

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
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- 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

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

D Employer identification number
45-5023260

E Telephone number
(952) 993-3108

G Gross receipts \$ 1,639,741,659

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

J Website: WWW PARKNICOLLET COM

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

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)	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	12
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	0
6 Total number of volunteers (estimate if necessary)	1,470
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	8,553,097	15,288,932
9 Program service revenue (Part VIII, line 2g)	1,417,299,859	1,496,644,116
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,392,665	12,543,955
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,676,462	6,631,880
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,454,922,083	1,531,108,883
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	219,272	1,142,133
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)	890,500,966	975,586,886
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 793,449		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	508,636,251	512,810,001
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,399,356,489	1,489,539,020
19 Revenue less expenses Subtract line 18 from line 12	55,565,594	41,569,863

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,073,865,245	1,139,713,547
21 Total liabilities (Part X, line 26)	454,058,018	441,779,134
22 Net assets or fund balances Subtract line 21 from line 20	619,807,227	697,934,413

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 2018-11-15
CATHERINE LENAGH VP & CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name MONROE JORDAN GIERL Preparer's signature MONROE JORDAN GIERL Date _____
Check if self-employed PTIN P01413237
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

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 \$ 1,299,466,992 including grants of \$ 1,142,133) (Revenue \$ 1,496,650,474)
See Additional Data

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

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

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

4e Total program service expenses ▶ 1,299,466,992

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	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		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	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		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		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		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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	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	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		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		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		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		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	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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		No
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		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		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)		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		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		No

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
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? <i>If "Yes," complete Schedule R, Part VI</i>		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	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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (MN), 18 (Own website, Another's website, Upon request, Other), 19, 20 (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)

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for Sub-Total, Total from continuation sheets, and Total (add lines 1b and 1c).

Section 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. Includes questions 3, 4, and 5 regarding compensation details.

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like GROUP HEALTH PLAN INC, KRAUS-ANDERSON CONST CO, etc.

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 114

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	14,835,624			
	e Government grants (contributions)	1e	453,308			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f		15,288,932			
Program Service Revenue		Business Code				
	2a MEDICAL SERVICES	621400	1,354,064,744	1,354,064,744		
	b SERVICES TO AFFILIATES	561000	73,784,523	73,784,523		
	c RETAIL SALES	446110	68,794,849	68,794,849		
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		1,496,644,116				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8,389,288		8,389,288	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		1,310,020				
		b Less rental expenses	946,894			
		c Rental income or (loss)	363,126			
	d Net rental income or (loss)		363,126		363,126	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		111,481,635	(ii) Other	28,632		
		b Less cost or other basis and sales expenses	107,333,326	22,274		
		c Gain or (loss)	4,148,309	6,358		
	d Net gain or (loss)		4,154,667	6,358	4,148,309	
	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					
	478,670	b				
	b Less cost of goods sold	330,282				
c Net income or (loss) from sales of inventory		148,388		148,388		
Miscellaneous Revenue	Business Code					
11a PROPERTY MANAGEMENT	812930	3,230,131		3,230,131		
b CAFETERIA	722210	2,829,692		2,829,692		
c MISC	722210	60,543		60,543		
d All other revenue						
e Total. Add lines 11a-11d		6,120,366				
12 Total revenue. See Instructions		1,531,108,883	1,496,650,474	0	19,169,477	

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	1,106,133	1,106,133		
2 Grants and other assistance to domestic individuals See Part IV, line 22	36,000	36,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,137,173	173,570	963,603	
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	812,620,356	714,226,388	97,738,367	655,601
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	40,457,339	37,401,629	3,021,248	34,462
9 Other employee benefits	79,297,764	73,307,193	5,921,647	68,924
10 Payroll taxes	42,074,254	38,897,694	3,142,098	34,462
11 Fees for services (non-employees)				
a Management				
b Legal	332,107		332,107	
c Accounting				
d Lobbying	27,538		27,538	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	568,610		568,610	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	40,836,273	27,274,757	13,561,516	
12 Advertising and promotion	2,132,676	1,212,027	920,649	
13 Office expenses	11,366,154	8,028,176	3,337,978	
14 Information technology	3,373,433	3,329,351	44,082	
15 Royalties				
16 Occupancy	37,066,133	33,318,657	3,747,476	
17 Travel	1,627,467	1,275,594	351,873	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	302,556	187,111	115,445	
20 Interest	12,346,464	12,346,464		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	59,731,528	51,719,601	8,011,927	
23 Insurance	5,067,411	5,012,045	55,366	
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 DR	244,062,766	243,697,445	365,321	
b EQUIPMENT RENTAL & MAIN	33,218,698	8,672,880	24,545,818	
c OTHER FEES	22,976,458	16,575,448	6,401,010	
d TAXES AND ASSESSMENTS	21,700,155	21,668,829	31,326	
e All other expenses	16,073,574		16,073,574	
25 Total functional expenses. Add lines 1 through 24e	1,489,539,020	1,299,466,992	189,278,579	793,449
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	411,647	1	397,825
	2 Savings and temporary cash investments	336,796	2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	154,748,802	4	152,008,792
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	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	10,674,365	8	11,863,172
	9 Prepaid expenses and deferred charges	4,062,649	9	3,414,830
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,264,574,892		
	b Less accumulated depreciation	822,578,818		
	11 Investments—publicly traded securities	445,931,831	10c	441,996,074
	12 Investments—other securities See Part IV, line 11	452,870,314	11	522,000,841
	13 Investments—program-related See Part IV, line 11	1,448,372	12	1,729,047
	14 Intangible assets		13	
	15 Other assets See Part IV, line 11	3,380,469	14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,073,865,245	15	6,302,966	
		16	1,139,713,547	
Liabilities	17 Accounts payable and accrued expenses	55,505,725	17	60,255,608
	18 Grants payable		18	
	19 Deferred revenue	301,374	19	278,209
	20 Tax-exempt bond liabilities	352,684,039	20	337,555,057
	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	45,566,880	25	43,690,260
	26 Total liabilities. Add lines 17 through 25	454,058,018	26	441,779,134
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	619,278,766	27	697,338,136
	28 Temporarily restricted net assets	321,448	28	389,264
	29 Permanently restricted net assets	207,013	29	207,013
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	619,807,227	33	697,934,413
	34 Total liabilities and net assets/fund balances	1,073,865,245	34	1,139,713,547

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,531,108,883
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,489,539,020
3	Revenue less expenses Subtract line 2 from line 1	3	41,569,863
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	619,807,227
5	Net unrealized gains (losses) on investments	5	37,834,385
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,277,062
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	697,934,413

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>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?</p>	3a		No
<p>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</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 45-5023260

Name: PARK NICOLLET GROUP RETURN

Form 990 (2017)

Form 990, Part III, Line 4a:

SEE SCHEDULE O - EXEMPT PURPOSE AND ACHIEVEMENTS FOR A DESCRIPTION OF PROGRAM SERVICE ACCOMPLISHMENTS

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			
JEFF MENDELOFF MD DIRECTOR	64 00	X						1,053,807	0	70,095
ERIC SCHNED MD DIRECTOR	20 00	X						83,366	0	17,485
DONALD LEWIS DIRECTOR	2 90	X						0	28,000	0
RUTH MICKELSEN DIRECTOR & CHAIR	5 00	X						0	40,000	0
JAMES MALECHA DIRECTOR & VICE CHAIR	3 10	X						0	28,000	0
THOMAS R BRINSKO DIRECTOR & TREASURE	4 70	X						0	30,000	0
LUZ MARIA FRIAS DIRECTOR & SECRETARY	3 70	X						0	28,000	0
MORRIS GOODWIN DIRECTOR	3 30	X						0	28,000	0
DEBORAH HOPP DIRECTOR	3 30	X						0	26,000	0
SUSAN L HOYT DIRECTOR	4 20	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			
LAURA SCHMALTZ OBERST DIRECTOR	3 00	X						0	28,000	0
BRIAN H RANK MD DIRECTOR	1 00	X		X				0	960,750	111,150
AMY LANGER DIRECTOR	69 00 3 90	X						0	25,000	0
PHILIP DONALDSON DIRECTOR	3 10	X						0	22,917	0
CHRISTOPHER H TASHJIAN MD FAAFP DIRECTOR	2 80	X						0	25,000	0
KEN L THOME DIRECTOR & TREASURE	1 50	X						0	2,333	0
BABETTE APLAND VP BEHAVIORAL HEALTH	49 00			X				0	397,668	87,061
CURT BOEHMMD CMIO	39 00 1 00			X				0	398,570	86,232
STEVEN CONNELLY MD PRESIDENT PNHS	64 00 1 00			X				0	1,030,089	148,651
LAURA FRAZIER VP SURGICAL SERVICES	49 00 1 00			X				0	358,391	88,268

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			
ROXANNA GAPSTUR PHD PRESIDENT, METHODIST & SVP	39 00 1 00			X				0	617,981	115,392
CHRISTA GETCHELL PRESIDENT PNF, VP COMMUNI	49 00 1 00			X				0	133,044	12,673
CARA HULL VP HR AND PLANNING	39 00 1 00			X				0	352,362	88,328
TOM JONES MD SR MEDICAL DIRECTOR, SURG	64 00 1 00			X				0	797,621	99,787
STEVEN HOUSH VP, ORTHOPAEDIC SERVICES	59 00 1 00			X				0	395,015	51,781
NATHANAEL KLINISKE VP & CNO	44 00 1 00			X				0	265,518	90,606
KATE KLUGHERZ VP SPECIALTY SERVICES	50 00 1 00			X				0	356,865	92,281
CATHERINE LENAGH VP & CFO	39 00 1 00			X				0	482,332	108,313
KRISTI LYON VP PAYER RELATIONS	49 00 1 00			X				0	340,508	99,427
JOHN MISA MD SR MEDICAL DIRECTOR	60 00 1 00			X				0	553,128	98,995

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			
JOAN SANDSTROM VP PRIMARY CARE	39 00 1 00			X				0	434,700	86,103
MARK SANNESMD SR MEDICAL DIRECTOR	49 00 1 00			X				0	513,535	109,822
MELISSA SCHOENHERR VP MARKETING AND COMMUNICA	39 00 1 00			X				0	355,611	73,950
MICHAEL SEIM MD MEDICAL AFFAIRS & CMO	39 00 1 00			X				0	213,193	57,036
DUANE SPIEGLE VP REAL ESTATE AND SUPPORT	49 00 1 00			X				0	354,449	98,838
JOSHUA ZIMMERMAN SR MEDICAL DIRECTOR	49 00 1 00			X				0	467,701	83,064
NANCY MCCLURE CHIEF OPERATING OFFICER	49 00 1 00			X				0	1,988,548	127,082
BARBARA TRETHERWAY SR VP, GENERAL COUNSEL	54 00 1 00			X				0	720,111	189,660
PRAVEEN BAIMEEDI MD MEDICAL DOCTOR	57 00					X		1,789,697	0	82,269
OLIVER CASS MD MEDICAL DOCTOR	55 00					X		1,050,035	0	63,496

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			
BRIAN WALTERS MD MEDICAL DOCTOR	80 00					X		1,125,561	0	56,938
ROBERT WERLING MD MEDICAL DOCTOR	55 00					X		1,063,530	0	70,478
PETER LEE MD MEDICAL DOCTOR	50 00					X		1,243,510	0	58,643
THEODORE WEGLEITNER FORMER COO TRIA	0 00 53 00						X	0	555,832	109,748

SCHEDULE A
(Form 990 or 990EZ)

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	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 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	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 I of Schedule L (Form 990 or 990-EZ).		
	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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

		Yes	No
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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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

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

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART I	PARK NICOLLET METHODIST HOSPITAL LINE 3 170(B)(1)(A)(III) PARK NICOLLET CLINIC LINE 3 170(B)(1)(A)(III) PARK NICOLLET HEALTH CARE PRODUCTS LINE 12 TYPE I, 509(A)(3) PNMC HOLDINGS LINE 12 TYPE II, 509(A)(3)

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART I, LINE 12	<p>SUPPORTING ORGANIZATIONS DETAIL PNMC HOLDINGS AND PARK NICOLLET HEALTH CARE PRODUCTS PROVIDE SUPPORT TO THE FOLLOWING ORGANIZATIONS PNMC HOLDINGS LINE 12, COLUMN (I) PARK NICOLLET CLINIC, (II) 41-0834920, (III) 170(B)(1)(A)(III), (IV) NO, (V) \$0, (VI) \$1,966,758 LINE 12, 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 12, COLUMN (I) PARK NICOLLET METHODIST HOSPITAL, (II) 41-0132080, (III) 170(B)(1)(A)(III), (IV) NO, (V) \$0, (VI) \$6,660,344 LINE 12, COLUMN (I) PARK NICOLLET CLINIC, (II) 41-0834920, (III) 170(B)(1)(A)(III), (IV) NO, (V) \$0, (VI) \$68,084,482 LINE 12, COLUMN (I) PARK NICOLLET HEALTH SERVICES, (II) 36-3465840, (III) 509(A)(2)(IV) YES, (V) \$0, (VI) \$0 6,660, 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</p>

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

2017
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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 PARK NICOLLET GROUP RETURN	Employer identification number 45-5023260
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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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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-
1				
2				
3				
4				
5				
6				

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)		(b)
	Yes	No	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		89,069
j Total Add lines 1c through 1i			89,069
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

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
2017
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	31,153,525	26,326,063	27,215,939	27,216,599	21,981,337
b Contributions	4,637,534	6,201,514	3,506,786	2,515,547	4,508,387
c Net investment earnings, gains, and losses	1,952,529	804,937	239,474	526,563	2,715,649
d Grants or scholarships	5,779,014	2,178,989	4,636,136	3,042,770	1,988,774
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	31,964,574	31,153,525	26,326,063	27,215,939	27,216,599

- 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 ▶ 51.400 %
 - c** Temporarily restricted endowment ▶ 48.600 %
- 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		27,661,004		27,661,004
b Buildings		659,751,819	366,699,369	293,052,450
c Leasehold improvements		71,175,853	47,745,753	23,430,100
d Equipment		491,488,059	408,133,696	83,354,363
e Other		14,498,157		14,498,157
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				441,996,074

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 _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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
(1) Federal income taxes	
CAPITAL LEASE OBLIGATION	2,538,604
SUBORDINATE NOTE TO RELATED THIRD PARTY	39,372,500
MISCELLANEOUS LIABILITY	1,779,156
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	43,690,260

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 45-5023260

Name: PARK NICOLLET GROUP RETURN

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE TERM ENDOWMENT FUNDS FOR USE WITHIN PARK NICOLLET CLINIC, AND PARK NICOLLET METHODIST HOSPITAL ARE FOR GRANTS RELATED TO EDUCATION, RESEARCH AND PATIENT CARE

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	PARK NICOLLET'S ACCOUNTING POLICY PROVIDES THAT A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS PARK NICOLLET RECORDED NO LIABILITIES AT DECEMBER 31, 2017 OR 2016 FOR UNRECOGNIZED TAX BENEFITS

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 PARK NICOLLET GROUP RETURN

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.**

Employer identification number
 45-5023260

OMB No 1545-0047
2017
Open to Public Inspection

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 <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>27500 0000000000 %</u>	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>38500 0000000000 %</u>	3b Yes	
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 eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			8,098,396	203,825	7,894,571	0 530 %
b Medicaid (from Worksheet 3, column a)			173,948,239	110,747,670	63,200,569	4 240 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			182,046,635	110,951,495	71,095,140	4 770 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5,368,531	482,311	4,886,220	0 330 %
f Health professions education (from Worksheet 5)			6,933,497	2,987,897	3,945,600	0 260 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			12,302,028	3,470,208	8,831,820	0 590 %
k Total. Add lines 7d and 7j			194,348,663	114,421,703	79,926,960	5 360 %

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	17,881,306
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	186,224,762
6 Enter Medicare allowable costs of care relating to payments on line 5	6	208,228,579
7 Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-22,003,817
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 <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> 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

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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)
 PARK NICOLLET METHODIST HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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?		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		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 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
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	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	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	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW PARKNICOLLET COM</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> 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	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>WWW PARKNICOLLET COM</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>275 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>385 000000000000</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> 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? 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)	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>HTTP //WWW PARKNICOLLET COM/PATIENT-ACCOUNTS-SERVICES/FINANCIAL-ASSISTANCE</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>HTTP //WWW PARKNICOLLET COM/PATIENT-ACCOUNTS-SERVICES/FINANCIAL-ASSISTANCE</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>HTTP //WWW PARKNICOLLET COM/PATIENT-ACCOUNTS-SERVICES/FINANCIAL-ASSISTANC</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

PARK NICOLLET METHODIST HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No	
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 nonpayment?	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	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
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? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
e	<input type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> 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? If "No," indicate why	21	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

PARK NICOLLET METHODIST HOSPITAL

Name of hospital facility or letter of facility reporting group _____

- 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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d The hospital facility used a prospective Medicare or Medicaid method

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?

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?

If "Yes," explain in Section C

	Yes	No
23		No
24	Yes	

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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

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? 38

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

990 Schedule H, Supplemental Information

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 PAYER THIS DISCOUNT FOR 2017 WAS 29.3% OF GROSS CHARGES PATIENTS WHOSE RECEIVE THIS DISCOUNT ARE ALSO ELIGIBLE FOR OUR FAP PROGRAM BASED ON FPL

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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 CALCULATING WHAT PORTION OF THAT WILL NOT BE COLLECTED BASED HISTORICAL UNCOLLECTABLE RATES WHEN A PATIENT MEETS OUR FINANCIAL 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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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 \$116.5 MILLION FOR ALL OF PARK NICOLLET HEALTH SERVICES SYSTEM WIDE

990 Schedule H, Supplemental Information

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 PATIENTS VIA STATEMENTS, LETTERS AND AS PART OF COLLECTION CALLS TO AND FROM PATIENTS 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 PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, COLLECTION EFFORTS CEASE AND CHARGES ARE CLEARED FROM THEIR ACCOUNT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	<p>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</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	<p>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 ASSIST IN APPLYING FOR FA AND GOVERNMENT PROGRAMS OUR THIRD PARTY COLLECTION AGENCIES ARE ALSO TRAINED TO INFORM PATIENTS ABOUT OUR FINANCIAL 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</p>

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Form and Line Reference	Explanation
PART VI, LINE 4	<p>PARK NICOLLET HEALTH SERVICES IS AN INTEGRATED DELIVERY SYSTEM THAT INCLUDES PARK NICOLLET METHODIST HOSPITAL, PARK NICOLLET CLINIC, PARK NICOLLET FOUNDATION, PARK NICOLLET HEALTH CARE PRODUCTS AND TRIA ORTHOPAEDIC CENTER. 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 ORTHOPAEDIC CARE. 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.</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>PARK NICOLLET HEALTH SERVICES FURTHERS ITS EXEMPT PURPOSES IN MULTIPLE WAYS THROUGH PARK NICOLLET METHODIST 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 HIGH QUALITY HEALTH CARE AT AN AFFORDABLE COST TO THE COMMUNITY BY ENHANCING THE PATIENT EXPERIENCE. PARK NICOLLET'S COMMITMENT TO THE PATIENT AND FAMILY EXPERIENCE IS ARTICULATED THROUGH A FOCUS ON HEAD + HEART, TOGETHER (HHT). "HEAD" REFERS TO OUR WORK AROUND EVIDENCE-BASED MEDICINE, OUR ATTENTION TO CLINICAL OUTCOMES, THE WAY WE WILL USE DATA TO MAKE DECISIONS ABOUT THE BEST CARE PROTOCOL TO FOLLOW, AND TO THE BUSINESS OF RUNNING A LARGE HEALTHCARE 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 HEART-CENTERED ACTIVITIES IN COMBINATION. IT ALSO MEANS WORKING AS A TEAM ACROSS DEPARTMENTS AND SPECIALTIES, ALL OF US UNITED AROUND CARING TOGETHER WITH OUR PATIENTS, THEIR FAMILIES IN THE COMMUNITIES WE SERVE. PARK NICOLLET HEALTH SERVICES FURTHERS ITS EXEMPT PURPOSE THROUGH ITS 426-BED PARK NICOLLET METHODIST HOSPITAL IN ST. LOUIS PARK, 25 CLINIC LOCATIONS IN ITS 96 ZIP CODE SERVICE AREA, 55 MEDICAL SPECIALTIES AND SUBSPECIALTIES, AND 12 SPECIALTY CENTERS. PARK NICOLLET FOUNDATION SERVES AS THE CONVENOR OF THE COMMUNITIES WE SERVE, INVOLVING ADMINISTRATIVE AND MEDICAL STAFF IN ITS INTEGRATED SYSTEM, TO ASSESS COMMUNITY NEED AND FACILITATE A BROAD ARRAY OF CLINICAL AND SPECIALTY SERVICES AND THE ADMINISTRATIVE SUPPORT TO MEET UNMET NEEDS IN THE COMMUNITY. PARK NICOLLET FOUNDATION ALSO PROVIDES FINANCIAL ASSISTANCE TO COMMUNITY ORGANIZATIONS AND SERVICES THAT ARE CONSISTENT WITH NEEDS IDENTIFIED IN THE CHNA AS PRIORITIZED BY ITS BOARD OF DIRECTORS. PARK NICOLLET FOUNDATION'S BOARD OF DIRECTORS IS A COMMUNITY BOARD AND PROVIDES ACTIVE PARTICIPATION IN THE NONPROFIT MISSION OF THE ORGANIZATION. PARK NICOLLET'S INTEGRATED SYSTEM PROVIDES COMMUNITY BENEFIT TO UNDERSERVED POPULATIONS THROUGH CONVENING OF COMMUNITIES, EDUCATION AND SUPPORT OF PATIENTS AND COMMUNITY 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 VARIOUS CONDITIONS. PARK NICOLLET ALSO IS A RECOGNIZED LEADER IN PROCESS IMPROVEMENTS TO COORDINATE PATIENT CARE AND PROVIDE PATIENTS WITH SOCIAL SUPPORT SYSTEMS TO IMPROVE POPULATION HEALTH. THIS HAS BEEN ACCOMPLISHED THROUGH ITS INITIATIVES THROUGH THE PHYSICIAN GROUP PRACTICE DEMONSTRATION PROGRAM SPONSORED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES. PARK NICOLLET ALSO PARTICIPATES IN THE PIONEER ACO DEMONSTRATION THAT IS SPONSORED BY THE CENTER FOR MEDICARE AND MEDICAID INNOVATION. IN ADDITION TO INNOVATING AROUND CARE DELIVERY DESIGN AND PATIENT SUPPORT SERVICES, PARK NICOLLET PARTICIPATES IN MULTIPLE LEARNING INITIATIVES THROUGH THE DEMONSTRATION PROGRAM TO SHARE ITS KNOWLEDGE AND LESSONS LEARNED WITH OTHER ORGANIZATIONS ACROSS THE COMMUNITY AND THE COUNTRY. PARK NICOLLET HAS BEEN COMMITTED TO THESE EFFORTS IN SUPPORT OF ITS COMMITMENT TO THE TRIPLE AIM OF IMPROVING HEALTH, PATIENT EXPERIENCE AND AFFORDABILITY BY PROVIDING COMMUNITIES WITH SUPPORT SYSTEMS ASSISTING PATIENTS AND FAMILIES TO IMPROVE THEIR HEALTH GRANTS AND COMMUNITY SUPPORT. IN 2017, PARK NICOLLET FOUNDATION GRANTED \$6.8 MILLION TO PARK NICOLLET DEPARTMENTS AND COMMUNITY 501(C)(3) ORGANIZATIONS TO FUND OUTREACH SERVICES AND SUPPORT PROGRAMS ADDRESSING OUR KEY PRIORITIES FROM THE COMMUNITY HEALTH NEEDS ASSESSMENT. PARK NICOLLET SUPPORTS SCHOOL-BASED HEALTH CENTERS. IN 2017, WE OFFERED NO-CHARGE HEALTH CARE TO CHILDREN FROM INFANCY THROUGH HIGH SCHOOL GRADUATION AT OUR SCHOOL-BASED HEALTH CENTERS IN BROOKLYN CENTER, BURNSVILLE, RICHFIELD, AND ST. LOUIS PARK. NO-CHARGE AND LOW-COST DENTAL AND MENTAL HEALTH CARE IS AVAILABLE BY APPOINTMENT. 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 LOCATIONS. ALL HEALTH CENTERS ARE OPERATED IN PARTNERSHIP WITH LOCAL SCHOOL DISTRICTS AND FUNDED BY PARK NICOLLET FOUNDATION IMMUNIZATIONS. MINNESOTA LAW REQUIRES IMMUNIZATIONS, OR WRITTEN PROOF OF EXEMPTION, FOR SCHOOL-AGE CHILDREN TO ATTEND SCHOOL. PARK NICOLLET FOUNDATION COLLABORATES WITH SCHOOL DISTRICTS TO HAVE ALL CHILDREN IMMUNIZED. PARK NICOLLET OFFERS ENHANCED 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 IMMUNIZATIONS.</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>YEAR-ROUND AT THE SCHOOL-BASED HEALTH RESOURCE CENTERS PARK NICOLLET PROVIDES IMMUNIZATION -ONLY VISITS ON A SAME-DAY APPOINTMENT 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 SPONSORED COMMUNITY COLLABORATIVES PARK NICOLLET FOUNDATION REGULARLY SPONSORS OR PARTICIPATES IN COLLABORATIVE GROUPS TO DISCUSS ISSUES AND TOPICS AFFECTING RESIDENTS IN THE COMMUNITY THESE MEETINGS ARE HELD AT DIFFERENT LOCATIONS THROUGHOUT PARK NICOLLET'S SERVICE AREA THE FOLLOWING ARE SOME EXAMPLES OF THIS WORK CHILDREN FIRST DAKOTA COUNTY HEALTHY COMMUNITY COLLABORATIVE MEADOWBROOK COLLABORATIVE NORTHWEST HENNEPIN HEALTHY COMMUNITY PARTNERSHIP ST LOUIS PARK SUCCESSFUL AGING INITIATIVE SCOTT COUNTY HEALTHY COMMUNITY COLLABORATIVE THE FOLLOWING ARE EXAMPLES OF SPECIFIC ACTIVITIES THAT ARE SUPPORTED BY THE PARK NICOLLET FOUNDATION AND PARK NICOLLET HEALTH SERVICES AND DEMONSTRATE THE ORGANIZATION'S COMMITMENT TO THE COMMUNITY AND MEETING UNMET COMMUNITY NEEDS RESEARCH AND EDUCATION ACTIVITIES - RESEARCH IS EMBEDDED IN DEPARTMENTS AND STRATEGIES ACROSS PARK NICOLLET TO SUPPORT QUALITY INITIATIVES AND THE PATIENT EXPERIENCE RESEARCH ENCOMPASSES INVESTIGATOR-INITIATED STUDIES, CLINICAL TRIALS, PRACTICE-BASED RESEARCH, OUTCOMES AND QUALITY IMPROVEMENT PROJECTS, 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 HEALTH OUTCOMES AND INCREASED VALUE OUR PARK NICOLLET HEALTH LIBRARY PROVIDES RESOURCES AND SERVICES FOR PATIENTS, FAMILY AND THE COMMUNITY THIS INCLUDES LITERATURE SEARCHES AND DOCUMENT DELIVERY, AS WELL AS ACCESS TO PRINT, ONLINE AND INTERNET RESOURCES</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	<p>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 HEALTH CARE PRODUCTS, PROVIDING RETAIL PHARMACY AND HEALTH RELATED PRODUCTS THROUGH EXISTING PARK NICOLLET LOCATIONS 4) 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</p>

990 Schedule H, Supplemental Information

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

Schedule H (Form 990) 2017

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		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u>											
Name, address, primary website address, and state license number											
1	PARK NICOLLET METHODIST HOSPITAL 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 PARKNICOLLET.COM 385120	X	X		X			X			

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

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

Form and Line Reference	Explanation
PARK NICOLLET METHODIST HOSPITAL	<p>PART V, SECTION B, LINE 5 TO COLLECT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY, PARK NICOLLET METHODIST HOSPITAL PARTICIPATED IN COMMUNITY INITIATIVES WITH COUNTY PUBLIC HEALTH DEPARTMENTS AND DREW FROM THE COMMUNITY HEALTH NEEDS ASSESSMENTS AND THE EXPERTISE OF THOSE DEPARTMENTS IN HENNEPIN COUNTY, FIVE COMMUNITY HEALTH BOARDS HAVE PUBLIC HEALTH RESPONSIBILITIES THESE BOARDS UTILIZED THE MOBILIZING FOR ACTION THROUGH PARTNERSHIPS AND PLANNING (MAPP) PROCESS, A COMMUNITY ENGAGEMENT PLANNING TOOL, TO GATHER INPUT ABOUT HEALTH NEEDS FROM COMMUNITY STAKEHOLDERS STAKEHOLDERS ENGAGED WERE DRAWN FROM DIFFERENT TYPES OF ORGANIZATIONS FROM ACROSS THE GEOGRAPHY OF THE COUNTY AND INCLUDED REPRESENTATION FROM PROVIDERS SERVING VULNERABLE OR AT-RISK POPULATIONS, COMMUNITIES EXPERIENCING HEALTH DISPARITIES AND CULTURAL GROUPS THAT LIVE WITHIN THE COUNTY NEARLY 2,000 CONTACTS RECEIVED AN ON-LINE SURVEY WITH A RESPONSE RATE OVER 10 PERCENT APPROXIMATELY 110 STAKEHOLDERS ATTENDED ONE OR MORE SESSIONS OF A THREE-PART FORUM SERIES THE PUBLIC HEALTH DEPARTMENT OF DAKOTA COUNTY ALSO UTILIZED MAPP MODEL TO GATHER INPUT FOR ITS CHNA ALONG WITH COLLATING HEALTH AND DEMOGRAPHIC DATA FROM LOCAL, STATE AND NATIONAL DATABASES, THE DEPARTMENT CONDUCTED A COMMUNITY HEALTH OPINION SURVEY THAT PROVIDED INSIGHTS ABOUT THE HEALTH CONCERNS OF PEOPLE WHO LIVE AND WORK IN THE COUNTY THAT SURVEY WAS FOLLOWED WITH A SHORTER OPINION SURVEY OF TARGETED POPULATIONS ADDITIONAL INFORMATION WAS DRAWN FROM THE 2013 DAKOTA COUNTY RESIDENT SURVEY IN SCOTT COUNTY, THE PUBLIC HEALTH AGENCY CONDUCTED COMMUNITY FORUMS THAT INCLUDED CITIZENS INVITED VIA ADVERTISEMENTS IN THE COMMUNITY PAPER, COMMUNITY LEADERS INVITED BY LETTERS FROM THE COMMUNITY HEALTH BOARD, COUNTY COMMISSIONERS AND PUBLIC HEALTH STAFF AT EACH FORUM, FACILITATORS PRESENTED HEALTH DATA, FOLLOWED BY STRUCTURED QUESTIONS TO GATHER ATTENDEES' INPUT RELATED TO PUBLIC HEALTH CONCERNS INFORMATION WAS ALSO COLLECTED FROM VARIOUS REGIONAL DATA SOURCES AND DISCUSSIONS WITH PARTICIPANTS IN THE SCOTT COUNTY HEALTH CARE SYSTEMS COLLABORATIVE, WHICH CONSISTS OF REPRESENTATIVES OF HEALTH PLANS, HOSPITALS, CLINICS AND PUBLIC HEALTH TO GATHER INPUT ON ISSUES SPECIFICALLY RELATED TO SENIORS, PARK NICOLLET FOUNDATION FACILITATED MEETINGS OF THE SUCCESSFUL AGING INITIATIVE IN ST LOUIS PARK, MINNESOTA, AND THE 55+ COLLABORATIVE IN MINNETONKA, MINNESOTA EACH OF THESE GROUPS INCLUDE SENIOR MEMBERS OF THE COMMUNITIES AND PROVIDERS OF SERVICES FOR SENIORS</p>
PARK NICOLLET METHODIST HOSPITAL	<p>PART V, SECTION B, LINE 6A PARK NICOLLET METHODIST HOSPITAL COLLABORATED WITH OTHER HOSPITALS IN THE HEALTHPARTNERS' SYSTEM IN DEVELOPING THE CHNA METHODOLOGY, COLLECTING DATA AND DRAFTING THE FINAL REPORT THOSE HOSPITALS ARE REGIONS HOSPITAL, LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, HUDSON HOSPITAL, WESTFIELDS HOSPITAL AND AMERY REGIONAL MEDICAL CENTER HOWEVER, WE INDIVIDUALLY ASSESSED INPUT FROM OUR OWN COMMUNITY AND PREPARED FINDINGS AND AN IMPLEMENTATION PLAN SPECIFICALLY RELEVANT TO THIS COMMUNITY THE PARK NICOLLET BOARD OF DIRECTORS APPROVED THE CHNA</p>

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

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

Form and Line Reference	Explanation
PARK NICOLLET METHODIST HOSPITAL	PART V, SECTION B, LINE 6B PARK NICOLLET FOUNDATION AND PARK NICOLLET CLINIC
PARK NICOLLET METHODIST HOSPITAL	PART V, SECTION B, LINE 7D PARK NICOLLET HEALTH SERVICES BOARD OF DIRECTOR'S APPROVED THE IMPLEMENTATION STRATEGY FOR PARK NICOLLET METHODIST HOSPITAL DURING 2015 A COPY OF THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY IS POSTED TO THE PARK NICOLLET WEBSITE AT HTTP //WWW PARKNICOLLET COM/COMMUNITYANDVOLUNTEERISM/COMMUNITY-NEEDS-HEALTH-ASSESSMENT

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

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

Form and Line Reference	Explanation
PARK NICOLLET METHODIST HOSPITAL	PART V, SECTION B, LINE 11 PARK NICOLLET METHODIST HOSPITAL IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA THROUGH ITS DETAILED IMPLEMENTATION STRATEGY, AVAILABLE AT THE WEBSITE NOTED IN QUESTION 10A ABOVE NEEDS IDENTIFIED THAT ARE NOT BEING ADDRESSED ARE DRUG AND ALCOHOL DEPENDENCY AND ABUSE THESE NEEDS RECEIVE SIGNIFICANT FUNDING AND OTHER RESOURCES FROM GOVERNMENT AND OTHER PRIVATE SOURCES
PARK NICOLLET METHODIST HOSPITAL	PART V, SECTION B, LINE 13B IN ACCORDANCE WITH OUR AGREEMENT WITH THE MN ATTORNEY GENERAL, UNINSURED PATIENTS WHOSE ANNUAL HOUSEHOLD INCOME IS LESS THAN \$125,000 ARE ELIGIBLE FOR A DISCOUNT ON THEIR CHARGES THE DISCOUNT IS ESTABLISHED AT THE AVERAGE CONTRACTUAL DISCOUNT FOR PARK NICOLLET HEALTH SERVICE'S LARGEST CONTRACT PAYOR THIS DISCOUNT IS CURRENTLY 29.2% OF GROSS CHARGES PATIENTS WHOSE RECEIVE THIS DISCOUNT ARE ALSO ELIGIBLE FOR OUR FAP PROGRAM BASED ON FPL

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

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

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

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
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 CLINIC 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 SURGERY CENTER 15800 95TH AVE N MAPLE GROVE, MN 55369	AMBULATORY SURGICAL CENTER
1 1 - MAPLE GROVE OB 9855 HOSPITAL DRIVE SUITE 275 MAPLE GROVE, MN 55369	OB SERVICES
2 1 - MAPLE GROVE REHAB 15301 GROVE CIRCLE MAPLE GROVE, MN 55369	REHABILITATION 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 MOB PN SPECIALITY SUITE 1515 ST FRANCIS AVE SHAKOPEE, MN 55379	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
9 1 - SHAKOPEE MOB ORTHO NEURO CENTER 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 - BURNSVILLE BEHAVIORAL HEALTH 675 NICOLLET BLVD E BURNSVILLE, MN 55337	BEHAVIORAL HEALTH 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, AND DERMATOLOGY
6 37 - BURNSVILLE RIDGES SPECIALITY CENTER 14101 FAIRVIEW DRIVE STE 420 BURNSVILLE, MN 55337	OB SERVICES
7 38 - SHAKOPEE RETAIL CENTER 1455 ST FRANCIS AVE SHAKOPEE, MN 55379	MEDICAL RETAIL

Schedule I (Form 990)

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

OMB No 1545-0047

2017

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

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...
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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Row 1: HUTCHINSON HEALTH FOUNDATION, 36-3317820, 501(C)(3), 1,000,000, PROGRAM SUPPORT.

- 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	13	36,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
PARK NICOLLET GROUP RETURN

Employer identification number
45-5023260

Part I Questions Regarding Compensation

		Yes	No		
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>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.</p>	1b				
<p>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?</p>	2				
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	Yes			
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	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 2017 COMPENSATION STEVEN CONNELLY, MD \$ 70,699 LAURA FRAZIER \$ 33,600 ROXANNA GAPSTUR \$ 54,420 CHRISTA GETCHELL \$ 1,653 CATHERINE LENAGH \$ 42,716 JOHN MISA, MD \$ 47,964 JOAN SANDSTROM \$ 35,325 CATHERINE KLUGHERZ \$ 34,488 JOSHUA ZIMMERMAN MD \$ 29,163 KRISTI LYON \$ 33,079 CURT BOEHM, MD \$ 35,363 MELISSA SCHOENHERR \$ 31,671 TOM JONES \$ 39,975 BARBARA TRETHERWAY \$ 29,051 TED WEGLEITNER \$ 36,634 CARA HULL \$ 27,900 NATHANAEL KLINISKE \$ 27,720 MARK SANNES \$ 39,360 MICHAEL SEIM \$ 30,375 DUANE SPIEGLE \$ 33,310
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.
FORM 990, SCHEDULE J PART II, COLUMN F	PRIOR REPORTED COMPENSATION COLUMN (F) INCLUDES AMOUNTS PAID TO PARTICIPANTS IN THE CURRENT YEAR, WHICH WERE PREVIOUSLY REPORTED IN COLUMN (C) OF PRIOR YEAR'S 990'S, AS RETIREMENT AND DEFERRED COMPENSATION, FOR THE FOLLOWING DIRECTORS: STEVEN CONNELLY, MD \$ 69,653 LAURA FRAZIER \$ 30,037 ROXANNA GAPSTUR \$ 41,186 CATHERINE LENAGH \$ 39,131 JOHN MISA, MD \$ 51,124 JOAN SANDSTROM \$ 63,811 CATHERINE KLUGHERZ \$ 29,751 JOSHUA ZIMMERMAN MD \$ 29,631 KRISTI LYON \$ 19,266 CURT BOEHM, MD \$ 37,693 MELISSA SCHOENHERR \$ 29,289 TOM JONES \$ 22,431 BARBARA TRETHERWAY \$ 27,628 TED WEGLEITNER \$ 31,729 BRIAN RANK \$ 131,318 BABETTE APLAND \$ 12,032 NANCY MCLURE \$ 1,199,775

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(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				
1JEFF MENDELOFF MD DIRECTOR	(i)	872,372	29,392	152,043	24,976	45,119	1,123,902	0
	(ii)	0	0	0	0	0	0	0
1BRIAN H RANK MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	613,703	179,316	167,731	71,415	39,735	1,071,900	131,318
2BABETTE APLAND VP BEHAVIORAL HEALTH	(i)	0	0	0	0	0	0	0
	(ii)	290,328	72,422	34,918	67,008	20,053	484,729	12,032
3CURT BOEHMMD CMIO	(i)	0	0	0	0	0	0	0
	(ii)	291,697	63,361	43,512	60,339	25,893	484,802	37,693
4STEVEN CONNELLY MD PRESIDENT PNHS	(i)	0	0	0	0	0	0	0
	(ii)	557,836	367,684	104,569	95,675	52,976	1,178,740	69,653
5LAURA FRAZIER VP SURGICAL SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	268,963	56,769	32,659	58,576	29,692	446,659	30,037
6ROXANNA GAPSTUR PHD PRESIDENT, METHODIST & SVP	(i)	0	0	0	0	0	0	0
	(ii)	446,109	114,371	57,501	79,396	35,996	733,373	41,186
7CARA HULL VP HR AND PLANNING	(i)	0	0	0	0	0	0	0
	(ii)	292,020	60,270	72	52,876	35,452	440,690	0
8TOM JONES MD SR MEDICAL DIRECTOR, SURG	(i)	0	0	0	0	0	0	0
	(ii)	662,612	96,679	38,330	64,951	34,836	897,408	22,431
9STEVEN HOUSH VP, ORTHOPAEDIC SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	318,331	70,656	6,028	20,250	31,531	446,796	0
10NATHANAEL KLINISKE VP & CNO	(i)	0	0	0	0	0	0	0
	(ii)	218,272	45,723	1,523	52,696	37,910	356,124	0
11KATE KLUGHERZ VP SPECIALTY SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	260,444	56,229	40,192	59,464	32,817	449,146	29,751
12CATHERINE LENAGH VP & CFO	(i)	0	0	0	0	0	0	0
	(ii)	346,042	85,545	50,745	67,692	40,621	590,645	39,131
13KRISTI LYON VP PAYER RELATIONS	(i)	0	0	0	0	0	0	0
	(ii)	258,019	51,674	30,815	58,055	41,372	439,935	19,266
14JOHN MISA MD SR MEDICAL DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	397,709	85,939	69,480	72,940	26,055	652,123	51,124
15JOAN SANDSTROM VP PRIMARY CARE	(i)	0	0	0	0	0	0	0
	(ii)	292,820	63,650	78,230	60,301	25,802	520,803	63,811
16MARK SANNESMD SR MEDICAL DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	401,526	93,346	18,663	64,336	45,486	623,357	0
17MELISSA SCHOENHERR VP MARKETING AND COMMUNICA	(i)	0	0	0	0	0	0	0
	(ii)	263,497	55,754	36,360	56,647	17,303	429,561	29,289
18MICHAEL SEIM MD MEDICAL AFFAIRS & CMO	(i)	0	0	0	0	0	0	0
	(ii)	211,843	0	1,350	30,375	26,661	270,229	0
19DUANE SPIEGLE VP REAL ESTATE AND SUPPORT	(i)	0	0	0	0	0	0	0
	(ii)	275,401	69,430	9,618	58,286	40,552	453,287	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 JOSHUA ZIMMERMAN SR MEDICAL DIRECTOR	(i)	0	0	0	0	0	0	
	(ii)	349,981	82,217	35,503	54,139	28,925	550,765	
1 NANCY MCCLURE CHIEF OPERATING OFFICER	(i)	0	0	0	0	0	0	
	(ii)	591,131	170,269	1,227,148	72,444	54,638	2,115,630	
2 BARBARA TRETHERWAY SR VP, GENERAL COUNSEL	(i)	0	0	0	0	0	0	
	(ii)	514,179	146,179	59,753	164,692	24,968	909,771	
3 PRAVEEN BAIMEEDI MD MEDICAL DOCTOR	(i)	1,148,872	51,586	589,239	24,976	57,293	1,871,966	
	(ii)	0	0	0	0	0	0	
4 OLIVER CASS MD MEDICAL DOCTOR	(i)	978,585	29,635	41,815	24,976	38,520	1,113,531	
	(ii)	0	0	0	0	0	0	
5 BRIAN WALTERS MD MEDICAL DOCTOR	(i)	1,040,038	65,604	19,919	24,976	31,962	1,182,499	
	(ii)	0	0	0	0	0	0	
6 ROBERT WERLING MD MEDICAL DOCTOR	(i)	998,393	16,076	49,061	24,976	45,502	1,134,008	
	(ii)	0	0	0	0	0	0	
7 PETER LEE MD MEDICAL DOCTOR	(i)	1,242,539	0	971	24,976	33,667	1,302,153	
	(ii)	0	0	0	0	0	0	
8 THEODORE WEGLEITNER FORMER COO TRIA	(i)	0	0	0	0	0	0	
	(ii)	408,444	110,594	36,794	75,885	33,863	665,580	

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **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.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

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 THE SISTER OF ROXANNA GAPSTUR, PHD AN OFFICER OF PARK NICOLLET	82,808	EMPLOYMENT		No
(2) SUSAN SPIEGLE	SUSAN SPIEGLE IS THE SPOUSE OF DUANE SPIEGLE, AN OFFICER OF PARK NICOLLET	24,815	EMPLOYMENT		No
(3) ERIN KLINISKE	ERIN KLINISKE IS THE SPOUSE OF NATHAN KLINISKE, AN OFFICER OF PARK NICOLLET	66,482	EMPLOYMENT		No
(4) ALISON ECKHOFF	ALISON ECKHOFF IS THE SPOUSE OF MARK SANNES, MD, AN OFFICER OF PARK NICOLLET	157,562	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

Name of the organization
PARK NICOLLET GROUP RETURN

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

2017

Open to Public Inspection

Employer identification number

45-5023260

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A, EXEMPT PURPOSE AND ACHIEVEMENTS</p>	<p>CORPORATE STRUCTURE, PURPOSE, GOVERNANCE THE PARK NICOLLET GROUP RETURN (GROUP) INCLUDES P ARK NICOLLET METHODIST HOSPITAL (METHODIST), PARK NICOLLET CLINIC (PNC), PARK NICOLLET HEA LTH CARE PRODUCTS (PNHCP), AND PNMC HOLDINGS ALL OF WHICH ARE SUBSIDIARIES OF PARK NICOLLE T HEALTH SERVICE (PNHS), A MINNESOTA NONPROFIT CORPORATION RECOGNIZED AS EXEMPT FROM FEDER AL INCOME TAX UNDER INTERNAL REVENUE CODE ("IRC") SECTION 501(C)(3) PNHS IS THE PARENT OR GANIZATION TO AN INTEGRATED CARE SYSTEM THAT INCLUDES METHODIST, PNC, PNHCP, PNMC HOLDINGS , PARK NICOLLET FOUNDATION (PNF), PARK NICOLLET ENTERPRISES (PNE) AND TRIA ORTHOPAEDIC CEN TER (TRIA) PNHS IS A NONPROFIT, INTEGRATED CARE DELIVERY SYSTEM IT IS STAFFED BY NATIONA LLY RECOGNIZED HOSPITAL AND CLINIC DOCTORS, CLINICAL PROFESSIONALS, NURSES AND OTHER TEAM MEMBERS WHO HELP PATIENTS STAY HEALTHY AND TAKE CARE OF THEM WHEN THEY ARE SICK PNHS IS P ART OF THE FAMILY OF HEALTHPARTNERS ORGANIZATIONS "HEALTHPARTNERS " FOUNDED IN 1957, HEALT HPARTNERS IS AN INTEGRATED SYSTEM OF HEALTH CARE DELIVERY AND HEALTH CARE FINANCING ORGANI ZATIONS, AND IS ONE OF THE LARGEST CONSUMER-GOVERNED ORGANIZATIONS IN THE COUNTRY HEALTHP ARTNERS' MISSION IS TO IMPROVE HEALTH AND WELL-BEING IN PARTNERSHIP WITH OUR MEMBERS, PATI ENTS AND COMMUNITY HEALTHPARTNERS SEEKS TO TRANSFORM HEALTH CARE THROUGH A RELENTLESS FOC US ON THE TRIPLE AIM - PROVIDING EXCEPTIONAL EXPERIENCE FOR THE INDIVIDUAL, IMPROVING THE HEALTH OF THE POPULATION, AND MAINTAINING AFFORDABILITY HEALTHPARTNERS INCLUDES AN ARRAY OF TAX-EXEMPT AND TAXABLE ORGANIZATIONS WITH HEALTH CARE ACTIVITIES PRIMARILY OPERATING IN MINNESOTA, WESTERN WISCONSIN AND EXPANDING TO SEVERAL OTHER MIDWESTERN STATES HEALTHPART NERS PROVIDES A FULL RANGE OF HEALTH CARE DELIVERY AND HEALTH PLAN SERVICES, INCLUDING INS URANCE, PATIENT CARE, ADMINISTRATION AND HEALTH AND WELL-BEING PROGRAMS HEALTHPARTNERS HE ALTH CARE SERVE MORE THAN 1 8 MILLION MEDICAL AND DENTAL MEMBERS NATIONWIDE HEALTHPARTNE RS MEDICAL CARE SYSTEM INCLUDES MORE THAN 1,800 PHYSICIANS AND DENTISTS, SIX OWNED HOSPITA LS WITH OVER 1,000 ACUTE CARE BEDS, OVER 100 OWNED AND LEASED PRIMARY AND SPECIALTY CARE M EDICAL FACILITIES AND 25 DENTAL FACILITIES WITH PRACTICES IN MINNESOTA AND WESTERN WISCONSIN HEALTHPARTNERS ALSO CONTRACTS WITH OTHER PRIMARY AND SPECIALTY MEDICAL FACILITIES AND DENTAL FACILITIES, PHYSICIAN GROUPS, HOSPITALS AND RELATED HEALTH CARE PROVIDERS LOCATED P RIMARILY IN MINNESOTA, WESTERN WISCONSIN AND EXPANDING TO SEVERAL OTHER MIDWESTERN STATES HEALTHPARTNERS ALSO PROVIDES MEDICAL EDUCATION AND TRAINING TO MEDICAL PROFESSIONALS AND CONDUCTS RESEARCH AND FUNDRAISING ACTIVITIES THAT SUPPORT THE HEALTH CARE DELIVERY SYSTEM A COMPLETE LISTING OF ALL ORGANIZATIONS WITHIN THE HEALTHPARTNERS FAMILY, AND THE RELATIO NSHIP BETWEEN THEM, CAN BE FOUND ON SCHEDULE R WITHIN THIS 990 RETURN DETAILED INFORMATIO N ABOUT THE COMMUNITY BENEFIT ACTIVITIES AND ACCOMPLISHMENTS OF EACH TAX-EXEMPT ORGANIZATI ON CAN BE FOUND IN THE INDIVID</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A, EXEMPT PURPOSE AND ACHIEVEMENTS</p>	<p>UAL FORM 990 RETURN FOR THAT ORGANIZATION HEALTHPARTNERS IS DRIVING CHANGE THAT HELPS OUR MEMBERS AND PATIENTS LIVE HEALTHIER LIVES HEALTHPARTNERS COLLABORATES WITH OTHER PLANS, CARE PROVIDERS AND OTHER COMMUNITY AND BUSINESS ORGANIZATIONS IN THE REGION AND THROUGHOUT THE NATION TO INCREASE ACCESS, CREATE AND SHARE QUALITY MEASURES AND INITIATIVES, PARTICI PATE IN DEVELOPMENT OF PUBLIC POLICY, AND COLLABORATE IN IMPROVEMENTS THAT SUPPORT THE TRI PLE AIM AMONG HEALTHPARTNERS' SIGNATURE INITIATIVES CONTINUING IN 2017 ARE TOTAL COST OF CARE MEASUREMENTS (DEVELOPMENT OF A NATIONALLY RECOGNIZED METRIC, ENDORSED BY THE NATIONAL QUALITY FORUM, ENABLING MEASUREMENT AND INCENTIVES BASED ON COORDINATION AND EVIDENCE-BAS ED PRACTICES), MENTAL HEALTH (REDUCING STIGMA, AND ASSURING ACCESS TO HIGH QUALITY CARE IN THE MOST APPROPRIATE SETTINGS), CHILDREN'S HEALTH (IMPROVING CHILD HEALTH BY PROMOTING EA RLY BRAIN DEVELOPMENT, PROVIDING FAMILY CENTERED CARE, AND STRENGTHENING COMMUNITIES), AND SUSTAINABILITY (ENERGY EFFICIENCY, WASTE REDUCTION, AND RESOURCE MANAGEMENT) PNHS IS ONE OF THE NATION'S LARGEST CARE SYSTEMS WE CARE FOR PATIENTS AT 29 LOCATIONS IN THE TWIN CI TIES THESE INCLUDE PRIMARY AND SPECIALTY CARE CLINICS AND HOSPITALS WITHIN PNHS ARE SEVE RAL NATIONALLY-RENOWNED SPECIALTY CARE FACILITIES, INCLUDING PARK NICOLLET BARIATRIC SURG ERY & WEIGHT CENTER PERFORMS MORE THAN 400 SURGERIES (MOST LAPAROSCOPICALLY) EACH YEAR AND HAS BEEN DESIGNATED A CENTER OF EXCELLENCE BY AMERICAN SOCIETY FOR BARIATRIC SURGERY PAR K NICOLLET FRAUENSHUH CANCER CENTER OFFERS A FULL RANGE OF SERVICES AND STATE-OF-THE-ART T ECHNOLOGY TO FIGHT CANCER, INCLUDING SURGERY, CHEMOTHERAPY AND RADIATION THERAPY CANCER C ARE AND TREATMENT IS PERSONALIZED FOR EACH PATIENT FAMILIES AND PATIENTS CAN BENEFIT FROM SERVICES, INCLUDING PSYCHOTHERAPY, SUPPORT AND EDUCATION - ALL IN THE PATIENT'S ROOM AND IN ONE LOCATION PARK NICOLLET HEART AND VASCULAR CENTER OFFERS AN INTEGRATED LOOK AT THE ENTIRE CARDIOVASCULAR SYSTEM - HEART, VEINS, ARTERIES, BRAINS, LUNGS AND KIDNEYS THE CARE TEAM INCLUDES BOARD-CERTIFIED CARDIOLOGISTS, CARDIAC AND VASCULAR SURGEONS AND INTERVENTI ONAL RADIOLOGISTS PARK NICOLLET INTERNATIONAL DIABETES CENTER PROVIDES WORLD-CLASS DIABET ES CARE, EDUCATION AND CLINICAL RESEARCH TO MEET THE NEEDS OF PEOPLE WITH DIABETES, THEIR FAMILIES AND THE HEALTH PROFESSIONALS WHO CARE FOR THEM WE ARE RECOGNIZED INTERNATIONALLY FOR OUR RANGE OF CLINICAL AND EDUCATIONAL PROGRAMS, PRODUCTS AND SERVICES PARK NICOLLET JANE BRATTAIN BREAST CENTER OFFERS A FULL RANGE OF BREAST CANCER TESTING AND TREATMENT OU R CENTER IS DESIGNED BY WOMEN FOR WOMEN, WITH EXPERIENCED PROFESSIONALS DEDICATED TO BRES T HEALTH PARK NICOLLET MELROSE CENTER HAS 25 YEARS OF EXPERIENCE HELPING THOSE STRUGGLING WITH EATING DISORDERS AND HAS DEVELOPED EVIDENCE-BASED, PROVEN TREATMENT METHODS OUR HIG HLY-TRAINED STAFF WORKS IN CARE TEAMS TO PROVIDE TREATMENT THAT SPANS SEVERAL DISCIPLINES PARK NICOLLET STRUTHERS PARKI</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A, EXEMPT PURPOSE AND ACHIEVEMENTS</p>	<p>NSON'S CENTER IS DEDICATED TO PROVIDING COMPREHENSIVE ASSESSMENT, TREATMENT, SUPPORT, EDUCATION AND RESEARCH TO IMPROVE THE QUALITY OF LIFE OF PEOPLE AFFECTED BY PARKINSON'S STRUTHERS PARKINSON'S CENTER IS A NATIONAL PARKINSON'S FOUNDATION CENTER OF EXCELLENCE THE WOMEN'S CENTER IN ST LOUIS PARK WAS DESIGNED FOR BUSY WOMEN THEY GET CARE, COMFORT AND CONVENIENCE, AND WE BRING ALL THE SERVICES TO THEM - IN ONE LOCATION THIS MEANS THEY CAN ADDRESS MULTIPLE NEEDS IN ONE VISIT WE OFFER A FULL RANGE OF WOMEN'S HEALTH SERVICES, INCLUDING, OBSTETRICS AND PRENATAL CARE, GYNECOLOGY AND UROGYNECOLOGY, BIRTH CONTROL, MENOPAUSE, INCONTINENCE AND PELVIC FLOOR DISORDERS METHODIST HAS 426 PATIENT BEDS AND EMPLOYS MORE THAN 960 DOCTORS IT IS A LEADER IN CANCER, HEART, MATERNITY AND ORTHOPAEDIC CARE IT'S LOCATED IN ST LOUIS PARK, MINNESOTA METHODIST IS RENOWNED FOR HIGH QUALITY PATIENT CARE, MEDICAL EXPERTISE AND DISEASE MANAGEMENT RECOGNIZED AS AN AREA LEADER IN CANCER, CARDIOVASCULAR AND MATERNITY CARE AND NEUROREHABILITATION MEDICINE, OUR TEAM OF EXPERTS IS HIGHLY TRAINED TO PROVIDE PERSONALIZED CARE AND TREATMENT FOR YOU AND YOUR FAMILY EXPERT CARE FOR WHEN IT MATTERS MOST AT METHODIST, OUR CARE TEAMS ARE AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK OUR NURSES, DOCTORS, HOSPITALISTS (DOCTORS WHO FOCUS ON YOUR GENERAL CARE WHILE YOU'RE HOSPITALIZED), SOCIAL WORKERS, CHAPLAINS, PALLIATIVE CARE GIVERS, DIETITIANS, HOUSEKEEPING PERSONNEL AND VOLUNTEERS ARE ALL DEDICATED TO HELPING PATIENTS GET AND STAY HEALTHY METHODIST HAS BEEN RECOGNIZED AS ONE OF HEALTHGRADES AMERICA'S 100 BEST HOSPITALS EVERY YEAR, HEALTHGRADES EVALUATES NEARLY 4,500 HOSPITALS NATIONWIDE THIS ACHIEVEMENT PLACES METHODIST IN THE TOP 2 PERCENT OF THE HOSPITALS NATIONWIDE BASED ON CLINICAL OUTCOMES FOR THE SECOND YEAR IN A ROW, METHODIST HAS BEEN NAMED AS ONE OF THE NATION'S 100 TOP HOSPITALS BY TRUVEN HEALTH ANALYTICS, AND THE ONLY MINNESOTA HOSPITAL TO RECEIVE THE PRESTIGIOUS EVEREST AWARD THE TOP HOSPITALS AWARD RECOGNIZES HEALTH SYSTEMS THAT HAVE ACHIEVED EXCELLENCE IN 11 AREAS, INCLUDING PATIENT CARE, OPERATIONAL EFFICIENCY AND FINANCIAL STABILITY ONLY 10 OF THE 100 HOSPITALS WERE SELECTED FOR THE EVEREST AWARD WHICH RECOGNIZES HOSPITALS THAT HAVE THE HIGHEST PERFORMANCE AND FASTEST LONG-TERM IMPROVEMENT OVER FIVE YEARS THE 100 TOP HOSPITALS PROGRAM IS A REGISTERED TRADEMARK OF TRUVEN HEALTH ANALYTICS, AN IBM COMPANY METHODIST IS THE ONLY HOSPITAL IN MINNESOTA TO BE NAMED AS ONE OF THE NATION'S 2017 50 TOP CARDIOVASCULAR HOSPITALS BY TRUVEN HEALTH ANALYTICS, AN IBM COMPANY IN WINNING THIS AWARD, OUR LEADERSHIP TEAM, MEDICAL STAFF AND EMPLOYEES HAVE MET NATIONAL BENCHMARKS ON SEVERAL KEY MEASURES OF CARDIOVASCULAR CARE AND RANKS AMONG THE BEST IN THE COUNTRY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>METHODIST IS PROUD TO BE NAMED ONE OF THE TOP 25 ENVIRONMENTAL EXCELLENCE AWARD BY PRACTICE GREENHEALTH, THEIR HIGHEST HONOR FOR HOSPITALS. SELECTED FROM THE GREENHEALTH PARTNER FOR CHANGE AWARD APPLICANTS, WE ARE ONE OF THE 25 HOSPITALS LEADING THE INDUSTRY WITH INNOVATION IN SUSTAINABILITY, DEMONSTRATING SUPERIOR PROGRAMS AND ILLUSTRATING HOW SUSTAINABILITY IS ENTRENCHED IN OUR CULTURE. PNHCP IS A SUPPORTING ORGANIZATION WITHIN THE HOSPITAL AND THE PNC, PROVIDING DURABLE MEDICAL EQUIPMENT (DME)/SUPPLIES AND PHARMACEUTICALS SUPPORTING ONGOING PATIENT 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. THE PHARMACY @ PARK NICOLLET MEETS GROWING DEMAND FOR PHARMACEUTICAL 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, AND WAYZATA AS WELL AS HEART AND VASCULAR CENTER AND MEADOWBROOK AT THE HOSPITAL. THE HEALTH AND CARE STORES, WHICH MEET GROWING DEMAND FOR SELF-CARE PRODUCTS AND SERVICES, AND ARE AT PARK NICOLLET CLINIC LOCATIONS, INCLUDE HEALTH & CARE STORE @ PARK NICOLLET (8 LOCATIONS), HEARING CENTER & STORE @ PARK NICOLLET (3 LOCATIONS), AND BREASTFEEDING CENTER @ PARK NICOLLET (1 LOCATION WITHIN THE MEADOWBROOK HEALTH & CARE STORE). 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 2017 INCLUDE ENHANCED PRODUCT ASSORTMENTS AVAILABLE FOR PATIENTS, ESPECIALLY PATIENTS LIVING WITH CHRONIC HEALTH CONDITIONS. EDUCATED PHYSICIANS AND CARE PROVIDERS ABOUT HEALTH & CARE STORES' PRODUCT OFFERINGS, TO BETTER LINK PATIENT HEALTH CARE NEEDS TO PRODUCT SOLUTIONS, INCLUDING SMOKING CESSATION. DEVELOPED STANDARD WORK FOR PROVIDER REFERRALS TO HEALTH CARE STORES, ASSURING THAT PATIENTS HAVE THE PRODUCTS NEEDED AS THEY GO HOME FROM CLINIC OR HOSPITAL. CONTINUED CUSTOMER SERVICE AND SALES TRAINING TO ALL STORE STAFF AND MANAGEMENT. EXPANDED POINT OF CARE OPERATION AND SPECIALTY STORES TO HELP BRING MORE PRODUCTS DIRECTLY INTO THE CARE ENVIRONMENT TO ASSIST BOTH PROVIDERS AND PATIENTS ALIKE. WORKING WITHIN THE HEALTHPARTNERS SYSTEM TO DEVELOP MORE DME SERVICES. COMMUNITY BENEFIT TO THE COMMUNITY COMMUNITY HEALTH SERVICES. PATIENT EDUCATION - PARK NICOLLET'S PATIENT EDUCATION DEPARTMENT PROVIDES EDUCATIONAL TOOLS TO SUPPORT PATIENTS IN PREVENTING AND MANAGING ILLNESS AND IMPROVING HEALTH. WE PROVIDE PROGRAMS, CLASSES, VIDEOS, WEB C</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>CONTENT AND DECISION SUPPORT TOOLS TO HELP PATIENTS AND THE BROADER COMMUNITY TAKE AN ACTIVE ROLE IN THEIR HEALTH THESE RESOURCES HELP PATIENTS PREVENT AND MANAGE COMMON HEALTH PROBLEMS, LIVE WELL WITH CHRONIC CONDITIONS, PREPARE FOR PROCEDURES AND IMPROVE OVERALL HEALTH AND WELL-BEING OUR PARK NICOLLET HEALTH LIBRARY PROVIDES RESOURCES AND SERVICES FOR PATIENTS, FAMILY AND THE COMMUNITY THIS INCLUDES LITERATURE SEARCHES AND DOCUMENT DELIVERY, AS WELL AS ACCESS TO PRINT, ONLINE AND INTERNET RESOURCES ADVOCARE - ADVOCARE SERVES ANY PARK NICOLLET PATIENT, STAFF OR COMMUNITY MEMBER LIVING IN AN ABUSIVE SITUATION, PROVIDING CRISIS SUPPORT, EDUCATION ABOUT ABUSE, SAFETY PLANNING AND LEGAL OPTIONS ALL ADVOCARE SERVICES ARE FREE AND CONFIDENTIAL WE ALSO PROVIDE EDUCATION TO PARK NICOLLET STAFF, SUCH AS IDENTIFYING DYNAMICS OF ABUSE, IDENTIFYING PATIENTS BEING ABUSED, DOCUMENTING ABUSE IN THE MEDICAL RECORD AND PROVIDING THE PROPER RESPONSE TO BATTERED PATIENTS METHODIST HOSPITAL RENOVATION AND EXPANSION - THE HOSPITAL CONTINUED THIS WORK IN 2017, RENOVATING ONE PATIENT FLOOR AND SEVERAL EXISTING OPERATING ROOMS FOUNDATION GALA - THE 37TH ANNUAL THE FOUNDATION GALA RAISED MORE THAN \$928,000 FOR PARK NICOLLET FOUNDATION AND PARK NICOLLET DIABETES PROGRAMS THE INTERNATIONAL DIABETES CENTER AND PARK NICOLLET DIABETES PROGRAMS WILL USE THE FUNDS RAISED AT THE GALA FOR EDUCATION PROGRAMS TO ACCELERATE THE TIME IT TAKES TO GET NEW DIABETES TECHNOLOGY INTO THE HANDS OF PATIENTS WHO NEED IT THE FOUNDATION FUNDS ARE ALSO USED FOR EVERYTHING FROM WOMEN'S HEALTH TO CHILDREN'S MENTAL HEALTH TO HOSPICE TO PATIENTS WITH PARKINSON'S AND MUCH MORE YOUTH SERVED - FOUR SCHOOL-BASED HEALTH CENTERS SERVED MORE THAN 4,000 CHILDREN, OFFERING FREE MEDICAL VISITS WITHIN THE SCHOOL AND COMMUNITY TO CHILDREN FROM BIRTH TO GRADUATION WHO MAY HAVE BARRIERS TO ACCESSING HEALTH CARE SERVICES INCLUDED TREATMENT OF MINOR, ACUTE ILLNESSES, PHYSICALS, IMMUNIZATIONS, MENTAL HEALTH THERAPY, DENTAL CARE, AND VISION CHECKS HELP PROGRAM - HELP, OR THE HOSPITAL ELDER LIFE PROGRAM, WHICH WAS LAUNCHED AT METHODIST HOSPITAL, IS DESIGNED TO REDUCE DELIRIUM AMONG PATIENTS THROUGH VOLUNTEER VISITS IN 2017, MORE THAN 1,000 PATIENTS RECEIVED VISITS FROM HELP VOLUNTEERS HEALTH FAIRS AND COMMUNITY OUTREACH - PARK NICOLLET CARE TEAMS, DEPARTMENTS AND CLINICS PROVIDED FAIRS AND OUTREACH THROUGHOUT THE YEAR IN A NUMBER OF DIFFERENT EDUCATIONAL AND HEALTH SETTINGS RESEARCH RESEARCH IS EMBEDDED IN DEPARTMENTS AND STRATEGIES ACROSS PARK NICOLLET TO SUPPORT QUALITY INITIATIVES AND THE PATIENT EXPERIENCE RESEARCH ENCOMPASSES INVESTIGATOR-INITIATED STUDIES, CLINICAL TRIALS, PRACTICE-BASED RESEARCH, OUTCOMES AND QUALITY IMPROVEMENT PROJECTS, DATA ANALYTICS, STATISTICS, SURVEY DEVELOPMENT AND FOCUS GROUPS</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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, PNMC HOLDINGS AND PARK NICOLLET HEALTH CARE PRODUCTS ARE SUBJECT TO THE APPROVAL OF THE BOARD OF DIRECTORS OF PARK NICOLLET HEALTH SERVICES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE PARK NICOLLET BOARD MONITORS POTENTIAL CONFLICTS OF INTEREST ON THE PART OF ITS BOARD MEMBERS, PRINCIPAL OFFICERS, MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS, AND KEY EMPLOYEES ("COVERED PERSONS") BY MAINTAINING A CONFLICT OF INTEREST POLICY UNDER THE POLICY, COVERED PERSONS ANNUALLY ARE PROVIDED WITH A COPY OF THE POLICY AND REQUESTED TO COMPLETE A QUESTIONNAIRE IDENTIFYING ANY POTENTIAL CONFLICTS OF INTERESTS THE LEGAL DEPARTMENT OF HEALTHPARTNERS REVIEWS THE QUESTIONNAIRE RESPONSES AND DEVELOPS A REPORT DETAILING ANY POTENTIALLY MATERIAL CONFLICTS FOR THE PRESIDENT AND CHAIR OF THE BOARD A VERBAL SUMMARY IS ALSO GIVEN TO THE FULL BOARD OR APPROPRIATE COMMITTEE, AND REINFORCES THE POLICY'S MANDATE THAT EACH PERSON IS OBLIGATED TO DISCLOSE ANY NEW POTENTIAL CONFLICTS AS THEY MAY ARISE THROUGHOUT THE YEAR BOARD AGENDAS AND EXECUTIVE DECISIONS ARE MONITORED IN RELATION TO THIS POLICY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>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 (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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	PN GROUP'S FINANCIAL STATEMENTS AND 990 RETURNS ARE MADE AVAILABLE TO ANY PERSONS WHO REQUESTS THE INFORMATION FROM PNHS THE GROUP'S ARTICLES OF INCORPORATION ARE AVAILABLE BY ANYONE WHO REQUEST THEM OR THROUGH THE MINNESOTA SECRETARY OF STATE'S OFFICE THE FORMS 990 ARE AVAILABLE UPON REQUEST OR FROM THE STATE OF MINNESOTA OR AT GUIDESTAR ORG

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NET ASSETS RELEASED FROM RESTRICTIONS -128,204 GRANTS RUN THROUGH THE FOUNDATION -1,148,858

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

Open to Public Inspection

- ▶ 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.

Department of the Treasury
Internal Revenue Service

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.

See Additional Data Table

(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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(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	No
(1) PARK NICOLLET ENTERPRISES 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1656735	REAL ESTATE FOR RELATED ORGANICATION	MN	PARK NICOLLET HEALTH SERVICES	C	59,241	12,679,788	100 000 %		No
(2) HEALTHPARTNERS ADMINISTRATORS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1629390	THIRD PARTY ADMINISTRATOR	MN	HEALTHPARTNERS INC	C					No
(3) HEALTHPARTNERS ASSOCIATES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 52-2365151	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(4) HEALTHPARTNERS SERVICES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683568	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(5) HEALTHPARTNERS INSURANCE COMPANY 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683523	MEDICAL AND DENTAL INSURANCE	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(6) DENTAL SPECIALTIES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 45-1297583	PROFESSIONAL DENTAL SERVICES	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(7) HEALTHPARTNERS CENTRAL MINNESOTA CLINICS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1236798	MEDICAL CLINIC STAFFING	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)PARK NICOLLET HEALTH SERVICES	M	16,087,676	COST
(2)PARK NICOLLET HEALTH SERVICES	P	1,425,701,244	COST
(3)PARK NICOLLET HEALTH SERVICES	J	5,813,200	COST
(4)PARK NICOLLET HEALTH SERVICES	R	82,218,432	COST
(5)HEALTHPARTNERS INC	L	121,984,631	COST
(6)TRIA ORTHOPAEDIC ASC	C	15,000,000	COST

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

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

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

Part VII **Supplemental Information**

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

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
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
8171 33RD AVE S PO BOX 1309 MPLS, MN 554401309 20-2287016	CORPORATE PLANNING AND OVERSIGHT	WI	501(C)(3)	509(A)(3) TYPE I	HPI - RAMSEY		No
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
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
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1670163	HEALTHCARE EDUCATION AND RESEARCH	MN	501(C)(3)	509(A)(3) TYPE I	HEALTHPARTNERS INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-2011453	TRANSITIONAL CARE SERVICES, STEP DOWN FROM INPATIENT HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(III)	HPI - RAMSEY		No
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
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1888902	PROVIDE SUPPORT TO HOSPITAL AND IMPORVE COMMUNITY HEALTH	MN	501(C)(3)	170(B)(1) (A)(VI)	HPI - RAMSEY		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1891928	HEALTHCARE STAFFING AND INTENSE REHAB SERVICES	MN	501(C)(3)	509(A)(3) TYPE II	HPI - RAMSEY		No
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
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
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1279567	PROVIDE SUPPORT TO HOSPITAL AND IMPORVE COMMUNITY HEALTH	WI	501(C)(3)	170(B)(1) (A)(VI)	HUDSON HOSPITAL INC		No
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
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
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 83-0379473	CLINIC STAFF AND FACILITIES	MN	501(C)(3)	509(A)(3) TYPE I	STILLWATER HEALTH SYSTEM		No
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
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
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1770913	PROVIDE HOSPITAL PROGRAM FINANCIAL SUPPORT	WI	501(C)(3)	170(B)(1) (A)(VI)	WESTFIELDS HOSPITAL INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1503090	HOME CARE AND HOSPICE	MN	501(C)(3)	509(A)(2)	HPI - RAMSEY		No
6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 36-3465840	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(2)	HEALTHPARTNERS INC		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
6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 23-7346465	SUPPORT TO RELATED ENTITIES AND COMMUNITY TO IMPROVE HEALTH	MN	501(C)(3)	170(B)(1) (A)(VI)	PARK NICOLLET HEALTH SERVICES		No
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
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1726539	PROVIDE SUPPORT TO HOSPITAL AND IMPORVE COMMUNITY HEALTH	WI	501(C)(3)	170(B)(1) (A)(VI)	AMERY REGIONAL MEDICAL CENTER INC		No
8100 NORTHLAND DRIVE BLOOMINGTON, MN 55431 20-0033919	HEALTHCARE RESEARCH AND EDUCATION	MN	501(C)(3)	509(A)(3) TYPE I	PARK NICOLLET HEALTH SERVICES		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
PARK NICOLLET ENTERPRISES 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1656735	REAL ESTATE FOR RELATED ORGANICATION	MN	PARK NICOLLET HEALTH SERVICES	C	59,241	12,679,788	100 000 %		No
HEALTHPARTNERS ADMINISTRATORS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1629390	THIRD PARTY ADMINISTRATOR	MN	HEALTHPARTNERS INC	C					No
HEALTHPARTNERS ASSOCIATES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 52-2365151	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
HEALTHPARTNERS SERVICES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683568	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
HEALTHPARTNERS INSURANCE COMPANY 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683523	MEDICAL AND DENTAL INSURANCE	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
DENTAL SPECIALTIES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 45-1297583	PROFESSIONAL DENTAL SERVICES	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
HEALTHPARTNERS CENTRAL MINNESOTA CLINICS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1236798	MEDICAL CLINIC STAFFING	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
PARK NICOLLET HEALTH SERVICES	M	16,087,676	COST
PARK NICOLLET HEALTH SERVICES	P	1,425,701,244	COST
PARK NICOLLET HEALTH SERVICES	J	5,813,200	COST
PARK NICOLLET HEALTH SERVICES	R	82,218,432	COST
HEALTHPARTNERS INC	L	121,984,631	COST
TRIA ORTHOPAEDIC ASC	C	15,000,000	COST