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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

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

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) | Room/suite
6500 EXCELSIOR BLVD

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 $ 1,506,634,347

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**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	0
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	1,467
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,782,706
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)	13,935,944	20,273,326
9	Program service revenue (Part VIII, line 2g)	1,265,600,379	1,319,315,921
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	29,858,118	13,245,549
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,657,544	7,156,794
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,316,051,985	1,359,991,590
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	312,601	173,046
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)	777,493,934	783,192,936
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶306,588		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	465,186,098	585,473,774
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,242,992,633	1,368,839,756
19	Revenue less expenses Subtract line 18 from line 12	73,059,352	-8,848,166

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,113,263,061	1,111,149,840
21	Total liabilities (Part X, line 26)	473,917,504	490,695,543
22	Net assets or fund balances Subtract line 21 from line 20	639,345,557	620,454,297

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 — Date: 2016-11-13

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 $ 1,137,500,681 including grants of $ 173,046) (Revenue $ 1,213,752,919)

IN 2015, PARK NICOLLET HEALTH SERVICES AND AFFILIATES, A NATIONAL HEALTH CARE IMPROVEMENT LEADER, CONTINUED TO MAKE SIGNIFICANT 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 BARIATRIC SURGERY CENTER - DESIGNATED A BARIATRIC CENTER OF EXCELLENCE BY THE AMERICAN SOCIETY FOR BARIATRIC SURGEONS, THE CENTER PREFORMS MORE THAN 400 SURGERIES EACH YEAR CHILD AND FAMILY BEHAVIORAL HEALTH - FORMERLY ALEXANDER CENTER THIS IS THE LARGEST CLINIC IN MINNESOTA SERVING THE DEVELOPMENTAL AND BEHAVIORAL NEEDS OF CHILDREN AND THEIR FAMILIES 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 INTERNATIONAL DIABETES CENTER - THE CENTER PROVIDES WORLD-CLASS CARE, EDUCATION AND CLINICAL RESEARCH TO MEET THE NEEDS OF PEOPLE WITH DIABETES, THEIR FAMILIES AND THE HEALTH PROFESSIONALS WHO CARE FOR THEM 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 WOMEN'S CENTER - DESIGNED FOR WOMEN'S BUSY LIVES, THE CENTER OFFERS MORE THAN 15 PREVENTIVE AND SPECIALTY CARE SERVICES UNDER ONE ROOF 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 2015 THAT ILLUSTRATE PARK NICOLLET HEALTH SERVICE'S VALUES INCLUDE METHODIST HOSPITAL RENOVATION AND EXPANSION - IN 2015 WORK CONTINUED AT METHODIST HOSPITAL ON A FOUR-YEAR RENOVATION AND EXPANSION PROJECT THAT WILL ADD TWO FLOORS TO THE HOSPITAL, ENHANCE THE SURGERY AREA AND CONVERT NEARLY ALL THE PATIENT ROOMS TO PRIVITE NEW SUSTAINABILITY FEATURES WILL REDUCE THE HOSPITAL'S ENERGY CONSUMPTION BY 10 PERCENT OUTPATIENT REGIONAL CENTER- MAPLE GROVE CLINIC & SPECIALTY CENTER OPENED IN OCTOBER, BRINGING MORE THAN 25 PRIMARY CARE SERVICES TO THE NORTHWEST METRO 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 YOUTH SERVED - PARK NICOLLET CLINIC PARTNERS WITH PARK NICOLLET FOUNDATION IN THREE SCHOOL-BASED HEALTH CENTERS WHICH SERVED OVER 5,000 CHILDREN, OFFERING FREE MEDICAL VISITGS FOR UNINSURED AND UNDERINSURED YOUTH SERVICES INSLUDED TREATMENT OF MINOR ACUTE ILLNESSES, PHYSICALS, IMMUNIZATIONS, MENATAL HEALTH THERAPY, DENTAL CARE AND VISION CHECKS REACH OUT AND READ - THIS CLINIC-BASED PROGRAM TO PROMOTE LITERACY AND EARLY BRAIN DEVELOPMENT EXPANDED TO PARK NICOLLET IN 2015 THE PROGRAM ENCOURAGES PARENTS TO READ TO THEIR CHILDREN EVERY DAY, AND IS APART OF THE ORGANIZATION'S CHILDREN'S HEALTH INITATIVE LEADER IN LGBT - EVERY YEAR SINCE 2009, THE HUMAN RIGHTS CAMPAIGN RECOGNIZED PARK NICOLLET METHODIST HOSPITAL AS A LEADER IN LGBT HEALTHCARE EQUALITY IN THE HEALTHCARE EQUALITY INDEX REPORT WE EARNED TOP MARKS FOR OUR COMMITMENT TO EQUITABLE, INCLUSIVE CARE FOR LGBT PATIENTS AND THEIR FAMILIES

4b (Code) (Expenses $ 22,097,685 including grants of $) (Revenue $ 63,403,051)

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 IS AN ENTITY 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 6 LOCATIONS, HEARING CENTER & STORE WITH 4 LOCATIONS, CPAP CLINIC/STORE WITH 4 LOCATIONS AND BREASTFEEDING CENTER, (1 LOCATION WITHIN THE MEADOWBROOK HEALTH & CARE STORE), ORTHOTICS & PROSTHETICS CLINIC WITH 3 LOCATIONS 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 2015 INCLUDE ENHANCED PRODUCT ASSORTMENTS AVAILABLE FOR PATIENTS ESPECIALLY PATIENTS LIVING WITH CHRONIC HEALTH CONDITIONS SUCH AS DIABETES, CANCER, AND BONE AND JOINT DISEASE A 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 PROVIDERS ABOUT HEALTH CARE STORES PRODUCT OFFERINGS TO BETTER LINK PATIENT HEALTH CARE NEEDS TO PRODUCT SOLUTIONS, INCLUDING SMOKING CESSATION DEVELOPMENT OF ADDITIONAL SERVICES IN MAPLE GROVE, HEALTH AND CARE STORE, CPAP, AND ORTHOTICS AND PROSTHETIC SERVICES EXPANDED PHARMACY SERVICES OFFERED IN THE INFECTIOUS DISEASE DEPARTMENT THROUGH MEDICATION THERAPY MANAGEMENT SERVICES AND DEDICATED RETAIL PHARMACIST ASSIGNED FOR THE DEPARTMENT EDUCATED PHYSICIANS AND CARE PROVIDER'S ABOUT PHARMACY SERVICES AND PRODUCTS TO BETTER LINK SOLUTIONS FOR PATIENT HEALTH CARE NEEDS EXPANDED PHARMACY MEDICATION THERAPY MANAGEMENT SERVICES DIRECTLY INTO THE CARE ENVIROMENT TO ASSIST BOTH PROVIDERS AND PATIENTS ALIKE

4c (Code) (Expenses $ 40,025,073 including grants of $) (Revenue $ 39,333,512)

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 ▶** 1,199,623,439

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	448		
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		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** 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	17		
	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	0		
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		Yes	
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			
See Additional Data Table										

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			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								8,034,575	14,520,342	3,594,365

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 ▶ 1,263

			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 PLAN INC 8170 33RD AVE S MINNEAPOLIS, MN 55440	ADMINSTRATIVE SERVICES	46,116,977
RJM CONSTRUCTION 5455 HWY 169 PLYMOUTH, MN 55442	CONSTRUCTION SERVICES	19,723,160
RYAN COMPANIES US INC 50 SOUTH 10TH STREET MINNEAPOLIS, MN 55403	CONSTRUCTION SERVICES	16,195,183
UNIVERSITY OF MN PHYSICIANS 720 WASHINGTON AVENUE SE MINNEAPOLIS, MN 55407	MEDICAL SERVICES	9,374,341
MA MORTENSON COMPANY 700 MEADOW LANE NORTH MINNEAPOLIS, MN 55442	CONSTRUCTION SERVICES	9,096,038
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 ▶ 162		

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	9,713,756			
	e	Government grants (contributions) 1e	4,332,058			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	6,227,512			
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	20,273,326			
Program Service Revenue		Business Code				
	2a	MEDICAL SERVICES	621400	777,721,223	777,721,223	
	b	MEDICARE/MEDICAID	621400	436,069,865	436,069,865	
	c	RETAIL SALES	446110	66,191,321	63,403,051	2,782,706	5,564
	d	SERVICES TO AFFILIATES	561000	39,333,512	39,333,512	
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a-2f . . . . . ▶		1,319,315,921		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		9,399,007		9,399,007
	4	Income from investment of tax-exempt bond proceeds . . ▶		-18,680		-18,680
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents: 1,541,845				
	b	Less rental expenses: 1,208,711				
	c	Rental income or (loss): 333,134				
	d	Net rental income or (loss) . . . . . ▶		333,134		333,134
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 148,860,471 / 113,511				
	b	Less cost or other basis and sales expenses: 144,957,080 / 151,680				
	c	Gain or (loss): 3,903,391 / -38,169				
	d	Net gain or (loss) . . . . . ▶		3,865,222	-38,169	3,903,391
	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: 1,187,864				
	b	Less cost of goods sold . . b: 325,286				
	c	Net income or (loss) from sales of inventory . . ▶		862,578		862,578
		Miscellaneous Revenue / Business Code				
	11a	PROPERTY MANAGEMENT 812930		3,068,904		3,068,904
	b	CAFETERIA 722210		2,855,555		2,855,555
	c	MISC SERVICES 722210		36,623		36,623
	d	All other revenue				
	e	**Total.** Add lines 11a-11d . . . . . ▶		5,961,082		
	12	**Total revenue.** See Instructions . . . . . ▶		1,359,991,590	1,316,489,482	2,782,706	20,446,076

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	123,046	123,046		
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	1,925,377	1,671,304	254,073	
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	633,935,615	575,492,289	58,188,578	254,748
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	37,204,632	33,302,563	3,887,308	14,761
9 Other employee benefits	72,498,446	63,923,807	8,549,267	25,372
10 Payroll taxes	37,628,866	33,818,424	3,798,735	11,707
11 Fees for services (non-employees)				
a Management				
b Legal	382,853		382,853	
c Accounting	345,385		345,385	
d Lobbying	87,743		87,743	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	617,995		617,995	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	101,160,757	52,768,676	48,392,081	
12 Advertising and promotion	3,755,442	151,165	3,604,277	
13 Office expenses	14,815,903	8,351,069	6,464,834	
14 Information technology	15,180,365	5,820,271	9,360,094	
15 Royalties				
16 Occupancy	36,490,515	33,416,850	3,073,665	
17 Travel	1,158,191	926,119	232,072	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	720,580	619,993	100,587	
20 Interest	9,443,325	9,443,325		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	55,335,205	49,682,402	5,652,803	
23 Insurance	7,963,384	7,842,987	120,397	
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	178,564,848	175,861,580	2,703,268	
b EXPENSE TO REFINANCE DE	61,089,294	61,089,294		
c COST OF GOOD SOLD	43,444,222	43,444,222		
d BAD DEBT EXPENSE	19,144,181	19,144,181		
e All other expenses	35,773,586	22,679,872	13,093,714	
25 **Total functional expenses.** Add lines 1 through 24e	1,368,839,756	1,199,623,439	168,909,729	306,588
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		441,974	1	414,386
	2	Savings and temporary cash investments		132,432	2	239,994
	3	Pledges and grants receivable, net		2,888,077	3	3,074,683
	4	Accounts receivable, net		140,182,902	4	149,213,342
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		119	5	12,073
	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			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		11,932,766	8	9,506,067
	9	Prepaid expenses and deferred charges		8,778,692	9	7,698,705
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,183,643,756			
	b	Less accumulated depreciation	10b 780,106,553	347,455,343	10c	403,537,203
	11	Investments—publicly traded securities		570,712,855	11	523,436,528
	12	Investments—other securities See Part IV, line 11		201,021	12	1,538,680
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		30,536,880	15	12,478,179
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,113,263,061	16	1,111,149,840
Liabilities	17	Accounts payable and accrued expenses		71,275,027	17	74,460,873
	18	Grants payable			18	
	19	Deferred revenue		3,644,827	19	3,238,783
	20	Tax-exempt bond liabilities		351,015,048	20	366,913,021
	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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		47,982,602	25	46,082,866
	26	**Total liabilities.** Add lines 17 through 25		473,917,504	26	490,695,543
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		638,468,291	27	619,694,066
	28	Temporarily restricted net assets		595,829	28	478,794
	29	Permanently restricted net assets		281,437	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		639,345,557	33	620,454,297
	34	Total liabilities and net assets/fund balances		1,113,263,061	34	1,111,149,840

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	1,359,991,590
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,368,839,756
3	Revenue less expenses Subtract line 2 from line 1	3	-8,848,166
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	639,345,557
5	Net unrealized gains (losses) on investments	5	-9,748,033
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	1,561,982
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,857,043
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	620,454,297

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			
THOMAS JONES MD DIRECTOR	55 00 1 00	X						692,168	0	80,680
JEFF MENDELOFF MD DIRECTOR	55 00 1 00	X						773,701	0	63,835
ERIC SCHNED MD DIRECTOR	55 00 1 00	X						266,382	0	48,611
ANN WYNIA DIRECTOR	4 40	X						0	25,000	0
DONALD LEWIS DIRECTOR & CHAIR	4 30	X						0	40,000	0
RUTH MICKELSEN DIRECTOR & VICE CHAIR	3 80	X						0	28,000	0
JAMES MALECHA DIRECTOR & TREASURER	4 00	X						0	28,000	0
THOMAS R BRINSKO DIRECTOR, HP INSTITUTE CHAIR	3 50	X						0	25,000	0
JUDITH S CORSON DIRECTOR	3 80	X						0	28,000	0
LUZ MARIA FRIAS DIRECTOR	2 70	X						0	28,000	0

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			
SUSAN L HOYT DIRECTOR	3 30	X						0	28,000	0
LAURA SCHMALTZ OBERST DIRECTOR	3 00	X						0	28,000	0
BRIAN H RANK MD DIRECTOR	1 00 63 00	X		X				0	794,689	144,358
GREGORY S STRONG DIRECTOR	3 20	X						0	28,000	0
RICHARD E STRUTHERS DIRECTOR	2 90	X						0	25,000	0
CHRISTOPHER H TASHJIAN MD FAAFP DIRECTOR	2 90	X						0	28,000	0
KEN L THOME DIRECTOR & SECRETARY	3 50	X						0	28,000	0
BETH WATERMAN PNI INSTITUTE VICE CHAIR	3 00 55 00	X						0	358,934	106,507
BETHEL AVERBECK MD PNI INSTITUTE DIRECTOR	3 00 55 00	X						0	509,826	97,342
BILL DOHERTY PHD PNI INSTITUTE DIRECTOR	3 00	X						0	0	0

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			
DAVID DZIUK PNI INSTITUTE DIRECTOR	3 00 55 00	X						0	588,090	150,863
CHARLES FAZIO MD PNI INSTITUTE DIRECTOR	3 00 55 00	X						0	438,706	92,820
JOHN FINNEGAN PHD PNI INSTITUTE DIRECTOR	3 00	X						0	0	0
GEORGE ISHAM MD PNI INSTITUTE DIRECTOR	3 00 55 00	X						0	159,315	84,483
BOB KNOPP MD PNI INSTITUTE DIRECTOR	3 00	X						0	0	0
MEGAN REMARK PNI INSTITUTE DIRECTOR	3 00 55 00	X						0	591,197	120,416
MARK ROSENBERG PNI INSTITUTE DIRECTOR	3 00	X						0	0	0
JOHN SCHOUSBOE MD PNI INSTITUTE DIRECTOR	55 00 3 00	X						302,973	0	47,402
BABETTE APLAND VP BEHAVIORAL HEALTH AND C	60 00 1 00			X				0	431,113	111,637
CURT BOEHMMD CMIO, HP INSTUTUTE DIRECTOR	55 00 1 00			X				0	335,301	81,653

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			
STEVEN CONNELLY MD PRESIDENT PNHS, HP INSTUTUE DIRECTOR	55 00 1 00			X				0	758,427	144,475
PAUL DAMROW MD CHIEF SURGICAL SERVICES	55 00 1 00			X				0	663,305	128,889
LAURA FRAZIER VP SURGICAL SERVICES	55 00 1 00			X				0	333,527	82,575
ROXANNA GAPSTUR PHD SR VP & COO METHODIST HOSP	55 00 1 00			X				0	476,971	97,049
CHRISTA GETCHELL PRESIDENT PNF, VP COMMUNIT	55 00 1 00			X				0	263,348	62,154
CARA HULL VP HR AND PLANNING	55 00 1 00			X				0	124,067	29,970
DAVID HOMANS MD CHIEF SPECIALTY SSERVICES	55 00 1 00			X				0	672,086	112,768
STEVEN HOUSH VP, ORTHOPAEDIC SERVICES	55 00 1 00			X				0	345,713	57,318
KATE KLUGHERZ VP SPECIALTY SERVICES	55 00 1 00			X				0	321,296	83,669
CATHERINE LENAGH VP & CFO	55 00 1 00			X				0	429,306	101,908

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			
KRISTI LYON VP PAYER RELATIONS	55 00 1 00			X				0	266,560	79,313
JOHN MISA MD SR MEDICAL DIRECTOR	55 00 1 00			X				0	526,355	102,251
JOAN SANDSTROM VP PRIMARY CARE	55 00 1 00			X				0	385,197	89,069
MARK SANNESMD SR MEDICAL DIRECTOR	55 00 1 00			X				0	422,703	84,007
MELISSA SCHOENHERR VP MARKETING AND COMMUNICA	55 00 1 00			X				0	299,200	71,086
CYNTHIA TOHER MD SR MEDICAL DIRECTOR	55 00 1 00			X				0	693,949	119,098
DUANE SPIEGLE VP REAL ESTATE AND SUPPORT	55 00 1 00			X				0	344,814	97,566
KATHERINE TARVESTAD VP AND CARE GROUP COMPLIAN	55 00 1 00			X				0	304,815	31,664
JOSHUA ZIMMERMAN SR MEDICAL DIRECTOR	55 00 1 00			X				0	419,968	81,217
NANCY MCCLURE CHIEF OPERATING OFFICER	55 00 1 00			X				0	748,763	140,741

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			
BARBARA TRETHEWAY SR VP, GENERAL COUNSEL	55 00 1 00			X				0	696,225	113,678
PRAVEEN BAIMEEDI MD MEDICAL DOCTOR	55 00					X		1,520,463	0	75,819
OLIVER CASS MD MEDICAL DOCTOR	55 00					X		1,027,111	0	61,323
KEITH HARMON MD MEDICAL DOCTOR	55 00					X		875,646	0	65,314
ANTHONY BOTTINIMD MEDICAL DOCTOR	55 00					X		854,473	0	64,725
SALIM KATHAWALLA MD MEDICAL DOCTOR	55 00					X		814,368	0	64,425
JULIE FLASCHENRIEM FORMER VP AND CIO	0 00						X	453,529	0	13,923
BRETT LONG FORMER VP STRATEGY & GROWTH, HR	0 00						X	340,555	0	12,285
THEODORE WEGLEITNER FORMER COO TRIA	55 00 1 00						X	0	449,576	86,819
SHELIA MCMILLAN FORMER VP & CFO	0 00						X	113,206	0	8,660

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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

2015

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 (Form 990 or 990-EZ))

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

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

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

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

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

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

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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 (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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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—2014.** 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** 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—2014.** 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) ☐

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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 I, 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) $2,048,952 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) $3,825,916 LINE 11, COLUMN (I) PARK NICOLLET CLINIC, (II) 41-0834920, (III) 170(B)(1)(A)(III), (IV) NO, (V) $0, (VI) $67,302,191 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

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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-
2					
3					
4					
5					
6					

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) 2012	(b) 2013	(c) 2014	(d) 2015	(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 on 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		87,743
j	Total Add lines 1c through 1i			87,743
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 PLAN 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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 6.

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

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

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

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

		Amount
b If "Yes," explain the arrangement in Part XIII and complete the following table		
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	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	27,215,939	27,216,599	21,981,337	20,854,970	22,048,592
b Contributions	3,506,786	2,515,547	4,508,387	2,046,767	1,489,934
c Net investment earnings, gains, and losses	239,474	526,563	2,715,649	877,865	-341,465
d Grants or scholarships	4,636,136	3,042,770	1,988,774	1,798,265	2,342,091
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	26,326,063	27,215,939	27,216,599	21,981,337	20,854,970

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 ▶ 43 000 %
- c Temporarily restricted endowment ▶ 57 000 %

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

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" on 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)	Accumulated (c)depreciation	(d)Book value
1a Land		27,661,044		27,661,044
b Buildings		590,049,975	316,794,860	273,255,115
c Leasehold improvements		58,348,512	40,774,736	17,573,776
d Equipment		496,130,213	416,679,555	79,450,658
e Other		11,454,012	5,857,402	5,596,610
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				403,537,203

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation 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' on 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' on 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	2,870,366
SUBORDINATE NOTE TO RELATED THIRD PARTY	43,212,500
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	46,082,866

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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' on 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 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

2015

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		PROGRAM SERVICES	EDUCATION	13,049
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			13,049
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			13,049

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" on 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

2015

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)			6,914,799	152,713	6,762,086	0 490 %
b Medicaid (from Worksheet 3, column a)			157,912,258	101,670,168	56,242,090	4 110 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			164,827,057	101,822,881	63,004,176	4 600 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		103,324	6,515,736	814,552	5,701,184	0 420 %
f Health professions education (from Worksheet 5)			6,329,452	2,324,889	4,004,563	0 290 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			6,079,430	4,345,068	1,734,362	0 130 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits		103,324	18,924,618	7,484,509	11,440,109	0 840 %
k **Total.** Add lines 7d and 7j		103,324	183,751,675	109,307,390	74,444,285	5 440 %

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 Healthcare 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	10,950,287		
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			
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	163,667,747		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	160,112,692		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	3,555,055		
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)	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 15			
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	
6 a	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	Yes	
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 15			
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on 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)*

Financial Assistance Policy (FAP)

PARK NICOLLET METHODIST HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
	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) HTTP //WWW PARKNICOLLET COM/PATIENT-ACCOUNTS-SERVICES/FINANCIAL-ASSISTANCE			
b	☐ The FAP application form was widely available on a website (list url) HTTP //WWW PARKNICOLLET COM/PATIENT-ACCOUNTS-SERVICES/FINANCIAL-ASSISTANCE			
c	☐ A plain language summary of the FAP was widely available on a website (list url) HTTP //WWW PARKNICOLLET COM/PATIENT-ACCOUNTS-SERVICES/FINANCIAL-ASSISTANCE			
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 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 19 (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

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? **37**

	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 HEALTH SERVICES BELIEVES THAT THE LOSS WE INCUR WHILE PROVIDING CARE TO MEDICARE BENEFICIARIES SHOULD BE CLASSIFIED AS A COMMUNITY BENEFIT IF THESE SERVICES WERE NOT PROVIDED BY US THEY WOULD BECOME THE OBLIGATION OF THE FEDERAL GOVERNMENT THE MEDICARE LOSS CLAIMED ON PART III, LINE 8 ONLY INCLUDES ALLOWABLE HOSPITAL COSTS THAT ARE DEFINED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES AND DO NOT INCLUDE ALL OF THE COSTS THAT ARE INCURRED WHILE PROVIDING SERVICES PARK NICOLLET CLINIC ALSO PROVIDES SERVICES TO MEDICARE BENEFICIARIES BUT THERE IS NO PLACE TO REPORT A MEDICARE LOSS FOR A FREE STANDING CLINIC ON THE FORM SET IF ALL SYSTEM WIDE COSTS WERE INCLUDED IN THE CALCULATION ALONG WITH OUR MEDICARE ADVANTAGE PRODUCTS OUR MEDICARE LOSS WOULD BE $86 0 MILLION FOR ALL OF PARK NICOLLET HEALTH SERVICES SYSTEM WIDE

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 OUR FINANCIAL ASSISTANCE POLICY 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 ADDITION TO CONDUCTING COMMUNITY HEALTH NEEDS ASSESSMENTS (REPORTED IN PART V, SECTION B LINE #5), PARK NICOLLET HEALTH SERVICES METHODIST HOSPITAL HAS SEVERAL MEANS OF ASSESSING THE HEALTH CARE NEEDS OF THE POPULATION WE SERVE CONVENING/PARTICIPATING IN ONGOING COMMUNITY COLLABORATIVES FOCUSED ON IDENTIFYING AND ADDRESSING COMMUNITY HEALTH CONCERNS THESE COLLABORATIVES INCLUDE -CENTER FOR COMMUNITY HEALTH A UNIQUE COLLABORATIVE OF HOSPITALS, PUBLIC HEALTH AGENCIES AND HEALTH PLANS SHARING THE FINDINGS AND DATA FROM THEIR CHNAS -DAKOTA COUNTY HEALTH COMMUNITIES COLLABORATIVE -NORTHWEST HENNEPIN HEALTHY COMMUNITY PARTNERSHIP -THE DAKOTA COUNTY AND NORTHWEST HENNEPIN GROUPS INCLUDE REPRESENTATIVES OF OTHER HEALTH CARE PROVIDERS, GOVERNMENT AGENCIES, EDUCATIONAL INSTITUTIONS, FAITH-BASED CONGREGATIONS AND SOCIAL SERVICE ORGANIZATIONS -SCOTT COUNTY HEALTHCARE SYSTEM COLLABORATIVE -SUCCESSFUL AGING -WESTERN SUBURBS 55+ COLLABORATIVESUCCESSFUL AGING AND THE 55+ COLLABORATIVE INCLUDE SENIOR CITIZENS AND PROVIDERS OF SENIOR SERVICES -BETTER TOGETHER HENNEPIN A BROAD COLLABORATIVE OF STAKEHOLDERS ON THE TOPIC OF REDUCING TEEN PREGNANCY - YMCA ACTIVE OLDER ADULTS A CONVENING OF A CROSS-SECTION OF COMMUNITY MEMBERS FOCUSED ON END-OF-LIFE CARE AND PLANNING -HEALTH IN THE PARK A COMMUNITY-WIDE INITIATIVE IN THE CITY OF ST LOUIS PARK TO IDENTIFY NEEDS AND DEVELOP RESPONSES IN THE AREAS OF MENTAL HEALTH, ACTIVE LIVING AND HEALTHY EATING -CHILDREN FIRST A PROGRAM IN THE CITY OF ST LOUIS PARK TO PROMOTE THE SEARCH INSTITUTE'S 40 DEVELOPMENTAL ASSETS FOR YOUTH, INCLUDING ADDRESSING HEALTH-RELATED NEEDS OPERATING SCHOOL-BASED CLINICS WITH PHILANTHROPIC SUPPORT TO BUILD AND OPERATE FOUR SCHOOL-BASED CLINICS, PARK NICOLLET PHYSICIANS ARE ABLE TO PROVIDE FREE HEALTH CARE TO UN- AND UNDERINSURED YOUTH THIS GIVES THEM THE OPPORTUNITY TO ASSESS FIRST-HAND AND MONITOR THE GAPS IN CARE FACED BY YOUNG COMMUNITY MEMBERS WITH THE GREATEST HEALTHCARE NEEDS PARTNERING WITH NON-PROFIT, SOCIAL SERVICE ORGANIZATIONS PARK NICOLLET FOUNDATION ANNUALLY SOLICITS GRANT APPLICATIONS FROM COMMUNITY NON-PROFITS A KEY COMPONENT OF THE APPLICATION PROCESS ASKS APPLICANTS TO IDENTIFY AND QUANTIFY THE HEALTHCARE-RELATED NEEDS THEY ARE SEEKING TO ADDRESS REVIEW OF THESE APPLICATIONS YEAR-OVER-YEAR PROVIDES A GOOD PICTURE OF COMMUNITY NEEDS AND HOW THEY EVOLVE OVER TIME ANALYZING HEALTH DATA FROM A VARIETY OF SOURCES THESE SOURCES INCLUDE -HENNEPIN COUNTY SURVEY OF THE HEALTH OF ALL THE POPULATION AND THE ENVIRONMENT (SHAPE SURVEY) -CENTERS FOR DISEASE CONTROL AND PREVENTION BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) -NATIONAL CENTER FOR HEALTH STATISTICS - MINNESOTA HOSPITAL ASSOCIATION -INTERNAL PARK NICOLLET RECORDS

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 A LIST OF COMMUNICATIONS FOR PATIENTS RELATING TO FINANCIAL ASSISTANCE FOLLOWS HOSPITAL BOOKLETS OR INFORMATION PACKETS GIVEN TO EMERGENCY CENTER PATIENTS AND INPATIENTS WEB SITE HAS FA INFORMATION FOUND UNDER PATIENT ACCOUNTS AND BILLING A LIST OF FREQUENTLY ASKED QUESTIONS AND ANSWERS RELATED TO THE PROGRAM A "HOW TO APPLY" DOCUMENT A SUMMARY OF OUR FINANCIAL ASSISTANCE POLICY FA APPLICATION APPLICATION MAY BE PRINTED FOR SUBMISSION ALL BALANCE FORWARD STATEMENTS, REGARDLESS OF BALANCE, INCLUDE A FINANCIAL ASSISTANCE APPLICATION AND INSTRUCTION TO COMPLETE THE APPLICATION ALONG WITH ANSWERS TO RESPONSES TO FREQUENTLY ASKED QUESTIONS REGARDING FA IN ADDITION TO THE WRITTEN MATERIAL, CUSTOMER SERVICE, COLLECTIONS AND ACCOUNT SPECIALISTS INFORM PATIENTS ABOUT ASSISTANCE OPTIONS, INCLUDING GOVERNMENT PROGRAMS AND FA MOST CUSTOMER SERVICE AND COLLECTIONS WORK IS DONE OVER THE PHONE, THOUGH MANY OF OUR CLINICS AND THE HOSPITAL HAVE STAFF ON-SITE TO ASSSIST IN APPLYING FOR FA AND GOVERNMENT PROGRAMS OUR THIRD PARTY COLLECTION AGENCIES ARE ALSO TRAINED TO INFORM PATIENTS ABOUT OUR FIANCIAL ASSISTANCE PROGRAM MANY PARK NICOLLET METHODIST HOSPITAL AND CLINIC STAFF HAVE BEEN 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, PARK NICOLLET CLINIC, PARK NICOLLET FOUNDATION AND PARK NICOLLET INSTITUTE PARK NICOLLET HAS OVER 8,200 EMPLOYEES, INCLUDING MORE THAN 1,000 PHYSICIANS ON STAFF PARK NICOLLET CLINIC IS ONE OF THE LARGEST MULTISPECIALTY CLINICS IN THE UNITED STATES, PROVIDING CARE IN MORE THAN 55 MEDICAL SPECIALTIES AND SUBSPECIALTIES AT 29 CLINICS AND OTHER CARE LOCATIONS IN METROPOLITAN AND SUBURBAN MINNEAPOLIS/ST PAUL, MINNESOTA METHODIST HOSPITAL IS A 426-BED HOSPITAL IN ST LOUIS PARK, MINNESOTA RECOGNIZED AS A LEADER IN CANCER CARE, CARDIOVASCULAR SERVICES, MATERNITY CARE AND NEURO-REHABILITATION MEDICINE THE SERVICE AREA FOR THE SYSTEM DEFINES 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, SIBLEY AND LE SEUER COUNTIES BASED ON 2016 MARKET ESTIMATES, 1 89 MILLION PEOPLE RESIDE WITHIN THE PARK NICOLLET 103 ZIP CODE SERVICE AREA THE POPULATION DENSITY IN THE PARK NICOLLET SERVICE AREA CONSISTS OF A MIX OF URBAN, SUBURBAN, EXURBAN AND RURAL COMMUNITIES PARK NICOLLET'S SERVICE AREA IS ESTIMATED TO GROW 4 9 PERCENT IN THE NEXT FIVE YEARS PEOPLE AGES 18 TO 44 MAKE UP 36 3 PERCENT OF THE POPULATION AND THAT GROUP IS EXPECTED TO GROW BY 1 PERCENT IN THE NEXT FIVE YEARS THE AGE GROUP OF 65-PLUS IS EXPECTED TO GROW BY 24 PERCENT IN THE NEXT FIVE YEARS OVER THE PAST DECADE, PEOPLE OF COLOR HAVE ACCOUNTED FOR 92 PERCENT OF THE POPULATION GROWTH IN THE TWIN CITIES REGION THE METROPOLITAN COUNCIL REGIONAL FORECASTS SHOW THAT BY 2040, TWO IN EVERY FIVE RESIDENTS WILL BE PEOPLE OF COLOR

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 HEAR T-CENTERED ACTIVITIES IN COMBINATION IT ALSO MEANS WORKING AS A TEAM ACROSS DEPARTMENTS A ND 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 THRO UGH ITS 426-BED METHODIST HOSPITAL IN ST LOUIS PARK, 25 CLINIC LOCATIONS IN ITS 96 ZIP CO DE SERVICE AREA, 55 MEDICAL SPECIALTIES AND SUBSPECIALTIES, AND 12 SPECIALTY CENTERS PARK NICOLLET FOUNDATION SERVES AS THE CONVENER OF THE COMMUNITIES WE SERVE, INVOLVING ADMINIS TRATIVE AND MEDICAL STAFF IN ITS INTEGRATED SYSTEM, TO ASSESS COMMUNITY NEED AND FACILITAT E 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 C HNA AS PRIORITIZED BY ITS BOARD OF DIRECTORS PARK NICOLLET FOUNDATION'S BOARD OF DIRECTOR S IS A COMMUNITY BOARD AND PROVIDES ACTIVE PARTICIPATION IN THE NONPROFIT MISSION OF THE O RGANIZATION PARK NICOLLET'S INTEGRATED SYSTEM PROVIDES COMMUNITY BENEFIT TO UNDERSERVED P OPULATIONS THROUGH CONVENING OF COMMUNITIES, EDUCATION AND SUPPORT OF PATIENTS AND COMMUNI TY MEMBERS DIAGNOSED WITH CHRONIC DISEASE, AND RESEARCH TO IMPROVE QUALITY OF LIFE HEALTH PROFESSIONALS WITHIN THE INTEGRATED SYSTEM ASSIST PATIENTS IN THE COMMUNITY, IN THE STATE , IN THE NATION, AND AROUND THE WORLD WHO NEED SPECIALIZED PROGRAMS AND SERVICES FOR VARIO US CONDITIONS PARK NICOLLET ALSO IS A RECOGNIZED LEADER IN PROCESS IMPROVEMENTS TO COORDI NATE PATIENT CARE AND PROVIDE PATIENTS WITH SOCIAL SUPPORT SYSTEMS TO IMPROVE POPULATION H EALTH THIS HAS BEEN ACCOMPLISHED THROUGH ITS INITIATIVES THROUGH THE PHYSICIAN GROUP PRAC TICE DEMONSTRATION PROGRAM SPONSORED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES PA RK NICOLLET ALSO PARTICIPATES IN THE PIONEER ACO DEMONSTRATION THAT IS SPONSORED BY THE CE NTER FOR MEDICARE AND MEDICAID INNOVATION IN ADDITION TO INNOVATING AROUND CARE DELIVERY DESIGN AND PATIENT SUPPORT SERVICES, PARK NICOLLET PARTICIPATES IN MULTIPLE LEARNING INITI ATIVES THROUGH THE DEMONSTRATION PROGRAM TO SHARE ITS KNOWLEDGE AND LESSONS LEARNED WITH O THER 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, PATIE NT EXPERIENCE AND AFFORDABILITY BY PROVIDING COMMUNITIES WITH SUPPORT SYSTEMS ASSISTING PA TIENTS AND FAMILIES TO IMPROVE THEIR HEALTH GRANTS AND COMMUNITY SUPPORT IN 2015, PARK N ICOLLET FOUNDATION GRANTED $2 MILLION TO PARK NICOLLET DEPARTMENTS AND COMMUNITY 501(C)(3) ORGANIZATIONS TO FUND OUTREACH SERVICES AND SUPPORT PROGRAMS ADDRESSING OUR KEY PRIORITIE S FROM THE COMMUNITY HEALTH NEEDS ASSESSMENT PARK NICOLLET SUPPORTS SCHOOL-BASED HEALTH CE NTERS IN 2015, WE OFFERED NO-CHARGE HEALTH CARE TO CHILDREN FROM INFANCY THROUGH HIGH SCH OOL GRADUATION AT OUR SCHOOL-BASED HEALTH CENTERS IN BROOKLYN CENTER, BURNSVILLE, AND ST LOUIS PARK NO-CHARGE AND LOW-COST DENTAL AND MENTAL HEALTH CARE IS AVAILABLE BY APPOINTME NT PARTICIPATING FAMILIES INCLUDE THOSE WHO ARE UNABLE TO AFFORD HEALTH CARE, ARE NEW TO THE AREA OR HAVE SENSITIVE HEALTH CARE NEEDS WALK-IN VISITORS ARE WELCOME AT ALL LOCATION S ALL HEALTH CENTERS ARE OPERATED IN PARTNERSHIP WITH LOCAL SCHOOL DISTRICTS AND FUNDED B Y PARK NICOLLET FOUNDATION IMMUNIZATIONS MINNESOTA LAW REQUIRES IMMUNIZATIONS, OR WRITTE N PROOF OF EXEMPTION, FOR SCHOOL-AGE CHILDREN TO ATTEND SCHOOL PARK NICOLLET FOUNDATION C OLLABORATES WITH SCHOOL DISTRICTS TO HAVE ALL CHILDREN IMMUNIZED PARK NICOLLET OFFERS ENH ANCED ACCESS FOR CHILDREN NEEDING IMMUNIZATIONS AS PART OF THE NO SHOTS, NO SCHOOL PROGRAM , WHICH IS AVAILABLE MAY, AUGUST AND THE FIRST TWO WEEKS OF SEPTEMBER WE ALSO GIVE FREE I MMUNIZATIONS YEAR-ROUND AT THE SCHOOL-BASED HEALTH

Form and Line Reference	Explanation
PART VI, LINE 5	RESOURCE CENTERS PARK NICOLLET PROVIDES IMMUNIZATION-ONLY VISITS ON A SAME-DAY APPOINTME NT BASIS, IMMUNIZES CHILDREN WITHOUT A DOCTOR VISIT OR PREVENTIVE CARE EXAM AT THE TIME OF IMMUNIZATION, IMMUNIZES CHILDREN NOT PREVIOUSLY ESTABLISHED AS PATIENTS WITH THE CLINIC, AND PROVIDES IMMUNIZATIONS TO CHILDREN WITH NO DIRECT CHARGE TO FAMILIES PARK NICOLLET SPO NSORED COMMUNITY COLLABORATIVES PARK NICOLLET FOUNDATION REGULARLY SPONSORS OR PARTICIPAT ES IN COLLABORATIVE GROUPS TO DISCUSS ISSUES AND TOPICS AFFECTING RESIDENTS IN THE COMMUNI TY 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 COMMU NITY COLLABORATIVE MEADOWBROOK COLLABORATIVE NORTHWEST HENNEPIN HEALTHY COMMUNITY PARTNERS HIP ST LOUIS PARK SUCCESSFUL AGING INITIATIVE SCOTT COUNTY HEALTHY COMMUNITY COLLABORATIV E THE FOLLOWING ARE EXAMPLES OF SPECIFIC ACTIVITIES THAT ARE SUPPORTED BY THE PARK NICOLLE T FOUNDATION AND PARK NICOLLET HEALTH SERVICES AND DEMONSTRATE THE ORGANIZATION'S COMMITME NT TO THE COMMUNITY AND MEETING UNMET COMMUNITY NEEDS 1 RESEARCH AND EDUCATION ACTIVITIE S - RESEARCH IS EMBEDDED IN DEPARTMENTS AND STRATEGIES ACROSS PARK NICOLLET TO SUPPORT QUA LITY INITIATIVES AND THE PATIENT EXPERIENCE RESEARCH ENCOMPASSES INVESTIGATOR-INITIATED S TUDIES, CLINICAL TRIALS, PRACTICE-BASED RESEARCH, OUTCOMES AND QUALITY IMPROVEMENT PROJECT S, DATA ANALYTICS, STATISTICS, SURVEY DEVELOPMENT AND FOCUS GROUPS WE PARTICIPATE IN OVER 200 STUDIES ANNUALLY AND ARE A MAJOR SITE FOR THE CLINICAL EVALUATION OF NEW MEDICATIONS AND MEDICAL DEVICES OUR PRACTICE-BASED, HEALTH SERVICES RESEARCH CONTRIBUTES TO BETTER HE ALTH OUTCOMES AND INCREASED VALUE PARK NICOLLET INSTITUTE PROVIDES THE INFRASTRUCTURE AND RESOURCES TO SUPPORT RESEARCH AND CLINICAL QUALITY GOALS OF THE ORGANIZATION, WHICH INCLU DES THE FOLLOWING NEEDS ASSESSMENT AND FEASIBILITY MENTORING AND TRAINING SCIENTIFIC AND HUMANS SUBJECTS REVIEW REGULATORY COMPLIANCE AND REPORTING GRANT MANAGEMENT, INCLUDING APP LICATION PREPARATION AND SUBMISSION, CONTRACT AND AGREEMENT NEGOTIATION, FINANCE, BUDGET D EVELOPMENT, IDENTIFICATION OF FUNDING SOURCES PROTOCOL DEVELOPMENT AND RESEARCH DESIGN MAN USCRIPT AND POSTER/PRESENTATION PREPARATION DATABASE DEVELOPMENT, DATA CLEANING, STATISTIC S AND ANALYTICS, SURVEY REVIEW AND DESIGN, FOCUS GROUP FACILITATION STUDY OPERATIONS SUPPO RT INCLUDING RECRUITMENT, CONSENTING, ENROLLING, DATA COLLECTION/ENTRYPARK NICOLLET INSTIT UTE'S PATIENT EDUCATION DEPARTMENT PROVIDES EDUCATIONAL TOOLS TO SUPPORT PATIENTS IN PREVE NTING AND MANAGING ILLNESS AND IMPROVING HEALTH WE PROVIDE PROGRAMS, CLASSES, VIDEOS, WEB CONTENT AND DECISION SUPPORT TOOLS TO HELP PATIENTS AND THE BROADER COMMUNITY TAKE AN ACT IVE ROLE IN THEIR HEALTH THESE RESOURCES HELP PATIENTS PREVENT AND MANAGE COMMON HEALTH P ROBLEMS, LIVE WELL WITH CHRONIC CONDITIONS, PREPARE FOR PROCEDURES AND IMPROVE OVERALL HEA LTH AND WELL-BEING OUR PARK NICOLLET HEALTH LIBRARY PROVIDES RESOURCES AND SERVICES FOR P ATIENTS, FAMILY AND THE COMMUNITY THIS INCLUDES LITERATURE SEARCHES AND DOCUMENT DELIVERY , AS WELL AS ACCESS TO PRINT, ONLINE AND INTERNET RESOURCES

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 CLINIC IN 25 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 5) TRIA ORTHOPAEDIC CENTER, A LEADER IN ORTHOPEADIC TREATMENT, PROVIDING COMPREHENSIVE CARE FROM DIAGNOSIS, TO TREATMENT, TO REHABILITATION 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 THREE SCHOOL-AFFILIATED COMMUNITY CLINICS INITIAL DEVELOPMENT, FUNDING AND ONGOING FACILITATION IS PROVIDED BY PARK NICOLET FOUNDATION, STAFFING THROUGH PARK NICOLLET CLINIC, 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

Form and Line Reference	Explanation
SCHEDULE H PART VI QUESTION 5 CONTINUED	2 GROWING THROUGH GRIEF PROGRAM - THIS SCHOOL SUPPORT PROGRAM PROVIDES 1 1 COUNSELING AND GROUPS FOR CHILDREN AND TEENS WHO HAVE EXPERIENCED THE DEATH OF SOMEONE IMPORTANT IN THEI R LIFE SERVICES ARE FUNDED BY PARK NICOLLET FOUNDATION AND ARE FREE OF CHARGE TO PARTICIP ANTS MORE THAN 500 STUDENTS AND 13 SCHOOL 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 SE RVED STUDENTS SERVED ARE IN THE SCHOOL DISTRICTS OF APPLE VALLEY-ROSEMOUNT-EAGAN, BURNSV ILLE, CHASKA-CHANHASSEN, EDINA, HOPKINS, MINNEAPOLIS, MINNETONKA, MOUND-WESTONKA, OSSEO-MA PLE GROVE, PRIOR LAKE-SAVAGE, ST LOUIS PARK, AND WAYZATA COUNSELORS SERVE ON THE EMERGEN CY RESPONSE TEAM FOR SCHOOLS AND ARE CERTIFIED TRAUMATOLOGISTS 3 SCHOOL-BASED HEALTH CEN TERS (SBHCS) - THREE SCHOOL-BASED HEALTH CENTERS PROVIDED OVER 5,000 SERVICES FOR UNINSURE D AND UNDERINSURED YOUTH SERVICES INCLUDED TREATMENT OF MINOR, ACUTE ILLNESSES, PHYSICALS , IMMUNIZATIONS, MENTAL HEALTH THERAPY, DENTAL CARE, AND VISION CHECKS ALL MEDICAL SERVIC ES ARE PROVIDED FREE OF CHARGE TO PATIENTS 4 PRESCRIPTIONS - PARK NICOLLET FOUNDATION FU NDED OVER $60,000 WORTH OF PRESCRIPTIONS FOR PATIENTS OF THE SBHCS 5 FOOD AND VEGGIE PRE SCRIPTIONS - IN PARTNERSHIP WITH CUB FOODS, PARK NICOLLET PRIMARY CARE PHYSICIANS GAVE "PR ESCRIPTIONS" FOR HEALTHY FOOD TO YOUNG PATIENTS AS A WAY TO START CONVERSATIONS ABOUT FRUI T AND VEGETABLE CONSUMPTION A TOTAL OF $15,000 IN $10 FRUIT AND VEGETABLE PRESCRIPTION CO UPONS WERE DISTRIBUTED 6 FIRE-FIGHTER OUTREACH - IN PARTNERSHIP WITH METHODIST HOSPITAL A ND LOCAL FOOD SHELVES, THE FIRE DEPARTMENTS OF FIVE COMMUNITIES VISIT RECENTLY-DISCHARGED, AT-RISK SENIORS TO CHECK ON THEIR SAFETY AND ENSURE THEY HAVE ADEQUATE FOOD PARK NICOLLE T FOUNDATION PROVIDED $10,000 IN FOOD SHELF AND TRANSPORTATION SUPPORT, HOME SAFETY SUPPLI ES WORTH $2,500, $1,800 IN FOOD SHELF CARDS AND $4453 05 IN INFORMATIONAL MATERIALS FOR CO MMUNITY RESOURCES 7 MELROSE CENTER OUTREACH - TO ALLOW THE MELROSE COMMUNITY RELATIONS T EAM TO CONTINUE THEIR IMPORTANT WORK IN THE COMMUNITY OF PROVIDING EXTENSIVE OUTREACH, EDU CATION AND EARLY INTERVENTION FOR PEOPLE WITH EATING DISORDERS AND THEIR COMMUNITY, THE FO UNDATION PROVIDED $32,000 8 PARISH/CONGREGATIONAL OUTREACH - OUR PARISH/CONGREGATIONAL NU RSES VISIT MEMBERS FROM THEIR CONGREGATION AND LOCAL COMMUNITY FOR HEALTH ASSESSMENTS, HEA LTH EDUCATION, HEALTH COUNSELING, REFERRALS TO COMMUNITY RESOURCES, AND FOR ASSISTANCE NAV IGATING THE COMPLEX HEALTH CARE SYSTEM THEIR MINISTRY INCLUDES 1 1 VISITS, LARGE AND SMAL L GROUPS AND CLASSES, AND HEALTH FAIRS IN 2015 THEY SERVED OVER 500 PEOPLE 9 ADVOCARE - ADVOCARE SERVES ANY PARK NICOLLET PATIENT, STAFF OR COMMUNITY MEMBER LIVING IN AN ABUSIVE SITUATION ADVOCARE ADVOCATES PROVIDE CRISIS SUPPORT, EDUCATION ABOUT ABUSE, SAFETY PLANN ING AND LEGAL OPTIONS ALL ADVOCARE SERVICES ARE FREE AND CONFIDENTIAL WE ALSO PROVIDE ED UCATION TO PARK NICOLLET STAFF, SUCH AS IDENTIFYING DYNAMICS OF ABUSE, IDENTIFYING PATIENT S BEING ABUSED, DOCUMENTING ABUSE IN THE MEDICAL RECORD AND PROVIDING THE PROPER RESPONSE TO BATTERED PATIENTS ADVOCARE SERVED OVER 1,000 PEOPLE IN 2015 10 NOW (NO OBSTACLES TO WELL-BEING) - THIS PROGRAM USES TELE-HEALTH TECHNOLOGY TO CONNECT ST LOUIS PARK MIDDLE SC HOOL STUDENTS TO QUALIFIED MENTAL HEALTH CARE PROVIDERS THE PARK NICOLLET THERAPIST PROVI DED 220 THERAPY HOURS FREE OF CHARGE TO STUDENTS AND THEIR FAMILIES 11 HEALTH FAIRS AND C OMMUNITY OUTREACH - PARK NICOLLET CARE TEAMS, DEPARTMENTS AND CLINICS PROVIDE FAIRS AND OU TREACH THROUGHOUT THE YEAR EXAMPLES INCLUDE PRESENTED STROKE WARNING SIGNS AND SYMPTOMS PROVIDED ATTENDEES WITH STROKE EDUCATION AND AWARENESS INFORMATION AT CHURCHES, SCHOOLS AN D PARKS PRESENTATION TO 50 MEMBERS OF FARIBAULT FIRE DEPT ON HEALTH AND FITNESS FOR THE TA CTICAL ATHLETE OUR SENIOR SERVICES TEAMS PARTICIPATED IN THE LIVING LONGER SUMMIT AND BURS NVILLE SENIOR HEALTH FAIR EXPERTS FROM STRUTHERS PARKINSON'S CENTER PROVIDED EDUCATION TO COMMUNITY MEMBERS ON PARKINSON'S DISEASE AND EXERCISE PROGRAMS AT THE NATIONAL PARKINSON F OUNATION MOVING DAY MOVEMENT PAVILION ADDITIONALLY, THE STRUTHERS TULIPS PROGRAM BRINGS T RAININGS TO NUMEROUS ASSISTED LIVING AND NURSING FACILITIES AROUND THE UPPER MIDWEST SLEE P EDUCATION WAS PROVIDED FOR A VARIETY OF GROUPS, INCLUDING A PRESENTATION FOR SHIFT WORKE RS AT THE MALL OF AMERICA A VARIETY OF SUPPORT GROUPS FOR COMMUNITY MEMBERS AND LOVED ONE S AFFECTED BY PARKINSON'S DISEASE, STROKE, SLEEP DISORDERS, CANCER AND MORE MAPLE GROVE W OMEN'S SERVICES TEAMS OFFERED HEALTH EDUCATION AND INFORMATION AT TWO COMMUNITY EVENTS JE ANS, JEWELS & GENERATIONS AND THE BABY BALL ORTHOPEDICS TEAM PRESENTED TO HIGH SCHOOL AND COLLEGE AGED STUDENTS ON CAREERS IN PHYSICAL THERAPY SPONSORED THE DAKOTA COUNTY HEALTHY COMMUNITY COLLABORATIVE'S 2015 MENTAL HEALTH SUMMITIN ADDITION TO THE INITIATIVES SITED AB OVE, PARK NICOLLET FOUNDATION PROVIDES FINANCIAL A

Form and Line Reference	Explanation
SCHEDULE H PART VI QUESTION 5 CONTINUED	ND OTHER SUPPORT TO ASSIST COMMUNITY NON-PROFIT PARTNERS IN 2015, COMMUNITY GRANTEES INCL UDED FOOD ACCESS FOR LOW-INCOME SENIORS 360 COMMUNITIES INTERCONGREGATION COMMUNITIES ASS OCIATION MOBILE FOOD SHELF PRISM ST LOUIS PARK EMERGENCY PROGRAM (STEP) SECOND HARVEST HE ARTLAND STORE TO DOOR OTHER SERVICES FOR LOW-INCOME SENIORS DARTS TRANSPORTATION SERVICE I NTERFAITH OUTREACH AND COMMUNITY PARTNERS (IOCP) - SOCIAL CONNECTIVITY VEAP - TRANSPORTATI ON YOUTH MENTAL HEALTH CHANGE, INC - TRAINING AFRICAN AMERICAN MALES AS MENTAL HEALTH AID ES IN MINNEAPOLIS PUBLIC SCHOOLS COMUNIDADES LATINAS UNIDAS EN SERVICIO - MENTAL HEALTH C ARE FOR UNACCOMPANIED LATINO MINORS ST LOUIS PARK SCHOOL DISTRICT - SPARKS ELEMENTARY SCH OOL COUNSELORS MYHEALTH FOR TEENS AND YOUNG ADULTS NORTHWEST HENNEPIN FAMILY SERVICE COLLA BORATIVE - FAMILY SCHOOL COORDINATORS RECLAIM - THERAPY SERVICES FOR SOUTHEAST ASIAN LGBTQ YOUTH RELATE - EARLY CHILDHOOD MENTAL HEALTH SERVICES THROUGH MINNETONKS ECFE ROBBINSDALE AREA SCHOOLS - ELEMENTARY MENTAL HEALTH SERVICES ST DAVID'S CENTER FOR CHILD & FAMILY DE VELOPMENT WATERCOURSE COUNSELING CENTER - TRAUMA-INFORMED THERAPY FOR IMMIGRANT STUDENTS A CCESS AND AFFORDABILITY CHILDREN'S DENTAL SERVICES THE MILLS HEALTH CLINIC - PRESCRIPTION SUPPORT FOR A LOW-COST CLINIC IN MINNETONKA RIVER VALLEY COMMUNITY PARTNERSHIP - SAFETY NE T MEDICAL PROVIDER

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

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	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
1	PARK NICOLLET METHODIST HOSPITAL 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 PARKNICOLLET COM	X	X		X			X			

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)
1	1 - STRUTHER'S PARKINSON CENTER 6701 COUNTRY S PARKINSON CENTER GOLDEN VALLEY,MN 55427	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE
1	1 - PARK NICOLLET MELROSE CENTER 3625 MONTEREY DRIVE ST LOUIS PARK,MN 55416	EATING DISORDER CLINIC/GENERAL MEDICAL
2	1 - 3900 CLINICAMBULATORY SURGICAL CENTER 3900 PARK NICOLLET BOULEVARD ST LOUIS PARK,MN 55416	AMBULATORY SURGICAL CENTER AND GENERAL MEDICAL AND RETAIL
3	1 - MEADOWBROOK MEDICAL BUILDING 3931 LOUISIANA AVE S ST LOUIS PARK,MN 55426	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
4	1 - PRAIRIE CENTER 8455 FLYING CLOUD DRIVE EDEN PRAIRIE,MN 55344	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
5	1 - BLOOMINGTON CLINIC 5320 HYLAND GREENS DRIVE BLOOMINGTON,MN 55437	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
6	1 - BROOKDALE CLINIC 6000 EARLE BROWN DRIVE BROOKLYN CENTER,MN 55430	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
7	1 - BURNSVILLE CLINIC 1400 FAIRVIEW DRIVE BURNSVILLE,MN 55337	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
8	1 - CARLSON PARKWAY CLINIC 15111 TWELVE OAKS CENTER DRIVE MINNETONKA,MN 55305	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
9	1 - CHANHASSEN CLINIC 300 LAKE DRIVE E CHANHASSEN,MN 55317	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
10	1 - CREEKSIDE 6600 EXCELSIOR BLVD ST LOUIS PARK,MN 55426	PHYSICAN OFFICES, AND ANCILLARY MEDICAL SERVICES
11	1 - ST LOUIS PARK IMAGING CENTER 4951 EXCELSIOR BLVD ST LOUIS PARK,MN 55416	IMAGING CENTER/OPTICAL RETAIL
12	1 - EAGAN CLINIC 1885 PLAZA DRIVE EAGAN,MN 55122	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
13	1 - GOLDEN VALLEY CLINIC 8240 GOLDEN VALLEY DRIVE GOLDEN VALLEY,MN 55427	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
14	1 - LAKEVILLE CLNIC 18432 KENRICK AVE LAKEVILLE,MN 55044	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL

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)
16	1 - MAPLE GROVE CLNIC 15800 95TH AVE N MAPLE GROVE,MN 55369	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
1	1 - MAPLE GROVE OB 9855 HOSPITAL DRIVE SUITE 275 MAPLE GROVE,MN 55369	OB SERVICES
2	1 - MAPLE GROVE REHAB 9827 MAPLE GROVE PKWY N MAPLE GROVE,MN 55369	REHABILIATION SERVICES
3	1 - MINNEAPOLIS CLINIC 2001 BLAISDELL AVE S MINNEAPOLIS,MN 55404	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
4	1 - MINNETONKA - SHOREWOOD CLINIC 19685 HIGHWAY 7 SHOREWOOD,MN 55331	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
5	1 - PLYMOUTH CLINIC 4155 COUNTY ROAD 101 PLYMOUTH,MN 55446	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
6	1 - PRIOR LAKE CLINIC 4670 PARK NICOLLET AVE SE PRIOR LAKE,MN 55372	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
7	1 - SHAKOPEE CLINIC 1415 ST FRANCIS AVE SHAKOPEE,MN 55379	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
8	1 - SHAKOPEE CLINIC 1515 ST FRANCIS AVE SHAKOPEE,MN 55379	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
9	1 - SHAKOPEE CLINIC 1601 ST FRANCIS AVE SHAKOPEE,MN 55379	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
10	1 - ST LOUIS PARK CLINIC 3800 PARK NICOLLET BLVD ST LOUIS PARK,MN 55416	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
11	1 - ST LOUIS PARK CLINIC 3850 PARK NICOLLET BLVD ST LOUIS PARK,MN 55416	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
12	1 - WAYZATA MEDICAL BUILDING 250 CENTRAL AVE N WAYZATA,MN 55391	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
13	1 - ROGERS CLINIC 13688 ROGERS DRIVE ROGERS,MN 55374	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES
14	1 - CHAMPLIN CLINIC 12142 BUSINESS PARK BLVD N CHAMPLIN,MN 55316	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES

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)
31	31 - BURNSVILLE PEDIATRIC REHAB SERVICES RIDGEPOINT MEDICAL BUILDING BURNSVILLE,MN 55337	PEDIATRIC REHAB SERVICES
1	32 - MAPLE GROVE SPECIALITY CENTER 9325 UPLAND LANE N MAPLE GROVE,MN 55369	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES
2	33 - MELROSE CENTER ST PAUL 2550 UNIVERSITY AVE W ST PAUL,MN 55114	EATING DISORDER CLINIC/GENERAL MEDICAL
3	34 - MELROSE CENTER MAPLE GROVE 9600 UPLAND LANE N SUITE 110 MAPLE GROVE,MN 55369	EATING DISORDER CLINIC/GENERAL MEDICAL
4	35 - MAPLE GROVE REGIONAL SPECIALITY CENTER 9555 UPLAND LANE N MAPLE GROVE,MN 55369	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES
5	36 - AIRPORT PROFESSIONAL BUILDING 7550 34TH AVE SOUTH MINNEAPOLIS,MN 55450	NURSE CALL CENTER
6	37 - BURNSVILLE RIDGES SPECIALITY CENTER 14101 FAIRVIEW DRIVE STE 420 BURNSVILLE,MN 55337	OB SERVICES

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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," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARK NICOLLET (1) FOUNDATION 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426	23-7346465	501(C)(3)	112,469				GRANT MONEY TO OTHER ORGANIZATIONS

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

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" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of 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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

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 appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ 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 on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on 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" on 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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
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 2015 IS AS FOLLOWS SHEILA MCMILLAN $101,077 BRETT LONG $250,204 JULIE FLASCHENRIEM $334,821 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 2015 COMPENSATION STEVEN CONNELLY, MD $ 59,768 JULIE FLASCHENRIEM $ 40,178 LAURA FRAZIER $ 27,724 ROXANNA GAPSTUR $ 36,785 DAVID HOMANS, MD $ 49,620 CATHERINE LENAGH $ 25,549 BRETT LONG $ 30,024 SHEILA MCMILLAN $ 12,129 JOHN MISA, MD $ 48,487 DUANE SPIEGLE $ 21,040 THEODORE WEGLEITNER $ 33,980 CATHERINE KLUGHERZ $ 19,353 KATHERINE TARVESTAD $ 32,668 CYNTHIA TOHER, MD $ 48,578 JOSHUA ZIMMERMAN MD $ 31,427 KRISTI LYON $ 16,628 JOAN SANDSTROM $ 32,165 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 BABETTTE APLAND $ 9,615 BRIAN RANK, MD $ 33,761 NANCY MCCLURE $ 24,314 BARBARA TRETHEWAY $ 69,674 BETHAL AVERBECK $ 21,918 DAVID DZIUK $ 17,727 MEGAN REMARK $ 13,311
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 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

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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			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1THOMAS JONES MD DIRECTOR	(I)	599,174	20,260	72,734	47,259	33,421	772,848	0
	(II)	0	0	0	0	0	0	0
1JEFF MENDELOFF MD DIRECTOR	(I)	683,548	26,094	64,059	24,843	38,992	837,536	0
	(II)	0	0	0	0	0	0	0
2ERIC SCHNED MD DIRECTOR	(I)	207,607	5,923	52,852	24,529	24,082	314,993	0
	(II)	0	0	0	0	0	0	0
3BRIAN H RANK MD DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	581,191	156,086	57,412	99,590	44,768	939,047	33,761
4BETH WATERMAN PNI INSTITUTE VICE CHAIR	(I)	0	0	0	0	0	0	0
	(II)	277,158	81,776	0	66,075	40,432	465,441	0
5BETHEL AVERBECK MD PNI INSTITUTE DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	457,908	30,000	21,918	56,288	41,054	607,168	21,918
6DAVID DZIUK PNI INSTITUTE DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	440,985	129,378	17,727	108,030	42,833	738,953	17,727
7CHARLES FAZIO MD PNI INSTITUTE DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	371,319	66,240	1,147	58,281	34,539	531,526	0
8GEORGE ISHAM MD PNI INSTITUTE DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	157,800	0	1,515	68,825	15,658	243,798	0
9MEGAN REMARK PNI INSTITUTE DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	450,937	117,300	22,960	75,296	45,120	711,613	13,311
10JOHN SCHOUSBOE MD PNI INSTITUTE DIRECTOR	(I)	291,803	3,899	7,271	22,544	24,858	350,375	0
	(II)	0	0	0	0	0	0	0
11BABETTE APLAND VP BEHAVIORAL HEALTH AND C	(I)	0	0	0	0	0	0	0
	(II)	316,765	88,374	25,974	72,305	39,332	542,750	9,615
12CURT BOEHMMD CMIO, HP INSTUTUTE DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	282,960	48,174	4,167	58,339	23,314	416,954	0
13STEVEN CONNELLY MD PRESIDENT PNHS, HP INSTUTUE DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	546,352	139,096	72,979	90,843	53,632	902,902	59,768
14PAUL DAMROW MD CHIEF SURGICAL SERVICES	(I)	0	0	0	0	0	0	0
	(II)	547,461	102,784	13,060	89,481	39,408	792,194	0
15LAURA FRAZIER VP SURGICAL SERVICES	(I)	0	0	0	0	0	0	0
	(II)	252,039	46,582	34,906	54,871	27,704	416,102	27,724
16ROXANNA GAPSTUR PHD SR VP & COO METHODIST HOSP	(I)	0	0	0	0	0	0	0
	(II)	347,188	83,702	46,081	66,017	31,032	574,020	36,785
17CHRISTA GETCHELL PRESIDENT PNF, VP COMMUNIT	(I)	0	0	0	0	0	0	0
	(II)	214,919	38,414	10,015	42,768	19,386	325,502	0
18CARA HULL VP HR AND PLANNING	(I)	0	0	0	0	0	0	0
	(II)	76,895	44,984	2,188	17,500	12,470	154,037	0
19DAVID HOMANS MD CHIEF SPECIALTY SSERVICES	(I)	0	0	0	0	0	0	0
	(II)	585,414	11,540	75,132	75,753	37,015	784,854	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 STEVEN HOUSH VP, ORTHOPAEDIC SERVICES	(I)	0	0	0	0	0	0	0
	(II)	305,713	40,000	0	19,875	-37,443	-403,031	0
1 KATE KLUGHERZ VP SPECIALTY SERVICES	(I)	0	0	0	0	0	0	0
	(II)	247,031	43,913	30,352	54,585	-29,084	-404,965	19,353
2 CATHERINE LENAGH VP & CFO	(I)	0	0	0	0	0	0	0
	(II)	320,659	71,209	37,438	63,963	-37,945	-531,214	25,549
3 KRISTI LYON VP PAYER RELATIONS	(I)	0	0	0	0	0	0	0
	(II)	205,525	33,885	27,150	41,956	-37,357	-345,873	16,628
4 JOHN MISA MD SR MEDICAL DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	385,374	71,911	69,070	70,274	-31,977	-628,606	48,487
5 JOAN SANDSTROM VP PRIMARY CARE	(I)	0	0	0	0	0	0	0
	(II)	285,298	53,276	46,623	58,631	-30,438	-474,266	32,165
6 MARK SANNESMD SR MEDICAL DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	380,000	37,790	4,913	48,843	-35,164	-506,710	0
7 MELISSA SCHOENHERR VP MARKETING AND COMMUNICA	(I)	0	0	0	0	0	0	0
	(II)	244,137	47,168	7,895	54,124	-16,962	-370,286	0
8 CYNTHIA TOHER MD SR MEDICAL DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	545,104	89,315	59,530	75,758	-43,340	-813,047	48,578
9 DUANE SPIEGLE VP REAL ESTATE AND SUPPORT	(I)	0	0	0	0	0	0	0
	(II)	243,151	68,030	33,633	54,897	-42,669	-442,380	21,040
10 KATHERINE TARVESTAD VP AND CARE GROUP COMPLIAN	(I)	0	0	0	0	0	0	0
	(II)	191,597	72,271	40,947	13,593	-18,071	-336,479	32,668
11 JOSHUA ZIMMERMAN SR MEDICAL DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	332,158	39,941	47,869	52,466	-28,751	-501,185	31,427
12 NANCY MCCLURE CHIEF OPERATING OFFICER	(I)	0	0	0	0	0	0	0
	(II)	552,471	148,212	48,080	97,971	-42,770	-889,504	24,314
13 BARBARA TRETHEWAY SR VP, GENERAL COUNSEL	(I)	0	0	0	0	0	0	0
	(II)	481,391	128,478	86,356	78,345	-35,333	-809,903	69,674
14 PRAVEEN BAIMEEDI MD MEDICAL DOCTOR	(I)	1,476,239	41,320	2,904	24,843	50,976	1,596,282	0
	(II)	0	0	0	0	-0	-0	0
15 OLIVER CASS MD MEDICAL DOCTOR	(I)	990,453	28,879	7,779	24,843	36,480	1,088,434	0
	(II)	0	0	0	0	-0	-0	0
16 KEITH HARMON MD MEDICAL DOCTOR	(I)	768,833	28,110	78,703	24,843	40,471	940,960	0
	(II)	0	0	0	0	-0	-0	0
17 ANTHONY BOTTINIMD MEDICAL DOCTOR	(I)	820,952	31,043	2,478	24,843	39,882	919,198	0
	(II)	0	0	0	0	-0	-0	0
18 SALIM KATHAWALLA MD MEDICAL DOCTOR	(I)	639,800	19,614	154,954	24,843	39,582	878,793	0
	(II)	0	0	0	0	-0	-0	0
19 JULIE FLASCHENRIEM FORMER VP AND CIO	(I)	43,775	34,755	374,999	0	13,923	467,452	40,178
	(II)	0	0	0	0	-0	-0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41 BRETT LONG FORMER VP STRATEGY & GROWTH, HR	(I)	8,398	51,833	280,324	0	12,285	352,840	30,024
	(II)	0	0	0	0	- 0	- 0	0
1 THEODORE WEGLEITNER FORMER COO TRIA	(I)	0	0	0	0	0	0	0
	(II)	343,418	72,178	33,980	48,981	- 37,838	- 536,395	33,980
2 SHELIA MCMILLAN FORMER VP & CFO	(I)	0	0	113,206	0	8,660	121,866	12,129
	(II)	0	0	0	0	- 0	- 0	0

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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

2015

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	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	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) OLIVER CASS MD		SALARY DRAW IN EXCESS		X	777	777		No		No		No
(2) KEITH HARMON MD		SALARY DRAW IN EXCESS		X	11,296	11,296		No		No		No
Total		▶ $				12,073						

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	RANDI NORBY IS THE SISTER OF ROXANNA GAPSTUR,PHD AN OFFICER OF PARK NICOLL	149,597	EMPLOYMENT		No
(2) SUSAN SPIEGLE	SUSAN SPIEGLE IS THE SPOUSE OF DUANE SPIEGLE, AN OFFICER OF PARK NICOLLET	47,781	EMPLOYMENT		No

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

2015

Open to Public Inspection

Name of the organization
PARK NICOLLET GROUP RETURN

Employer identification number
45-5023260

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	PARK NICOLLET INSTITUTE UPDATED THEIR BYLAWS TO CHANGE THE COMPOSITION OF THEIR BOARD THERE ARE NOW 14 DIRECTORS COMPRISED OF EXOFFICIO AND MEMBER-APPOINTED DIRECTORS WHO FIT WITHIN PRESCRIBED CATEGORIES OFFICERS OF PARK NICOLLET INSTITUTE ARE SUBJECT TO MEMBER APPROVAL OF PARK NICOLLET HEALTH SERVICES BOARD OF DIRECTORS

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 PARK NICOLLET HEALTH CARE PRODUCTS AND PNMC HOLDINGS HEALTHPARTNERS, INC IS THE SOLE MEMBER OF PARK NICOLLET HEALTH SERVICES

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF DIRECTORS OF PARK NICOLLET METHODIST HOSPITAL, PARK NICOLLET CLINIC, 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 PARK NICOLLET INSTITUTE HAS A SEPERATE BOARD OF DIRECTORS WHO REPORTS TO THE OVERALL PARK NICOLLET HEALTH SERICES BOARDS

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 IDENTIFYING ANY POTENTIAL CONFLICTS OF INTEREST THE GENERAL COUNCIL 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	PARK NICOLLET HAS AN ANNUAL PROCESS TO REVIEW THE MARKET COMPARABILITY OF THE TOTAL COMPENSATION OF ITS PRESIDENT AND ITS OTHER OFFICERS EVERY THREE YEARS, UNDER THE DIRECTION OF THE BOARD OF DIRECTORS' COMPENSATION AND LEADERSHIP DEVELOPMENT COMMITTEE (COMPENSATION COMMITTEE), A TOTAL COMPENSATION MARKET REVIEW IS COMPLETED BY AN EXTERNAL COMPENSATION CONSULTANT THE REVIEW INCLUDES ALL COMPONENTS OF COMPENSATION, BASE SALARY, ANNUAL INCENTIVES, BENEFITS AND PERQUISITES THE MARKET SURVEY RESULTS ARE PRESENTED TO, REVIEWED BY AND APPROVED BY THE INDEPENDENT BOARD COMPENSATION COMMITTEE BASED ON THIS MARKET DATA, THE COMPENSATION COMMITTEE DETERMINES MINIMUM AND MAXIMUM TOTAL COMPENSATION RANGES FOR EACH OFFICER IN INTERIM YEARS, GROUP HEALTH PLAN, INC (AN AFFILIATE OF PNHS) HUMAN RESOURCES STAFF, UNDER THE DIRECTION OF THE COMPENSATION COMMITTEE, UPDATES CHANGES IN THE SALARY STRUCTURE BASED ON THE SAME INDEPENDENT STUDIES PERFORMED BY THE COMPENSATION CONSULTANT FOR THE COMPENSATION COMMITTEE FOR CERTAIN POSITIONS FULL INDEPENDENT REVIEWS ARE PERFORMED TO SET SALARY RANGES BASED ON THE COMPETITIVE MARKET DATA SPECIFIC TO THOSE POSITIONS THE COMPENSATION COMMITTEE REVIEWS AND APPROVES EACH YEAR'S COMPENSATION RESULTS IN ALL CASES, COMMITTEE MEMBERS COMPLETE AN ANNUAL CONFLICT OF INTEREST SURVEY TO ASSURE THE COMPENSATION COMMITTEE MEMBERS' INDEPENDENCE AND THIS IS UPDATED AT ANY MEETING AT WHICH DECISIONS ARE BEING MADE STAFF (OTHER THAN THE SECRETARY TO THE BOARD) IS NOT IN THE ROOM DURING DELIBERATIONS OR VOTE INCLUDING EXECUTIVE SESSIONS, AND CONTEMPORANEOUS MINUTES ARE KEPT THE BOARD HAS DELEGATED TO THE TO THE PRESIDENT & CEO (WITH AUTHORITY TO FURTHER DELEGATE TO EXECUTIVES WITH LEADERSHIP ROLES OF PARK NICOLLET OFFICERS) THE ACCOUNTABILITY TO CONDUCT ANNUAL PERFORMANCE REVIEWS AND DETERMINE THE COMPENSATION OF ALL PARK NICOLLET OFFICERS WITHIN THE COMPENSATION RANGES DETERMINED BY THE COMPENSATION COMMITTEE ANY EXCEPTIONS TO COMPENSATION IN EXCESS OF THE APPROVED RANGES ARE APPROVED BY THE COMPENSATION COMMITTEE TOTAL COMPENSATION IS APPROPRIATELY DOCUMENTED ON THE FORM 990 AND W2 STATEMENTS

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 IV, LINE 24A	HEALTHPARTNERS INC , ALONG WITH RELATED ORGANIZATIONS, IS JOINTLY LIABLE FOR THE TAX EXEMPT BONDS HELD BY HEALTHPARTNERS INC UNDER A MASTER TRUST AGREEMENT THE MEMBERS OF THE JOINTLY LIABLE GROUP, WHICH IS COLLECTIVELY REFERRED TO AS THE "OBLIGATED GROUP", INCLUDE PARK NICOLLET HEALTH SERVICES, PARK NICOLLET CLINIC, PARK NICOLLET METHODIST HOSPITAL, PNMC HOLDINGS, REGIONS HOSPITAL, AND PARK NICOLLET HEALTH CARE PRODUCTS, GROUP HEALTH PLAN INC, HEALTHPARTNERS ADMINISTRATORS INC , HEALTHPARTNERS INSURANCE COMPANY IN ACCORDANCE WITH REPORTING REQUIREMENTS FOR SCHEDULE K, ALL OUTSTANDING TAX EXEMPT BONDS ARE REPORTED SOLELY ON THE SCHEDULE K OF GROUP HEALTH PLAN INC

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NET ASSETS RELEASED FROM RESTRICTIONS -88,396 GRANTS RUN THROUGH THE FOUNDATION -1,768,647

Return Reference	Explanation
FORM 990, PART IX	IN 2015, PARK NICOLLET REFINANCED ITS BOND OFFERING RESULTING IN A ONE-TIME CHARGE OF $61 MILLION TEH POSITIVE EFFECTS OF THE BOND REFINANCING ARE REFLECTED IN A LOWER INTEREST EXPENSE EACH YEAR, FOR THE LIFE OF THE BONDS

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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

2015

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
PARK NICOLLET **(1)**ENTERPRISES 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1656735	REAL ESTATE FOR RELATED ORGANICATION	MN	PARK NICOLLET HEATLH SERVICES	C	54,745	14,109,282	100 000 %		No
HEALTHPARTNERS **(2)**ADMINISTRATORS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1629390	THIRD PARTY ADMINISTRATOR	MN	HEALTHPARTNERS INC	C					No
HEALTHPARTNERS **(3)**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
HEALTHPARTNERS **(5)**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.

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

		Yes	No
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**	**Yes**	
c	Gift, grant, or capital contribution from related organization(s)	**1c**	**Yes**	
d	Loans or loan guarantees to or for related organization(s)	**1d**		**No**
e	Loans or loan guarantees by related organization(s)	**1e**		**No**
f	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	No
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
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		No
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		No
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		No
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		No
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		No
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	HEALTHPARTNERS INC		No
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		No
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		No
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		No
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		No
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		No
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		No
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		No
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		No
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 I	RH-WISCONSIN		No
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		No
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		No
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		No
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		No

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	No
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		No
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		No
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		No
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		No
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& GROUP HEALTH PLAN INC		No

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
(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	54,745	14,109,282	100 000 %		No
HEALTHPARTNERS (1) ADMINISTRATORS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1629390	THIRD PARTY ADMINISTRATOR	MN	HEALTHPARTNERS INC	C					No
(2) 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
(3) 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 (4) COMPANY 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683523	MEDICAL AND DENTAL INSURANCE	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(5) 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 (6) 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
(1)	PARK NICOLLET HEALTH SERVICES	M	14,411,575	COST
(1)	PARK NICOLLET HEALTH SERVICES	P	1,294,807,675	COST
(2)	PARK NICOLLET HEALTH SERVICES	J	491,136	COST
(3)	PARK NICOLLET HEALTH SERVICES	R	1,468,070,723	
(4)	METHODIST BRAIN LAB LEASING LLC	K	572,093	COST
(5)	METHODIST BRAIN LAB LEASING LLC	S	365,349	COST
(6)	HEALTHPARTNERS INC	L	56,111,253	COST