICOLLET METHODIST HOSPITAL DOES NOT INCLUDE ANY CHARITY CARE IN THEIR BAD DEBT EXPENSE CALCULATION

Form and Line Reference	Explanation
PART III, LINE 3	PARK NICOLLET METHODIST HOSPITAL AND ITS AFFILIATES WORK WITH THOSE QUALIFYING FOR CHARITY CARE ALONG EVERY STEP OF THE PROCESS INCLUDING ACCEPTING APPLICATIONS FOR FINANCIAL ASSISTANCE AFTER PREVIOUS ATTEMPTS TO WORK WITH THE PATIENT FAIL EVERY EFFORT IS MADE TO WORK WITH THE PATIENT TO PROVIDE FINANCIAL ASSISTANCE WHEN APPROPRIATE WHILE THERE ARE PEOPLE WHO DO NOT COOPERATE WITH THE HOSPITAL REGARDING PAYMENT PLANS, FINANCIAL ASSISTANCE OR WITH THOSE TRYING TO HELP THEM GET ON GOVERNMENT PROGRAMS, IT IS IMPOSSIBLE TO KNOW THEIR REASON FOR NOT COOPERATING AND THEREFORE KNOW WHETHER THEY MAY HAVE QUALIFIED FOR CHARITY CARE PARK NICOLLET DOESN'T HAVE PREDICTIVE SOFTWARE WHICH WOULD MAKE ASSUMPTIONS BASED ON HOUSING SITUATION, CREDIT REPORTS, ETC AND RECOMMEND ASSISTANCE WITHOUT A PROCESS FOR GATHERING INCOME VERIFICATION IN LIGHT OF THE FOREGOING FACTS, PARK NICOLLET IS UNABLE TO REASONABLY DETERMINE WHETHER ANY AMOUNT OF BAD DEBT COULD HAVE BEEN CLASSIFIED AS CHARITY CARE

Form and Line Reference	Explanation
PART III, LINE 4	PARK NICOLLET METHODIST HOSPITAL'S AUDITED FINANCIAL STATEMENTS INCLUDE A FOOTNOTE DISCUSSING BAD DEBT EXPENSE, AR ALLOWANCE OF DOUBTFUL ACCOUNTS THE FOOTNOTE IS LOCATED ON PAGE 23 OF THE ATTACHED AUDIT REPORT

Form and Line Reference	Explanation
PART III, LINE 8	PARK NICOLLET METHODIST HOSPITAL BELIEVES THAT ALL OF THE MEDICARE LOSS SHOULD BE CLASSIFIED AS A COMMUNITY BENEFIT IF THESE SERVICES WERE NOT PROVIDED BY US THEY WOULD BECOME THE OBLIGATION OF THE FEDERAL GOVERNMENT BASED ON THIS, MEDICARE LOSSES SHOULD BE INCLUDED AS A COMMUNITY BENEFIT BECAUSE THE LOSSES ARE INCURRED IN PERFORMING AN IMPORTANT PUBLIC SERVICE THE MEDICARE LOSS FOR PARK NICOLLET METHODIST HOSPITAL IS BASED ON THE MEDICARE COST REPORT AS INSTRUCTED PER THE 990 SCHEDULE H INSTRUCTIONS THE MEDICARE COST REPORT ONLY INCLUDES ALLOWABLE COSTS FOR TRADITIONAL MEDICARE PRODUCTS ALLOWABLE COSTS ARE DEFINED BY THE CENTERS FOR MEDICARE AND MEDICAID AND DO NOT INCLUDE ALL OF THE COSTS THAT ARE INCURRED WHILE PROVIDING SERVICES IF ALL COSTS WERE INCLUDED IN THE CALCULATION ALONG WITH OUR MEDICARE ADVANTAGE PRODUCTS OUR MEDICARE LOSS WOULD BE $75 7 MILLION

Form and Line Reference	Explanation
PART III, LINE 9B	THE COLLECTION POLICY INCORPORATES THE REQUIREMENTS AS STATED BY THE MINNESOTA ATTORNEY GENERAL AND VIEWS ACCOUNT RESOLUTION THROUGH THE PARK NICOLLET FINANCIAL ASSISTANCE PROGRAM AS AN OPTION FOR ACCOUNT RESOLUTION THIS OPTION IS SHARED WITH DEBTORS VIA STATEMENTS, LETTERS AND AS PART OF COLLECTION CALLS TO AND FROM DEBTORS FROM PARK NICOLLET AND COLLECTION AGENCIES PARK NICOLLET'S FINANCIAL ASSISTANCE PROGRAM IS ALSO DESCRIBED IN PAMPHLETS AND ON OUR WEBSITE THE WEBSITE INCLUDES A SUMMARY OF OUR FINANCIAL ASSISTANCE POLICY AS WELL AS FREQUENTLY ASKED QUESTIONS AND HOW TO APPLY DOCUMENTS IF THE DEBTOR QUALIFIES FOR FINANCIAL ASSISTANCE, COLLECTION EFFORTS CEASE AND CHARGES ARE CLEARED FROM THEIR ACCOUNT

Form and Line Reference	Explanation
PART VI, LINE 2	IN 2012, PARK NICOLLET HEALTH SERVICES METHODIST HOSPITAL COMPLETED ITS COMMUNITY HEALTH N EEDS ASSESSMENT THIS ASSESSMENT WAS THE CULMINATION OF WORK THAT BEGAN IN 2011 AND WAS PR ESENTED TO AND APPROVED BY THE PARK NICOLLET BOARD OF DIRECTORS IN DECEMBER 2012 THIS WOR K RESULTED IN THE CREATION OF THE PARK NICOLLET METHODIST HOSPITAL 2013-2015 IMPLEMENTATIO N STRATEGY TO MEET COMMUNITY HEALTH NEEDS IDENTIFIED THROUGH THIS PROCESS TO DEVELOP THIS NEEDS ASSESSMENT, PARK NICOLLET DREW UPON LONG-STANDING RELATIONSHIPS WITH THE BROADER COM MUNITY IT SERVES AND INTERNAL RESOURCES FOCUSING ON RESEARCH AND DATA ANALYTICS FOR 23 YE ARS, PARK NICOLLET HAS CONVENED POPULATIONS OF PATIENTS, GOVERNMENT AND SERVICE ORGANIZATI ONS IN ITS SERVICE AREA IN ORDER TO IDENTIFY AND ACT UPON COMMUNITY NEEDS THESE CONVENING ACTIVITIES BECAME A VALUABLE TOOL TO SURVEY AND IDENTIFY NEEDS ACROSS THE PARK NICOLLET M ETHODIST HOSPITAL AND PARK NICOLLET CLINIC SERVICE AREAS PARK NICOLLET FOUNDATION DEVELOP ED AND INTEGRATED A SUCCESSFUL COMMUNITY CONNECTIVITY MODEL IN ITS PLANNING PROCESS, DEVEL OPING PRIORITIES AND GOALS ACROSS THE ENTIRE ORGANIZATION AS A CONVENER OF COMMUNITIES AC ROSS THE SERVICE AREA, PARK NICOLLET ENGAGED INDIVIDUALS WITHIN THE COMMUNITY, SOCIAL SERV ICE AGENCIES BOTH PUBLIC AND PRIVATE, ESTABLISHED COMMUNITY ORGANIZATIONS AND COMMUNITY LE ADERS IN ORDER TO IDENTIFY AREAS OF UNMET NEED WITHIN THE COMMUNITY PARK NICOLLET ALSO BR OUGHT TO BEAR INTERNAL EXPERTISE, HEALTH DATA AND ADMINISTRATIVE RESOURCES TO PARTNER WITH THE COMMUNITY TO IDENTIFY NEEDS THESE RESOURCES INCLUDE MEDICAL EXPERTISE, DATA ANALYTIC S AND RESEARCH STAFF, FINANCIAL AND BUSINESS SERVICES AND OTHER ADMINISTRATIVE SERVICES ID ENTIFIED AS IMPORTANT THROUGH THE CONVENING PROCESS THIS CONVENING ACTIVITY HAS RESULTED IN THE CREATION OF INITIATIVES ACROSS THE COMMUNITIES SERVED BY PARK NICOLLET METHODIST HO SPITAL AND PARK NICOLLET CLINIC THESE INITIATIVES INCLUDE PARK NICOLLET-SPONSORED COMMUN ITY CLINICS GROWING THROUGH GRIEF - PROGRAMS PROVIDING GRIEF SUPPORT AND EDUCATION TO CHIL DREN WHO HAVE EXPERIENCED DEATH OF A LOVED ONE NO SHOTS, NO SCHOOL IMMUNIZATION - INITIATI VES PROVIDING ENHANCED ACCESS FOR CHILDREN NEEDING IMMUNIZATIONS AS PART OF THE NO SHOTS, NO SCHOOL PROGRAM HEALTHY COMMUNITY COLLABORATIVES - GROUPS TO DISCUSS THE HEALTH NEEDS OF RESIDENTS IN THE COMMUNITY AND DEVELOPING PROGRAMS TO ADDRESS THOSE NEEDS THERE ARE CURR ENTLY THREE HEALTHY COMMUNITY COLLABORATIVES SUPPORTED BY THE PARK NICOLLET FOUNDATION, SE RVING SCOTT COUNTY, DAKOTA COUNTY AND NORTHWEST HENNEPIN COUNTY A SUCCESSFUL AGING INITIA TIVE IN ST LOUIS PARK - PROVIDING SUPPORT TO SENIOR CITIZENS IN THE COMMUNITY TO ADDRESS THEIR VARIOUS MEDICAL AND SOCIAL NEEDSCOMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESSTHE CONVENING ROLE PARK NICOLLET PLAYS IS SUCCESSFUL IN IDENTIFYING ONGOING NEEDS ACROSS THE M ANY COMMUNITIES WE SERVE IN 2011, PARK NICOLLET BEGAN A MORE FORMAL PROCESS TO IDENTIFY T HE GREATEST AREAS OF UNMET NEED THE CONVENING ROLE WE PLAY IS CRITICAL FOR IDENTIFYING AN D CREATING CONNECTIONS TO ADDRESS NEEDS OF RESIDENTS IN THE COMMUNITY HOWEVER, THE CHNA P ROCESS WAS MORE FORMALIZED AND ANALYTIC IN NATURE TO PINPOINT AND PRIORITIZE THE MOST PREV ALENT NEEDS IN THE COMMUNITY DEMOGRAPHIC ANALYSIS/DATAA VARIETY OF DATA SOURCES WAS USED TO COLLECT AND ANALYZE THE GEOGRAPHIC, SOCIO-ECONOMIC AND HEALTH DATA ON THE COMMUNITIES I N THE PARK NICOLLET HEALTH SERVICES' SERVICE AREA THESE DATA SOURCES PROVIDE A FRAMEWORK FOR REACHING OUT TO COMMUNITY MEMBERS, LOCAL GOVERNMENT AND SOCIAL SERVICE AGENCIES AND SO CIAL SUPPORT GROUPS WITHIN THE COMMUNITY THE SOURCES USED TO UNDERTAKE OUR COMMUNITY HEAL TH NEEDS ASSESSMENT INCLUDE THOMSON REUTERS MINNESOTA STATE DEMOGRAPHIC CENTER THE METROP OLITAN COUNCIL THE U S CENSUS BUREAU THE MINNESOTA DEPARTMENT OF EMPLOYMENT AND ECONOMIC DEVELOPMENT THE MINNESOTA DEPARTMENT OF HEALTH, CENTER FOR HEALTH STATISTICS THE UNIVERSIT Y OF WISCONSIN POPULATION HEALTH INSTITUTE THE CENTERS FOR DISEASE CONTROL (CDC) AND PREVE NTION'S BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) CDC NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION NATIONAL CENTER FOR HEALTH STATISTICS THE MINNESO TA HOSPITAL ASSOCIATION INTERNAL PARK NICOLLET DATAPARK NICOLLET THE CHNA PROCESS IS DESIG NED TO REACH BROADLY INTO THE COMMUNITY TO IDENTIFY NEEDS, GAPS AND BARRIERS TO HEALTH AND HEALTH SERVICES DEPLOYING PRIMARY RESEARCH, DATA ANALYSIS, VALIDATION AND PRIORITIZATION , THE ASSESSMENT PROCESS IDENTIFIED THE FOLLOWING SEVEN KEY THEMES OF NEED 1 MENTAL HEALT H2 OBESITY3 SENIORS4 CONNECTING COMMUNITY RESOURCES5 ACCESS AND AFFORDABILITY OF CARE6 WELLNESS 7 CULTURALLY SENSITIVE CARETHE PROCESS ALSO IDENTIFIED THE NEED FOR TEEN AND Y OUNG ADULT DRUG AND ALCOHOL ABUSE, TEEN PREGNANCY AND PARENTING AND SMOKING CESSATION, HOW EVER, THESE NEEDS DID NOT ELEVATE THEMSELVES TO THE LEVEL OF THE SEVEN IDENTIFIED THEMES D UE TO THE AVAILABILITY OF SERVICES ALREADY AVAILAB

Form and Line Reference	Explanation
PART VI, LINE 2	LE IN THE COMMUNITY PARK NICOLLET METHODIST HOSPITAL'S CHNA WAS DESIGNED TO PROVIDE BROAD COMMUNITY INPUT FROM BOTH PRIMARY RESEARCH AND ANALYSIS OF EXISTING COMMUNITY DATA PARK N ICOLLET WAS ABLE TO DRAW UPON THE ABOVE MENTIONED INITIATIVES AND PROCESSES TO UNDERTAKE T HIS ANALYSIS OF COMMUNITY NEED THE KEY ELEMENTS OF THE CHNA PROCESS INCLUDED THE FOLLOWIN G TEAMS AND PROCESSES 1 A LEADERSHIP TEAM THAT WAS CHARGED TO CONDUCT THE 2011/2012 NEEDS ASSESSMENT THE RESPONSIBILITIES OF THIS TEAM INCLUDED RESEARCH AND UNDERSTANDING OF THE REQUIREMENTS OF A COMMUNITY HEALTH NEEDS ASSESSMENT, DEVELOPING A STRATEGIC DESIGN FOR PRI MARY RESEARCH AND DATA ANALYTICS, VALIDATION AND PRIORITIZATION OF THE RESULTS AND PREPARA TION OF A FINAL FORMAL REPORT THAT WOULD BE PRESENTED TO THE PARK NICOLLET HEALTH SERVICES BOARD OF DIRECTORS 2 A GUIDANCE GROUP THE GUIDANCE GROUP PROVIDED THE SKILLS AND EXPER TISE OF A DIVERSE REPRESENTATION OF PARK NICOLLET METHODIST HOSPITAL PARK NICOLLET FOUNDA TION AREA SCHOOLS LOCAL SOCIAL SERVICE AGENCIES MEMBERS OF THE COMMUNITY COUNTY GOVERNMENT HEALTH AGENCIESTHE GUIDANCE GROUP MET THREE TIMES TO REVIEW THE PROPOSED PLAN DESIGN FOR THE CHNA, REVIEW PRELIMINARY RESULTS, ASSIST WITH PRIORITIZATION OF THE NEEDS IDENTIFIED A ND PROVIDE INPUT INTO POTENTIAL RESPONSES TO THE IDENTIFIED NEEDS 3 PRIMARY RESEARCH MO RE THAN 1,100 COMMUNITY MEMBERS REPRESENTING CHURCHES, GOVERNMENT, SCHOOLS, SOCIAL SERVICE AGENCIES AND HEALTH CARE PROVIDERS WERE IDENTIFIED TO PARTICIPATE IN AN ONLINE SURVEY AND FOCUS GROUP MEETINGS ACROSS OUR SERVICE AREA PARK NICOLLET LEADERS WERE ALSO INVOLVED IN THIS SURVEY AND FOCUS GROUP PROCESS THE SURVEY WAS CONDUCTED USING SURVEY MONKEY THE SU RVEY TOOL WAS DESIGNED TO OBTAIN INFORMATION FROM THE RESPONDENTS ABOUT THEIR GEOGRAPHIC L OCATION AND THEIR CONNECTIONS IN THE COMMUNITY THE SURVEY ASKED THE FOLLOWING QUESTIONS O F RESPONDENTS WHICH GEOGRAPHIC REGION DO YOU MOST AFFILIATE WITH? USING STATE DEMOGRAPHIC DATA FROM THE STATE DEMOGRAPHER, RESPONDENTS WERE GIVEN SEVEN GEOGRAPHIC LOCATIONS TO CHO OSE FROM WITHIN THE SERVICE AREA, WITH CITIES IDENTIFIED WITHIN EACH REGION IN YOUR OPINI ON, WHAT ARE THE MAJOR HEALTH CARE CONCERNS IN YOUR COMMUNITY? WHICH HEALTH CARE CONCERNS OF THOSE LISTED IS THE MOST IMPORTANT FOR THE COMMUNITY TO ADDRESS? WHAT ROLE SHOULD PARK NICOLLET CLINIC AND METHODIST HOSPITAL PLAY IN RESPONDING TO THE MOST IMPORTANT CONCERNS Y OU IDENTIFY? ARE YOU AWARE OF ANY SERVICES OFFERED IN YOUR COMMUNITY TO ADDRESS CONCERNS Y OU IDENTIFIED?4 FOCUS GROUPS USING THE WORLD CAF MODEL OF FACILITATION, COMMUNITY PARTIC IPANTS WERE ALSO OFFERED THE OPPORTUNITY TO ATTEND ONE OF SEVEN COMMUNITY-BASED FOCUS GROU P MEETINGS EACH FOCUS GROUP WAS ENCOURAGED TO DISCUSS WHAT TOP NEEDS MOST IMPACT THE HEA LTH AND WELLNESS OF INDIVIDUALS AND FAMILIES IN YOUR LOCAL COMMUNITY? WHAT WOULD IT TAKE T O CREATE THE CHANGE NEEDED TO ADDRESS THESE ISSUES? WHAT IS THE UNIQUE ROLE OF PARK NICOLL ET METHODIST HOSPITAL IN RESPONDING TO THOSE NEEDS? WHO IN THE COMMUNITY SHOULD BE INVOLVE D AND WHY SHOULD THEY CARE?THE RESULTS FROM THE SURVEY AND THE FOCUS GROUPS WERE TABULATED THE LEADERSHIP TEAM THEN REVIEWED THE SUMMARIES AND IDENTIFIED SEVEN KEY THEMES THAT CON SISTENTLY EMERGED IN THE DATA 5 ADDITIONAL GROUP MEETINGS TO BROADEN THE INFORMATION GA THERED, ADDITIONAL MEETINGS WERE ALSO HELD WITH SMALL GROUPS OF PROFESSIONALS FOR INSIGHT GATHERING AND TARGETED TO SPECIFIC AREAS IDENTIFIED BY COMMUNITY PARTICIPANTS AS A RESULT MEETINGS WERE ALSO HELD WITH SOMALI COMMUNITY HEALTH WORKERS AND RETIRED PHYSICIANS FROM METHODIST HOSPITAL

Form and Line Reference	Explanation
PART VI, LINE 2	6 VALIDATION PROCESS ONCE THE KEY THEMES OF NEED WERE IDENTIFIED AND PRIORITIZED, MEETINGS WERE SCHEDULED WITH COUNTY HEALTH DEPARTMENTS TO DISCUSS OUR FINDINGS AND COMPARE THEM WITH RESULTS FROM THEIR OWN COUNTY NEEDS ASSESSMENTS, AND TO IDENTIFY ANY POTENTIAL GAPS THAT MAY EXIST FROM OUR OWN RESEARCH PRIORITIZATION OF COMMUNITY HEALTH NEEDS ONCE THE RESPONSES THROUGH THE SURVEY AND FOCUS GROUP PROCESS WERE COLLATED, THE RESULTS WERE PRESENTED TO THE CHNA GUIDANCE GROUP, PARK NICOLLET HEALTH SERVICES EXECUTIVE AND MANAGEMENT GROUP AND THE PARK NICOLLET FOUNDATION BOARD OF DIRECTORS FOR REVIEW, COMMENT AND PRIORITIZATION PARTICIPANTS WERE ASKED TO RANK EACH IDENTIFIED THEME BASED ON TWO CRITERIA IMPORTANCE OR IMPACT THAT THE THEME HAD ON COMMUNITY HEALTH NEED AND HOW STRONGLY THE THEME CORRELATED WITH PARK NICOLLET'S STRENGTHS AS A HEALTH CARE SYSTEM THE RESULTS WERE THEN AGGREGATED, SUMMARIZED THROUGH AVERAGING OF RANK VALUES AND PLOTTED INTO A BUBBLE GRAPH THIS PROCESS INFORMED PARK NICOLLET ON THE MAJOR THEMES OF NEED IDENTIFIED BY THE COMMUNITY AND RESULTED IN THE DEVELOPMENT OF A "PARK NICOLLET METHODIST HOSPITAL 2013-2015 IMPLEMENTATION STRATEGY" TO MEET COMMUNITY HEALTH NEEDS SINCE THE CONCLUSION OF THIS PROCESS, PARK NICOLLET HIRED STAFF TO LEAD THIS PROCESS

Form and Line Reference	Explanation
PART VI, LINE 3	PARK NICOLLET METHODIST HOSPITAL PARTICIPATES IN MULTIPLE UNIQUE FINANCIAL ASSISTANCE PROGRAMS, INCLUDING OUR OWN FINANCIAL ASSISTANCE (FA) WE INFORM OUR PATIENTS IN MULTIPLE WAYS ABOUT OUR FA PROGRAM AND OTHER FINANCIAL ASSISTANCE OPTIONS FOR SERVICES RECEIVED AT PNHS APPROXIMATELY 14 PERCENT OF HOSPITAL PATIENTS PARTICIPATE IN STATE PUBLIC PROGRAMS AND APPROXIMATELY 2 PERCENT ARE UNINSURED A LIST OF COMMUNICATIONS FOR PATIENTS RELATING TO FINANCIAL ASSISTANCE FOLLOWS HOSPITAL BOOKLETS GIVEN TO INPATIENTS WEB SITE, FA INFORMATION FOUND IN BILLING AND INSURANCE SECTION FAQ ON FA FA CALCULATOR ONLINE CALCULATOR ALLOWS QUICK AND EASY ESTIMATION OF ELIGIBILITY UNDER THE PROGRAM FA APPLICATION APPLICATION MAY BE PRINTED FOR SUBMISSION INFORMATION ON MEDICAL ASSISTANCE, INCLUDING ELIGIBILITY AND APPLICATION PROCESS PATIENT STATEMENTS ALL BALANCE FORWARD STATEMENTS, REGARDLESS OF BALANCE, INCLUDE A FINANCIAL ASSISTANCE APPLICATION AND RESPONSES TO FREQUENTLY ASKED QUESTIONS REGARDING FAIN ADDITION TO THE WRITTEN MATERIAL, CUSTOMER SERVICE, COLLECTIONS AND HOSPITAL PATIENT ACCESS LIAISONS (PALS) INFORM PATIENTS ABOUT ASSISTANCE OPTIONS, INCLUDING GOVERNMENT PROGRAMS AND FA PALS ARE ON-SITE IN THE HOSPITAL AND CAN MEET WITH PATIENTS IN THEIR ROOMS OR PRIOR TO ADMISSION MOST CUSTOMER SERVICE AND COLLECTIONS WORK IS DONE THOUGH PHONE CALLS, BUT OUR MAIN CLINIC HAS AN ON-SITE LOCATION FOR PERSONAL CONVERSATIONS PARK NICOLLET METHODIST HOSPITAL STAFF IS TRAINED IN HELPING PATIENTS APPLY FOR MEDICAL ASSISTANCE AND HAS ALSO CONTRACTED WITH OUTSIDE SERVICES TO ASSIST PATIENTS IN THE APPLICATION PROCESS FOR MEDICAL ASSISTANCE IN MORE COMPLICATED CIRCUMSTANCES

Form and Line Reference	Explanation
PART VI, LINE 4	PARK NICOLLET HEALTH SERVICES IS AN INTEGRATED DELIVERY SYSTEM THAT INCLUDES PARK NICOLLET METHODIST HOSPITAL, 23 CLINIC LOCATIONS AND 11 SPECIALTY CARE CENTERS, ALL OF WHICH ARE L OCATED IN THE WEST METROPOLITAN AREA OF THE TWIN CITIES THE SERVICE AREA FOR THE SYSTEM D EFINES THE COMMUNITIES WE SERVE AND PRIMARILY INCLUDES THE COUNTIES OF HENNEPIN, CARVER, DAKOTA, AND SCOTT PARK NICOLLET HEALTH SERVICES ALSO SERVES PATIENTS IN WRIGHT, RICE, SIB LEY AND LE SEUER COUNTIES PARK NICOLLET HEALTH SERVICES DRAWS PATIENTS FROM A LARGER 96 Z IP CODE SERVICE AREA PARK NICOLLET METHODIST HOSPITAL'S PRIMARY CATCHMENT AREA COVERS A S MALLER 28 ZIP CODE SERVICE AREA NINETY PERCENT OF PARK NICOLLET'S OUTPATIENT CLINIC VISIT S AND 88 PERCENT OF METHODIST HOSPITAL ADMISSIONS COME FROM THE 96 ZIP CODE SERVICE AREA FIFTY-FOUR PERCENT OF METHODIST HOSPITAL ADMISSIONS COME FROM THE 28 ZIP CODE SERVICE AREA THE POPULATION DENSITY IN THE PARK NICOLLET SERVICE AREA CONSISTS OF A MIX OF URBAN, SUB URBAN, EXURBAN AND RURAL COMMUNITIES IN ORDER TO FIT OUR ANALYSIS TO MORE SPECIFIC COMMUN ITIES WITHIN THE BROADER SERVICE AREA, OUR ASSESSMENT FOCUSED ON THE SUB SERVICES AREAS DE FINED IN THE FOLLOWING MANNER CORE SERVICE AREA MINNEAPOLIS SERVICE AREA NORTH EAST SERVI CE AREA NORTH WEST SERVICE AREA SOUTH EAST SERVICE AREA SOUTH WEST SERVICE AREA WEST SERVI CE AREATHIS BREAKDOWN ASSURES THAT NEEDS ARE PROPERLY IDENTIFIED IN ACCORDANCE WITH THE SP ECIFIC POPULATION OF PATIENTS SERVED BY SERVICE AREA AND REFLECTS POPULATION DENSITY SOCIO -ECONOMIC FACTORS IT ALSO PERMITS SURVEY AND FOCUS GROUP RESPONDENTS TO SPEAK TO NEEDS BA SED UPON THEIR OWN LOCAL COMMUNITY POPULATION DEMOGRAPHICSBASED ON 2010 ESTIMATES, 1 65 MI LLION PEOPLE RESIDE WITHIN THE PARK NICOLLET 96 ZIP CODE SERVICE AREA 535,000 PEOPLE (ONE -THIRD) RESIDE WITHIN THE SMALLER 28 ZIP CODE SERVICE AREA POPULATION DENSITY VARIES BY T HE SEVEN SERVICE AREAS PARK NICOLLET SERVES AND IS DESCRIBED BELOW CORE SERVICE AREA (401 ,085) MINNEAPOLIS SERVICE AREA (249,171) NORTH EAST SERVICE AREA (184,062) NORTH WEST SERV ICE AREA (226,685) SOUTH EAST SERVICE AREA (334,393) SOUTH WEST SERVICE AREA (101,825) WES T SERVICE AREA (157,176)PARK NICOLLET'S SERVICE AREA (96 ZIP CODES) IS ESTIMATED TO GROW 3 2 PERCENT IN THE NEXT FIVE YEARS THE MOST SIGNIFICANT GROWTH IN POPULATIONS IS PROJECTED TO OCCUR IN THE SUBURBAN AND EX-URBAN SERVICE AREAS WHILE THE CORE SERVICE AREA, THE MINN EAPOLIS SERVICE AREA, AND THE NORTH EAST SERVICE AREA POPULATIONS ARE EXPECTED TO EXPERIEN CE NO GROWTH DURING THE NEXT 20 YEARS THE POPULATION GROWTH IN THE BROADER PARK NICOLLET SERVICE AREA IS EXPECTED TO GROW BY LESS THAN 1 PERCENT PER YEAR, HOWEVER, THE BIGGEST CHA NGE DURING THIS 20 YEAR PERIOD WILL BE THE AGING OF THE POPULATION SERVED BY PARK NICOLLET DURING THE NEXT 20 YEARS THE 65-PLUS AGE GROUP IS ESTIMATED TO MORE THAN DOUBLE THE FOL LOWING SECTION DESCRIBES THE DEMOGRAPHIC CONSTITUENCIES SERVED BY PARK NICOLLET HEALTH SER VICES THE AGING POPULATION THE CORE SERVICE AREA CONTAINS A MORE AGED DEMOGRAPHIC THAN T HE OTHER SERVICE AREAS SERVED BY PARK NICOLLET IN THE CORE SERVICE AREA, 15 PERCENT OF TH E POPULATION IS 65-PLUS YEARS OLD AND 45 PERCENT ARE 45-PLUS YEARS OLD THE NORTH WEST AND THE SOUTH EAST SERVICE AREAS HAVE A LOW DISTRIBUTION OF POPULATION AGED 65-PLUS THE FIRS T RING SUBURBS (GOLDEN VALLEY, RICHFIELD, ST LOUIS PARK, NEW HOPE AND EDINA) HAVE LARGE S ENIOR POPULATIONS THERE ARE ALSO DENSE POCKETS OF AGED (65-PLUS) IN BURNSVILLE, APPLE VAL LEY, MINNEAPOLIS, BROOKLYN CENTER, BROOKLYN PARK, WAYZATA AND EXCELSIOR 30 PERCENT OF SEN IORS IN THE PARK NICOLLET SERVICE AREA ARE CURRENTLY IN SITUATIONS WHERE THEY ARE LIVING A LONE MINORITY POPULATIONS PARK NICOLLET HEALTH SERVICES' SERVICE AREA CONTAINS A VERY DI VERSE POPULATION OF PATIENTS THERE IS WIDE VARIATION IN POPULATIONS SERVED ACROSS THE SEV EN SUB-SERVICE AREAS THE NORTH EAST SERVICE AREA AND THE MINNEAPOLIS SERVICE AREA HAVE TH E LARGEST MINORITY POPULATIONS, 49 PERCENT AND 40 PERCENT RESPECTIVELY THE WEST AND THE N ORTH WEST SERVICE AREAS HAVE LOW MINORITY POPULATIONS, 7 PERCENT AND 8 PERCENT RESPECTIVEL Y THE MOST PREVALENT MINORITY GROUPS ALSO VARY BY SERVICE AREA HISPANIC POPULATION IS TH E TOP MINORITY GROUP IN THREE OF SEVEN SERVICE AREAS (MINNEAPOLIS, SOUTH WEST AND WEST) AS IAN POPULATION IS THE TOP MINORITY GROUP IN THREE OF SEVEN SERVICE AREAS (CORE, NORTH WEST AND SOUTH EAST) BLACK POPULATION IS THE TOP MINORITY GROUP IN ONE OF THE SEVEN SERVICE AR EAS (NORTH EAST)MINORITY POPULATION DENSITY IS GREATER IN AREAS IN OR NEAR TO THE URBAN CO RE OF THE TWIN CITIES DURING THE NEXT FIVE YEARS, THE PARK NICOLLET SERVICE AREA POPULATIO N IS ESTIMATED TO GROW BY 3 8 PERCENT THE MINORITY POPULATIONS ARE EXPECTED TO ACCOUNT FO R 79 PERCENT OF THAT GROWTH POPULATION GROWTH IN THE HISPANIC POPULATION IS EXPECTED TO S EE THE LARGEST INCREASE OVER THE NEXT FIVE YEARS (22 3 PERCENT) THE LARGEST PORTION OF TH E INCREASE IN THE HISPANIC POPULATION IS EXPECTED

Form and Line Reference	Explanation
PART VI, LINE 4	TO OCCUR IN THE MINNEAPOLIS SERVICE AREA NEARLY ALL SERVICE AREAS EXPECT TO SEE DOUBLE DI GIT INCREASES IN MINORITY POPULATIONS THROUGH 2015 POPULATION INCOME AND ACCESS TO INSURA NCE THE DIVERSITY IN INCOME IN THE PARK NICOLLET SERVICE AREA ALSO IS WIDE-RANGING WHILE THE PARK NICOLLET SERVICE AREA CONTAINS 22 OF THE TOP 25 WEALTHIEST ZIP CODES (SITUATED I N THE WEST/NORTH WEST SERVICE AREAS), THE EASTERN SERVICE AREA CONTAINS SEVERAL LOW INCOME ZIP CODES (CORE, MINNEAPOLIS, NORTH EAST SERVICE AREAS) THE WEST, NORTH WEST, SOUTH EAST AND SOUTH WEST SERVICE AREAS HAVE THE HIGHEST DISTRIBUTION OF UPPER INCOME HOUSEHOLDS LI KE INCOME, THE SUBURBAN/EXURBAN SERVICE AREAS (NORTH WEST, SOUTH EAST, SOUTH WEST AND WEST) HAVE A HIGH PERCENTAGE OF THE POPULATION THAT IS COMMERCIALLY INSURED (80-PLUS PERCENT) THE SUB-SERVICE AREAS WITH THE HIGHEST PERCENT OF MEDICARE PATIENTS INCLUDE THE CORE (16 PERCENT), MINNEAPOLIS (10 8 PERCENT), NORTH EAST (10 5 PERCENT) AND WEST (10 4 PERCENT) T HE MINNEAPOLIS AND THE NORTH EAST SERVICE AREAS HAVE HIGH MEDICAID POPULATIONS COMPARED TO THE OTHER SERVICE AREAS, WITH THE MINNEAPOLIS SERVICE AREA HAVING 16 7 PERCENT AND THE NO RTH EAST SERVICE AREA HAVING 14 3 PERCENT

Form and Line Reference	Explanation
PART VI, LINE 5	PARK NICOLLET HEALTH SERVICES FURTHERS ITS EXEMPT PURPOSES IN MULTIPLE WAYS THROUGH METHOD IST HOSPITAL, PARK NICOLLET CLINIC, SPECIALTY PROGRAMS AND ITS COMMITMENT TO RESEARCH AND EDUCATION PARK NICOLLET STRIVES TO MEET ITS COMMITMENT TO THE TRIPLE AIM OF PROVIDING HIG H QUALITY HEALTH CARE AT AN AFFORDABLE COST TO THE COMMUNITY BY ENHANCING THE PATIENT EXPE RIENCE PARK NICOLLET'S COMMITMENT TO THE PATIENT AND FAMILY EXPERIENCE IS ARTICULATED THR OUGH A FOCUS ON HEAD + HEART, TOGETHER (HHT) "HEAD" REFERS TO OUR WORK AROUND EVIDENCE-BAS ED MEDICINE, OUR ATTENTION TO CLINICAL OUTCOMES, THE WAY WE WILL USE DATA TO MAKE DECISION S ABOUT THE BEST CARE PROTOCOL TO FOLLOW, AND TO THE BUSINESS OF RUNNING A LARGE HEALTHCAR E SYSTEM "HEART" IS ALL ABOUT PROVIDING COMPASSIONATE CARE IN THE MOMENT AND KEEPING OUR PATIENTS AT THE CENTER OF EVERYTHING WE DO AND EVERY DECISION WE MAKE WHEN WE WORK ACROSS BOUNDARIES WITH OUR PATIENTS AND FAMILIES, WE WON'T DO THINGS "TO" OR "FOR" PATIENTS - WE WILL DO THINGS WITH PATIENTS AND THEIR FAMILIES "TOGETHER" MEANS DOING BOTH HEAD- AND HEA RT-CENTERED ACTIVITIES IN COMBINATION IT ALSO MEANS WORKING AS A TEAM ACROSS DEPARTMENTS AND SPECIALTIES, ALL OF US UNITED AROUND CARING TOGETHER WITH OUR PATIENTS, THEIR FAMILIES IN THE COMMUNITIES WE SERVE PARK NICOLLET HEALTH SERVICES FURTHERS ITS EXEMPT PURPOSE THR OUGH ITS 426-BED METHODIST HOSPITAL IN ST LOUIS PARK, 20 CLINIC LOCATIONS IN ITS 96 ZIP C ODE SERVICE AREA, 55 MEDICAL SPECIALTIES AND SUBSPECIALTIES, AND 12 SPECIALTY CENTERS PAR K NICOLLET FOUNDATION SERVES AS THE CONVENER OF THE COMMUNITIES WE SERVE, INVOLVING ADMINI STRATIVE AND MEDICAL STAFF IN ITS INTEGRATED SYSTEM, TO ASSESS COMMUNITY NEED AND FACILITA TE A BROAD ARRAY OF CLINICAL AND SPECIALTY SERVICES AND THE ADMINISTRATIVE SUPPORT TO MEET UNMET NEEDS IN THE COMMUNITY PARK NICOLLET FOUNDATION ALSO PROVIDES FINANCIAL ASSISTANCE TO COMMUNITY ORGANIZATIONS AND SERVICES THAT ARE CONSISTENT WITH NEEDS IDENTIFIED IN THE CHNA AS PRIORITIZED BY ITS BOARD OF DIRECTORS PARK NICOLLET FOUNDATION'S BOARD OF DIRECTO RS IS A COMMUNITY BOARD AND PROVIDES ACTIVE PARTICIPATION IN THE NONPROFIT MISSION OF THE ORGANIZATION PARK NICOLLET'S INTEGRATED SYSTEM PROVIDES COMMUNITY BENEFIT TO UNDERSERVED POPULATIONS THROUGH CONVENING OF COMMUNITIES, EDUCATION AND SUPPORT OF PATIENTS AND COMMUN ITY MEMBERS DIAGNOSED WITH CHRONIC DISEASE, AND RESEARCH TO IMPROVE QUALITY OF LIFE HEALT H PROFESSIONALS WITHIN THE INTEGRATED SYSTEM ASSIST PATIENTS IN THE COMMUNITY, IN THE STAT E, IN THE NATION, AND AROUND THE WORLD WHO NEED SPECIALIZED PROGRAMS AND SERVICES FOR VARI OUS CONDITIONS PARK NICOLLET ALSO IS A RECOGNIZED LEADER IN PROCESS IMPROVEMENTS TO COORD INATE PATIENT CARE AND PROVIDE PATIENTS WITH SOCIAL SUPPORT SYSTEMS TO IMPROVE POPULATION HEALTH THIS HAS BEEN ACCOMPLISHED THROUGH ITS INITIATIVES THROUGH THE PHYSICIAN GROUP PRA CTICE DEMONSTRATION PROGRAM SPONSORED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES P ARK NICOLLET ALSO PARTICIPATES IN THE PIONEER ACO DEMONSTRATION THAT IS SPONSORED BY THE C ENTER FOR MEDICARE AND MEDICAID INNOVATION IN ADDITION TO INNOVATING AROUND CARE DELIVERY DESIGN AND PATIENT SUPPORT SERVICES, PARK NICOLLET PARTICIPATES IN MULTIPLE LEARNING INIT IATIVES THROUGH THE DEMONSTRATION PROGRAM TO SHARE ITS KNOWLEDGE AND LESSONS LEARNED WITH OTHER ORGANIZATIONS ACROSS THE COMMUNITY AND THE COUNTRY PARK NICOLLET HAS BEEN COMMITTED TO THESE EFFORTS IN SUPPORT OF ITS COMMITMENT TO THE TRIPLE AIM OF IMPROVING HEALTH, PATI ENT EXPERIENCE AND AFFORDABILITY BY PROVIDING COMMUNITIES WITH SUPPORT SYSTEMS ASSISTING P ATIENTS AND FAMILIES TO IMPROVE THEIR HEALTH GRANTS AND COMMUNITY SUPPORT IN 2014, PARK NICOLLET FOUNDATION GRANTED OVER $2 MILLION TO PARK NICOLLET DEPARTMENTS AND COMMUNITY 501 (C)(3) ORGANIZATIONS TO FUND OUTREACH SERVICES AND SUPPORT PROGRAMS ADDRESSING OUR KEY PRI ORITIES FROM THE COMMUNITY HEALTH NEEDS ASSESSMENT - SENIORS, MENTAL HEALTH, ACCESS AND AF FORDABILITY AND CULTURALLY-SENSITIVE CARE PARK NICOLLET SUPPORTS SCHOOL-BASED HEALTH CENTE RS IN 2014, WE OFFERED NO-CHARGE HEALTH CARE TO CHILDREN FROM INFANCY THROUGH HIGH SCHOOL GRADUATION AT OUR SCHOOL-BASED HEALTH CENTERS IN BROOKLYN CENTER, BURNSVILLE, ST LOUIS P ARK AND WAYZATA NO-CHARGE AND LOW-COST DENTAL AND MENTAL HEALTH CARE IS AVAILABLE BY APPO INTMENT PARTICIPATING FAMILIES INCLUDE THOSE WHO ARE UNABLE TO AFFORD HEALTH CARE, ARE NE W TO THE AREA OR HAVE SENSITIVE HEALTH CARE NEEDS WALK-IN VISITORS ARE WELCOME AT ALL LOC ATIONS ALL HEALTH CENTERS ARE OPERATED IN PARTNERSHIP WITH LOCAL SCHOOL DISTRICTS AND FUN DED BY PARK NICOLLET FOUNDATION IN 2014, THERE WERE MORE THAN 4,300 PRIMARY CARE AND DENT AL VISITS TO THESE HEALTH CENTERS IMMUNIZATIONS MINNESOTA LAW REQUIRES IMMUNIZATIONS, OR WRITTEN PROOF OF EXEMPTION, FOR SCHOOL-AGE CHILDREN TO ATTEND SCHOOL PARK NICOLLET FOUND ATION COLLABORATES WITH SCHOOL DISTRICTS TO HAVE ALL CHILDREN IMMUNIZED PARK NICOLLET OFF ERS ENHANCED ACCESS FOR CHILDREN NEEDING IMMUNIZAT

Form and Line Reference	Explanation
PART VI, LINE 5	IONS AS PART OF THE NO SHOTS, NO SCHOOL PROGRAM, WHICH IS AVAILABLE MAY, AUGUST AND THE FI RST TWO WEEKS OF SEPTEMBER PARTICIPATING SCHOOL DISTRICTS ENCOURAGE PARENTS TO SCHEDULE A PPOINTMENTS WITH A PRIMARY CARE DOCTOR EARLY TO ENSURE REQUIRED IMMUNIZATIONS ARE GIVEN AN D DOCUMENTED WELL IN ADVANCE OF STARTING SCHOOL IT TAKES AT LEAST FOUR MONTHS TO COMPLETE THE HEPATITIS B SERIES PARK NICOLLET PROVIDES IMMUNIZATION-ONLY VISITS ON A SAME-DAY APPO INTMENT BASIS, IMMUNIZES CHILDREN WITHOUT A DOCTOR VISIT OR PREVENTIVE CARE EXAM AT THE TI ME OF IMMUNIZATION, IMMUNIZES CHILDREN NOT PREVIOUSLY ESTABLISHED AS PATIENTS WITH THE CLI NIC, AND PROVIDES IMMUNIZATIONS TO CHILDREN WITH NO DIRECT CHARGE TO FAMILIES PARK NICOLLE T SPONSORED COMMUNITY COLLABORATIVES PARK NICOLLET FOUNDATION REGULARLY SPONSORS OR PARTI CIPATES IN COLLABORATIVE GROUPS TO DISCUSS ISSUES AND TOPICS AFFECTING RESIDENTS IN THE CO MMUNITY THESE MEETINGS ARE HELD AT DIFFERENT LOCATIONS THROUGHOUT PARK NICOLLET'S SERVICE AREA THE FOLLOWING ARE SOME EXAMPLES OF THIS WORK CHILDREN FIRST DAKOTA COUNTY HEALTHY COMMUNITY COLLABORATIVE MEADOWBROOK COLLABORATIVE NORTHWEST HENNEPIN HEALTHY COMMUNITY PAR TNERSHIP ST LOUIS PARK SUCCESSFUL AGING INITIATIVE SCOTT COUNTY HEALTHY COMMUNITY COLLABO RATIVE THE FOLLOWING ARE EXAMPLES OF SPECIFIC ACTIVITIES THAT ARE SUPPORTED BY THE PARK NI COLLET FOUNDATION AND PARK NICOLLET HEALTH SERVICES AND DEMONSTRATE THE ORGANIZATION'S COM MITMENT TO THE COMMUNITY AND MEETING UNMET COMMUNITY NEEDS 1 RESEARCH AND EDUCATION ACTI VITIES - RESEARCH IS EMBEDDED IN DEPARTMENTS AND STRATEGIES ACROSS PARK NICOLLET TO SUPPOR T QUALITY INITIATIVES AND THE PATIENT EXPERIENCE RESEARCH ENCOMPASSES INVESTIGATOR-INITIA TED STUDIES, CLINICAL TRIALS, PRACTICE-BASED RESEARCH, OUTCOMES AND QUALITY IMPROVEMENT PR OJECTS, DATA ANALYTICS, STATISTICS, SURVEY DEVELOPMENT AND FOCUS GROUPS AT PARK NICOLLET AND METRO MINNESOTA COMMUNITY CLINICAL ONCOLOGY PROGRAM, BETWEEN 400 AND 500 RESEARCH STUD IES ARE ACTIVE EACH YEAR PARK NICOLLET AUTHORS PUBLISHED 62 PEER-REVIEWED PAPERS, BOOKS A ND BOOK CHAPTERS IN 2014, SHARING THEIR FINDINGS WITH THE MEDICAL COMMUNITY PARK NICOLLET INSTITUTE PROVIDES THE INFRASTRUCTURE AND RESOURCES TO SUPPORT RESEARCH AND CLINICAL QUAL ITY GOALS OF THE ORGANIZATION, WHICH INCLUDES THE FOLLOWING NEEDS ASSESSMENT AND FEASIBIL ITY MENTORING AND TRAINING" SCIENTIFIC AND HUMANS SUBJECTS REVIEW REGULATORY COMPLIANCE AN D REPORTING GRANT MANAGEMENT, INCLUDING APPLICATION PREPARATION AND SUBMISSION, CONTRACT A ND AGREEMENT NEGOTIATION, FINANCE, BUDGET DEVELOPMENT, IDENTIFICATION OF FUNDING SOURCES P ROTOCOL DEVELOPMENT AND RESEARCH DESIGN MANUSCRIPT AND POSTER/PRESENTATION PREPARATION DAT ABASE DEVELOPMENT, DATA CLEANING, STATISTICS AND ANALYTICS, SURVEY REVIEW AND DESIGN, FOCU S GROUP FACILITATION STUDY OPERATIONS SUPPORT INCLUDING RECRUITMENT, CONSENTING, ENROLLING , DATA COLLECTION/ENTRYPARK NICOLLET INSTITUTE'S PATIENT EDUCATION DEPARTMENT PROVIDES EDU CATIONAL TOOLS TO SUPPORT PATIENTS IN PREVENTING AND MANAGING ILLNESS AND IMPROVING HEALTH WE PROVIDE PROGRAMS, CLASSES, VIDEOS, WEB CONTENT AND DECISION SUPPORT TOOLS TO HELP PAT IENTS TAKE AN ACTIVE ROLE IN THEIR HEALTH THESE RESOURCES HELP PATIENTS PREVENT AND MANAG E COMMON HEALTH PROBLEMS, LIVE WELL WITH CHRONIC CONDITIONS, PREPARE FOR PROCEDURES AND IM PROVE OVERALL HEALTH AND WELL-BEING IN 2014, WE HELD 263 PATIENT EDUCATION CLASSES FOR 1, 965 ATTENDEES WE CONDUCTED 7,122 DIABETES EDUCATION VISITS WE PUBLISHED 337 NEW OR REVIS ED PATIENT EDUCATION MATERIALS

Form and Line Reference	Explanation
PART VI, LINE 5	OUR PARK NICOLLET HEALTH LIBRARY PROVIDES RESOURCES AND SERVICES FOR PATIENTS, FAMILY AND THE COMMUNITY THIS INCLUDES LITERATURE SEARCHES AND DOCUMENT DELIVERY, AS WELL AS ACCESS TO PRINT, ONLINE AND INTERNET RESOURCES IN 2014, THE LIBRARY RECEIVED 781 VISITORS AND CO NDUCTED 346 INFORMATION SEARCHES FOR PATIENTS AND THEIR FAMILIES THE INSTITUTE'S PROFESSI ONAL EDUCATION DEPARTMENT PROVIDES LEARNING ACTIVITIES TO ENHANCE PHYSICIAN KNOWLEDGE, COM PETENCE AND PERFORMANCE CONTINUING MEDICAL EDUCATION (CME) STAFF PARTNERS WITH PARK NICOL LET AND HEALTHPARTNERS PHYSICIANS AND DEPARTMENTS TO MANAGE A COMPREHENSIVE EDUCATIONAL PR OGRAM THROUGH ACTIVITIES DESIGNED TO MEET INDIVIDUAL AND DEPARTMENT NEEDS OUR OFFICE OF C ONTINUING MEDICAL EDUCATION GRANTED 70,892 CME CREDITS THROUGH 429 PROFESSIONAL EDUCATION ACTIVITIES IN 2014, REACHING 24,821 PARTICIPANTS 2 GROWING THROUGH GRIEF PROGRAM - THIS S CHOOL SUPPORT PROGRAM PROVIDES 1 1 COUNSELING AND GROUPS FOR CHILDREN AND TEENS WHO HAVE E XPERIENCED THE DEATH OF SOMEONE IMPORTANT IN THEIR LIFE SERVICES ARE FUNDED BY PARK NICOL LET FOUNDATION AND ARE FREE OF CHARGE TO PARTICIPANTS MORE THAN 500 STUDENTS AND 13 SCHOO L DISTRICTS ARE SERVED BY THE PROGRAM ON A WEEKLY BASIS THE CHILDREN RANGE IN AGE FROM 5 TO 18 YEAR OLDS ALL SOCIO-ECONOMIC GROUPS ARE SERVED STUDENTS SERVED ARE IN THE SCHOOL D ISTRICTS OF APPLE VALLEY-ROSEMOUNT-EAGAN, BURNSVILLE, CHASKA-CHANHASSEN, EDINA, HOPKINS, MINNEAPOLIS, MINNETONKA, MOUND-WESTONKA, OSSEO-MAPLE GROVE, PRIOR LAKE-SAVAGE, ST LOUIS P ARK, AND WAYZATA COUNSELORS SERVE ON THE EMERGENCY RESPONSE TEAM FOR SCHOOLS AND ARE CERT IFIED TRAUMATOLOGISTS 3 SCHOOL-BASED HEALTH CENTERS (SBHCS) - FOUR SCHOOL-BASED HEALTH C ENTERS PROVIDED OVER 2,300 MEDICAL VISITS FOR UNINSURED AND UNDERINSURED YOUTH SERVICES I NCLUDED TREATMENT OF MINOR, ACUTE ILLNESSES, PHYSICALS, IMMUNIZATIONS, MENTAL HEALTH THERA PY, DENTAL CARE, AND VISION CHECKS ALL MEDICAL SERVICES ARE PROVIDED FREE OF CHARGE TO PA TIENTS 4 PRESCRIPTIONS - PARK NICOLLET FOUNDATION FUNDED OVER $75,000 WORTH OF PRESCRIPT IONS FOR PATIENTS OF THE SBHCS 5 FOOD AND VEGIE PRESCRIPTIONS - IN PARTNERSHIP WITH CUB FOODS, PARK NICOLLET PRIMARY CARE PHYSICIANS GAVE "PRESCRIPTIONS" FOR HEALTHY FOOD TO YOUN G PATIENTS THE RX WERE ACCOMPANIED BY A $10 COUPON FOR FRUITS AND VEGETABLES 2,700 FRUIT AND VEGGIE PRESCRIPTIONS WERE GIVEN OUT, 1,012 WERE REDEEMED 6 FIRE-FIGHTER OUTREACH - I N PARTNERSHIP WITH METHODIST HOSPITAL AND LOCAL FOOD SHELVES, THE FIRE DEPARTMENTS OF THRE E COMMUNITIES VISIT RECENTLY-DISCHARGED, AT-RISK SENIORS TO CHECK ON THEIR SAFETY AND ENSU RE THEY HAVE ADEQUATE FOOD 7 MAMMO-A-GO-GO - FOUNDATION GRANTS ENABLED THE MAMMO-A-GO-GO MOBILE VAN TO PROVIDE FREE MAMMOGRAM SCREENINGS TO 165 UNDERSERVED WOMEN 8 FLU SHOT CLINI CS - OVER 150 FREE FLU SHOTS WERE ADMINISTERED AT TWO SPECIAL EVENTS 9 YUMPOWER - PARK NI COLLET FOUNDATION PROVIDED SUPPORT TO IMPLEMENT THE HEALTHPARTNERS' YUMPOWER PROGRAM ON HE ALTHY EATING AT TWO ST LOUIS PARK ELEMENTARY SCHOOLS 10 MELROSE CENTER COLLEGE OUTREACH - RAISING AWARENESS OF EATING DISORDERS AND RESOURCES AVAILABLE 11 HEALTH FAIRS AND COMMU NITY OUTREACH - PARK NICOLLET CARE TEAMS, DEPARTMENTS AND CLINICS PROVIDE FAIRS AND OUTREA CH THROUGHOUT THE YEAR EXAMPLES INCLUDE WAYZATA CLINIC TEAM MEMBERS PARTICIPATED IN A MI DDLE SCHOOL PARENTING FORUM CHAMPLIN CLINIC TEAM MEMBERS OFFERED ADVANCE CARE PLANNING CLA SSES AND GAVE A TALK ON THE FLU AT NORWEST COMMUNITY CENTER CHAMPLIN CLINIC TEAM MEMBERS P ARTICIPATED IN BAG OF SMILES GOLF TOURNAMENT AND MAPLE GROVE HOSPITAL BABY BALL BLOOMINGTO N CLINIC TEAM MEMBERS OFFERED A MONTHLY DIABETES SUPPORT GROUP BLOOMINGTON CLINIC TEAM MEM BERS PARTICIPATED IN RACE FOR THE CURE ST LOUIS PARK CLINIC TEAM MEMBERS OFFERED MULTIPLE INITIATIVES FOR SENIORS ST LOUIS PARK CLINIC TEAM MEMBERS PARTICIPATED AT PARKTACULAR, T WIN CITIES PRIDE, TOUR DE CURE FOR DIABETES AND WEST END HEALTH & SAFETY FITNESS EXPO MAPL E GROVE CLINIC TEAM MEMBERS PARTICIPATED AT MAPLE GROVE DAYS PARADE AND EXPO PLYMOUTH CLIN IC TEAM MEMBERS PARTICIPATED IN A HEALTHY LIVING FAIR, MUSIC IN PLYMOUTH 5, PLYMOUTH ON PA RADE, NIGHT TO UNITE CANCER BENEFIT, PLYMOUTH FIRE DEPARTMENT OPEN HOUSE AND PLYMOUTH FARM ER'S MARKET BROOKDALE CLINIC TEAM MEMBERS PARTICIPATED IN THE EARLE BROWN PARADE, A FLU CL INIC AND A HIGH SCHOOL EVENT ROGERS CLINIC TEAM MEMBERS PARTICIPATED IN ROCKIN ROGERS PARA DE, ST MICHAEL DAZE & KNIGHTS, OTSEGO FESTIVAL AND MAPLE GROVE HOSPITAL BABY BALL WAZATA AND CARLSON PARKWAY CLINIC TEAM MEMBERS PARTICIPATED IN JAMES J HILL DAYS AND PARADE AND REGIS CORPORATION EMPLOYEE HEALTH FAIR SHAKOPEE CLINIC TEAM MEMBERS PARTICIPATED IN A BABY FAIR, DERBY DAYS, RELAY FOR LIFE, ST FRANCIS CANDY BUY-BACK AND SAVAGE PTC ARNIVAL LAKE VILLE CLINIC TEAM MEMBERS PARTICIPATED IN PAN O PROG PARADE, THRIVE FOR 5, CAREER JAMBOREE AT LAKEVILLE NORTH & SOUTH, LAKEVILLE HOME AND GARDEN EXPO AND HALLOWEEN ELKO/NEW MARKET EVENT, DAKOTA COUNTY HEALTHY COMMUNITIES COLLABORA

Form and Line Reference	Explanation
PART VI, LINE 5	TIVE, LAKEVILLE PEDIATRIC MENTAL HEALTH/CHEMICAL USE COLLABORATIVE, MENTAL HEALTH SUMMIT, THRIVE BY FIVE LAKEVILLE COMMITTEE, LIVING LONGER, ADHD SUPPORT GROUPS, LOCAL TALKS AT THE LIBRARY REGARDING SCHOOL READINESS/READING AND LAKEVILLE HIGH SCHOOL ANNUAL PRE-PROM EVEN TS METHODIST HOSPITAL TEAM MEMBERS OFFERED A SLEEP HEALTH FAIR VOLUNTEER SERVICES TEAM MEM BERS PARTICIPATED IN AN EMPLOYEE WELLNESS FAIR JANE BRATTAIN BREAST CENTER TEAM MEMBERS PA RTICIPATED IN BE PINK WAYZATA AND BE PINK COMMUNITY OUTREACH PROGRAMS AND EVENTS CONGREGAT ION NURSES VISITED MEMBERS FROM THEIR CONGREGATION AND LOCAL COMMUNITY FOR HEALTH ASSESSME NT, HEALTH EDUCATION, HEALTH COUNSELING ASTHMA AND ALLERGY TEAM MEMBERS PARTICIPATED IN AM ERICAN LUNG ASSOCIATION ASTHMA CAMPIN ADDITION TO THE INITIATIVES SITED ABOVE, PARK NICOLL ET FOUNDATION PROVIDES FINANCIAL AND OTHER SUPPORT TO ASSIST COMMUNITY NON-PROFIT PARTNERS IN 2014, COMMUNITY GRANTEES INCLUDED FOOD ACCESS FOR LOW-INCOME SENIORS 360 COMMUNITIES ICA MOBILE FOOD SHELF PRISM ST LOUIS PARK EMERGENCY PROGRAM (STEP) NORTH MINNEAPOLIS MEA LS ON WHEELS OPEN ARMS MN STORE TO DOOR OTHER SERVICES FOR LOW-INCOME SENIORS CATHOLIC CHA RITIES OF ST PAUL AND MINNEAPOLIS - CARE COORDINATION AND MANAGEMENT INTERFAITH OUTREACH AND COMMUNITY PARTNERS (IOCP) - SOCIAL CONNECTIVITY NEIGHBORHOOD INVOLVEMENT PROGRAM - IN- HOME CHORES, SAFETY ASSESSMENTS, SOCIAL EVENTS SENIOR COMMUNITY SERVICES - CARE TEAM COORD INATION, REFERRALS, NEEDS ASSESSMENTS VEAP - TRANSPORTATION JEWISH FAMILY AND CHILDREN'S S ERVICES OF MPLS - SUPPORT DEMENTIA CAPABLE COMMUNITIES YOUTH MENTAL HEALTH AVENUES FOR HO MELESS YOUTH BROOKLYN CENTER COMMUNITY SCHOOLS GUADALUPE ALTERNATIVE PROGRAMS ST LOUIS PA RK SCHOOL DISTRICT MINNESOTA AIDS PROJECT MYHEALTH FOR TEENS AND YOUNG ADULTS NATIONAL ALL IANCE ON MENTAL ILLNESS MN NORTHWEST HENNEPIN FAMILY SERVICE COLLABORATIVE RELATE ROBBINSD ALE AREA SCHOOLS ST DAVID'S CENTER FOR CHILD & FAMILY DEVELOPMENT TEENS ALONE THE FAMILY PARTNERSHIP WALK-IN COUNSELING CENTER WASHBURN CENTER FOR CHILDREN ACCESS AND AFFORDABILIT Y CHILDREN'S DENTAL SERVICES DOORSTEP HEALTHCARE SERVICES - DENTAL CARE FOR LOW-INCOME SEN IORS CULTURALLY-SENSITIVE SERVICES PILLSBURY UNITED COMMUNITIES - CLOSING HEALTH DISPARITY GAPS FOR EAST AFRICAN SENIORS WELLSHARE INTERNATIONAL - SOMALI HEALTHY COMMUNITY INITIATI VE

Form and Line Reference	Explanation
PART VI, LINE 6	IF THE ORGANIZATION IS PART OF AN AFFILIATED HEALTH CARE SYSTEM, DESCRIBE THE RESPECTIVE ROLES OF THE ORGANIZATION AND ITS AFFILIATES IN PROMOTING THE HEALTH OF THE COMMUNITIES SERVED PARK NICOLLET METHODIST HOSPITAL IS PART OF PARK NICOLLET HEALTH SERVICES, AN INTEGRATED HEALTH SYSTEM OTHER AFFILIATES INCLUDE 1) PARK NICOLLET CLINICS IN 23 LOCATIONS, AND OTHER CARE LOCATIONS, 2) PARK NICOLLET FOUNDATION, THE PHILANTHROPIC ARM OF PARK NICOLLET HEALTH SERVICES HELPING TO BRING RESOURCES TO NEEDS IN ITS COMMUNITIES, 3) PARK NICOLLET INSTITUTE, FOCUSED ON EDUCATION AND RESEARCH FOR PARK NICOLLET HEALTH SERVICES AND ITS COMMUNITY, 4)PARK NICOLLET HEALTH CARE PRODUCTS, PROVIDING RETAIL PHARMACY AND HEALTH RELATED PRODUCTS THROUGH EXISTING PARK NICOLLET LOCATIONS TRIA ORTHOPAEDIC CENTER FOCUSED ON ORTHOPAEDIC CARE ALL AFFILIATES ARE UNDER A COMMON BOARD OF DIRECTORS PARK NICOLLET FOUNDATION HAS A SEPARATE BOARD WHICH IS OVERSEEN BY THE PARK NICOLLET HEALTH SERVICES BOARD THE COMMUNITIES' HEALTH NEEDS ARE SHARED AMONG THE AFFILIATES AND DECISIONS REGARDING THE EFFECTIVE USE OF RESOURCES TO RESPOND TO THESE NEEDS ARE COORDINATED A SPECIFIC EXAMPLE OF THIS COORDINATION OF SERVICES TO RESPOND TO COMMUNITY NEED IS WITH THE FOUR SCHOOL-AFFILIATED COMMUNITY CLINICS INITIAL DEVELOPMENT, FUNDING AND ONGOING FACILITATION IS PROVIDED BY THE PARK NICOLET FOUNDATION, STAFFING THROUGH THE PARK NICOLLET CLINICS, LABORATORY AND OTHER DIAGNOSTIC SERVICES THROUGH PARK NICOLLET METHODIST HOSPITAL, AND OUTPATIENT MEDICATIONS, EYE GLASSES, AND DME SUPPLIES THROUGH PARK NICOLLET HEALTH CARE PRODUCTS

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	MN

Additional Data

Software ID:
Software Version:
EIN: 45-5023260
Name: PARK NICOLLET GROUP RETURN

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PARK NICOLLET METHODIST HOSPITAL	PART V, SECTION B, LINE 5 OVER 1,100 COMMUNITY MEMBERS REPRESENTING AREA GOVERNMENT, SCHOOLS, CHURCHES, SOCIAL SERVICE AGENCIES, AND HEALTHCARE PROVIDERS WERE IDENTIFIED TO PARTICIPATE IN AN ONLINE SURVEY AND FOCUS GROUP AN ONLINE SURVEY WAS CONDUCTED USING SURVEY MONKEY THE SURVEY TOOL WAS DESIGNED TO GAIN INFORMATION FROM THE RESPONDENTS ABOUT THERE GEOGRAPHIC LOCATION ALONG WITH CONNECTIONS IN THE COMMUNITY IN ADDITION TO THE ONLINE SURVEY THESE COMMUNITY PARTICIPANTS WERE ALSO OFFERED THE OPPORTUNITY TO ATTEND ONE OF SEVEN CONNUNITY-BASED FOCUS GROUPS USING THE WORLD CAFE MODEL OF FACILITATION THESE WERE OFFERED IN SEVEN DIFFERENT LOCATIONS AND PROVIDED THE OPPORTUNITY FOR PARTICIPATNS TO ENGAGE IN DIALOGUE THAT WOULD OFFER MORE IN-DEPTH ABOUT THEIR COMMUNITIES AND THE IDENTIFIED NEEDS TEAM MEMBERS FROM PARK NICOLLET HEALTH SERVICES WERE PRESENT TO TAKE NOTES AND SUMMARIZE REPSONSES THE COMMUNITY HEALTH NEEDS ASSESSMENT LEADERSHIP TEAM REVIEWED THE INPUT FROM BOTH THE SURVEYS AND THE FOCUS GROUPS AND IDENTIFIED SEVEN KEY THEMES THAT CONSISTENTLY EMERGED AN ADDITIONAL THREE AREAS OF NEED WERE IDENTIFIED, ALTHOUGH NOT CONSISTENTLY REPORTED, THEY WERE FELT TO BE IMPORTANT FOR INCLUSION IN THIS REPORT TO BROADEN THE INFORMATION RECEIVED, MEETINGS WERE HELD WITH SMALL GROUPS OF PROFESSIONALS FOR INSIGHT GATHERING AND TARGETED TO SPECIFIC AREAS IDENTIFIED BY OUR COMMUNITY PARTICIPANTS ADDITIONAL MEETINGS WITH SOMALI COMMUNITY HEALTH WORKERS THROUGH WELLSHARE AND RETIRED PHYSICIANS FROM METHODIST HOSPITAL WERE ALSO HELD FOCUS GROUP PARTICIPANTS INCLUDED COMMUNITY MEMBERS FROM THE FOLLWOING ORGANIZATIONS CHILDREN FIRST, IOCP, PNF SUCCESSFUL AGING INITATIVE, CRISIS CONNECTION, PILLSBUY HOUSE, MISSION, INC MINNEAPOLIS CRISIS NURSERY, SHALOM HOSPICE, TEENS ALONE, WELLSHARE, PATHWAYS, SAINTS HEALTHCARE FOUNDATION, SHAKOPEE SCHOOL DISTRICT, CITY OF SHAKOPEE, PRIOR LAKE/SAVAGE SCHOOL DISSTRICT, PNHS STROKE INSPIRE, ST MARY'S HEALTH CLINICS, CITY OF ST LOUIS PARK, DEPOT COFFEE HOUSE, STEP, YOUTH CARE, CHILDREN'S DENTAL SERVICE, BLOOMINGTON SCHOOL DISTRICT, ALZHEIMER'S ASSOCIATION, LENOX CENTER, COMMUNITY IN COLLABORATION COUNCIL, GREATER WAYZATA AREA OF COMMERCE, COMMUNITY EDUCATION ADVISORY COUNCIL, WAYZATA SCHOOL DISTRICT,ST DAVID'S CENTER FOR CHILD AND FAMILY DEVELOPMENT, ST LOUIS PARK SCHOOL DISTRICT, CITY OF CHANHASSEN, RELATE COUNSELING CENTER, HOPIKINS SCHOOL DISTRICT, ICA, STORE TO DOOR, CITY OF GOLDEN VALLEY, GREATER MINNEAPOLIS COUNCIL OF CHURCHES

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PARK NICOLLET METHODIST HOSPITAL	PART V, SECTION B, LINE 7D PARK NICOLLET HEALTH SERVICES BOARD OF DIRECTOR'S APPROVED THE IMPLEMENTATION STRATEGY FOR PARK NICOLLET METHODIST HOSPITAL DURING 2012 A COPY OF THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY IS POSTED TO THE PARK NICOLLET WEBSITE AT HTTP //WWW PARKNICOLLET COM/COMMUNITYANDVOLUNTEERISM/COMMUNITY-NEEDS-HEALTH-ASSESSMENT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PARK NICOLLET METHODIST HOSPITAL	PART V, SECTION B, LINE 11 SEE PART VI QUESTION 5 FOR THE DESCRIPTION ON HOW PARK NICOLLET METHODIST HOSPITAL IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA PARK NICOLLET METHODIST HOSPITAL DID NOT ADDRESS THE FOLLOWING NEEDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT AS THESE PROGRAMS ARE ADEQUATELY FUNDED AT THE COUNTY LEVEL THROUGH FEDERAL, STATE AND COUNTY RESOURCES TEEN PREGANCY AND TEEN PARENTINGTEEN AND YOUNG ADULT DRUG AND ALCOHOL ABUSE SMOKING CESSATION

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PARK NICOLLET METHODIST HOSPITAL	PART V, SECTION B, LINE 13B IN ACCORDANCE WITH OUR AGREEMENT WITH THE MN ATTORNEY GENERAL, UNINSURED PATIENTS WHOSE ANNUAL HOUSEHOLD INCOME IS LESS THAN $125,000 ARE ELIGIBLE FOR A DISCOUNT ON THEIR CHARGES THE DISCOUNT IS ESTABLISHED AT THE AVERAGE CONTRACTUAL DISCOUNT FOR PARK NICOLLET HEALTH SERVICE'S LARGEST CONTRACT PAYOR THIS DISCOUNT IS CURRENTLY 29 2% OF GROSS CHARGES PATIENTS WHOSE RECEIVE THIS DISCOUNT ARE ALSO ELIGIBLE FOR OUR FAP PROGRAM BASED ON FPL PART V, SECTION B, LINE 16A HTTP //WWW PARKNICOLLET COM/PATIENT-ACCOUNTS-SERVICES/FINANCIAL-ASSISTANCE PART V, SECTION B, LINE 16B HTTP //WWW PARKNICOLLET COM/PATIENT-ACCOUNTS-SERVICES/FINANCIAL-ASSISTANCE PART V, SECTION B, LINE 16C HTTP //WWW PARKNICOLLET COM/PATIENT-ACCOUNTS-SERVICES/FINANCIAL-ASSISTANCE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PARK NICOLLET METHODIST HOSPITAL	PART V, SECTION B, LINE 16I FAP AND FA APPLICATION WERE INCLUDED IN THE HOSPITAL INPATIENT BOOKLETS THAT ARE IN PATIENT'S ROOMS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PARK NICOLLET METHODIST HOSPITAL	PART V, SECTION B, LINE 22D PARK NICOLLET ESTABLISHED THE DISCOUNT AT THE AVERAGE CONTRACTUAL DISCOUNT FOR PARK NICOLLET HEALTH SERVICE'S LARGEST CONTRACT PAYOR

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PARK NICOLLET METHODIST HOSPITAL	PART V, SECTION B, LINE 24 PARK NICOLLET CHARGES ITS PATIENTS GROSS CHARGES IF THE PATIENT HAS ELECTIVE SURGURY, WHICH IS NOT MEDICALLY NECESSARY

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
STRUTHER'S PARKINSON CENTER 6701 COUNTRY S PARKINSON CENTER GOLDEN VALLEY, MN 55427	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE
PARK NICOLLET MELROSE CENTER 3625 MONTEREY DRIVE ST LOUIS PARK, MN 55416	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE
3900 CLINICAMBULATORY SURGICAL CENTER 3900 PARK NICOLLET BOULEVARD ST LOUIS PARK, MN 55416	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE
MEADOWBROOK MEDICAL BUILDING 3931 LOUISIANA AVE S ST LOUIS PARK, MN 55426	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE
PRAIRIE CENTER 8455 FLYING CLOUD DRIVE EDEN PRAIRIE, MN 55344	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE
BLOOMINGTON CLINIC 5320 HYLAND GREENS DRIVE BLOOMINGTON, MN 55437	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE
BROOKDALE CLINIC 6000 EARLE BROWN DRIVE BROOKLYN CENTER, MN 55430	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE
BURNSVILLE CLINIC 1400 FAIRVIEW DRIVE BURNSVILLE, MN 55337	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE
CARLSON PARKWAY CLINIC 15111 TWELVE OAKS CENTER DRIVE MINNETONKA, MN 55305	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE
CHANHASSEN CLINIC 300 LAKE DRIVE E CHANHASSEN, MN 55317	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE
CREEKSIDE 6600 EXCELSIOR BLVD ST LOUIS PARK, MN 55426	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE
ST LOUIS PARK IMAGING CENTER 4951 EXCELSIOR BLVD ST LOUIS PARK, MN 55416	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE
EAGAN CLINIC 1885 PLAZA DRIVE EAGAN, MN 55122	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE
GOLDEN VALLEY CLINIC 8240 GOLDEN VALLEY DRIVE GOLDEN VALLEY, MN 55427	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE
LAKEVILLE CLNIC 18432 KENRICK AVE LAKEVILLE, MN 55044	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
MAPLE GROVE CLNIC 15800 95TH AVE N MAPLE GROVE, MN 55369	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE
MAPLE GROVE OB 9855 HOSPITAL DRIVE SUITE 275 MAPLE GROVE, MN 55369	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE
MAPLE GROVE REHAB 9827 MAPLE GROVE PKWY N MAPLE GROVE, MN 55369	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE
MINNEAPOLIS CLINIC 2001 BLAISDELL AVE S MINNEAPOLIS, MN 55404	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE
MINNETONKA - SHOREWOOD CLINIC 19685 HIGHWAY 7 SHOREWOOD, MN 55331	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE
PLYMOUTH CLINIC 4155 COUNTY ROAD 101 PLYMOUTH, MN 55446	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE
PRIOR LAKE CLINIC 4670 PARK NICOLLET AVE SE PRIOR LAKE, MN 55372	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE
SHAKOPEE CLINIC 1415 ST FRANCIS AVE SHAKOPEE, MN 55379	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE
SHAKOPEE CLINIC 1515 ST FRANCIS AVE SHAKOPEE, MN 55379	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE
SHAKOPEE CLINIC 1601 ST FRANCIS AVE SHAKOPEE, MN 55379	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE
ST LOUIS PARK CLINIC 3800 PARK NICOLLET BLVD ST LOUIS PARK, MN 55416	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE
ST LOUIS PARK CLINIC 3850 PARK NICOLLET BLVD ST LOUIS PARK, MN 55416	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE
WAYZATA MEDICAL BUILDING 250 CENTRAL AVE N WAYZATA, MN 55391	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE
ROGERS CLINIC 13688 ROGERS DRIVE ROGERS, MN 55374	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE
CHAMPLIN CLINIC 12142 BUSINESS PARK BLVD N CHAMPLIN, MN 55316	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
BURNSVILLE PEDIATRIC REHAB SERVICES RIDGEPOINT MEDICAL BUILDING BURNSVILLE,MN 55337	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE
MAPLE GROVE SPECIALITY CENTER 9325 UPLAND LANE N MAPLE GROVE,MN 55369	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE
MELROSE CENTER ST PAUL 2550 UNIVERSITY AVE W ST PAUL,MN 55114	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE
MELROSE CENTER MAPLE GROVE 9600 UPLAND LANE N SUITE 110 MAPLE GROVE,MN 55369	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
PARK NICOLLET GROUP RETURN

Employer identification number
45-5023260

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
(1) PARK NICOLLET FOUNDATION 6500 EXCELSIOR BLVD ST LOUIS PARK,MN 55426	23-7346465	501(C)(3)	240,000				GRANT MONEY TO OTHER ORGANIZATIONS
(2) HOPE CHEST FOR BREAST CANCER 3850 SHORELINE DRIVE ORONO,MN 55391	41-2019565	501(C)(3)	6,000				SCHOOL OF NURSING
(3) MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH 200 FIRST STREET SW ROCHESTER,MN 55905	41-1506440	501(C)(3)	5,000				RESEARCH AND EDUCATION

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

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

Part III **Grants and Other Assistance to 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
(1) SCHOLARSHIPS	20	50,000			

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 PARK NICOLLET SERVICE LEAGUE HAS A STUDENT VOLUNTEER SCHOLARSHIP PROGRAM TO GIVE FINANCIAL SUPPORT TO STUDENT VOLUNTEERS WHO HAVE PROVIDED EXCEPTIONAL VOLUNTEER SERVICE AND ARE INTERESTED IN FURTHERING THEIR EDUCATIONS APPLICANTS MUST BE AN ACTIVE STUDENT VOLUNTEER, A SENIOR IN HIGH SCHOOL AND WHO HAS APPLIED TO A POST-HIGH SCHOOL EDUCATION PROGRAM AND MUST BE DEDICATED VOLUNTEER AT PARK NICOLLET METHODIST HOSPITAL OCCASIONALLY PARK NICOLLET METHODIST HOSPITAL GRANTS MONIES TO OTHER TAX-EXEMPT ORGANIZATIONS CONDUCTION PROGRAMS AND/OR RESEARCH THAT WILL ULTIMATELY BENEFIT THOSE SERVICED BY PARK NICOLLET HEALTH SERVICES AND AFFILIATES, DURING CALENDAR YEAR GRANTS WERE MADE TO PARK NICOLLET FOUNDATION FOR IMPROVEMENT TO MEDICAL SERVICES, MEDICAL RESEARCH AND HEALTHY PATIENTS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
PARK NICOLLET GROUP RETURN

Employer identification number
45-5023260

Part I Questions Regarding Compensation

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

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				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINES 4A-B	THE AMOUNT OF SEVERANCE COMPENSATION AND BENEFITS PROVIDED TO EACH OF THE INDIVIDUALS ON SEVERANCE DURING 2014 IS AS FOLLOWS SHEILA MCMILLAN $454,846 MICHAEL KAUPA $1,060,000 JULIE FLASCHENRIEM $115,455 SCHEDULE J, PART I, LINE 4B SENIOR LEADERS OF PARK NICOLLET HEALTH SERVICES AND AFFILIATES ARE GIVEN THE OPPORTUNITY TO PARTICIPATE IN THE CAPITAL ACCUMULATION ACCOUNT PLAN THE CAPITAL ACCUMULATION ACCOUNT PLAN (CAA PLAN) PARTICIPATION IS LIMITED TO SENIOR LEADERS AND ALL THE VICE PRESIDENTS EACH PARTICIPANT RECEIVES AN ANNUAL ALLOWANCE EQUAL TO THE SUM OF (I) A STATED PERCENT OF SALARY, (II) VOLUNTARY SALARY DEFERRALS THE ALLOWANCE IS CREDITED TO A BOOKKEEPING ACCOUNT EARNINGS ARE CREDITED TO THE ACCOUNT BASED ON THE PERFORMANCE OF SIMULATED INVESTMENTS BENEFITS VEST UPON THE EARLIEST OF REMAINING EMPLOYED TO AN ELECTIVE VESTING DATE (TWO YEARS TO AGE 68), INVOLUNTARY TERMINATION WITHOUT CAUSE, DISABILITY, DEATH, OR NOT COMPETING FOR 24 MONTHS FOLLOWING VOLUNTARY OR FOR-CAUSE TERMINATION BENEFITS ARE PAID IN A SINGLE LUMP SUM UPON VESTING PARTICIPANTS ARE GENERAL CREDITORS OF THE EMPLOYER FOR THE PAYMENT OF THE BENEFITS THE FOLLOWING PARTICIPANTS RECEIVED PAYOUTS FROM A RELATED ORGANIZATION, PARK NICOLLET HEALTH SERVICES, RELATED TO CAA PLAN NAME 2014 COMPENSATION STEVEN CONNELLY, MD $ 64,180 JULIE FLASCHENRIEM $ 40,059 LAURA FRAZIER $ 19,894 ROXANNA GAPSTUR $ 29,405 DAVID HOMANS, MD $ 44,108 MICHAEL KAUPA $ 184,610 CATHERINE LENAGH $ 17,553 BRETT LONG $ 18,453 SHEILA MCMILLAN $ 54,582 JOHN MISA, MD $ 50,613 DUANE SPIEGLE $ 22,330 THEODORE WEGLEITNER $ 31,366 CATHERINE KLUGHERZ $ 15,972 CHRISTA GETCHELL $ 13,727 KATHERINE TARVESTAD $ 42,271 CYNTHIA TOHER, MD $ 80,888 MELISSA SCHOENHERR $ 9,977 OFFICERS AND DIRECTORS EMPLOYED BY HEALTHPARTNERS, INC HAVE DEFERRED COMPENSATION IN COLUMN C OF SCHEDULE J, PART II WHICH INCLUDE AMOUNTS FROM A NONQUALIFIED 457(F) PLAN, THE FOLLOWING PARTICIPANTS RECEIVED PAYOUTS DAVID ABELSON, MD $ 135,325 BABETTTE APLAND $ 8,716 BRIAN RANK, MD $ 32,856 NANCE MCCLURE $ 125,058 BARBARA TRETHEWAY $ 38,138
PART I, LINE 7	ALL PHYSICIANS, EMPLOYED BY AND SEEING PATIENTS FOR PARK NICOLLET HEALTH SERVICES AND AFFILIATES, ARE ELIGIBLE FOR A 3% ACCESS INCENTIVE PAYOUT BASED ON THEIR DEPARTMENT REACHING CERTAIN GOALS INCLUDING ACCESS FOR PATIENTS AND QUALITY INITIATIVES IN THEIR ROLES AS EXECUTIVES EMPLOYED BY PARK NICOLLET HEALTH SERVICES, THE EXECUTIVES ARE ELIGIBLE FOR INCENTIVE PAYOUTS THE INCENTIVE AWARD WILL BE 40% FOR THE CFO, COO, CMO AND 30% FOR ALL OTHER EXECUTIVES WITH AN OPPORTUNITY FOR INCENTIVE CREDIT ABOVE THE TARGET LEVEL THE ULTIMATE PAYOUT INCLUDES A REDUCTION/INCREASE MULTIPLIER DEPENDING ON WHETHER THE CONSOLIDATED PARK NICOLLET HEALTH SERVICES ORGANIZATION REACHED THAT YEAR'S OPERATING MARGIN GOAL AS SET BY THE BOARD OF DIRECTORS EACH PARTICIPANT WILL BE RESPONSIBLE FOR TWO FINANCIAL GOALS, AND NOT LESS THAN THREE AND NOT MORE THAN FIVE INDIVIDUAL STRATEGIC OBJECTIVES IN THEIR ROLES AS MANAGEMENT EMPLOYED BY PARK NICOLLET HEALTH SERVICES, CERTAIN DIRECTORS AND MANAGERS ARE ELIGIBLE FOR INCENTIVE PAYOUTS THE INCENTIVE AWARD ELIGIBLE PARTICIPANTS WILL BE 20% AT THE DIRECTOR-LEVEL AND 15% AT THE MANAGER-LEVEL, USING THEIR ELIGIBLE ANNUAL BASE PAY COMPENSATION WITH AN OPPORTUNITY FOR INCENTIVE CREDIT ABOVE THE TARGET LEVEL THE ULTIMATE PAYOUT DEPENDS ON INDIVIDUAL GOAL PERFORMANCE THE PARTICIPANT MUST BE ASSIGNED AT LEAST THREE, AND NOT MORE THAN FOUR FOCUSED INCENTIVE OBJECTIVE, ONE OF WHICH MUST BE FINANCIAL IN NATURE

Additional Data

Software ID:
Software Version:
EIN: 45-5023260
Name: PARK NICOLLET GROUP RETURN

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1 THOMAS JONES MD, DIRECTOR	(I)	672,471	17,623	79,570	24,336	31,571	825,571	0
	(II)	0	0	0	0	0	0	0
1 JEFF MENDELOFF MD, DIRECTOR	(I)	651,930	25,182	57,662	24,336	37,723	796,833	0
	(II)	0	0	0	0	0	0	0
2 ERIC SCHNED MD, DIRECTOR	(I)	226,738	7,744	52,165	24,336	24,086	335,069	0
	(II)	0	0	0	0	0	0	0
3 BRIAN H RANK MD, DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	563,458	170,198	56,867	182,005	43,538	1,016,066	32,856
4 DAVID ABELSON MD, SR EXEC VP & CEO PN	(I)	0	0	0	0	0	0	0
	(II)	933,438	355,500	145,485	212,674	63,157	1,710,254	135,325
5 BABETTE APLAND, VP BEHAVIORAL HEALTH AND C	(I)	0	0	0	0	0	0	0
	(II)	309,323	82,668	24,582	87,751	38,993	543,317	8,716
6 CURT BOEHMMD, CMIO	(I)	0	0	0	0	0	0	0
	(II)	244,722	47,903	2,955	24,336	17,927	337,843	0
7 STEVEN CONNELLY MD, CMO SYSTEM ALIGNMENT & INT	(I)	0	0	0	0	0	0	0
	(II)	503,866	156,291	75,978	85,590	52,604	874,329	64,180
8 PAUL DAMROW MD, CHIEF SURGICAL SERVICES	(I)	0	0	0	0	0	0	0
	(II)	525,147	87,316	12,389	87,336	38,444	750,632	0
9 JULIE FLASCHENRIEM, VP AND CIO	(I)	0	0	0	0	0	0	0
	(II)	179,385	59,293	218,301	7,007	36,812	500,798	40,059
10 LAURA FRAZIER, VP SURGICAL SERVICES	(I)	0	0	0	0	0	0	0
	(II)	237,166	41,800	26,285	53,489	32,479	391,219	19,894
11 ROXANNA GAPSTUR PHD, SR VP & COO METHODIST HOSP	(I)	0	0	0	0	0	0	0
	(II)	330,216	63,446	39,307	64,311	24,940	522,220	29,405
12 CHRISTA GETCHELL, PRESIDENT PNF, VP COMMUNIT	(I)	0	0	0	0	0	0	0
	(II)	195,508	39,755	22,544	39,154	19,005	315,966	13,727
13 DAVID HOMANS MD, CHIEF SPECIALTY SSERVICES	(I)	0	0	0	0	0	0	0
	(II)	559,872	11,299	64,203	73,956	33,419	742,749	44,108
14 MICHAEL KAUPA, EXEC VP & SYSTEM ALIGNMENT	(I)	0	0	0	0	0	0	0
	(II)	223,875	167,214	1,324,302	10,600	48,584	1,774,575	184,610
15 KATE KLUGHERZ, VP SPECIALTY SERVICES	(I)	0	0	0	0	0	0	0
	(II)	224,584	40,249	24,741	44,990	22,987	357,551	15,972
16 CATHERINE LENAGH, VP & CFO	(I)	0	0	0	0	0	0	0
	(II)	285,398	45,167	27,564	59,897	35,547	453,573	17,553
17 BRETT LONG, VP STRATEGY & GROWTH, HR	(I)	0	0	0	0	0	0	0
	(II)	261,581	46,471	27,014	57,090	37,170	429,326	18,453
18 KRISTI LYON, VP PAYER RELATIONS	(I)	0	0	0	0	0	0	0
	(II)	172,086	31,390	8,321	35,237	34,689	281,723	0
19 JOHN MISA MD, CHIEF PRIMARY CARE	(I)	0	0	0	0	0	0	0
	(II)	366,557	66,126	69,714	68,616	30,939	601,952	50,613

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
21 JOAN SANDSTROM, VP PRIMARY CARE	(I)	0	0	0	0	0	0	0
	(II)	270,725	48,807	13,653	57,300	31,808	422,293	0
1 MELISSA SCHOENHERR, VP MARKETING AND COMMUNICA	(I)	0	0	0	0	0	0	0
	(II)	229,061	47,720	17,559	44,170	16,540	355,050	9,977
2 CYNTHIA TOHER MD, CHIEF IMPATIENT SERVICES	(I)	0	0	0	0	0	0	0
	(II)	520,493	82,665	91,550	73,961	43,556	812,225	80,888
3 DUANE SPIEGLE, VP REAL ESTATE AND SUPPORT	(I)	0	0	0	0	0	0	0
	(II)	218,692	42,870	33,722	52,056	40,542	387,882	22,330
4 KATHERINE TARVESTAD, VP AND CARE GROUP COMPLIAN	(I)	0	0	0	0	0	0	0
	(II)	260,731	78,134	52,018	56,009	21,360	468,252	42,271
5 THEODORE WEGLEITNER, COO TRIA	(I)	0	0	0	0	0	0	0
	(II)	193,239	59,187	40,696	56,103	37,628	386,853	31,366
6 JOSHUA ZIMMERMAN, CHIEF OF BEHAVORIAL HEALTH	(I)	0	0	0	0	0	0	0
	(II)	318,346	48,983	14,588	51,259	27,721	460,897	0
7 NANCE MCCLURE, CHIEF OPERATING OFFICER	(I)	0	0	0	0	0	0	0
	(II)	532,589	147,256	147,553	169,454	43,708	1,040,560	125,058
8 BARBARA TRETHEWAY, SR VP, GENERAL COUNSEL	(I)	0	0	0	0	0	0	0
	(II)	466,923	140,620	53,883	131,825	35,257	828,508	38,188
9 PRAVEEN BAIMEEDI MD, MEDICAL DOCTOR	(I)	1,260,988	39,547	3,037	24,336	47,087	1,374,995	0
	(II)	0	0	0	0	0	0	0
10 OLIVER CASS MD, MEDICAL DOCTOR	(I)	882,405	24,547	7,770	24,336	41,448	980,506	0
	(II)	0	0	0	0	0	0	0
11 ANTHONY BOTTINIMD, MEDICAL DOCTOR	(I)	814,131	35,227	2,478	24,336	39,139	915,311	0
	(II)	0	0	0	0	0	0	0
12 TIMOTHY DIEGELMD, MEDICAL DOCTOR	(I)	444,371	15,075	379,591	24,336	22,275	885,648	0
	(II)	0	0	0	0	0	0	0
13 ASRA MOHIUDDIN MD, MEDICAL DOCTOR	(I)	666,450	21,571	61,468	24,336	37,937	811,762	0
	(II)	0	0	0	0	0	0	0
14 SHELIA MCMILLAN, VP & CFO	(I)	0	0	0	0	0	0	0
	(II)	19,276	79,648	509,350	0	16,074	624,348	54,582

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
PARK NICOLLET GROUP RETURN

Employer identification number
45-5023260

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
(1) ERIC SCHNED MD		SALARY DRAW IN EXCESS		X	119	119		No		No		No
Total ▶ $					119							

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) RANDI NORBY	ROXANNA GAPSTUR, PHD	150,567	EMPLOYMENT	Yes	
(2) SUSAN SPIEGLE	DUANE SPIEGLE	47,387	EMPLOYMENT	Yes	

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
PARK NICOLLET GROUP RETURN	45-5023260

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	PARK NICOLLET HEALTH SERVICES IS THE SOLE MEMBER OF PARK NICOLLET METHODIST HOSPITAL, PARK NICOLLET CLINIC, PARK NICOLLET INSTITUTE AND PARK NICOLLET HEALTH CARE PRODUCTS PARK NICOLLET CLINIC IS THE SOLE MEMBER OF PNMC HOLDINGS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF DIRECTORS OF PARK NICOLLET METHODIST HOSPITAL, PARK NICOLLET CLINIC, PARK NICOLLET INSTITUTE, PNMC HOLDINGS AND PARK NICOLLET HEALTH CARE PRODUCTS ARE THOSE INDIVIDUALS WHO ARE CONTEMPORANEOUSLY MEMBERS OF THE BOARD OF DIRECTORS OF PARK NICOLLET HEALTH SERVICES

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	ALL DECISIONS, INCLUDING DISSOLUTION OF THE ORGANIZATION, MADE BY THE GOVERNING BODY OF PARK NICOLLET METHODIST HOSPITAL, PARK NICOLLET CLINIC, PARK NICOLLET INSTITUTE, PNMC HOLDINGS AND PARK NICOLLET HEALTH CARE PRODUCTS ARE SUBJECT TO THE APPROVAL OF THE BOARD OF DIRECTORS OF PARK NICOLLET HEALTH SERVICES

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	PARK NICOLLET GROUP PREPARES THE FORM 990 WITHIN THE FINANCE DEPARTMENT WITH ASSISTANCE FROM INDIVIDUALS IN HUMAN RESOURCES, MARKETING, OPERATIONS AND LEGAL UPON COMPLETION OF GATHERING THE NECESSARY INFORMATION FOR THE RETURN, THE FORM WAS REVIEWED BY THE PARK NICOLLET GROUP'S ACCOUNTING FIRM DRAFTS OF THE FORM WERE ALSO REVIEWED BY THE ASSISTANT CONTROLLER - ACCOUNTING OPERATIONS, VICE PRESIDENT OF FINANCE, CHIEF FINANCIAL OFFICER, THE LEGAL DEPARTMENT AND THE AUDIT AND COMPLIANCE COMMITTEE AFTER ALL REVIEWS WERE COMPLETE, THE FORM 990 WAS GIVEN TO EACH MEMBER OF THE BOARD OF DIRECTORS PRIOR TO FILING THE RETURN

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AT PARK NICOLLET HEALTH SERVICES ALL KEY EMPLOYEES, DIRECTORS, AND OFFICERS ARE REQUIRED TO FILL OUT A CONFLICT OF INTEREST DISCLOSURE STATEMENT EACH YEAR, HOWEVER THE OBLIGATION TO REPORT POTENTIAL CONFLICTS IS ONGOING PARK NICOLLET HEALTH SERVICES BOARD MONITORS POTENTIAL CONFLICTS OF INTEREST ON THE PART OF BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES PURSUANT TO ITS CONFLICT OF INTEREST POLICY UNDER THE POLICY, ALL BOARD MEMBERS AND OFFICERS ANNUALLY ARE PROVIDED A COPY OF THE POLICY AND REQUIRED TO COMPLETE A QUESTIONNAIRE INDENTIFYING ANY POTENTIAL CONFLICTS OF INTEREST THE GENERAL COUNCEL REVIEWS THE COMPLETED QUESTIONNAIRES AND PROVIDES A REPORT TO THE GOVERNANCE COMMITTEE OF THE BOARD THE REPORT IDENTIFIES ANY SIGNIFICANT POTENTIAL CONFLICTS DISCLOSED IN THE COMPLETED QUESTIONNAIRES A WRITTEN REPORT IS PROVIDED TO THE CHAIR AND CHIEF EXECUTIVE OFFICER (CEO) BOARD AGENDAS AND EXECUTIVE DECISIONS ARE MONITORED IN RELATION TO THIS POLICY `

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS OF PARK NICOLLET HEALTH SERVICES AFFILIATES ARE THOSE INDIVIDUALS WHO ARE CONTEMPORANEOUSLY MEMBERS OF THE BOARD OF DIRECTORS OF PARK NICOLLET HEALTH SERVICES THE PARK NICOLLET HEALTH SERVICES' BOARD OF DIRECTORS IS RESPONSIBLE FOR THE IMPLEMENTATION AND OVERSIGHT OF EXECUTIVE COMPENSATION AND BENEFIT PLANS PARK NICOLLET USES AN OUTSIDE CONSULTANT TO PROVIDE A YEARLY MARKET BASED INDEX OF SALARY ADJUSTMENTS FOR EXECUTIVES IN SIMILAR LEADERSHIP POSITIONS THE BOARD OF DIRECTORS REVIEWS THE SALARY RANGES AND RECOMMENDS SALARY INCREASES FOR EACH EXECUTIVE, INCLUDING THE CEO, BASED UPON THE BOARD OF DIRECTORS' EVALUATION OF JOB PERFORMANCE AND EXPERIENCE LEVEL OF THE INDIVIDUAL WITHIN THE ORGANIZATION THE AVERAGE SALARY INCREASES FOR ALL PARK NICOLLET EXECUTIVES CANNOT EXCEED THE AVERAGE MARKET SALARY INCREASE REPORTED FOR EXECUTIVES BY THE CONSULTANT THE COMPENSATION COMMITTEE THEN REVIEWS AND APPROVES COMPENSATION ADJUSTMENTS BASED ON THE INFORMATION PROVIDED BY THE OUTSIDE CONSULTANTS AND THE BOARD OF DIRECTORS' RECOMMENDATIONS FOR CERTAIN PHYSICIANS, THE MAJORITY OF PAY DISCLOSED IS FOR HIS/HER WORK AS A PHYSICIAN FOR PARK NICOLLET INSTITUTE OR PARK NICOLLET CLINIC A SMALL STIPEND IS ADDED FOR SERVING ON THE BOARD OF DIRECTORS THE FOLLOWING IS A DESCRIPTION OF HOW PAY FOR PHYSICIANS' PATIENT CARE WORK IS DETERMINED THE PARK NICOLLET HEALTH SERVICES' BOARD OF DIRECTORS IS RESPONSIBLE FOR THE IMPLEMENTATION AND OVERSIGHT OF THE PHYSICIAN COMPENSATION AND BENEFIT PLANS THE BOARD OF DIRECTORS DELEGATES THE DAY-TO-DAY ADMINISTRATION OF THE PHYSICIAN COMPENSATION PLAN TO THE CEO THE CHIEF MEDICAL OFFICER, WHO REPORTS DIRECTLY TO THE CEO, ADMINISTERS THE COMPENSATION PROGRAM A COMPENSATION AND BENEFITS COMMITTEE SERVES IN AN ADVISORY CAPACITY TO THE CMO IN ORDER TO ADMINISTER PHYSICIAN COMPENSATION WITHIN THE BUDGET TO ENSURE FAIRNESS AND ALIGNMENT WITH PARK NICOLLET HEALTH SERVICES' GOALS THE RESPONSIBILITIES OF THE CMO RECOMMENDING COMPENSATION POLICIES AND PLAN DESIGNS FOR PHYSICIANS TO THE CEO AND BOARD OF DIRECTORS, OVERSEEING COMPENSATION PLAN OPERATION AND PAYMENTS TO CLINICAL DEPARTMENTS, EVALUATING COMPENSATION PLAN FOR PERFORMANCE ON A PERIODIC BASIS, SERVING AS FINAL APPEAL PROCESS FOR ISSUES UNRESOLVED BY INDIVIDUALS, DEPARTMENT CHAIRS AND CHIEFS OF SERVICES ANNUALLY, INFORMATION ON EACH PHYSICIAN'S PAY AND PRODUCTIVITY IS GRAPHED AGAINST THE SURVEY RESULTS FOR THE SAME YEAR THIS INFORMATION IS PRESENTED TO THE COMPENSATION COMMITTEE OF THE PARK NICOLLET HEALTH SERVICES BOARD OF DIRECTORS FOR REVIEW PARK NICOLLET HEALTH SERVICES' PHYSICIAN PAY PROGRAM IS DESIGNED TO ENSURE MARKET BASED PAY FOR MARKET BASED PRODUCTIVITY STANDARDS THE MARKET IS DETERMINED BY THE AMERICAN MEDICAL GROUP ASSOCIATION (AMGA) NATIONAL PHYSICIAN COMPENSATION SURVEY DATA, WHICH PROVIDES MARKET DATA FOR BOTH COMPENSATION AND PRODUCTIVITY WHEN APPROPRIATE, THE CMO MAY RECOMMEND ADJUSTMENTS TO THESE GUIDELINES WITH EVIDENCE OF LOCAL MARKET DATA

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	PARK NICOLLET GROUP MEMBERS' GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST PARK NICOLLET HEALTH SERVICES, AS THE PARENT ORGANIZATION OF THE PARK NICOLLET GROUP, MAILS ITS CONSOLIDATED AUDITED FINANCIAL STATEMENTS TO FINANCIAL INSTITUTIONS, GOVERNMENTAL INSTITUTIONS, BOARD MEMBERS, MEDIA REPRESENTATIVES, VENDORS, AND THE MINNESOTA HOSPITAL ASSOCIATION (MHA) PARK NICOLLET HEALTH SERVICES DISCLOSES QUARTERLY FINANCIAL STATEMENTS TO BONDHOLDERS AND MHA THE ANNUAL AUDITED AND QUARTERLY FINANCIAL STATEMENTS ARE ALSO POSTED AT EMMA MSRB ORG THE FORMS 990 ARE AVAILABLE UPON REQUEST OR FROM THE STATE OF MINNESOTA

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NET ASSETS RELEASED FROM RESTRICTIONS -151,203 GRANTS RUN THROUGH THE FOUNDATION -2,162,630

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" 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*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
PARK NICOLLET GROUP RETURN

Employer identification number
45-5023260

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	(g) No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) METHODIST BRAIN LAB LEASING LLC 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 20-8725994	HEALTH CARE	MN	PARK NICOLLET METHODIST HOSPITAL					No			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	(i) No
(1) PARK NICOLLET ENTERPRISES 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1656735	REAL ESTATE FOR RELATED ORGANICATION	MN	PARK NICOLLET HEATLH SERVICES	C	-56,888	15,311,093	100 000 %		No
(2) HEALTHPARTNERS ADMINISTRATORS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1629390	THIRD PARTY ADMINISTRATOR	MN	HEALTHPARTNERS INC	C					No
(3) HEALTHPARTNERS ASSOCIATES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 52-2365151	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(4) HEALTHPARTNERS SERVICES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683568	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(5) HEALTHPARTNERS INSURANCE COMPANY 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683523	MEDICAL AND DENTAL INSURANCE	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(6) DENTAL SPECIALTIES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 45-1297583	PROFESSIONAL DENTAL SERVICES	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(7) HEALTHPARTNERS CENTRAL MINNESOTA CLINICS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1236798	MEDICAL CLINIC STAFFING	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No

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

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 45-5023260
Name: PARK NICOLLET GROUP RETURN

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? Yes	(g) Section 512 (b)(13) controlled entity? No
(1) PARK NICOLLET HEALTH SERVICE 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 36-3465840	HEALTH CARE ADMINSTRATIONS	MN	501(C)(3)	509(A)(2)			No
(1) PARK NICOLLET FOUNDATION 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 23-7346465	GRANTS TO SERVE THE COMMUNITY	MN	501(C)(3)	170(B)(1)(A)(VI)	PARK NICOLLET HEALTH SERVICES	Yes	
(2) TRIA ORTHOPEADIC CENTER RESEARCH INSTITUTE 8100 NOIRTHLAND DRIVE BLOOMINGTON, MN 55431 20-0033919	HEALTH CARE RESEARCH AND EDUCATION	MN	501(C)(3)	509(A)(3) TYPE I	PARK NICOLLET HEALTH SERVICES	Yes	
(3) HEALTHPARTNERS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1693838	HYBRID STAFF MODEL/NETWORK MODEL HEALTH MAINTENANCE ORGANIZATION	MN	501(C)(4)		N/A	Yes	
(4) HPI - RAMSEY 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1793333	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(3) TYPE I	HEALTHPARTNERS INC	Yes	
(5) GROUP HEALTH PLAN INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0797853	STAFF MODEL HEALTH MAINTENANCE ORGANIZATION	MN	501(C)(3)	170(B)(1)(A)(III)	HEALTHPARTNERS INC	Yes	
(6) HEALTHPARTNERS INSTITUTE FOR EDUCATION AND RESEARCH 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1670163	HEALTHCARE EDUCATION & RESEARCH	MN	501(C)(3)	509(A)(3) TYPE I	GROUP HEALTH PLAN INC	Yes	
(7) CAPITOL VIEW TRANSITIONAL CARE CENTER 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-2011453	POST HOSPITALIZATION PATIENT CARE	MN	501(C)(3)	170(B)(1)(A)(III)	HPI - RAMSEY	Yes	
(8) REGIONS HOSPITAL 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0956618	HOSPITAL	MN	501(C)(3)	170(B)(1)(A)(III)	HPI - RAMSEY	Yes	
(9) REGIONS HOSPITAL FOUNDATION 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1888902	PROVIDE HOSPITAL PROGRAM FINANCIAL SUPPORT	MN	501(C)(3)	170(B)(1)(A)(VI)	HPI - RAMSEY	Yes	
(10) RHSC INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1891928	HEALTHCARE STAFFING	MN	501(C)(3)	509(A)(3) TYPE II	HEALTHPARTNERS INC	Yes	
(11) RH-WISCONSIN 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 20-2287016	CORPORATE PLANNING AND OVERSIGHT	WI	501(C)(3)	509(A)(3) TYPE II	HPI - RAMSEY	Yes	
(12) PHYSICIANS NECK AND BACK CLINICS 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 27-0684883	SPECIALTY PATIENT CARE	MN	501(C)(3)	509(A)(3) TYPE II	GROUP HEALTH PLAN INC	Yes	
(13) HUDSON HOSPITAL INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0804125	HOSPITAL	WI	501(C)(3)	170(B)(1)(A)(III)	RH-WISCONSIN	Yes	
(14) HUDSON HOSPITAL FOUNDATION INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1279567	PROVIDE HOSPITAL PROGRAM FINANCIAL SUPPORT	WI	501(C)(3)	170(B)(1)(A)(VI)	HUDSON HOSPITAL INC	Yes	
(15) WESTERN WISCONSIN EMERGENCY MEDICAL SERVICES COMPANY 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 26-3616590	PROVIDE MEDICAL TRANSPORT SERVICES	WI	501(C)(3)	509(A)(3) TYPE II	RH-WISCONSIN	Yes	
(16) LAKEVIEW MEMORIAL HOSPITAL FOUNDATION 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1386635	PROVIDE HOSPITAL PROGRAM FINANCIAL SUPPORT	MN	501(C)(3)	509(A)(3) TYPE II	STILLWATER HEALTH SYSTEM	Yes	
(17) LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0811697	HOSPITAL	MN	501(C)(3)	170(B)(1)(A)(III)	STILLWATER HEALTH SYSTEM	Yes	
(18) STILLWATER MEDICAL GROUP 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 83-0379473	PHYSICIANS GROUP	MN	501(C)(3)	509(A)(2)	STILLWATER HEALTH SYSTEM	Yes	
(19) STILLWATER HEALTH SYSTEM 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 30-0221189	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(3) TYPE II	HPI - RAMSEY	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(21) WESTFIELDS HOSPITAL INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0808442	HOSPITAL	WI	501(C)(3)	170(B)(1)(A)(III)	RH-WISCONSIN	Yes	
(1) WESTFIELDS HOSPITAL FOUNDATION INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1770913	PROVIDE HOSPITAL PROGRAM FINANCIAL SUPPORT	WI	501(C)(3)	509(A)(3) TYPE I	WESTFIELDS HOSPITAL INC	Yes	
(2) RAMSEY INTEGRATED HEALTH SERVICES 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1503090	IN-HOME PATIENT CARE	MN	501(C)(3)	509(A)(2)	HPI - RAMSEY	Yes	
(3) AMERY REGIONAL MEDICAL CENTER INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0908320	HOSPITAL	WI	501(C)(3)	170(B)(1)(A)(III)	RH-WISCONSIN	Yes	
(4) AMERY REGIONAL MEDICAL CENTER FOUNDATION 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1726539	PROVIDE HOSPITAL PROGRAM FINANCIAL SUPPORT	WI	501(C)(3)	170(B)(1)(A)(VI)	AMERY REGIONAL MEDICAL CENTER INC	Yes	

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

(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**							
PARK NICOLLET ENTERPRISES 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1656735	REAL ESTATE FOR RELATED ORGANICATION	MN	PARK NICOLLET HEATLH SERVICES	C	-56,888	15,311,093	100 000 %	No
HEALTHPARTNERS ADMINISTRATORS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1629390	THIRD PARTY ADMINISTRATOR	MN	HEALTHPARTNERS INC	C				No
HEALTHPARTNERS ASSOCIATES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 52-2365151	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C				No
HEALTHPARTNERS SERVICES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683568	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C				No
HEALTHPARTNERS INSURANCE COMPANY 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683523	MEDICAL AND DENTAL INSURANCE	MN	HEALTHPARTNERS ADMINISTRATORS INC	C				No
DENTAL SPECIALTIES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 45-1297583	PROFESSIONAL DENTAL SERVICES	MN	HEALTHPARTNERS ADMINISTRATORS INC	C				No
HEALTHPARTNERS CENTRAL MINNESOTA CLINICS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1236798	MEDICAL CLINIC STAFFING	MN	HEALTHPARTNERS ADMINISTRATORS INC	C				No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
PARK NICOLLET HEALTH SERVICES	M	14,102,800	COST
PARK NICOLLET HEALTH SERVICES	P	1,175,249,310	COST
PARK NICOLLET HEALTH SERVICES	J	519,109	COST
PARK NICOLLET HEALTH SERVICES	R	1,214,905,157	COST
METHODIST BRAIN LAB LEASING LLC	K	538,340	COST
METHODIST BRAIN LAB LEASING LLC	S	212,183	COST
HEALTHPARTNERS INC	L	48,379,255	COST