

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018**

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

**C** Name of organization  
PARK NICOLLET GROUP RETURN

Doing business as

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

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

**D** Employer identification number  
45-5023260

**E** Telephone number  
(952) 883-7124

**G** Gross receipts \$ 1,948,168,155

**F** Name and address of principal officer  
STEVEN CONNELLY MD  
6500 EXCELSIOR BLVD  
ST LOUIS PARK, MN 55426

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

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

**H(c)** Group exemption number ▶ 5874

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

**J** Website: ▶ WWW.PARKNICOLLET.COM

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation

**M** State of legal domicile  
MN

**Part I Summary**

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

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	15
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	12
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	0
<b>6</b> Total number of volunteers (estimate if necessary)	1,582
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	15,288,932	8,464,039
<b>9</b> Program service revenue (Part VIII, line 2g)	1,496,644,116	1,608,950,783
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,543,955	26,113,345
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,631,880	7,161,900
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,531,108,883	1,650,690,067
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,142,133	95,154
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	975,586,886	1,019,361,905
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 354,130		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	512,810,001	543,199,699
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,489,539,020	1,562,656,758
<b>19</b> Revenue less expenses Subtract line 18 from line 12	41,569,863	88,033,309
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	1,139,713,547	1,202,718,237
<b>21</b> Total liabilities (Part X, line 26)	441,779,134	448,599,825
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	697,934,413	754,118,412

**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: CATHERINE LENAGH PRESIDENT  
Date: 2019-11-14

**Paid Preparer Use Only**

Print/Type preparer's name: KPMG LLP  
Preparer's signature: [Signature]  
Date: [Date]  
Check  if self-employed  
PTIN: P01413237  
Firm's EIN: 13-5565207  
Firm's address: 4200 WELLS FARGO CENTER 90S 7TH STREET MINNEAPOLIS, MN 55402  
Phone no: (612) 305-5000

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

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

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 1,366,293,447 including grants of \$ 95,154 ) (Revenue \$ 1,608,950,783 )  
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 ▶ 1,366,293,447

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and other IRS requirements.

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 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<p><b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .</p>	<b>2a</b>	0		
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			<b>2b</b>	
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>			<b>3a</b>	Yes
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i></p>			<b>3b</b>	Yes
<p><b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .</p>			<b>4a</b>	No
<p><b>b</b> If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>				
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>			<b>5a</b>	No
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			<b>5b</b>	No
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>			<b>5c</b>	
<p><b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .</p>			<b>6a</b>	No
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>			<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<p><b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .</p>			<b>7a</b>	No
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>			<b>7b</b>	
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>			<b>7c</b>	No
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<b>7d</b>			
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			<b>7e</b>	No
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>			<b>7f</b>	No
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>			<b>7g</b>	
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>			<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b>				
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p>			<b>8</b>	
<p><b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>			<b>9a</b>	
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>			<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter				
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<b>10a</b>			
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter				
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<b>11a</b>			
<p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .</p>	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>			<b>13a</b>	
<p><b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .</p>	<b>13b</b>			
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<b>13c</b>			
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>			<b>14a</b>	No
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i></p>			<b>14b</b>	
<p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .</p>			<b>15</b>	No
<p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .</p>			<b>16</b>	No

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
 SHARILYN CAMPBELL 8170 33RD AVE S BLOOMINGTON, MN 55440 (952) 883-5613







**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations	<b>1d</b>	8,394,593		
	<b>e</b> Government grants (contributions)	<b>1e</b>	69,446		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>			
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____				
	<b>h Total.</b> Add lines 1a-1f . . . . .		8,464,039		

<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> MEDICAL SERVICES		621400	1,461,423,533	1,461,423,533	
	<b>b</b> SERVICES TO AFFILIATES		561000	74,495,755	74,495,755	
	<b>c</b> RETAIL SALES		446110	73,031,495	73,031,495	
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f . . . . .			1,608,950,783		

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			11,751,896			11,751,896	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties . . . . .							
	<b>6a</b> Gross rents	(i) Real	(ii) Personal					
				1,285,450				
		<b>b</b> Less rental expenses		950,188				
		<b>c</b> Rental income or (loss)		335,262				
	<b>d</b> Net rental income or (loss) . . . . .			335,262			335,262	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
				310,563,615				
		<b>b</b> Less cost or other basis and sales expenses		296,202,166				
		<b>c</b> Gain or (loss)		14,361,449				
	<b>d</b> Net gain or (loss) . . . . .			14,361,449			14,361,449	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>						
		<b>b</b> Less direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . . .								
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>							
	<b>b</b> Less direct expenses . . . . .	<b>b</b>						
	<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		472,079					
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	325,734					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			146,345			146,345	
Miscellaneous Revenue	Business Code							
<b>11a</b> PROPERTY MANAGEMENT	812930		3,719,847			3,719,847		
<b>b</b> CAFETERIA	722210		2,795,120			2,795,120		
<b>c</b> MISC	722210		165,326			165,326		
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .			6,680,293					
<b>12 Total revenue.</b> See Instructions . . . . .			1,650,690,067	1,608,950,783	0	33,275,245		

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	54,654	54,654		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	40,500	40,500		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,018,685	173,570	845,115	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	851,147,542	748,766,244	102,081,025	300,273
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	34,968,114	30,771,941	4,182,709	13,464
<b>9</b> Other employee benefits	88,241,767	86,841,853	1,372,985	26,929
<b>10</b> Payroll taxes	43,985,797	38,707,502	5,264,831	13,464
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal	205,939		205,939	
<b>c</b> Accounting				
<b>d</b> Lobbying	26,984		26,984	
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees	457,211		457,211	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	44,581,351	31,374,804	13,206,547	
<b>12</b> Advertising and promotion	1,656,789	1,173,228	483,561	
<b>13</b> Office expenses	11,038,058	7,756,982	3,281,076	
<b>14</b> Information technology	5,094,032	4,263,187	830,845	
<b>15</b> Royalties				
<b>16</b> Occupancy	35,957,225	31,425,010	4,532,215	
<b>17</b> Travel	1,706,183	1,352,051	354,132	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	448,131	291,051	157,080	
<b>20</b> Interest	14,805,423	14,805,423		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	62,695,360	52,522,941	10,172,419	
<b>23</b> Insurance	8,074,853	8,009,393	65,460	
<b>24</b> Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEDICAL SUPPLIES AND DR	264,160,624	264,077,677	82,947	
<b>b</b> SUBSCRIPTIONS, FEES, DU	35,691,952	10,076,330	25,615,622	
<b>c</b> TRAINING AND EDUCATION	22,974,015	22,917,808	56,207	
<b>d</b> MANAGEMENT FEES	21,719,992		21,719,992	
<b>e</b> All other expenses	11,905,577	10,891,298	1,014,279	
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,562,656,758	1,366,293,447	196,009,181	354,130
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	397,825	<b>1</b>	127,601
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	152,008,792	<b>4</b>	164,491,203
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	11,863,172	<b>8</b>	12,121,719
	<b>9</b> Prepaid expenses and deferred charges . . . . .	3,414,830	<b>9</b>	3,378,177
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,331,697,014		
	<b>b</b> Less accumulated depreciation	877,549,679		
	<b>11</b> Investments—publicly traded securities . . . . .	522,000,841	<b>11</b>	428,224,709
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	1,729,047	<b>12</b>	1,678,299
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	6,302,966	<b>15</b>	138,549,194
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,139,713,547	<b>16</b>	1,202,718,237	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	60,255,608	<b>17</b>	60,788,350
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	278,209	<b>19</b>	353,063
	<b>20</b> Tax-exempt bond liabilities . . . . .	337,555,057	<b>20</b>	320,633,570
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D . . . . .	43,690,260	<b>25</b>	66,824,842
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	441,779,134	<b>26</b>	448,599,825
<b>Net Assets or Fund Balances</b>	<b>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.</b> Unrestricted net assets	697,338,136	<b>27</b>	753,642,432
	<b>28</b> Temporarily restricted net assets . . . . .	389,264	<b>28</b>	268,967
	<b>29</b> Permanently restricted net assets . . . . .	207,013	<b>29</b>	207,013
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33 Total net assets or fund balances . . . . .</b>	697,934,413	<b>33</b>	754,118,412
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	1,139,713,547	<b>34</b>	1,202,718,237

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,650,690,067
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,562,656,758
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	88,033,309
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	697,934,413
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-35,040,877
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	3,191,567
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	754,118,412

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## **Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 45-5023260

**Name:** PARK NICOLLET GROUP RETURN

Form 990 (2018)

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

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

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**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						947,899	0	70,786
DONALD LEWIS ..... DIRECTOR	3 10 .....	X						0	28,000	0
RUTH MICKELSEN ..... DIRECTOR & CHAIR	5 70 .....	X		X				0	40,000	0
JAMES MALECHA ..... DIRECTOR & VICE CHAIR	3 90 .....	X		X				0	28,000	0
THOMAS R BRINSKO ..... DIRECTOR & TREASURER	4 60 .....	X		X				0	28,000	0
LUZ MARIA FRIAS ..... DIRECTOR & SECRETARY	1 30 .....	X		X				0	28,000	0
MORRIS GOODWIN ..... DIRECTOR	3 40 .....	X						0	28,000	0
DEBORAH HOPP ..... DIRECTOR	3 50 .....	X						0	28,000	0
SUSAN L HOYT ..... DIRECTOR	2 50 .....	X						0	28,000	0
LAURA SCHMALTZ OBERST ..... DIRECTOR	2 90 .....	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			
BRIAN H RANK MD ..... DIRECTOR	1 00 .....	X		X				0	1,008,439	277,863
AMY LANGER ..... DIRECTOR	3 70 .....	X						0	28,000	0
PHILIP DONALDSON ..... DIRECTOR	2 70 .....	X						0	25,000	0
CHRISTOPHER H TASHJIAN MD FAAFP ..... DIRECTOR	3 20 .....	X						0	25,000	0
RAE ANN WILLIAMS MD ..... DIRECTOR	40 00 .....	X						339,691	0	103,520
CURT BOEHMMD ..... CMIO	39 00 .....			X				0	479,525	34,365
STEVEN CONNELLY MD ..... PRESIDENT PNHS	64 00 .....			X				0	873,865	150,257
LAURA FRAZIER ..... VP SURGICAL SERVICES	49 00 .....			X				0	385,990	91,299
ROXANNA GAPSTUR PHD ..... PRESIDENT, METHODIST & SVP	39 00 .....			X				0	663,140	102,174
TOM JONES MD ..... SR MEDICAL DIRECTOR, SURG	64 00 .....			X				0	849,205	102,318

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVEN HOUSH ..... VP, ORTHOPAEDIC SERVICES	59 00 ..... 1 00			X				0	414,425	54,031
NATHANAEL KLINISKE ..... VP & CNO	44 00 ..... 1 00			X				0	342,315	68,053
KATE KLUGHERZ ..... VP SPECIALTY SERVICES	50 00 ..... 1 00			X				0	391,051	95,848
CATHERINE LENAGH ..... VP & CFO	39 00 ..... 1 00			X				0	497,942	111,836
KRISTI LYON ..... VP PAYER RELATIONS	49 00 ..... 1 00			X				0	388,817	105,271
JOHN MISA MD ..... SR MEDICAL DIRECTOR	60 00 ..... 1 00			X				0	676,323	102,576
JOAN SANDSTROM ..... VP PRIMARY CARE	39 00 ..... 1 00			X				0	420,545	87,717
MARK SANNESMD ..... SR MEDICAL DIRECTOR	49 00 ..... 1 00			X				0	604,304	114,221
MELISSA SCHOENHERR ..... VP MARKETING AND COMMUNICA	39 00 ..... 1 00			X				0	391,295	78,506
MICHAEL SEIM MD ..... MEDICAL AFFAIRS & CMO	39 00 ..... 1 00			X				0	410,333	59,386



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			
DUANE SPIEGLE ..... VP REAL ESTATE AND SUPPORT	49 00 ..... 1 00			X				0	362,121	102,074
JOSHUA ZIMMERMAN ..... SR MEDICAL DIRECTOR	49 00 ..... 1 00			X				0	489,539	88,835
NANCY MCCLURE ..... CHIEF OPERATING OFFICER	49 00 ..... 1 00			X				0	958,471	267,467
BARBARA TRETHERWAY ..... SR VP, GENERAL COUNSEL	54 00 ..... 1 00			X				0	1,850,381	219,600
JENNIFER MYSTER ..... METHODIST PRESIDENT	40 00 ..... 1 00			X				0	55,682	8,578
KASEY PAULUS ..... VP QUALITY AND SAFETY	40 00 ..... 1 00			X				0	185,622	45,774
RYAN MORGAN MD ..... MEDICAL DOCTOR	57 00 .....					X		1,052,758	0	64,460
GREGORY R HILDEBRAND ..... MEDICAL DOCTOR	55 00 .....					X		1,039,022	0	46,860
BRIAN WALTERS MD ..... MEDICAL DOCTOR	80 00 ..... 1 00					X		1,220,732	0	59,327
ROBERT WERLING MD ..... MEDICAL DOCTOR	55 00 .....					X		999,400	0	63,686

**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			
PETER LEE MD ..... MEDICAL DOCTOR	50 00 .....					X		1,383,297	0	65,069
BABETTE APLAND ..... FORMER VP BEHAVIORAL HEALTH	49 00 .....						X	0	634,363	47,205
CARA HULL ..... FORMER VP HUMAN RESOURCES	1 00 0 00 .....						X	0	465,615	38,568
THEODORE WEGLEITNER ..... FORMER COO TRIA	0 00 ..... 53 00						X	0	568,002	112,133

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

**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.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**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 **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		
<b>Total</b>						

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	

**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**

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	

- 16a 33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

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

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

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



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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

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

<b>Facts And Circumstances Test</b>
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### 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 II , 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) \$1,313,131 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) \$23,132,016 LINE 12, COLUMN (I) PARK NICOLLET CLINIC, (II) 41-0834920, (III) 170(B)(1)(A)(III), (IV) NO, (V) \$0, (VI) \$52,614,092 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 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.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
**Open to Public Inspection**

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

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

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

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

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

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

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?


Yes  No

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

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?			
<b>j</b> Total Add lines 1c through 1i	Yes		83,538
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	83,538
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
PART 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.**  
**► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> 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	
<b>6</b> 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	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**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 |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> 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
<b>1a</b> Beginning of year balance . . . . .	31,964,574	31,153,525	26,326,063	27,215,939	27,216,599
<b>b</b> Contributions . . . . .	4,218,839	4,637,534	6,201,514	3,506,786	2,515,547
<b>c</b> Net investment earnings, gains, and losses	-457,678	1,952,529	804,937	239,474	526,563
<b>d</b> Grants or scholarships . . . . .	2,499,817	5,779,014	2,178,989	4,636,136	3,042,770
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	38,225,552	31,964,574	31,153,525	26,326,063	27,215,939

- 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 ▶ 57 000 %
  - c** Temporarily restricted endowment ▶ 43 000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes | No |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   |     | No |
| <b>(ii)</b> related organizations . . . . .  | Yes |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 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
<b>1a</b> Land . . . . .		41,477,336		41,477,336
<b>b</b> Buildings . . . . .		677,550,901	393,647,420	283,903,481
<b>c</b> Leasehold improvements		74,877,887	51,597,279	23,280,608
<b>d</b> Equipment . . . . .		502,839,586	432,304,980	70,534,606
<b>e</b> Other . . . . .		34,951,304		34,951,304
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				454,147,335



**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)		
<b>Total.</b> (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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )		

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

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLE	105,543,825
(2) OTHER ASSETS	33,005,369
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	138,549,194

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
CAPITAL LEASE OBLIGATION	2,332,460
SUBORDINATE NOTE TO RELATED THIRD PARTY	62,312,500
MISCELLANEOUS LIABILITY	2,179,882
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	66,824,842

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

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

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

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

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

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

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

**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	



## 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, 2018 OR 2017 FOR UNRECOGNIZED TAX BENEFITS

**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

# Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

OMB No 1545-0047  
2018  
**Open to Public Inspection**

**Name of the organization**  
 PARK NICOLLET GROUP RETURN

**Employer identification number**  
 45-5023260

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

		Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b>	Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	<b>1b</b>	Yes	
<b>2</b> 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			
<b>3</b> 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			
<b>a</b> 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>	<b>3a</b>	Yes	
<b>b</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>	<b>3b</b>	Yes	
<b>c</b> 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			
<b>4</b> 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"?	<b>4</b>	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b>		No
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>		
<b>c</b> 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?	<b>5c</b>		
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b>	Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b>	Yes	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			8,168,544	219,274	7,949,270	0 510 %
<b>b</b> Medicaid (from Worksheet 3, column a)			182,260,747	119,575,855	62,684,892	4 010 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			190,429,291	119,795,129	70,634,162	4 520 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			5,516,210	498,189	5,018,021	0 320 %
<b>f</b> Health professions education (from Worksheet 5)			6,696,343	2,940,967	3,755,376	0 240 %
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)						
<b>j Total.</b> Other Benefits			12,212,553	3,439,156	8,773,397	0 560 %
<b>k Total.</b> Add lines 7d and 7j			202,641,844	123,234,285	79,407,559	5 080 %

**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						
<b>10 Total</b>						

**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	16,385,122
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	199,725,947
6	Enter Medicare allowable costs of care relating to payments on line 5.	6	208,966,557
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-9,240,610
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** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

**1**

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

See Additional Data Table	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



**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
<b>Community Health Needs Assessment</b>			
<b>1</b>	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
<b>2</b>	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
<b>3</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<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)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>		
<b>5</b>	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 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	
<b>6 a</b>	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>b</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	
<b>7</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW PARKNICOLLET COM</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 18</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . <u>WWW PARKNICOLLET COM/COMMUNITYANDVOLUNTEERISM/COMMUNITY-NEEDS-</u>	Yes	
<b>a</b>	If "Yes" (list url) <u>HEALTH</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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		
<b>12a</b>	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
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	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		
<b>13</b>	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	<b>13</b> Yes	
<b>a</b>	<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>b</b>	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	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)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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)	<b>16</b> Yes	
<b>a</b>	<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>b</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>		
<b>c</b>	<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>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<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	
<b>17</b>	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	
<b>18</b>	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			
	<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)			
	<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party			
	<b>c</b> <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			
	<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process			
	<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
	<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	19		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)			
	<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party			
	<b>c</b> <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			
	<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process			
	<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b>	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)			
	<b>a</b> <input 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>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
	<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
	<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations			
	<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
	<b>f</b> <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	21	Yes	
	If "No," indicate why			
	<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
	<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing			
	<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
	<b>d</b> <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
<b>23</b>		No
<b>24</b>	Yes	



**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 2018 WAS 36.8% 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, AND ALLOWANCE OF DOUBTFUL ACCOUNTS THE FOOTNOTE IS LOCATED ON PAGE 28 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 \$123 0 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	IN 2018, WE WERE PART OF A COMPREHENSIVE, COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") THAT INCLUDED ALL THE HOSPITALS IN THE HEALTHPARTNERS SYSTEM THE ASSESSMENT ANALYZED HEALTH DATA AND INPUT FROM COMMUNITY MEMBERS TO IDENTIFY THE BIGGEST NEEDS FINAL PRIORITIZED NEEDS ACCESS TO CARE ACCESS TO HEALTH MENTAL HEALTH AND WELLBEING SUBSTANCE ABUSE NUTRITION AND PHYSICAL ACTIVITYA FULL REPORT OF PARK NICOLLET METHODIST'S CHNA AND IMPLEMENTATION PLAN IS POSTED ON PARK NICOLLET'S WEBPAGE AT <a href="http://www.parknicollet.com/communityandvolunteerism/community-needs-health-assessment">HTTP //WWW PARKNICOLLET COM/COMMUNITYANDVOLUNTEERISM/COMMUNITY-NEEDS-HEALTH-ASSESSMENT</a> IN ADDITION TO CONDUCTING COMMUNITY HEALTH NEEDS ASSESSMENTS, PARK NICOLLET HAS SEVERAL MEANS OF ASSESSING THE HEALTH CARE NEEDS OF THE POPULATION WE SERVE CONVENING/PARTICIPATING IN ONGOING COMMUNITY COLLABORATIVE 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 -WEST METRO CHNA COLLABORATIVE-DAKOTA COUNTY HEALTHY COMMUNITIES COLLABORATIVE-HMONG COMMUNITY STROKE EDUCATION AND AWARENESS INITIATIVE-MINNESOTA DEPARTMENT OF HEALTH HEALTHY MINNESOTA PARTNERSHIP-MINNESOTA DEPARTMENT OF HEALTH MENTAL WELL-BEING & RESILIENCE LEARNING COMMUNITY-COMMUNITY HEALTH ACTION TEAM (CHAT)-CATHOLIC CHARITIES HIGHER GROUND STEERING COMMITTEE-RACIAL EQUITY ACTION SUPPORT NETWORK (REASN)-HEALTHCARE FOR THE HOMELESS-SCOTT COUNTY HEALTH SYSTEM COLLABORATIVE-NORTHWEST HENNEPIN HEALTHY COMMUNITY PARTNERSHIP-DAKOTA COUNTY SCHOOL MENTAL HEALTH PRACTICE GROUP-CENTRAL CLINIC ADVISORY COMMITTEE-SHIP COMMUNITY LEADERSHIP TEAMPARK NICOLLET FOUNDATION ANNUALLY SOLICITS GRANT APPLICATIONS FROM COMMUNITY NON-PROFITS A KEY COMPONENT OF THE APPLICATION PROCESS ASKS APPLICANTS TO IDENTIFY AND QUANTIFY THE HEALTH CARE-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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 3	<p>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 PATIENTS AT THE HOSPITAL ARE OFFERED OUR FINANCIAL ASSISTANCE PLAIN LANGUAGE SUMMARY AT THE TIME OF CHECK-IN HOSPITAL BOOKLETS OR INFORMATION PACKETS GIVEN TO EMERGENCY CENTER PATIENTS AND INPATIENTS WEB SITE HAS FA INFORMATION FOUND UNDER PATIENT ACCOUNTS AND BILLING OUR FINANCIAL ASSISTANCE APPLICATION OUR FINANCIAL ASSISTANCE PLAIN LANGUAGE SUMMARY (PLS) OUR FINANCIAL ASSISTANCE POLICYALL BALANCE FORWARD STATEMENTS, WITH A BALANCE OF \$200 OR GREATER AND NOT ALREADY ON A PAYMENT PLAN, INCLUDE AN FA APPLICATION AND INSTRUCTION TO COMPLETE THE APPLICATION ALONG WITH ANSWERS TO FREQUENTLY ASKED QUESTIONS ABOUT THE FA PROGRAM IN ADDITION TO THE WRITTEN MATERIAL, CUSTOMER SERVICE, COLLECTIONS, FINANCIAL COUNSELORS AND ACCOUNT SPECIALISTS INFORM PATIENTS ABOUT ASSISTANCE OPTIONS, INCLUDING GOVERNMENT PROGRAMS AND FA MOST CUSTOMER SERVICE AND COLLECTION 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 WE ALSO CONTRACT WITH OUTSIDE SERVICES TO ASSIST PATIENTS IN THE GOVERNMENT PROGRAM APPLICATION PROCESS IN MORE COMPLICATED CIRCUMSTANCES</p>



## 990 Schedule H, Supplemental Information

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, HUTCHINSON HEALTH AND TRIA ORTHOPAEDIC CENTER, LLC PARK NICOLLET HEALTH SERVICES NEXT GENERATION ACCOUNTABLE CARE ORGANIZATION, LLC, WAS ORGANIZED AS AN LLC IN 2018, FOR WHICH PNC IS THE SOLE MEMBER PARK NICOLLET HAS OVER 8,200 EMPLOYEES, INCLUDING MORE THAN 1,000 PHYSICIANS 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 WHILE PARK NICOLLET HEALTH SERVICES SERVES PATIENTS FROM EVERYWHERE, 75 PERCENT OF OUR PATIENTS LIVE IN DAKOTA, HENNEPIN AND SCOTT COUNTIES IN MINNESOTA PARK NICOLLET METHODIST HOSPITAL IS LOCATED IN THE CITY OF ST LOUIS PARK IN HENNEPIN COUNTY THESE THREE COUNTIES THAT MAKE UP OUR COMMUNITY HAVE 2.4 MILLION PEOPLE IN 2017, NEARLY 600,000 PATIENTS LIVING IN THESE COUNTIES RECEIVED CARE FROM PARK NICOLLET HEALTH SERVICES THE MEDIAN AGE OF OUR COMMUNITY IS BETWEEN 35 AND 38 YEARS OLD ABOUT 1 IN 4 PEOPLE IN OUR COMMUNITY IS UNDER 18, AND 1 IN 6 PEOPLE IN OUR COMMUNITY IS OVER 65 SCOTT COUNTY HAS A HIGHER PERCENTAGE OF PEOPLE UNDER AGE 18 AND A LOWER PERCENTAGE OF PEOPLE OVER AGE 65 THAN THE OTHER COUNTIES AND THE STATE AVERAGE PEOPLE OF COLOR ARE DISPROPORTIONATELY IMPACTED BY SOCIAL AND ENVIRONMENTAL CONDITIONS THAT AFFECT HEALTH HENNEPIN COUNTY IS MORE RACIALLY DIVERSE THAN THE REST OF THE STATE, WITH 27 PERCENT OF HENNEPIN COUNTY RESIDENTS IDENTIFYING AS A RACE OTHER THAN WHITE IN COMPARISON, 16 PERCENT OF PEOPLE IN DAKOTA AND SCOTT COUNTIES IDENTIFY AS A RACE OTHER THAN WHITE BETWEEN 5 AND 7 PERCENT OF PEOPLE IN OUR COMMUNITY IDENTIFY AS HISPANIC OR LATINO PEOPLE WHO ARE EXPERIENCING POVERTY FACE HEALTH DISPARITIES PEOPLE WHO LIVE IN HOUSEHOLDS EARNING AT OR BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL (FPL) ARE CONSIDERED LOW INCOME IN OUR COMMUNITY, POVERTY IS MORE CONCENTRATED IN HENNEPIN COUNTY, WITH 26 PERCENT OF RESIDENTS AND 33 PERCENT OF CHILDREN LIVING IN LOW INCOME HOUSEHOLDS WHILE RATES ARE HIGHER IN HENNEPIN COUNTY, MORE THAN 1 IN 5 PEOPLE IN THE COMMUNITY WE SERVE ARE CURRENTLY LIVING IN LOW INCOME HOUSEHOLDS ACROSS OUR COMMUNITY, THE PERCENTAGE OF PEOPLE OF COLOR IN POVERTY IS 3 TO 4 TIMES HIGHER THAN THAT OF PEOPLE WHO IDENTIFY AS WHITE AN INDIVIDUAL'S EDUCATION LEVEL CAN IMPACT THEIR ABILITY TO BE HEALTHY PEOPLE WITH LESS THAN A HIGH SCHOOL EDUCATION ARE MORE LIKELY TO EXPERIENCE HEALTH DISPARITIES THAN PEOPLE WITH HIGHER EDUCATION LEVELS HIGHER LEVELS OF EDUCATION ARE ALSO STRONGLY ASSOCIATED WITH HIGHER INCOMES IN OUR COMMUNITY, 8 IN 10 STUDENTS GRADUATE FROM HIGH SCHOOL IN FOUR YEARS HOWEVER, SIGNIFICANT DISPARITIES EXIST BY RACE IN HENNEPIN COUNTY, ONLY 6 IN 10 STUDENTS WHO IDENTIFY AS BLACK OR HISPANIC GRADUATE IN FOUR YEARS ACROSS OUR COMMUNITY, FOUR-YEAR GRADUATION RATES ARE LOWEST AMONG STUDENTS WHO IDENTIFY AS AMERICAN INDIAN, THESE RATES RANGE FROM 35 PERCENT IN HENNEPIN COUNTY TO 58 PERCENT IN SCOTT COUNTY</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>PARK NICOLLET HEALTH SERVICES FURTHERS ITS EXEMPT PURPOSES IN MULTIPLE WAYS THROUGH METHOD IST HOSPITAL, PARK NICOLLET CLINIC, SPECIALTY PROGRAMS AND ITS COMMITMENT TO RESEARCH AND EDUCATION PARK NICOLLET STRIVES TO MEET ITS COMMITMENT TO THE TRIPLE AIM OF PROVIDING 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 THE BUSINESS OF RUNNING A LARGE HEALTH CARE 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-C ENTERED ACTIVITIES IN COMBINATION IT ALSO MEANS WORKING AS A TEAM ACROSS DEPARTMENTS AND SPECIALTIES, ALL OF US UNITED AROUND CARING TOGETHER WITH OUR PATIENTS AND THEIR FAMILIES IN THE COMMUNITIES WE SERVE PARK NICOLLET HEALTH SERVICES FURTHERS ITS EXEMPT PURPOSE THROUGH ITS 426-BED 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 CONVENER 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 CHINA 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 NEXT GENERATION ACCOUNTABLE CARE ORGANIZATION PROGRAM 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 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 2018, PARK NICOLLET FOUNDATION GRANTED \$3.2 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 2018, 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 IN MAY, AUGUST AND THE FIRST TWO WEEKS OF SEPTEMBER WE ALSO GIVE FREE IMMUNIZATIONS YEAR-ROUND AT THE SCHOOL-BAS</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>ED HEALTH RESOURCE CENTERS PARK NICOLLET SPONSORED COMMUNITY COLLABORATIVE - 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 COLLABORATIVEMEADOWBROOK COLLABORATIVENORTHWEST HENNEPIN HEALTHY COMMUNITY PARTNERSHIPST LOUIS PARK SUCCESSFUL AGING INITIATIVESCOTT COUNTY HEALTHY COMMUNITY COLLABORATIVETHE 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 INNOVATION AND 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 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 VOLUNTEER SERVICES - AS A PART OF THE FOUNDATION, PARK NICOLLET VOLUNTEER SERVICES SUPPORTS AND MANAGES VOLUNTEERS TO ENHANCE PATIENT CARE ACROSS ALL OF PARK NICOLLET HEALTH SERVICES MORE THAN 1,500 VOLUNTEERS SUPPORTED 86 PARK NICOLLET DEPARTMENTS COMMUNITY PARTNERSHIP - PARK NICOLLET FOUNDATION PARTNERS WITH PARK NICOLLET HEALTH SERVICES, 13 SCHOOL DISTRICTS, 72 PUBLIC SCHOOLS AND AREA NONPROFITS TO ADDRESS UNMET HEALTH NEEDS AND IMPROVE ACCESS TO CARE PATIENT AND FAMILY EXPERIENCE - PARK NICOLLET FOUNDATION BRINGS ENHANCED CARE TO PARK NICOLLET CLINICS, SPECIALTY CENTERS AND METHODIST HOSPITAL BY PARTNERING TO GIVE PEOPLE THE SAFE AND CARING ENVIRONMENT THEY NEED TO HEAL, THROUGH THE FOLLOWING PROGRAMS GROWING THROUGH GRIEF - A SCHOOL-SUPPORT PROGRAM FOR CHILDREN AND TEENS WHO HAVE EXPERIENCED THE DEATH OF A FAMILY MEMBER OR FRIEND MAMMO A-GO-GO COMMUNITY OUTREACH PROGRAM - OUR MOBILE MAMMO A-GO-GO COMMUNITY OUTREACH PROGRAM PROVIDES NO-FEE BREAST CANCER SCREENING, DIAGNOSTIC SERVICES AND EDUCATION TO WOMEN IN NEED IN OUR COMMUNITY GOOD TO BE HOME - FIREFIGHTERS FROM EDEN PRAIRIE, HOPKINS, MINNETONKA, PLYMOUTH AND ST LOUIS PARK MADE HOME VISITS TO 211 METHODIST HOSPITAL PATIENTS AFTER HOSPITAL DISCHARGE VISITS INCLUDE MEDICATION REVIEW AND HOME SAFETY CHECKS SCHOOL-BASED HEALTH RESOURCE CENTERS - PROVIDING NO-FEE SCHOOL-BASED MEDICAL CARE TO CHILDREN AND YOUTH FROM BIRTH THROUGH HIGH SCHOOL GRADUATION AT FOUR CENTER LOCATIONS NOW!(NO OBSTACLES TO WELL-BEING) - SCHOOL BASED TELEMENTAL HEALTH</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 29 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, LLC, A LEADER IN ORTHOPAEDIC TREATMENT, PROVIDING COMPREHENSIVE CARE FROM DIAGNOSIS, TO TREATMENT, TO REHABILITATION THE SAME GROUP OF PEOPLE SERVE AS THE DIRECTORS FOR THE BOARD OF EACH OF THE AFFILIATES, EXCEPT THAT PARK NICOLLET FOUNDATION IS GOVERNED BY A DIFFERENT GROUP OF PEOPLE EACH AFFILIATE FOCUSES ON MEETING COMMUNITY HEALTH NEEDS 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 NICOLLET 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

**Additional Data****Software ID:****Software Version:****EIN:** 45-5023260**Name:** PARK NICOLLET GROUP RETURN**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>		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? <b>1</b>											
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 BETWEEN 2016 AND 2018, HEALTHPARTNERS AND PARK NICOLLET HEALTH SERVICES, INCLUDING PARK NICOLLET METHODIST HOSPITAL, ENGAGED WITH LOCAL PUBLIC HEALTH PARTNERS IN DAKOTA, HENNEPIN AND SCOTT COUNTIES, AS WELL AS LOCAL COALITIONS, THE CENTER FOR COMMUNITY HEALTH (CCH) AND COMMUNITY PARTNERS TO CONDUCT A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THE CHNA IDENTIFIES THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AS WELL AS MEASURES AND RESOURCES TO ADDRESS THOSE NEEDS THE RESULTS WILL ENABLE METHODIST HOSPITAL IN COLLABORATION WITH ITS COMMUNITY PARTNERS TO MORE STRATEGICALLY ESTABLISH PRIORITIES, DEVELOP INTERVENTIONS AND DIRECT RESOURCES TO IMPROVE THE HEALTH OF PEOPLE LIVING IN THE COMMUNITY IN 2018, HEALTHPARTNERS AND PARK NICOLLET HEALTH SERVICES CONTRACTED WITH THE IMPROVE GROUP TO ANALYZE AND REPORT ON DATA DESCRIBING THE COMMUNITY WE SERVE BECAUSE THE WORK OF METHODIST HOSPITAL IS SO INTEGRATED WITH THE WORK OF THE SYSTEM AS A WHOLE, PARK NICOLLET HEALTH SERVICES HAS ELECTED TO LOOK AT THE HEALTH NEEDS OF ITS SYSTEM SERVICE AREA HEALTHPARTNERS PROVIDED THE IMPROVE GROUP WITH THE DEFINITIONS OF THE SERVICE AREA, THE INDICATORS TO STUDY FOR THE HEALTH AND DEMOGRAPHIC DATA SUMMARIES AND DATA COLLECTED DURING COMMUNITY CONVERSATIONS COMMUNITY INPUT WAS COLLECTED IN PARTNERSHIP WITH HEALTHPARTNERS THROUGH COMMUNITY CONVERSATIONS AND MULTIPLE SURVEYS THE IMPROVE GROUP THEN GATHERED SECONDARY DATA FROM PUBLIC SOURCES, ANALYZED COMMUNITY INPUT DATA AND DEVELOPED SUMMARY REPORTS TO GUIDE A PRIORITIZATION PROCESS THE HEALTHPARTNERS CHNA TEAM INCLUDED REPRESENTATIVES FROM EACH HEALTHPARTNERS HOSPITAL AND HEALTHPARTNERS LEADERSHIP IN SEPTEMBER 2018, THE CHNA TEAM MET TO REVIEW THE DATA AND PRIORITIZE THE COMMUNITY HEALTH NEEDS ACROSS THE SYSTEM HEALTHPARTNERS COLLECTIVELY PRIORITIZED COMMUNITY HEALTH NEEDS USING A PROCESS INFORMED BY THE HANLON METHOD AND OTHER COMMONLY USED PRIORITIZATION METHODS EACH HOSPITAL SHARED ITS 4 OR 5 PRIORITY TOPIC AREAS AND RATIONALE FOR EACH TOPIC AREA BASED ON SIZE, SERIOUSNESS, EQUITY, VALUE AND CHANGE HEALTHPARTNERS CHNA TEAM WORKED IN A THOROUGH, FACILITATED LARGE AND SMALL GROUP PROCESS TO REACH CONSENSUS ON TOP PRIORITIES USING BOTH THE CRITERIA DESCRIBED ABOVE AND COMMUNITY INPUT DATA</p>
PARK NICOLLET METHODIST HOSPITAL	<p>PART V, SECTION B, LINE 6A OTHER HOSPITAL FACILITIES INCLUDED IN THE 2018 HEALTHPARTNERS CHNA WERE - AMERY REGIONAL MEDICAL CENTER, AMERY, WI- HUDSON HOSPITAL, INC , HUDSON, WI- LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, STILLWATER, MN- REGIONS HOSPITAL, ST PAUL, MN- WESTFIELDS HOSPITAL, INC NEW RICHMOND, WIPARK NICOLLET METHODIST HOSPITAL PART V, SECTION B, LINE 6B PARK NICOLLET FOUNDATION AND PARK NICOLLET CLINICPARK NICOLLET METHODIST HOSPITAL</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 11 THE 2018 HEALTHPARTNERS CHNA PROCESS IDENTIFIED THE FOLLOWING SYSTEM-WIDE PRIORITIES, WHICH PARK NICOLLET METHODIST HOSPITAL THEN CUSTOMIZED THROUGH ITS OWN IMPLEMENTATION PLAN PRIORITY 1 ACCESS TO CARE PRIORITY 2 ACCESS TO HEALTH PRIORITY 3 MENTAL HEALTH AND WELLBEING PRIORITY 4 SUBSTANCE ABUSE PRIORITY 5 NUTRITION AND PHYSICAL ACTIVITY A FULL REPORT OF PARK NICOLLET METHODIST'S 2018 CHNA AND IMPLEMENTATION PLAN IS POSTED ON THE PARK NICOLLET WEBSITE AT <a href="http://www.parknicollet.com/communityandvolunteerism/community-needs-health-assessment">HTTP //WWW PARKNICOLLET COM/COMMUNITYANDVOLUNTEERISM/COMMUNITY-NEEDS-HEALTH-ASSESSMENT</a> , WHICH PROVIDES A DETAILED DESCRIPTION OF ALL THE ACTIVITIES
PARK NICOLLET METHODIST HOSPITAL	PART V, SECTION B, LINE 13B PART V, SECTION B, LINE 13B IN ACCORDANCE WITH OUR AGREEMENT WITH THE MINNESOTA 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 THE DISCOUNT FOR 2018 WAS 36.8% OF GROSS CHARGES PATIENTS WHO 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
PART V SECION C LINE 20	PARK NICOLLET DOES NOT PERFORM ANY ECAS (EXTRAORDINARY COLLECTION ACTIONS), THEREFORE WE WOULD NOT GIVE A PATIENT A WRITTEN NOTICE OF DOING SO

**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)
<b>1</b> 1 - STRUTHER'S PARKINSON CENTER 6701 COUNTRY S PARKINSON CENTER GOLDEN VALLEY, MN 55427	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE
<b>1</b> 1 - PARK NICOLLET MELROSE CENTER 3525 MONTEREY DRIVE ST LOUIS PARK, MN 55416	EATING DISORDER CLINIC/GENERAL MEDICAL
<b>2</b> 1 - 3900 CLINICAMBULATORY SURGICAL CENTER 3900 PARK NICOLLET BOULEVARD ST LOUIS PARK, MN 55416	AMBULATORY SURGICAL CENTER AND GENERAL MEDICAL AND RETAIL
<b>3</b> 1 - MEADOWBROOK MEDICAL BUILDING 3931 LOUISIANA AVE S ST LOUIS PARK, MN 55426	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
<b>4</b> 1 - PRAIRIE CENTER 8455 FLYING CLOUD DRIVE EDEN PRAIRIE, MN 55344	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
<b>5</b> 1 - BLOOMINGTON CLINIC 5320 HYLAND GREENS DRIVE BLOOMINGTON, MN 55437	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
<b>6</b> 1 - BROOKDALE CLINIC 6000 EARLE BROWN DRIVE BROOKLYN CENTER, MN 55430	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
<b>7</b> 1 - BURNSVILLE CLINIC 14000 FAIRVIEW DRIVE BURNSVILLE, MN 55337	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
<b>8</b> 1 - CARLSON PARKWAY CLINIC 15111 TWELVE OAKS CENTER DRIVE MINNETONKA, MN 55305	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
<b>9</b> 1 - CHANHASSEN CLINIC 300 LAKE DRIVE E CHANHASSEN, MN 55317	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
<b>10</b> 1 - CREEKSIDE 6600 EXCELSIOR BLVD ST LOUIS PARK, MN 55426	PHYSICAN OFFICES, AND ANCILLARY MEDICAL SERVICES
<b>11</b> 1 - ST LOUIS PARK IMAGING CENTER 4951 EXCELSIOR BLVD ST LOUIS PARK, MN 55416	IMAGING CENTER/OPTICAL RETAIL
<b>12</b> 1 - EAGAN CLINIC 1885 PLAZA DRIVE EAGAN, MN 55122	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
<b>13</b> 1 - GOLDEN VALLEY CLINIC 8240 GOLDEN VALLEY DRIVE GOLDEN VALLEY, MN 55427	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
<b>14</b> 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)
<b>16</b> 1 - MAPLE GROVE SURGERY CENTER 15800 95TH AVE N MAPLE GROVE, MN 55369	AMBULATORY SURGICAL CENTER
<b>1</b> 1 - MAPLE GROVE OB 9855 HOSPITAL DRIVE SUITE 275 MAPLE GROVE, MN 55369	OB SERVICES
<b>2</b> 1 - MAPLE GROVE REHAB 15301 GROVE CIRCLE MAPLE GROVE, MN 55369	REHABILITATION SERVICES
<b>3</b> 1 - MINNEAPOLIS CLINIC 2001 BLAISDELL AVE S MINNEAPOLIS, MN 55404	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
<b>4</b> 1 - MINNETONKA - SHOREWOOD CLINIC 19685 HIGHWAY 7 SHOREWOOD, MN 55331	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
<b>5</b> 1 - PLYMOUTH CLINIC 4155 COUNTY ROAD 101 PLYMOUTH, MN 55446	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
<b>6</b> 1 - PRIOR LAKE CLINIC 4670 PARK NICOLLET AVE SE PRIOR LAKE, MN 55372	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
<b>7</b> 1 - SHAKOPEE CLINIC 1415 ST FRANCIS AVE SHAKOPEE, MN 55379	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
<b>8</b> 1 - SHAKOPEE MOB PN SPECIALITY SUITE 1515 ST FRANCIS AVE SHAKOPEE, MN 55379	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
<b>9</b> 1 - SHAKOPEE MOB ORTHO NEURO CENTER 1601 ST FRANCIS AVE SHAKOPEE, MN 55379	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
<b>10</b> 1 - ST LOUIS PARK CLINIC 3800 PARK NICOLLET BLVD ST LOUIS PARK, MN 55416	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
<b>11</b> 1 - ST LOUIS PARK CLINIC 3850 PARK NICOLLET BLVD ST LOUIS PARK, MN 55416	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
<b>12</b> 1 - WAYZATA MEDICAL BUILDING 250 CENTRAL AVE N WAYZATA, MN 55391	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
<b>13</b> 1 - ROGERS CLINIC 13688 ROGERS DRIVE ROGERS, MN 55374	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES
<b>14</b> 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)
<b>31</b> 31 - BURNSVILLE PEDIATRIC REHAB SERVICES RIDGEPOINT MEDICAL BUILDING BURNSVILLE, MN 55337	PEDIATRIC REHAB SERVICES
<b>1</b> 32 - BURNSVILLE BEHAVIORAL HEALTH 675 NICOLLET BLVD E BURNSVILLE, MN 55337	BEHAVIORAL HEALTH SERVICES
<b>2</b> 33 - MELROSE CENTER ST PAUL 2550 UNIVERSITY AVE W ST PAUL, MN 55114	EATING DISORDER CLINIC/GENERAL MEDICAL
<b>3</b> 34 - MELROSE CENTER MAPLE GROVE 9600 UPLAND LANE N SUITE 110 MAPLE GROVE, MN 55369	EATING DISORDER CLINIC/GENERAL MEDICAL
<b>4</b> 35 - MAPLE GROVE REGIONAL SPECIALITY CENTER 9555 UPLAND LANE N MAPLE GROVE, MN 55369	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES
<b>5</b> 36 - AIRPORT PROFESSIONAL BUILDING 7550 34TH AVE SOUTH MINNEAPOLIS, MN 55450	NURSE CALL CENTER, AND DERMATOLOGY
<b>6</b> 37 - BURNSVILLE RIDGES SPECIALITY CENTER 14101 FAIRVIEW DRIVE STE 420 BURNSVILLE, MN 55337	OB SERVICES
<b>7</b> 38 - SHAKOPEE RETAIL CENTER 1455 ST FRANCIS AVE SHAKOPEE, MN 55379	MEDICAL RETAIL

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

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 non-cash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 6
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	21	40,500			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	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

## Additional Data

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

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RIDEGVIEW FOUNDATION 500 S MAPLE ST WACONIA, MN 55387	41-1328097	501(C)(3)	5,000				PROGRAM SUPPORT
CANCER LEGAL LINE 6 PINE TREE DRIVE SUITE 120 ARDEN HILLS, MN 55112	02-0736402	501(C)(3)	5,000				PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SENIOR COMMUNITY SERVICES 10201 WAYZATA BLVD MINNETONKA, MN 55305	41-0720473	501(C)(3)	5,000				PROGRAM SUPPORT
EXCELSIOR LAKE MINNETONKA HISTORICAL SOCIETY PO BOX 305 EXCELSIOR, MN 55331	41-6161881	501(C)(3)	6,500				PROGRAM SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WE ARE DIABETES 7006 34TH AVE N CRYSTAL, MN 55427	46-1249659	501(C)(3)	5,000				PROGRAM SUPPORT
NATIONAL EATING DISORDERS 1500 BROADWAY SUITE 1101 NEW YORK, NY 10036	13-3444882	501(C)(3)	5,000				PROGRAM SUPPORT

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
PARK NICOLLET GROUP RETURN

Employer identification number  
45-5023260

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> 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>b</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>	<b>1b</b>				
<p><b>2</b> 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>	<b>2</b>				
<p><b>3</b> 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><b>4</b> 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><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>		No		
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	Yes			
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>					
<p><b>5</b> 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><b>a</b> The organization?</p>	<b>5a</b>		No		
<p><b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5b</b>		No		
<p><b>6</b> 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><b>a</b> The organization?</p>	<b>6a</b>		No		
<p><b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6b</b>		No		
<p><b>7</b> 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>	<b>7</b>	Yes			
<p><b>8</b> 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>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				



**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	<p>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 2018 COMPENSATION STEVEN CONNELLY, MD \$ 72,472 LAURA FRAZIER \$ 34,440 ROXANNA GAPSTUR \$ 58,344 CATHERINE LENAGH \$ 43,784 JOHN MISA, MD \$ 49,163 JOAN SANDSTROM \$ 36,035 CATHERINE KLUGHERZ \$ 35,350 JOSHUA ZIMMERMAN MD \$ 33,040 KRISTI LYON \$ 35,394 CURT BOEHM, MD \$ 12,023 MELISSA SCHOENHERR \$ 34,749 TOM JONES \$ 40,775 BARBARA TRETHERWAY \$ 31,694 TED WEGLEITNER \$ 36,931 BRIAN RANK \$ 40,862 NATHANAE LKLINISKE \$ 28,413 MARK SANNES \$ 40,344 DUANE SPIEGLE \$ 34,143</p>

<b>Return Reference</b>	<b>Explanation</b>
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 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

Return Reference	Explanation
FORM 990, SCHEDULE J PART II, COLUMN F	<p>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 \$ 69,604 LAURA FRAZIER \$ 30,955 ROXANNA GAPSTUR \$ 46,772 CATHERINE LENAGH \$ 41,502 JOHN MISA, MD \$ 53,843 JOAN SANDSTROM \$ 34,662 CATHERINE KLUGHERZ \$ 30,660 JOSHUA ZIMMERMAN MD \$ 28,477 CARA HULL \$ 33,556 KRISTI LYON \$ 28,786 CURT BOEHM, MD \$ 54,727 MELISSA SCHOENHERR \$ 30,478 TOM JONES \$ 39,033 NATHAN KLINISKE \$ 23,313 MARK SANNES \$ 47,541 BARBARA TRETHERWAY \$ 1,110,660 TED WEGLEITNER \$ 40,735 BRIAN RANK \$ 133,873 NANCY MCLURE \$ 124,125</p>



**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				
JEFF MENDELOFF MD DIRECTOR	(i)	856,995	34,923	55,981	25,498	45,288	1,018,685	0
	(ii)	0	0	0	0	0	0	0
BRIAN H RANK MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	638,373	209,655	160,411	235,844	42,019	1,286,302	133,873
RAE ANN WILLIAMS MD DIRECTOR	(i)	299,208	20,500	19,983	71,198	32,322	443,211	0
	(ii)	0	0	0	0	0	0	0
CURT BOEHMMD CMIO	(i)	0	0	0	0	0	0	0
	(ii)	299,112	73,810	106,603	12,023	22,342	513,890	54,727
STEVEN CONNELLY MD PRESIDENT PNHS	(i)	0	0	0	0	0	0	0
	(ii)	600,238	196,516	77,111	97,970	52,287	1,024,122	69,604
LAURA FRAZIER VP SURGICAL SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	285,115	67,779	33,096	59,938	31,361	477,289	30,955
ROXANNA GAPSTUR PHD PRESIDENT, METHODIST & SVP	(i)	0	0	0	0	0	0	0
	(ii)	439,996	171,548	51,596	58,344	43,830	765,314	46,772
TOM JONES MD SR MEDICAL DIRECTOR, SURG	(i)	0	0	0	0	0	0	0
	(ii)	676,244	117,336	55,625	66,273	36,045	951,523	39,033
STEVEN HOUSH VP, ORTHOPAEDIC SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	326,469	82,217	5,739	20,625	33,406	468,456	0
NATHANAEL KLINISKE VP & CNO	(i)	0	0	0	0	0	0	0
	(ii)	217,007	56,787	68,521	28,413	39,640	410,368	23,313
KATE KLUGHERZ VP SPECIALTY SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	292,651	68,114	30,286	60,848	35,000	486,899	30,660
CATHERINE LENAGH VP & CFO	(i)	0	0	0	0	0	0	0
	(ii)	362,471	88,998	46,473	69,282	42,554	609,778	41,502
KRISTI LYON VP PAYER RELATIONS	(i)	0	0	0	0	0	0	0
	(ii)	289,756	67,024	32,037	60,892	44,379	494,088	28,786
JOHN MISA MD SR MEDICAL DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	407,722	200,110	68,491	74,661	27,915	778,899	53,843
JOAN SANDSTROM VP PRIMARY CARE	(i)	0	0	0	0	0	0	0
	(ii)	298,695	73,791	48,059	61,533	26,184	508,262	34,662
MARK SANNESMD SR MEDICAL DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	417,687	128,685	57,932	65,842	48,379	718,525	47,541
MELISSA SCHOENHERR VP MARKETING AND COMMUNICA	(i)	0	0	0	0	0	0	0
	(ii)	288,055	66,614	36,626	60,247	18,259	469,801	30,478
MICHAEL SEIM MD MEDICAL AFFAIRS & CMO	(i)	0	0	0	0	0	0	0
	(ii)	352,686	53,974	3,673	14,403	44,983	469,719	0
DUANE SPIEGLE VP REAL ESTATE AND SUPPORT	(i)	0	0	0	0	0	0	0
	(ii)	282,657	69,401	10,063	59,641	42,433	464,195	0
JOSHUA ZIMMERMAN SR MEDICAL DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	380,128	69,892	39,519	58,538	30,297	578,374	28,477



<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A) Name and Title</b>		<b>(B) Breakdown of W-2 and/or 1099-MISC compensation</b>			<b>(C) Retirement and other deferred compensation</b>	<b>(D) Nontaxable benefits</b>	<b>(E) Total of columns (B)(i)-(D)</b>	<b>(F) Compensation in column (B) reported as deferred on prior Form 990</b>
		<b>(i) Base Compensation</b>	<b>(ii) Bonus &amp; incentive compensation</b>	<b>(iii) Other reportable compensation</b>				
NANCY MCCLURE CHIEF OPERATING OFFICER	(i)	0	0	0	0	0	0	
	(ii)	587,739	199,065	171,667	226,173	41,294	1,225,938	
BARBARA TRETHERWAY SR VP, GENERAL COUNSEL	(i)	0	0	0	0	0	0	
	(ii)	537,528	176,535	1,136,318	177,613	41,987	2,069,981	
KASEY PAULUS VP QUALITY AND SAFTEY	(i)	0	0	0	0	0	0	
	(ii)	151,544	23,796	10,282	15,612	30,162	231,396	
RYAN MORGAN MD MEDICAL DOCTOR	(i)	961,844	25,046	65,868	25,498	38,962	1,117,218	
	(ii)	0	0	0	0	0	0	
GREGORY R HILDEBRAND MEDICAL DOCTOR	(i)	1,015,465	22,444	1,113	25,498	21,362	1,085,882	
	(ii)	0	0	0	0	0	0	
BRIAN WALTERS MD MEDICAL DOCTOR	(i)	1,182,545	30,709	7,478	25,498	33,829	1,280,059	
	(ii)	0	0	0	0	0	0	
ROBERT WERLING MD MEDICAL DOCTOR	(i)	991,144	0	8,256	25,498	38,188	1,063,086	
	(ii)	0	0	0	0	0	0	
PETER LEE MD MEDICAL DOCTOR	(i)	1,379,201	0	4,096	25,498	39,571	1,448,366	
	(ii)	0	0	0	0	0	0	
BABETTE APLAND FORMER VP BEHAVIORAL HEALTH	(i)	0	0	0	0	0	0	
	(ii)	9,286	70,215	554,862	29,472	17,733	681,568	
CARA HULL FORMER VP HUMAN RESOURCES	(i)	0	0	0	0	0	0	
	(ii)	325,878	83,589	56,148	20,625	17,943	504,183	
THEODORE WEGLEITNER FORMER COO TRIA	(i)	0	0	0	0	0	0	
	(ii)	421,844	101,090	45,068	76,500	35,633	680,135	

**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.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization PARK NICOLLET GROUP RETURN	Employer identification number 45-5023260
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**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	55,122	EMPLOYMENT		No
(2) ERIN KLINISKE	ERIN KLINISKE IS THE SPOUSE OF NATHAN KLINISKE, AN OFFICER OF PARK NICOLLET	73,383	EMPLOYMENT		No
(3) ALISON ECKHOFF	ALISON ECKHOFF, THE SPOUSE OF MARK SANNES, MD, AN OFFICER OF PARK NICOLLET	159,784	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)**

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury

Name of the organization  
PARK NICOLLET GROUP RETURN

Employer identification number

45-5023260

**990 Schedule O, Organizational 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), HUTCHINSON HEALTH (HH), AND TRIA ORTHOPAEDIC CENTER, LLC (TRIA) PARK NICOLLET HEALTH SERVICES NEXT GENERATION AC COUNTABLE CARE ORGANIZATION, LLC, WAS ORGANIZED AS AN LLC IN 2018, FOR WHICH PNC IS THE SO LE MEMBER FOR THE SECOND YEAR, BECKER'S HOSPITAL REVIEW, A HIGHLY RESPECTED HEALTH CARE P UBLICATION, IS RECOGNIZING PARK NICOLLET AS ONE OF THE ACCOUNTABLE CARE ORGANIZATIONS TO K NOW THIS RECOGNITION IS BASED ON FACTORS INCLUDING QUALITY AND COST THERE ARE ABOUT 650 PRIVATE AND PUBLIC ACOS IN THE U S ABOUT 20 PERCENT OF MEDICARE BENEFICIARIES RECEIVE CAR E FROM AN ACO PARK NICOLLET HAS PARTICIPATED IN CMS ACO MODELS SINCE 2012 SINCE THEN, IT HAS SAVED MEDICARE MORE THAN \$6 MILLION DOLLARS PNHS IS A NONPROFIT, INTEGRATED CARE DEL IVERY SYSTEM IT IS STAFFED BY NATIONALLY 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 PART OF THE HEALTHPARTNERS ORGANIZATION, "HEALTHPARTN ERS " FOUNDED IN 1957, HEALTHPARTNERS IS AN INTEGRATED HEALTH CARE ORGANIZATION, PROVIDING HEALTH CARE SERVICES AND HEALTH PLAN FINANCING AND ADMINISTRATION, AND IS THE LARGEST CON SUMER-GOVERNED NONPROFIT HEALTH CARE ORGANIZATION IN THE COUNTRY HEALTHPARTNERS' MISSION IS TO IMPROVE HEALTH AND WELL-BEING IN PARTNERSHIP WITH OUR MEMBERS, PATIENTS AND COMMUNIT Y HEALTHPARTNERS SEEKS TO TRANSFORM HEALTH CARE THROUGH A RELENTLESS FOCUS ON THE TRIPLE AIM - PROVIDING EXCEPTIONAL EXPERIENCE FOR THE INDIVIDUAL, IMPROVING THE HEALTH OF THE POP ULATION, AND MAINTAINING AFFORDABILITY HEALTHPARTNERS INCLUDES AN ARRAY OF TAX-EXEMPT AND TAXABLE ORGANIZATIONS WITH HEALTH CARE ACTIVITIES PRIMARILY OPERATING IN MINNESOTA, WESTE RN WISCONSIN AND EXPANDING INTO OTHER MIDWESTERN STATES HEALTHPARTNERS PROVIDES A FULL RA NGE OF HEALTH CARE DELIVERY AND HEALTH PLAN SERVICES INCLUDING INSURANCE, PATIENT CARE, AD MINISTRATION AND HEALTH AND WELL-BEING PROGRAMS HEALTHPARTNERS HEALTH PLANS SERVE MORE TH AN 1 8 MILLION MEDICAL AND DENTAL MEMBERS NATIONWIDE HEALTHPARTNERS MEDICAL CARE SYSTEM I NCLUDES MORE THAN 1,800 PHYSICIANS AND DENTISTS, SEVEN OWNED HOSPITALS WITH OVER 1,000 ACU TE CARE BEDS, OVER 100 OWNED AND LEASED PRIMARY AND SPECIALTY CARE MEDICAL FACILITIES AND 25 DENTAL FACILITIES WITH PRACTICES IN MINNESOTA AND WESTERN WISCONSIN HEALTHPARTNERS ALS O CONTRACTS WITH OTHER PRIMARY</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, EXEMPT PURPOSE AND ACHIEVEMENTS	<p>AND SPECIALTY MEDICAL FACILITIES AND DENTAL FACILITIES, PHYSICIAN GROUPS, HOSPITALS AND RELATED HEALTHCARE PROVIDERS LOCATED PRIMARILY IN MINNESOTA, WESTERN WISCONSIN AND EXPANDING INTO 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 HEALTHPARTNERS, AND THE RELATIONSHIP BETWEEN THEM, CAN BE FOUND ON SCHEDULE R WITHIN THIS 990 RETURN DETAILED INFORMATION ABOUT THE COMMUNITY BENEFIT ACTIVITIES AND ACCOMPLISHMENTS OF EACH TAX-EXEMPT ORGANIZATION CAN BE FOUND IN THE INDIVIDUAL FORM 990 RETURN FOR THAT ORGANIZATION</p> <p>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, PARTICIPATE IN DEVELOPMENT OF PUBLIC POLICY, AND COLLABORATE IN IMPROVEMENTS THAT SUPPORT THE TRIPLE AIM AMONG HEALTHPARTNERS' SIGNATURE INITIATIVES CONTINUING IN 2018 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-BASED 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 EARLY 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 CITIES THESE INCLUDE PRIMARY AND SPECIALTY CARE CLINICS AND HOSPITALS WITHIN PNHS ARE SEVERAL NATIONALLY-RENOUNDED SPECIALTY CARE FACILITIES, INCLUDING PARK NICOLLET BARIATRIC SURGERY &amp; 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 PARK NICOLLET FRAUENSHUH CANCER CENTER OFFERS A FULL RANGE OF SERVICES AND STATE-OF-THE-ART TECHNOLOGY TO FIGHT CANCER, INCLUDING SURGERY, CHEMOTHERAPY AND RADIATION THERAPY CANCER CARE 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 INTERVENTIONAL RADIOLOGISTS PARK NICOLLET INTERNATIONAL DIABETES CENTER PROVIDES WORLD-CLASS DIABETES CARE, EDUCATION AND CLINICAL RESEARCH TO MEET THE NEEDS OF PEOPLE W</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A, EXEMPT PURPOSE AND ACHIEVEMENTS</p>	<p>ITH 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 OUR CENTER IS DESIGNED BY WOMEN FOR WOMEN, WITH EXPERIENCED PROFESSIONALS DEDICATED TO BREAST 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 HIGHLY-TRAINED STAFF WORKS IN CARE TEAMS TO PROVIDE TREATMENT THAT SPANS SEVERAL DISCIPLINES PARK NICOLLET STRUTHERS PARKINSON'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 MORE THAN 1,200 PHYSICIANS ON STAFF 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 PNHCP PROVIDES DURABLE MEDICAL EQUIPMENT (DME)/SUPPLIES AND PHARMACEUTICALS SUPPORTING ONGOING PATIENT CARE FOR METHODIST AND PNC PATIENTS PNHCP IS A RECOGNIZED LEADER IN PROVIDING PATIENTS WITH CONVENIENT ACCESS TO PROVIDER RECOMMENDED HEALTH RELATED PRODUCTS PNHCP IS VIEWED BY PARK NICOLLET AS AN EXTENSION OF THE PROVIDER'S CARE, BY PROVIDING PRODUCTS USED AT HOME TO HELP PATIENTS ENSURE SUCCESS WITH SELF-MANAGING ANY NUMBER OF HEALTH ISSUES 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 METHODIST HOSPITAL</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>THE HEALTH AND CARE STORES @ PARK NICOLLET ARE MADE UP OF 10 PRODUCT LINES AND MULTIPLE SALES CHANNELS. (EIGHT STORE LOCATIONS, E-COMMERCE, AND MORE THAN 250 POINT OF CARE CLOSETS FOR THE IMMEDIATE DISBURSEMENT OF DME PRODUCT TO OUR PATIENTS) THE DIVISION EMPLOYS 125 STAFF LOCATED AT 35 CLINIC AND ADMINISTRATIVE SITES PRODUCT LINES INCLUDE HEALTH CARE EQUIPMENT, MEDICAL SUPPLIES, INCLUDING OSTOMY AND WOUND CARE, SKIN CARE SERVICES AND PRODUCTS, CUSTOM ORTHOTICS AND PROSTHETICS, SLEEP EQUIPMENT AND SUPPLIES 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 PNHCP IS EXPANDING ITS CAPACITY TO BETTER SERVE THESE GROWING NEEDS EXPANSION OF DME TO THE EAST SIDE WESTFIELD'S HOSPITAL AND CLINIC IN NEW RICHMOND, WI WOMEN'S HEALTH OB, MED SURG, REHAB, ORTHO (TCO PATIENTS), SPECIALTY (PODIATRY), URGENT CARE AND EMERGENCY DEPT ST PAUL TRIA STILLWATER MEDICAL GROUP PT/OT LAKEVIEW HOSPITAL IN STILLWATER MN PT/OT, WOMEN'S HEALTH GYN/UROLOGY HEALTHPARTNERS NEUROSCIENCE CENTER, U-STEP WALKERS HEALTHPARTNERS REGIONS OT, HAND THERAPISTS (DME SPECIAL ORDER SPLINTS) EXPANSION OF SERVICES AT AMERY REGIONAL MEDICAL CENTER, AMERY WI INCLUDING PODIATRY, ORTHO, ED, OR AND CLINICS, INCLUDING THE RURAL HEALTH CLINICS IN TURTLE LAKE, CLEAR LAKE AND LUCK WISCONSIN PARTNERED WITH METHODIST HOSPITAL TO FACILITATE SALES OF MILK IN THE HEALTH &amp; CARE STORE WITH THE BREAST MILK SALES WE WERE ABLE TO IMPROVE PATIENT EXPERIENCE PREMIE/NICU BABIES ARE OFTEN GIVEN DONOR PASTEURIZED BREAST MILK TO SUPPLEMENT UNTIL THEIR MOM'S MILK COMES IN FULLY IN SOME CASES BABIES GOING HOME ARE STILL IN NEED OF SUPPLEMENTATION IN THE HOSPITAL THE MILK IS PROVIDED, BUT PATIENTS HAD NO WAY OF PURCHASING MILK TO TAKE HOME PATIENTS RECEIVE AN RX AND WE FACILITATE THE PHYSICAL SALE, MILK IS SOLD AT COST AS HUMAN MILK CANNOT LEGALLY BE SOLD FOR PROFIT THE RX JUST DEMONSTRATES NEED AND APPROVAL, NO BILLING IS DONE SO IT'S NO RISK-NO REWARD FINANCIALLY, BUT A BIG WIN FOR PATIENT EXPERIENCE, DRIVES MORE PATIENTS TO THE STORE AND BABIES GET WHAT THEY NEED THE PROGRAM HAS GENERATED A LOT MORE ACTIVITY THAN ORIGINALLY PLANNED PATIENTS SEEM HAPPY, AND THE PARTNERSHIP HAS BEEN SEAMLESS WE ARE ONE OF ONLY A FEW LOCATIONS PROVIDING THIS SERVICE 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 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</p>



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>D THE COMMUNITY THIS INCLUDES LITERATURE SEARCHES AND DOCUMENT DELIVERY, AS WELL AS ACCESS TO PRINT, ONLINE AND INTERNET RESOURCES PARK NICOLLET PARTICIPATED IN MANY ACTIVITIES IN 2018 TO HELP BRING AWARENESS AND EDUCATION TO THE COMMUNITY CHANNEL 45 INTERVIEWS DURING HIGH SCHOOL TOURNAMENTS GIRLS STATE HOCKEY - CROSS TRAINING &amp; OFF-SEASON TRAINING BOYS STATE BASKETBALL TOURNAMENT - MIND AND BODY CONNECTION MENTAL HEALTH AWARENESS MONTH - WE ARE WORKING TO REDUCE MENTAL ILLNESS STIGMA MENTAL ILLNESSES WILL AFFECT ONE IN FIVE PEOPLE, BUT MANY PEOPLE WON'T SEEK TREATMENT FOR YEARS BECAUSE THEY FEEL SHAME "REAL MEN WEAR GOWNS" TV SEGMENTS ON KARE11 MEN AND POST-PARTUM DEPRESSION HELPING MEN MANEUVER INFERTILITY STRUGGLES SLEEP APNEA AND MENTAL HEALTH MENTAL HEALTH MIND MATTERS EXHIBIT MAKE IT OK RECOGNITION EVENT SCIENCE MUSEUM AND MPR PANEL DISCUSSION MAKE IT OK DIGITAL AND SOCIAL CAMPAIGN COLON CANCER AWARENESS MONTH - COORDINATED EFFORTS ACROSS OUR ORGANIZATION TO INCREASE COLON CANCER AWARENESS IN THE COMMUNITIES WE SERVE "LIGHT IT BLUE" AT 11 LOCATIONS "REAL MEN WEAR GOWNS" SEGMENTS ON KARE11 SOCIAL MEDIA POSTS/BLOGS INTERNAL COMMUNICATION &amp; CLINIC LOBBY MONITORS PATIENT &amp; MEMBER DIRECT MAIL PATIENT EDUCATIONAL MATERIALS "WEAR BLUE" DAY ACROSS ORGANIZATION THE MINNESOTA CHAPTER OF THE AMERICAN CANCERS SOCIETY NAMED HEALTHPARTNERS AS THE COLORECTAL CANCER ORGANIZATION OF THE YEAR" GREG FEDIO NAMED "INNOVATOR OF THE YEAR" FOR HIS WORK ON THE COLORECTAL CANCER SCREENING PROJECTS AT HP/PN MN AIDS WALK - HELPS TO EDUCATE AND ENGAGE COMMUNITY MEMBERS AS WELL AS PROVIDE NECESSARY RESOURCES IN THE FIGHT AGAINST HIV AND AIDS TEAM FORMED BY THE LGBTQ BUSINESS ENGAGEMENT NETWORK TOTAL WALKERS 6 (AND 2 FOUR-LEGGED FRIENDS) BREAST HEALTH MONTH - COORDINATE EFFORTS ACROSS OUR ORGANIZATION TO INCREASE BREAST HEALTH AWARENESS IN THE COMMUNITIES WE SERVE LIGHT BUILDINGS PINK PARK NICOLLET FOUNDATION HOSTS BEPINK BREAKFAST TO BENEFIT JBBC 300+ ATTENDEES, RAISED \$ 120,000 CONCERT AT THE MYTH IN MAPLEWOOD BENEFITTING JBBC 2,200 ATTENDEES, RAISED \$13,000 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 MANAGE FIRST AID BOOTH FOR UPTOWN ART FAIR PROVIDE BLOOD PRESSURE CHECKS, FIRST AID AND HEALTH-CENTERED DISCUSSION WITH UPTOWN ART FAIR ATTENDEES PARKTACULAR - TO CREATE AN ENGAGING EVENT EXPERIENCE FOR PARKTACULAR ATTENDEES IN PARTNERSHIP WITH THE PARK NICOLLET ST LOUIS PARK AND HEALTHPARTNERS WEST CLINICS HEALTHPARTNERS AND PARK NICOLLET HEALTH FAIR BOOTH 18 VOLUNTEERS GIVEAWAYS - SPORT TOWEL WITH GROMMET, FAST BREAK CINCH PAC K, MINI STRESS FOOTBALL, TRAVEL FIRST AID KITS, 10 FAMILY TICKET PACKS(4) TO SCIENCE MUSEUM OF MINNESOTA SPORTSOLOGY EXHIBIT TO ALLOW FAMILIES TO LEARN ABOUT CONCUSSIONS AND COMPARE THEIR "WING SPAN" TO THAT OF A BASKETBALL PLAYER SPONSORSHIP SATURDAY NIGHT CONCERT CAMP 5210 - CAMP 5210 FOCUSES ON</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>LIFESTYLE CHANGES AND THE PREVENTION OF CHRONIC DISEASE, SUCH AS TYPE 2 DIABETES, CARDIOVASCULAR DISEASE AND ORTHOPEDIC PROBLEMS WITH CHILDREN AGES 7-17 CAMP CURRICULUM WAS DEVELOPED AND IMPLEMENTED BY PARK NICOLLET AND HEALTHPARTNERS TEAMS RAISE AWARENESS WITHIN OUR CLINICS AND COMMUNITIES ABOUT THIS AMAZING OPPORTUNITY FOR KIDS WHO WOULD BENEFIT FROM NUTRITION EDUCATION AS WELL AS COUNSELING SESSIONS INTRODUCE POWERUP AND TRY FOR 5 INTO THE CURRICULUM DONATIONS - CAMPER BACKPACKS(POWERUP MAG, JOURNAL, WATER BOTTLE, SUNGLASSES, FLASHLIGHTS, TOOTH BRUSH AND PEN), FRUITS AND VEGETABLES (CUB FOODS) 79 CAMPERS ATTENDED 60 VOLUNTEER HOURS MAPLE GROVE DAYS - POSITION PARK NICOLLET AND TRIA AS HEALTH CARE PARTNERS IN THE MAPLE GROVE COMMUNITY TO SHARE THE MISSION AND SERVICES OF THE MAPLE GROVE SPECIALTY CENTER TRIA MOBILE PARK NICOLLET VAN PARADE WALKERS 160 VOLUNTEER HOURS 7,500+ GIVEAWAY ITEMS - PENS, PENCILS, CHAP STICK, GEL PACKS, FREEZE POPS TABLE AT EXPO HANDOUT CLINIC AND DEPARTMENT BROCHURES GIVEAWAYS - ROCKET WRITER PENS, CHAP STICK, GEL PACKS &amp; WATER BOTTLES HILARIOUS NIGHT OF DEPRESSION - MINNESOTA PUBLIC RADIO AND AMERICAN PUBLIC MEDIA IN PARTNERSHIP WITH HEALTHPARTNERS AND MAKE IT OK HOSTED A NIGHT OF ENLIGHTENMENT AND ENTERTAINMENT AT THE FITZGERALD THEATER IN ST PAUL HEALTHPARTNERS AND MAKE IT OK SOCIAL POST, WITH TICKET GIVEAWAY GIVEAWAY - 950 "MAKE IT OK" JOURNALS DISTRIBUTED AT THE END OF THE NIGHT JACK O LANTERN SPECTACULAR - SPONSOR A FAMILY FUN EVENT FOCUSED ON STAYING ACTIVE DURING THE EVENING HOURS OF OCTOBER, WHILE ENJOYING A WONDERFUL OUTDOOR EXHIBIT OF 5,000 JACK-O-LANTERNS INTRODUCE POWERUP PROGRAM TO THE METRO AREA BY ENCOURAGING FAMILIES TO ENJOY FRUIT AS AN AFTER DINNER SNACK AND TO ENGAGE IN POWERUP ACTIVITIES 81,171 ATTENDEES DISTRIBUTED OVER 27 CASES OF CLEMENTINES 15 VOLUNTEERS ON SELECT WEEKENDS, 2 MKTG STAFF &amp; 2 MASCO TS ON ALL WEEKENDS &amp; SELECT EVENINGS 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 2018, MORE THAN 1,300 PATIENTS RECEIVED VISITS FROM 226 HELP VOLUNTEERS</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>VEGGIE GIVEAWAYS - MAKE GOOD HAPPEN BY SUPPORTING THE COMMUNITIES WE SERVE WITH A BAG OF FRESH VEGGIES WHILE SHARING THE POWERUP MESSAGE TO "TRY FOR 5!" ATTENDANCE OF 2,085 AT 7 HP AND PN CLINIC LOCATIONS POWERUP BIKE DEPLOYMENT - UTILIZE THE POWERUP BIKE TO SHARE HEALTH PARTNERS POWERUP MESSAGE TO CHILDREN AND THEIR FAMILIES TO TRY FOR 5 FRUITS AND VEGETABLES EVERY DAY THE BIKE OFFERS SNACK OPTIONS AT COMMUNITY EVENTS AND AFTER RACES! HANDED OUT 7,944 POWERUP SNACKS (APPLES, BANANAS, ORANGES, CARROTS AND CHEESE STICKS) AT EVENTS IN 2018 OVERALL ATTENDANCE FOR 12 EVENTS = 26,020 VEGGIE RX - FROM JUNE 11 THROUGH JULY 28, KIDS HAVING A WELL EXAM AT HEALTHPARTNERS, PARK NICOLLET AND STILLWATER MEDICAL GROUP CLINICS RECEIVED A \$10 VOUCHER REDEEMABLE FOR FRESH FRUITS AND VEGETABLES AT ANY CUB FOODS OR COLEBURNS IN MN PLUS ECONO FOODS OR FAMILY FRESH MARKET IN WI VOUCHERS WERE EFFECTIVE THROUGH SEPTEMBER 30TH PROVIDE TOOLS FOR CLINICIANS TO HAVE CONVERSATIONS ABOUT EATING BETTER WITH FAMILIES ENCOURAGE KIDS AND FAMILIES TO EAT MORE FRUITS AND VEGETABLES AMPLIFY HEALTH PARTNERS AS THE GO-TO RESOURCE FOR HEALTH, WELL-BEING AND NUTRITION 30,250 PRINTED, 4-PANEL BROCHURES WITH DETACHABLE VOUCHER AND SURVEY HEALTH PROFESSIONAL EDUCATION HEALTH PROFESSIONAL EDUCATION AT PARK NICOLLET IS COORDINATED BY THE HEALTHPARTNERS INSTITUTE SEVERAL DEPARTMENTS THROUGHOUT PARK NICOLLET CLINIC AND PARK NICOLLET METHODIST HOSPITAL HOST NURSING STUDENTS AND RESIDENTS TO HELP EXPAND THEIR EDUCATION AND GIVE THEM THE PATIENT EXPERIENCE STUDENTS FROM RADIOLOGY PROGRAMS PERFORM THEIR CLINICAL HOURS AT PARK NICOLLET LOCATIONS OUR RADIOLOGY TECHNOLOGISTS SUPERVISE AND TEACH THE STUDENTS THE ART OF PERFORMING X-RAYS PARK NICOLLET ALSO PROVIDES CLINICAL ROTATION FOR STUDENTS FROM ANOKA TECHNICAL COLLEGE, DAKOTA COUNTY TECHNICAL COLLEGE AND THE UNIVERSITY OF MINNESOTA IN ADDITION WE PROVIDE PHLEBOTOMY TRAINING FOR HENNEPIN TECHNICAL COLLEGE STUDENTS AND HISTOLOGY TRAINING FOR NORTH HENNEPIN COMMUNITY COLLEGE STUDENTS WE ALSO DONATE MATERIALS TO HENNEPIN TECH, ALONG WITH MEETING SPACE AND DURABLE MEDICAL GOODS THAT THEY CAN TRAIN WITH SO THEY HAVE UP-TO-DATE EXPERIENCES WITH CURRENTLY-USED EQUIPMENT PARK NICOLLET STAFF ALSO MENTORED AN LPN STUDENT OVER THE COURSE OF 8 FULL-TIME SHIFTS PROVIDED OPPORTUNITIES FOR HANDS ON LEARNING PROVIDED FEEDBACK, EDUCATION, AND EVALUATION ON NURSING SKILLS AND COMPETENCY ALSO PROVIDED MENTORSHIP AND EDUCATION TO A DOCTOR OF NURSING, NURSE PRACTITIONER PROGRAM THIS INTERNSHIP OFFERED HANDS-ON LEARNING AND FAMILY PRACTICE CLINIC EXPERIENCE NURSING STUDENT INTERNSHIP FOR AN RN STUDENT IN LEADERSHIP COURSE IN COLLEGE THE STUDENT SPENT 40 HOURS LEARNING ABOUT LEADERSHIP AND RECEIVED INFORMATION TO WORK ON A PROJECT THAT HAD TO INVOLVE THE NATIONAL PATIENT SAFETY GOALS PARK NICOLLET LABORATORY STAFF AT THE STEM FAIR IN APPLE VALLEY THERE WERE WELL OVER 2,000 KIDS AND PARENTS IN ATTENDANCE TO LEARN AND EXPLORE CAREER PATHS IN SCIENCE, TECHN</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>                     OLOGY, ENGINEERING AND MATH WE HAD A GREAT TIME TALKING UP THE LABORATORY BY UTILIZING A TEACHING MICROSCOPE, A SLIDE SHOW OF BLOOD CELLS, AND AN INFORMATIVE PAMPHLET DESCRIBING LABORATORY CAREERS THIS EXPERIENCE CONFIRMED THAT THE LABORATORY FIELD IS NOT WIDELY KNOWN AS A PROFESSION WE ALL HAVE THE ABILITY TO CHANGE THAT SUBSIDIZED HEALTH SERVICES ADVOC ARE - ADVOCARE SERVES ANY PARK NICOLLET PATIENT, STAFF OR COMMUNITY MEMBER LIVING IN AN AB USIVE SITUATION, PROVIDING CRISIS SUPPORT, EDUCATION ABOUT ABUSE, SAFETY PLANNING AND LEGA L OPTIONS ALL ADVOCARE SERVICES ARE FREE AND CONFIDENTIAL WE ALSO PROVIDE EDUCATION TO P ARK NICOLLET STAFF, SUCH AS IDENTIFYING DYNAMICS OF ABUSE, IDENTIFYING PATIENTS BEING ABUS ED, DOCUMENTING ABUSE IN THE MEDICAL RECORD AND PROVIDING THE PROPER RESPONSE TO BATTERED PATIENTS YOUTH SERVED - FOUR SCHOOL-BASED HEALTH CENTERS HAD MORE THAN 5,400 CHILDREN VIS ITS, PROVIDING 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, A ND VISION CHECKS RESEARCH RESEARCH AT PARK NICOLLET IS COORDINATED AND SPONSORED BY HEALT HPARTNERS INSTITUTE AND EMBEDDED IN DEPARTMENTS AND STRATEGIES ACROSS PARK NICOLLET TO SUP PORT QUALITY INITIATIVES AND THE PATIENT EXPERIENCE RESEARCH ENCOMPASSES INVESTIGATOR-INI TIATED STUDIES, CLINICAL TRIALS, PRACTICE-BASED RESEARCH, OUTCOMES AND QUALITY IMPROVEMENT PROJECTS, DATA ANALYTICS, STATISTICS, SURVEY DEVELOPMENT AND FOCUS GROUPS COMMUNITY BUIL DING ACTIVITIES HABITAT FOR HUMANITY - WHEN HEALTHPARTNERS AND PARK NICOLLET COMBINED IN 2 012, OUR ORGANIZATIONS USED VOLUNTEERISM AS A MEANS TO LEARN ABOUT EACH OTHER AND SHARE OU R VALUES PARK NICOLLET HAD A HISTORY OF BUILDING HOMES WITH H4H SINCE 2002, AND HEALTHPAR TNERS HAD A HISTORY SINCE 2010 SO SWEATING TOGETHER TO BUILD A HOME FOR FAMILY WAS A NATU RAL, FOR HOUSING AND HEALTH GO HAND IN HAND ACCORDING TO THE POSITIVE IMPACTS OF AFFORDAB LE HOUSING ON HEALTH A RESEARCH SUMMARY, WHEN FAMILIES PAY EXCESSIVE AMOUNTS OF THEIR INCO ME FOR HOUSING THEY OFTEN HAVE INSUFFICIENT FUNDS REMAINING TO MEET OTHER ESSENTIAL NEEDS, INCLUDING FOOD, MEDICAL INSURANCE AND HEALTH CARE SPRING BUILD - WEST ST PAUL 80 VOLUNT EERS, 640 VOLUNTEER HOURS FALL BUILD - MINNEAPOLIS 79 VOLUNTEERS, 632 VOLUNTEER HOURS ORGA NIZATION AWARDS AND ACHIEVEMENTS METHODIST IS ON BECKER'S HEALTHCARE'S LIST OF "68 OF THE GREENEST HOSPITALS IN AMERICA" FOR 2018 THE LIST IS COMPILED BY THE EDITORS OF BECKER'S H OSPITAL REVIEW, BASED ON NOMINATIONS AND RESEARCH THE HOSPITALS THAT MAKE THE LIST HAVE MA DE ENVIRONMENTAL STEWARDSHIP FOR THEIR COMMUNITIES A TOP PRIORITY AND EMBRACED GREEN PROJ ECTS AND CONSERVATION METHODIST HOSPITAL HAS REDUCED 40 PERCENT OF ITS TOTAL WASTE SINCE IMPLEMENTING A NEW WASTE MINIMIZATION PROGRAM IN 2016 METHODIST HAS BEEN NAMED A 2018 CIT ATION OF MERIT AWARD RECIPIENT                 </p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	AS PART OF THE ANNUAL QUEST FOR QUALITY THE QUEST FOR QUALITY PRIZE RECOGNIZES HEALTH CARE LEADERSHIP AND INNOVATION IN IMPROVING QUALITY AND ADVANCING HEALTH IN COMMUNITIES ALL RECIPIENTS DEMONSTRATE A COMMITMENT TO IMPROVING ACCESS, PROVIDING HIGH QUALITY, SAFE CARE, CREATING VALUE, PARTNERING WITH PATIENTS AND FAMILIES, FOCUSING ON WELL-BEING, AND PROVIDING SEAMLESS, COORDINATED CARE HEALTHGRADES, A GROUP THAT EVALUATES NATIONWIDE HOSPITAL QUALITY BASED ON CLINICAL OUTCOMES, RECOGNIZED METHODIST HOSPITAL FOR OUTSTANDING ACHIEVEMENT IN CLINICAL QUALITY AMERICA'S 100 BEST HOSPITALS FOR GASTROINTESTINAL CARE AWARD FOR TWO YEARS IN A ROW (2017-2018) AMERICA'S 100 BEST HOSPITALS FOR GENERAL SURGERY AWARD FOR TWO YEARS IN A ROW (2017-2018) AMERICA'S 100 BEST HOSPITALS FOR PULMONARY CARE AWARD FOR THREE YEARS IN A ROW (2016-2018) CRITICAL CARE EXCELLENCE AWARD FOR THREE YEARS IN A ROW (2016-2018) IN RECOGNITION OF OUTSTANDING ACCOMPLISHMENTS IN SUSTAINABILITY, METHODIST HOSPITAL RECEIVED THE TOP 25 ENVIRONMENTAL EXCELLENCE AWARD, GREENING THE OR RECOGNITION FROM PRACTICE GREENHEALTH, THE NATION'S LEADING ORGANIZATION DEDICATED TO ENVIRONMENTAL SUSTAINABILITY IN HEALTH CARE

# 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 PNMC 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**

<b>Return Reference</b>	<b>Explanation</b>
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 DIRECTOR OF FINANCE, 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**

<b>Return Reference</b>	<b>Explanation</b>
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 ASKED 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 ENDING WITH A REMINDER TO COVERED PERSONS OF 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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	<p>PARK NICOLLET HEALTH SERVICE'S (PNHS) PRESIDENT AND ITS OFFICERS ARE EMPLOYED BY EITHER GROUP HEALTH PLAN, INC (GHI), A RELATED ORGANIZATION, OR BY PNHS. GHI AND PNHS HAVE AN ANNUAL PROCESS TO REVIEW THE MARKET COMPARABILITY OF THE TOTAL COMPENSATION OF THE PNHS'S PRESIDENT AND OTHER OFFICERS. EVERY THREE YEARS, THE INDEPENDENT COMPENSATION COMMITTEE OF THE GHI BOARD OF DIRECTORS (THE "COMMITTEE"), RETAINS AN EXTERNAL COMPENSATION EXPERT TO CONDUCT AN EXTENSIVE MARKET COMPARABILITY REVIEW FOR ALL OFFICERS OF THE ORGANIZATION. THE REVIEW INCLUDES ALL COMPONENTS OF TOTAL COMPENSATION: BASE SALARY, ANNUAL INCENTIVES, BENEFITS AND PERQUISITES. THE MARKET SURVEY RESULTS ARE PRESENTED TO, REVIEWED BY AND APPROVED BY THE APPROPRIATE COMMITTEE. BASED ON THIS DATA, THE COMPENSATION COMMITTEE OF GHI (THE "COMMITTEES") DETERMINE MINIMUM AND MAXIMUM TOTAL COMPENSATION RANGES FOR EACH EMPLOYED OFFICER. IN INTERIM YEARS, GHI'S HUMAN RESOURCES STAFF, UNDER THE COMMITTEES' DIRECTION, UPDATES CHANGES IN THE SALARY STRUCTURE BASED ON THE SAME INDEPENDENT STUDIES PERFORMED BY THE COMPENSATION CONSULTANT FOR THE COMMITTEE. FOR CERTAIN POSITIONS FULL INDEPENDENT REVIEWS ARE PERFORMED TO SET SALARY RANGES BASED ON THE COMPETITIVE MARKET DATA SPECIFIC TO THOSE POSITIONS. THE 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 CEO OF GHI CONDUCTS THE ANNUAL PERFORMANCE REVIEW AND DETERMINES THE COMPENSATION OF THE PNHS PRESIDENT. THE GHI BOARD HAS DELEGATED TO THE PNHS 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 PNHS-EMPLOYED OFFICERS WITHIN THE COMPENSATION RANGES DETERMINED BY THE COMMITTEE. ANY EXCEPTIONS IN EXCESS OF THE APPROVED RANGES NEED TO BE APPROVED BY THE EXECUTIVE COMMITTEE. TOTAL COMPENSATION IS APPROPRIATELY DOCUMENTED ON THE FORM 990 AND ON THE EMPLOYEE'S W-2.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	NET ASSETS RELEASED FROM RESTRICTIONS -74,312 GRANTS RUN THROUGH THE FOUNDATION -30,021 CONTRIBUTION FROM PNF DISCLOSED IN 2017 3,295,900

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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	

**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
<b>(1)</b> PARK NICOLLET ENTERPRISES 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1656735	REAL ESTATE FOR RELATED ORGANIGATION	MN	PARK NICOLLET HEALT H SERVICES	C	61,501	11,341,393	100 000 %		No
<b>(2)</b> HEALTHPARTNERS ADMINISTRATORS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1629390	THIRD PARTY ADMINISTRATOR	MN	HEALTHPARTNERS INC	C					No
<b>(3)</b> 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
<b>(4)</b> 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
<b>(5)</b> 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
<b>(6)</b> DENTAL SPECIALTIES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 45-1297583	PROFESSIONAL DENTAL SERVICES	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
<b>(7)</b> 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

<b>1</b> 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?		Yes	No
<b>a</b>	Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b>	Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b>	Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b>	Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b>	Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b>	Dividends from related organization(s) . . . . .		No
<b>g</b>	Sale of assets to related organization(s) . . . . .		No
<b>h</b>	Purchase of assets from related organization(s) . . . . .		No
<b>i</b>	Exchange of assets with related organization(s) . . . . .		No
<b>j</b>	Lease of facilities, equipment, or other assets to related organization(s) . . . . .	Yes	
<b>k</b>	Lease of facilities, equipment, or other assets from related organization(s) . . . . .	Yes	
<b>l</b>	Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	Yes	
<b>m</b>	Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	Yes	
<b>n</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		No
<b>o</b>	Sharing of paid employees with related organization(s) . . . . .		No
<b>p</b>	Reimbursement paid to related organization(s) for expenses . . . . .	Yes	
<b>q</b>	Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b>	Other transfer of cash or property to related organization(s) . . . . .	Yes	
<b>s</b>	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	13,637,935	COST
(2)PARK NICOLLET HEALTH SERVICES	P	1,381,535,589	COST
(3)PARK NICOLLET HEALTH SERVICES	J	5,991,977	COST
(4)PARK NICOLLET HEALTH SERVICES	R	1,430,768,581	COST
(5)HEALTHPARTNERS INC	L	118,912,755	COST





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

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

<b>Return Reference</b>	<b>Explanation</b>

**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
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
8171 33RD AVE S PO BOX 1309 MPLS, MN 554401309 20-2287016	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 41-1670163	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 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 INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1279567	PROVIDE SUPPORT TO HOSPITAL AND 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 SUPPORT TO HOSPITAL AND COMMUNITY HEALTH	MN	501(C)(3)	509(A)(3) TYPE II	LAKEVIEW HEALTH		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0811697	HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(VI)	LAKEVIEW HEALTH		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	LAKEVIEW HEALTH		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)(VI)	RH-WISCONSIN INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1770913	PROVIDE SUPPORT TO HOSPITAL AND COMMUNITY HEALTH	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 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 INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1726539	PROVIDE SUPPORT TO HOSPITAL AND COMMUNITY HEALTH	WI	501(C)(3)	170(B)(1) (A)(VI)	AMERY REGIONAL MEDICAL CENTER INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 84-1715908	HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(III)	PARK NICOLLET HEALTH SERVICES		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 36-3317820	PROVIDE SUPPORT TO HOSPITAL	MN	501(C)(3)	509(A)(3) TYPE III	HUTCHINSON HEALTH		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) PARK NICOLLET ENTERPRISES 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1656735	REAL ESTATE FOR RELATED ORGANICATION	MN	PARK NICOLLET HEALTH SERVICES	C	61,501	11,341,393	100 000 %		No
(1) HEALTHPARTNERS ADMINISTRATORS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1629390	THIRD PARTY ADMINISTRATOR	MN	HEALTHPARTNERS INC	C					No
(2) HEALTHPARTNERS ASSOCIATES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 52-2365151	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(3) HEALTHPARTNERS SERVICES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683568	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(4) 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
(5) DENTAL SPECIALTIES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 45-1297583	PROFESSIONAL DENTAL SERVICES	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(6) 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