

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 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

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

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 \$ 1,900,049,369

F Name and address of principal officer:
STEVEN CONNELLY MD
6500 EXCELSIOR BLVD
SLP, MN 55426

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶ 5874

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

J Website: ▶ WWW.PARKNICOLLET.COM

K Form of organization: Corporation Trust Association Other ▶

L Year of formation:
M State of legal domicile:
MN

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	1,637
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	8,464,039	12,674,166
9 Program service revenue (Part VIII, line 2g)	1,608,950,783	1,683,325,963
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,113,345	22,398,742
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,161,900	7,336,298
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,650,690,067	1,725,735,169
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	95,154	88,599
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,019,361,905	1,079,442,091
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 396,009		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	543,199,699	576,157,249
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,562,656,758	1,655,687,939
19 Revenue less expenses. Subtract line 18 from line 12	88,033,309	70,047,230
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,202,718,237	1,328,602,033
21 Total liabilities (Part X, line 26)	448,599,825	464,832,720
22 Net assets or fund balances. Subtract line 21 from line 20	754,118,412	863,769,313

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: STEVEN CONNELLY MD PRESIDENT
Date: 2020-11-15

Paid Preparer Use Only

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,437,595,795 including grants of \$ 88,599) (Revenue \$ 1,683,325,963)
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 ▶ 1,437,595,795

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related parties.

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/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16, including sub-questions like 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, and 16.

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

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

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

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

Section C. Disclosure

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

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

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

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

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	7,604,371	15,929,971	3,317,545

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1,651

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GROUP HEALTH PLAN INC 8170 33RD AVE S MINNEAPOLIS, MN 55440	ADMINISTRATIVE SERVICES	64,403,632
RJM CONSTRUCTION 830 BOONE AVE N GOLDEN VALLEY, MN 55427	CONSTRUCTION SERVICES	38,386,689
KRAUS-ANDERSON CONST CO 525 S 8TH ST MINNEAPOLIS, MN 55404	CONSTRUCTION SERVICES	31,216,618
FAVORITE HEALTHCARE STAFFING, PO BOX 26225 OVERLAND PARK, KS 66225	STAFFING	4,201,287
PRESCRIPTON LANDSCAPE 481 FRONT AVE ST PAUL, MN 55117	LANDSCAPING	3,573,999

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 228

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d	12,560,832		
	e Government grants (contributions)	1e	113,334		
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f:\$	1g			
	h Total. Add lines 1a-1f		12,674,166		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a MEDICAL SERVICES		621400	1,529,188,233	1,529,188,233		
b SERVICES TO AFFILIATES		561000	80,093,787	80,093,787		
c RETAIL SALES		446110	74,043,943	74,043,943		
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			1,683,325,963			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			13,814,434			13,814,434	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents		(i) Real					
			(ii) Personal					
		6a		1,297,154				
		b Less: rental expenses	6b		932,156			
	c Rental income or (loss)	6c		364,998				
	d Net rental income or (loss)				364,998			364,998
	7a Gross amount from sales of assets other than inventory		(i) Securities					
			(ii) Other					
		7a		181,414,777	225,426			
		b Less: cost or other basis and sales expenses	7b		172,963,494	92,401		
	c Gain or (loss)	7c		8,451,283	133,025			
	d Net gain or (loss)				8,584,308			8,584,308
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
	b Less: direct expenses	8b						
	c Net income or (loss) from fundraising events							
	9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b						
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances								
		10a		472,680				
b Less: cost of goods sold	10b		326,149					
c Net income or (loss) from sales of inventory				146,531			146,531	
Miscellaneous Revenue	Business Code							
11a PROPERTY MANAGEMENT		812930	3,800,791				3,800,791	
b CAFETERIA		722210	2,888,279				2,888,279	
c MISC		722210	135,699				135,699	
d All other revenue								
e Total. Add lines 11a-11d			6,824,769					
12 Total revenue. See instructions			1,725,735,169	1,683,325,963	0		29,735,040	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	68,599	68,599		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	20,000	20,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,363,015	237,889	1,125,126	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	947,048,364	833,229,702	113,470,771	347,891
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	47,508,743	41,799,022	5,692,269	17,452
9 Other employee benefits	36,938,843	32,462,492	4,462,797	13,554
10 Payroll taxes	46,583,126	40,984,648	5,581,366	17,112
11 Fees for services (non-employees):				
a Management				
b Legal	374,556		374,556	
c Accounting				
d Lobbying	26,835		26,835	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	451,904		451,904	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	48,388,195	32,058,009	16,330,186	
12 Advertising and promotion	1,669,425	1,168,325	501,100	
13 Office expenses	11,723,901	7,913,882	3,810,019	
14 Information technology	3,947,968	3,366,768	581,200	
15 Royalties				
16 Occupancy	38,250,327	30,744,252	7,506,075	
17 Travel	1,611,819	1,304,696	307,123	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	299,088	227,657	71,431	
20 Interest	14,064,689	14,064,689		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	65,756,281	54,231,268	11,525,013	
23 Insurance	11,954,000	11,861,271	92,729	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES AND DR	285,110,773	284,899,230	211,543	
b SUBSCRIPTIONS, FEES, DU	35,237,812	11,136,198	24,101,614	
c TRAINING AND EDUCATION	24,519,639	24,353,084	166,555	
d MANAGEMENT FEES	20,246,349		20,246,349	
e All other expenses	12,523,688	11,464,114	1,059,574	
25 Total functional expenses. Add lines 1 through 24e	1,655,687,939	1,437,595,795	217,696,135	396,009
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	127,601	1	290,276
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	164,491,203	4	169,630,985
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	12,121,719	8	12,732,222
	9 Prepaid expenses and deferred charges	3,378,177	9	3,113,312
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,416,068,342		
	b Less: accumulated depreciation	924,837,557		
	11 Investments—publicly traded securities	428,224,709	11	485,203,983
	12 Investments—other securities. See Part IV, line 11	1,678,299	12	1,709,504
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	138,549,194	15	164,690,966
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,202,718,237	16	1,328,602,033	
Liabilities	17 Accounts payable and accrued expenses	60,788,350	17	66,433,892
	18 Grants payable		18	
	19 Deferred revenue	353,063	19	563,594
	20 Tax-exempt bond liabilities	320,633,570	20	305,252,865
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	66,824,842	25	92,582,369
	26 Total liabilities. Add lines 17 through 25	448,599,825	26	464,832,720
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	753,642,432	27	863,318,737
	28 Net assets with donor restrictions	475,980	28	450,576
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	754,118,412	32	863,769,313	
33 Total liabilities and net assets/fund balances	1,202,718,237	33	1,328,602,033	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,725,735,169
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,655,687,939
3	Revenue less expenses. Subtract line 2 from line 1	3	70,047,230
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	754,118,412
5	Net unrealized gains (losses) on investments	5	42,276,426
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	365,900
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3,038,655
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	863,769,313

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
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 45-5023260

Name: PARK NICOLLET GROUP RETURN

Form 990 (2019)

Form 990, Part III, Line 4a:

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFF MENDELOFF MD DIRECTOR	72.00 1.00	X						1,017,848	0	73,952
BRAD WOZNEY MD DIRECTOR	3.00 0.00	X						0	30,000	0
RUTH MICKELSEN DIRECTOR	3.70 0.00	X						0	33,000	0
JAMES MALECHA DIRECTOR & CHAIR	5.10 0.00	X		X				0	50,000	0
THOMAS R BRINSKO DIRECTOR	3.50 0.00	X						0	33,000	0
LUZ MARIA FRIAS DIRECTOR	2.80 0.00	X						0	30,000	0
MORRIS GOODWIN DIRECTOR	3.40 0.00	X						0	33,000	0
DEBORAH HOPP DIRECTOR	3.50 0.00	X						0	33,000	0
SUSAN L HOYT DIRECTOR	3.10 0.00	X						0	33,000	0
LAURA OBERST DIRECTOR & VICE CHAIR	3.40 0.00	X		X				0	33,000	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	3.20 61.80	X		X				0	1,023,330	128,165
AMY LANGER DIRECTOR	4.50 0.00	X						0	33,000	0
PHILIP DONALDSON DIRECTOR & TREASURER	2.90 0.00	X		X				0	33,000	0
SONDRA SAMUELS DIRECTOR	2.60 0.00	X						0	30,000	0
RAE ANN WILLIAMS MD DIRECTOR	39.00 1.00	X						345,167	0	108,640
ANDREA M WALSH DIRECTOR & CEO	1.00 54.00	X		X				0	1,912,669	531,759
STEVEN CONNELLY MD PRESIDENT PNHS	64.00 1.00			X				0	874,457	154,114
TRICIA DEGE CFO CARE DELIVERY (AUG-DEC)	20.00 20.00			X				0	500,227	107,135
NANCY EVERT SR. VP, GENERAL COUNSEL	54.00 1.00			X				0	401,500	108,606
LAURA LOBERG VP SURGICAL SERVICES	39.00 1.00			X				0	390,268	93,935

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			
TOM JONES MD SR. MEDICAL DIRECTOR, SURG	59.00 1.00			X				0	863,185	104,536
STEVEN HOUSH VP, ORTHOPAEDIC SERVICES	49.00 1.00			X				0	413,934	56,119
KATE KEIPER VP HUMAN RESOURCES	49.00 1.00			X				0	325,299	42,780
KATE KLUGHERZ VP SPECIALTY SERVICES	49.00 1.00			X				0	397,376	98,515
CATHERINE LENAGH VP & CFO (DEC-AUG)	39.00 1.00			X				0	575,241	50,573
KRISTI LYON VP PAYER RELATIONS	49.00 1.00			X				0	401,068	108,938
JIM LYONS HUTCHINSON PRESIDENT	5.00 50.00			X				0	242,980	45,541
JOAN SANDSTROM VP PRIMARY CARE	49.00 1.00			X				0	450,160	95,913
MARK SANNESMD SR MEDICAL DIRECTOR	49.00 1.00			X				0	597,619	94,582
MELISSA SCHOENHERR VP MARKETING AND COMMUNICA	39.00 1.00			X				0	395,849	111,435

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			
MICHAEL SEIM MD MEDICAL AFFAIRS & CMO	39.00 1.00			X				0	452,866	90,000
DUANE SPIEGLE VP REAL ESTATE AND SUPPORT	49.00 1.00			X				0	398,728	108,671
MATT WESTERLUND VP QUALITY AND SAFETY	49.00 1.00			X				0	172,319	68,524
JOSHUA ZIMMERMAN SR MEDICAL DIRECTOR	39.00 1.00			X				0	519,696	78,819
NANCY MCCLURE CHIEF OPERATING OFFICER	20.00 30.00			X				0	977,612	128,626
BARBARA TRETHERWAY SR. VP, GENERAL COUNSEL	5.00 50.00			X				0	613,506	35,592
JENNIFER MYSTER METHODIST PRESIDENT	49.00 1.00			X				0	470,602	83,048
KASEY PAULUS VP INPATIENT & CNO	49.00 1.00			X				0	258,686	28,191
TOM WALSH MD SR. MEDICAL DIRECTOR ORTHOPAEDIC SERVICES	49.00 1.00			X				0	865,440	62,745
PETER LEE MD MEDICAL DOCTOR	40.00 0.00					X		1,460,505	0	75,912

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			
ROBERT WERLING MD MEDICAL DOCTOR	40.00 0.00					X		1,244,867	0	77,244
GREGORY R HILDEBRAND MEDICAL DOCTOR	40.00 0.00					X		1,063,420	0	52,538
MARK WILCZYNSKI MD MEDICAL DOCTOR	40.00 0.00					X		1,012,283	0	75,325
BRIAN WALTERS MD MEDICAL DOCTOR	90.00 0.00					X		1,460,281	0	63,821
CARA HULL FORMER VP HUMAN RESOURCES	0.00 40.00						X	0	482,378	56,687
THEODORE WEGLEITNER FORMER COO TRIA	0.00 53.00						X	0	548,976	116,564

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 for instructions and the latest information.

OMB No. 1545-0047
2019
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		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2019. 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 <input type="checkbox"/>		
b 33 1/3% support test—2018. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART I	PARK NICOLLET METHODIST HOSPITAL LINE 3: 170(B)(1)(A)(III) PARK NICOLLET CLINIC LINE 3: 170(B)(1)(A)(III) PARK NICOLLET HEALTH CARE PRODUCTS LINE 12 TYPE I, 509(A)(3) PNM 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) \$1,905,933 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) \$74,493,832 LINE 12, COLUMN (I) PARK NICOLLET CLINIC, (II) 41-0834920, (III) 170(B)(1)(A)(III), (IV) NO, (V) \$0, (VI) \$3,862,081.99 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 for instructions and the latest information.

OMB No. 1545-0047

2019
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
--	--

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		76,471
j Total. Add lines 1c through 1i			76,471
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

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

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

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 for instructions and the latest information.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor information.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for conservation details (2a-2d), and questions about monitoring and expenses.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	38,225,552	31,964,574	31,153,525	26,326,063	27,215,939
b Contributions	15,200,835	4,218,839	4,637,534	6,201,514	3,506,786
c Net investment earnings, gains, and losses	2,519,420	-457,678	1,952,529	804,937	239,474
d Grants or scholarships	6,073,856	2,499,817	5,779,014	2,178,989	4,636,136
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	49,871,951	38,225,552	31,964,574	31,153,525	26,326,063

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 0 %
- b** Permanent endowment ▶ 38.000 %
- c** Temporarily restricted endowment ▶ 62.000 %

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:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		No
3a(ii)	Yes	
3b	Yes	

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		43,194,054		43,194,054
b Buildings		712,799,380	413,002,026	299,797,354
c Leasehold improvements		87,016,936	56,681,760	30,335,176
d Equipment		382,523,432	309,234,563	73,288,869
e Other		190,534,540	145,919,208	44,615,332
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				491,230,785

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	▶	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLE	103,780,848
(2) RIGHT OF USE ASSET	28,580,111
(3) OTHER ASSETS	32,330,007
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶ 164,690,966

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 92,582,369

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

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

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

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

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

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

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 45-5023260

Name: PARK NICOLLET GROUP RETURN

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	PARK NICOLLET'S ACCOUNTING POLICY PROVIDES THAT A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS. PARK NICOLLET RECORDED NO LIABILITIES AT DECEMBER 31, 2019 OR 2018 FOR UNRECOGNIZED TAX BENEFITS.

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

Hospitals

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

Employer identification number
 45-5023260

OMB No. 1545-0047
2019
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
1b If "Yes," was it a written policy?	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>27500.0000000000 %</u>	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>38500.0000000000 %</u>	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?		No
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?		No
b If "Yes," did the organization make it available to the public?		

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			9,312,581	120,883	9,191,698	0.560 %
b Medicaid (from Worksheet 3, column a)			190,225,181	121,511,078	68,714,103	4.150 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			199,537,762	121,631,961	77,905,801	4.710 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			4,774,593	2,186	4,772,407	0.290 %
f Health professions education (from Worksheet 5)			7,400,377	2,925,614	4,474,763	0.270 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			12,174,970	2,927,800	9,247,170	0.560 %
k Total. Add lines 7d and 7j			211,712,732	124,559,761	87,152,971	5.270 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	19,727,951
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	145,671,188
6	Enter Medicare allowable costs of care relating to payments on line 5	6	156,876,522
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-11,205,334
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

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

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

1

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

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
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.HEALTHPARTNERS.COM/CONTENT/DAM/BRAND-IDENTITY/PDFS/CARE/2018-CO</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? <u>WWW.PARKNICOLLET.COM/COMMUNITYANDVOLUNTEERISM/COMMUNITY-NEEDS-</u>	Yes	
a	If "Yes" (list url): <u>HEALTH</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

PARK NICOLLET METHODIST HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>275.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>385.000000000000</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTP://WWW.PARKNICOLLET.COM/PATIENT-ACCOUNTS-SERVICES/FINANCIAL-ASSISTANCE</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>HTTP://WWW.PARKNICOLLET.COM/PATIENT-ACCOUNTS-SERVICES/FINANCIAL-ASSISTANCE</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>HTTP://WWW.PARKNICOLLET.COM/PATIENT-ACCOUNTS-SERVICES/FINANCIAL-ASSISTANC</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

PARK NICOLLET METHODIST HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

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

PARK NICOLLET METHODIST HOSPITAL

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		No
24	Yes	

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 41

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 2019 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 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 25 OF THE ATTACHED AUDIT REPORT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	<p>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 \$170.0 MILLION FOR ALL OF PARK NICOLLET HEALTH SERVICES SYSTEM WIDE.</p>

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	<p>IN 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 HTTP://WWW.PARKNICOLLET.COM/COMMUNITYANDVOLUNTEERISM/COMMUNITY-NEEDS-HEALTH-ASSESSMENTIN 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.</p>

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 POLICY ALL 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 1,200 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 MORE THAN 30 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 CHNA AS PRIORITIZED BY ITS BOARD OF DIRECTORS. PARK NICOLLET FOUNDATION'S BOARD OF DIRECTORS IS A COMMUNITY BOARD AND PROVIDES ACTIVE PARTICIPATION IN THE NONPROFIT MISSION OF THE ORGANIZATION. PARK NICOLLET'S INTEGRATED SYSTEM PROVIDES COMMUNITY BENEFIT TO UNDERSERVED POPULATIONS THROUGH CONVENING OF COMMUNITIES, EDUCATION AND SUPPORT OF PATIENTS AND COMMUNITY MEMBERS DIAGNOSED WITH CHRONIC DISEASE, AND RESEARCH TO IMPROVE QUALITY OF LIFE. HEALTH PROFESSIONALS WITHIN THE INTEGRATED SYSTEM ASSIST PATIENTS IN THE COMMUNITY, IN THE STATE, IN THE NATION, AND AROUND THE WORLD WHO NEED SPECIALIZED PROGRAMS AND SERVICES FOR VARIOUS CONDITIONS. PARK NICOLLET ALSO IS A RECOGNIZED LEADER IN PROCESS IMPROVEMENTS TO COORDINATE PATIENT CARE AND PROVIDE PATIENTS WITH SOCIAL SUPPORT SYSTEMS TO IMPROVE POPULATION HEALTH. THIS HAS BEEN ACCOMPLISHED THROUGH ITS INITIATIVES THROUGH THE PHYSICIAN GROUP PRACTICE DEMONSTRATION PROGRAM SPONSORED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES. PARK NICOLLET ALSO PARTICIPATES IN THE 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 A ND TOPICS AFFECTING RESIDENTS IN THE COMMUNITY. THESE MEETINGS ARE HELD AT DIFFERENT LOCAT IONS THROUGHOUT PARK NICOLLET'S SERVICE AREA. THE FOLLOWING ARE SOME EXAMPLES OF THIS WORK :CHILDREN FIRST DAKOTA COUNTY HEALTHY COMMUNITY COLLABORATIVEMEADOWBROOK COLLABORATIVENORT HWEST HENNEPIN HEALTHY COMMUNITY PARTNERSHIPST. LOUIS PARK SUCCESSFUL AGING INITIATIVESCOT T COUNTY HEALTHY COMMUNITY COLLABORATIVETHE FOLLOWING ARE EXAMPLES OF SPECIFIC ACTIVITIES THAT ARE SUPPORTED BY THE PARK NICOLLET FOUNDATION AND PARK NICOLLET HEALTH SERVICES AND D EMONSTRATE THE ORGANIZATION'S COMMITMENT TO THE COMMUNITY AND MEETING UNMET COMMUNITY NEED S.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 QUA LITY 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 AD DRESS 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 M ETHODIST HOSPITAL BY PARTNERING TO GIVE PEOPLE THE SAFE AND CARING ENVIRONMENT THEY NEED T O HEAL, THROUGH THE FOLLOWING PROGRAMS: GROWING THROUGH GRIEF - A SCHOOL-SUPPORT PROGRAM F OR 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 PR OVIDES 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, P LYMOUTH AND ST. LOUIS PARK MADE HOME VISITS TO 211 METHODIST HOSPITAL PATIENTS AFTER HOSPI TAL DISCHARGE. VISITS INCLUDE MEDICATION REVIEW AND HOME SAFETY CHECKS. SCHOOL-BASED HEALT H 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>

Form and Line Reference	Explanation
PART VI, LINE 6:	<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. 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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 6:	<p>ED HEALTH RESOURCE CENTERS.+PARK NICOLLET SPONSORED COMMUNITY COLLABORATIVE - PARK NICOLLE T 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 COLLABORATIVENOR THWEST HENNEPIN HEALTHY COMMUNITY PARTNERSHIPST. LOUIS PARK SUCCESSFUL AGING INITIATIVESCO TT 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 1,700 VOLUNTEERS SUPPORTED 81 PARK NICOLLET DEPARTMENTS. COMMUNITY PARTNERSHIP - PARK NICOLLET FOUNDATION PARTNERS WITH PARK NICOLLET HEALTH SERVICES, 14 SCHOOL DISTRICTS, 82 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 145 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.PARK NICOLLET METHODIST HOSPITAL IS PART OF PARK NICOLLET HEALTH SERVICES, AN INTEGRATED HEALTH SYSTEM. OTHER AFFILIATES INCLUDE 1) PARK NICOLLET CLINIC IN MORE THAN 30 CLINICS, 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.</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**

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		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	PARK NICOLLET METHODIST HOSPITAL 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 PARKNICOLLET.COM 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>

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 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, WI PARK NICOLLET METHODIST HOSPITAL:PART V, SECTION B, LINE 6B: PARK NICOLLET FOUNDATION AND PARK NICOLLET CLINIC PARK NICOLLET METHODIST HOSPITAL:

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

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

Form and Line Reference	Explanation
PARK NICOLLET METHODIST HOSPITAL	PART V, SECTION B, LINE 6B: PARK NICOLLET FOUNDATION AND PARK NICOLLET CLINIC

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

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

Form and Line Reference	Explanation
PARK NICOLLET METHODIST HOSPITAL	PART V, SECTION B, LINE 7D: PARK NICOLLET METHODIST HOSPITAL'S BOARD APPROVED THE IMPLEMENTATION STRATEGY FOR PARK NICOLLET METHODIST HOSPITAL IN FALL 2018. A COPY OF THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY IS POSTED ON THE HEALTHPARTNERS WEBSITE AT HTTPS://WWW.HEALTHPARTNERS.COM/CONTENT/DAM/HOT/BRAND-IDENTITY/PDFS/CARE/2018-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-IMPLEMENTATION-PLAN.PDF

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 11: THE 2018 HEALTHPARTNERS CHNA PROCESS IDENTIFIED THE FOLLOWING SYSTEM-WIDE PRIORITIES, WHICH PARK NICOLLET METHODIST HOSPITAL THEN CUSTOMIZED THROUGH ITS OWN IMPLEMENTATION PLAN: COMPLETED ACTIONS IN 2019 ARE LISTED AFTER EACH PRIORITY. PRIORITY 1: ACCESS TO CARE PARK NICOLLET GENDER SERVICES CREATED THE GENDER SERVICES CARE NAVIGATOR (CARE COORDINATOR) ROLE, WHICH SERVED OVER 350 GENDER DIVERSE PATIENTS ACROSS PARK NICOLLET IN JUST THE FIRST YEAR. PROVIDED PSYCHIATRY TELE-MEDICINE VISITS AT OUR MELROSE WOODBURY SITE. INCREASED ACCESS TO MELROSE PSYCHIATRY AND SERVE MORE PATIENTS ON THE EAST SIDE OF THE METRO AND WESTERN WISCONSIN. EXPANDED OUR MELROSE BURNSVILLE LOCATION. INCREASE PROVIDER CAPACITY BY 50% TO ADD ADDITIONAL ACCESS FOR PATIENTS IN THE SOUTHERN REGION OF MINNESOTA. PNC OUTPATIENT BH IMPLEMENTED EXTENDED EVENING HOURS AT THE ST. LOUIS PARK LOCATION IN OCTOBER 2019. DEVELOPED PATIENT EDUCATION HANDOUT THAT PROVIDES PATIENT WITH INFORMATION ON HOW TO ACCESS DIABETES EDUCATION SERVICES. THE MAMMO A GO GO CONTINUES TO BE OPERATIONAL AND A SECOND TRUCK WAS ADDED IN EARLY Q2 OF 2019 TO EXPAND SERVICE. WE SAW A 63% INCREASE IN THE NUMBER OF WOMEN SCREENED AT COMMUNITY EVENTS IN 2019 WITH THE ADDITION OF THE SECOND UNIT. PRIMARY CARE EXPANDED HOURS AT ALL LOCATIONS INCLUDING SATURDAYS. SOCIAL WORK SERVICES ARE AVAILABLE EVERY WEEK TO CONNECT PATIENTS AND THEIR CAREGIVERS TO RESOURCES. PRIORITY 2: ACCESS TO HEALTH REVIEWED GRANT APPLICATION AND APPLICATION PROCESS FOR EQUITY AND INCLUSION LANGUAGE AND INCLUSIVENESS. GREEN TEAM MEMBERS WERE PRESENT AT THREE COMMUNITY EVENTS IN 2019: BREATHE CLEAN SLP, PARKTACULAR AND HELPED DEVELOP THE CITY'S CLIMATE ACTION PLAN. OUR COMMUNITY MEDICINE TAKE BACK PROGRAM COLLECTED OVER 8,800 LBS OF MEDICATIONS FOR PROPER DISPOSAL WE DIVERTED >760 TONS OF WASTE FROM THE LANDFILL, INCLUDING >20 TONS OF ORGANIC WASTES AND >740 TONS OF RECYCLING. WE HAVE FOUR ELECTRIC VEHICLES IN OUR FLEET OUR SOLAR COMMITMENTS GENERATED >1.5 MILLION KWH WORTH OF RENEWABLE ENERGY ONTO THE GRID, THE EQUIVALENT OF ABOUT 137 HOUSE WORTH OF ELECTRICITY FOR A WHOLE YEAR. OUR ENERGY CONSERVATION INITIATIVES SAVED ALMOST 700,000 KWH OF ELECTRICITY AND SAVED THE ORGANIZATION >\$ 6,000 GRANT TO PORTICO HEALTHNET TO ASSIST WITH HEALTH INSURANCE NAVIGATION IN OUR SBHC COMMUNITIES OF RICHFIELD AND BROOKLYN CENTER. GRANT TO CHILDREN'S DENTAL SERVICES TO PROVIDE DENTAL CARE IN THESE HIGH NEED AREAS AS WELL. PRIORITY 3: MENTAL HEALTH AND WELLBEING WE LL MENTAL HEALTH MODULES INCLUDED IN GENERAL INCENTIVE PROGRAMS. FOUNDATION AND COMMUNITY STAFF SERVE ON CCHCACI COMMITTEE TO PROMOTE AND BROADEN MAKE IT OK BEATING THE BLUES INFORMATION GIVEN OUT TO PATIENTS AND OFFERED FOR EMPLOYEES ON MYHEALTH. PROVIDED SEVERAL INTERNAL AND EXTERNAL EATING DISORDER CLINICS. STAFF SERVE ON THE CENTER FOR COMMUNITY HEALTH COLLECTIVE ACTION COMMITTEE, CONDUCTED ANALYSIS OF MENTAL HEALTH CONTINUUM OF SERVICES FOR PARK NICOLLET PROGRAMS. ASSIS</p>

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>TED WITH DAKOTA COUNTY MENTAL HEALTH SUMMIT, OCTOBER 2019. 500+ PROVIDERS, LAW ENFORCEMENT AND PUBLIC HEALTH STAFF ATTENDED TO BEST PROVIDE SERVICES THROUGHOUT THE COUNTY. ACTED AS FISCAL AGENT FOR COLLABORATIVE. PNC OUTPATIENT BH CONTINUED TO SERVE JUNIOR HIGH AND HIGH SCHOOL AGED INDIVIDUALS IN THE ST. LOUIS PARK, BURNSVILLE, AND RICHFIELD SCHOOL DISTRICTS VIA TELEVIDEO VISITS DELIVERED WHILE THE STUDENTS REMAINED IN THEIR HOME SCHOOL SETTING. THESE SERVICES WERE SUPPORTED BY A GRANT FROM THE PARK NICOLLET FOUNDATION AND ARE FREE OF CHARGE TO THE STUDENTS/FAMILIES WE SERVED. PARTNERED WITH COMMUNITY MEMBER/PATIENT FAMILY FOR EATING DISORDERS FUNDRAISER - ARCHERS AIM PARTNER WITH DAKOTA COUNTY HEALTHY COMMUNIT IES COLLABORATIVE - PARTICIPATED IN DAKOTA COUNTY MENTAL HEALTH SUMMIT IN OCTOBER PRESENTE D EATING DISORDER INFORMATION AND EATING DISORDER TOOLKIT TO DAKOTA COUNTY SAFE AND DRUG F REE SCHOOL COMMITTEE" PARTNER WITH LOCAL MIDDLE AND HIGH SCHOOLS - DISTRIBUTED EATING DISO RDER SCHOOL TOOLKITS TO 200+ SCHOOL COUNSELORS AND NURSES AND PROVIDED EATING DISORDER EDU CATION SESSIONS PARTNER WITH SUBSTANCE USE DISORDER TREATMENT FACILITIES - DEVELOPED "EATI NG FOR RECOVERY" VIDEO TO HELP CLIENTS LEARN ABOUT NUTRITION IN RECOVERY AND THE SIGNS AND SYMPTOMS OF AN EATING DISORDER FUNDED BY THE FOUNDATION PARTNER WITH NAMI - MENTAL HEALTH AWARENESS DAY AT THE STATE FAIR AND NAMI SUPER SATURDAYS PARTNER WITH MN RECOVERY CONNECT ION - SPONSORED FROM "STATISTICS TO SOLUTION'S CONFERENCE FOR SUBSTANCE USE DISORDERS INTE GRATED THERAPISTS WITHIN PRIMARY CARE CLINICS BEGAN OFFERING MORE "CURBSIDE AND URGENT ACC ESS TO THEIR PRIMARY CARE COLLEAGUES IN 2019. SIGNIFICANT IMPROVEMENTS WERE MADE IN THE DE LIVERY OF TIME SENSITIVE CLINICAL DOCUMENTATION TO PARENTS, SCHOOLS, AND OTHER MENTAL HEAL TH PROFESSIONALS IN 2019. THIS RESULTED IN THE MOST URGENT DOCUMENTS BEING SENT OUT BY HIM MOST OFTEN IN LESS THAN 5 DAYS AND FREQUENTLY WITHIN 48 HOURS.PRIORITY 4: SUBSTANCE ABUSE IN 2019, 1,252 FEWER PARK NICOLLET PATIENTS WERE USING OPIOIDS CHRONICALLY. A 14.3% DECRE ASE FROM 2018. ADDITIONALLY, 986 FEWER PARK NICOLLET PATIENTS WERE DUALLY PRESCRIBED AN OP IOID AND A BENZODIAZEPINE, A 15.4% REDUCTION FROM 2018. AN ADDICTION MEDICINE SPECIALIST W AS HIRED AND BEGAN PROVIDING SERVICES AT THE PAIN CLINIC IN 2019. ADDITIONAL ALERTS AND CH ANGES WERE MADE TO THE ELECTRONIC MEDICAL RECORD TO GUIDE EVIDENCE-BASED OPIOID PRESCRIBIN G. 644,192 FEWER PILLS WERE PRESCRIBED IN 2019 FROM 2018, A 17.3% DECREASE MORE THAN OF PA RK NICOLLET SAME DAY SURGERY DISCHARGES ARE NOT PRESCRIBED AN OPIOID POST OPERATIVELY. WHE N PRESCRIBED, THE AVERAGE MORPHINE MILLIGRAM EQUIVALENT PER PRESCRIPTION IS 96, WHICH IS O N AVERAGE A 3-4 DAY SUPPLY. OUTPATIENT SERVICES ESTABLISHED IN PAIN CLINIC IN 2019 TO INCL UDE ADDICTION MEDICINE AND MENTAL HEALTH THERAPY. SERVICES AVAILABLE TO A BROAD BASE OF PA TIENTS. THE HEALTHY POSSIBILITIES PROGRAM, EMBEDDED IN THE PAIN CLINIC AND INCLUDING MEDIC ATION ASSISTED TREATMENT AND M</p>

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>ENTAL HEALTH THERAPY, WAS ESTABLISHED TO MEET THE NEEDS OF THOSE WITH SIGNIFICANT SUBSTANC E USE AND CO-OCCURRING MENTAL HEALTH PROBLEMS. CONTENT HAS BEEN STANDARDIZED ACROSS THE OR GANIZATION ABOUT USE OF NON-OPIOID TREATMENTS FOR PAIN AND THE DANGERS OF OPIOIDS. CONTENT INCLUDES: AFTER VISIT SUMMARIES INPATIENT AND AMBULATORY PAIN VIDEOS PROMOTIONAL BROCHURE "6 THINGS TO KNOW ABOUT PAIN AND OPIOIDS" BLOGS, ARTICLES AND INTERVIEWS AVAILABLE TO THE PUBLIC AND STORED ON WWW.HEALTHPARTNERS.COM/PAINPRIORITY 5: NUTRITION AND PHYSICAL ACTIVI TY STEP TO INSPIRE ANNUAL 5K RUN, WALK AND ROLL WAS HELD AT WOLFE PARK. TAI CHI WAS OFFERE D EVERY TUESDAY FOR 8-WEEKS. YUM POWER PACKETS GIVEN OUT AT WELL CHILD VISITS. \$15,000 STE P GRANT FOR ST LOUIS PARK EMERGENCY PROGRAM. PROVIDED HEALTHY FOOD AND HEALTH MENTORSHIP T O NEARLY 100 SENIORS BRENDA DEMARCO, A DIETIIAN, SPOKE ON NUTRITION AT THE 11/5/2019 COFFE E TALK GROUP. THE SUGAR SWEETENED BEVERAGES IN VENDING WAS ELIMINATED IN METHODIST HOSPITA L. WE BROUGHT IN MORE VARIETY OF LOW CALORIE OR NO CALORIE OPTIONS. CONNECTED BROOKDALE AN D HP BROOKLYN CENTER CLINIC STAFF TO CEAP TO PROVIDE RESOURCES FOR PEOPLE EXHIBITING FOOD INSECURITY. A DIETICIAN HAS BEEN ADDED TO THE CANCER CENTER TO ENSURE EASE OF ACCESS. CREA TED A CONSULTATIVE PACKAGE FOR CANCER PATIENTS TO SUPPORT PROPER NUTRITION DURING CANCER T REATMENT. DIETICIAN HAS BEEN PART OF THE CANCER CARE TEAM.A FULL REPORT OF PARK NICOLLET M ETHODIST'S 2018 CHNA AND IMPLEMENTATION PLAN IS POSTED ON THE HEALTHPARTNERS WEBSITE AT HT TPS://WWW.HEALTHPARTNERS.COM/CONTENT/DAM/HOT/BRAND-IDENTITY/PDFS/CARE/2019-2021-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-IMPLEMENTATION-PLAN.PDF, WHICH PROVIDES A DETAILED DESCRIPTION OF ALL THE ACTIVITIES.</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 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.

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
PART V, SECTION B, LINE 3E	PARK NICOLLET ADDRESSES THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY THROUGH OUR CHNA.

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
PART V SECTION 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)
1 1 - STRUTHER'S PARKINSON CENTER 6701 COUNTRY S PARKINSON CENTER GOLDEN VALLEY, MN 55427	RESEARCH AND TREATMENT OF PARKINSON'S DISEASE
1 1 - PARK NICOLLET MELROSE CENTER 3525 MONTEREY DRIVE ST LOUIS PARK, MN 55416	EATING DISORDER CLINIC/GENERAL MEDICAL
2 1 - 3900 CLINICAMBULATORY SURGICAL CENTER 3900 PARK NICOLLET BOULEVARD ST LOUIS PARK, MN 55416	AMBULATORY SURGICAL CENTER AND GENERAL MEDICAL AND RETAIL
3 1 - MEADOWBROOK MEDICAL BUILDING 3931 LOUISIANA AVE S ST LOUIS PARK, MN 55426	PHYSICIAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
4 1 - PRAIRIE CENTER 8455 FLYING CLOUD DRIVE EDEN PRAIRIE, MN 55344	PHYSICIAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
5 1 - BLOOMINGTON CLINIC 5320 HYLAND GREENS DRIVE BLOOMINGTON, MN 55437	PHYSICIAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
6 1 - BROOKDALE CLINIC 6000 EARLE BROWN DRIVE BROOKLYN CENTER, MN 55430	PHYSICIAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
7 1 - BURNSVILLE CLINIC 14000 FAIRVIEW DRIVE BURNSVILLE, MN 55337	PHYSICIAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
8 1 - CARLSON PARKWAY CLINIC 15111 TWELVE OAKS CENTER DRIVE MINNETONKA, MN 55305	PHYSICIAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
9 1 - CHANHASSEN CLINIC 300 LAKE DRIVE E CHANHASSEN, MN 55317	PHYSICIAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
10 1 - CREEKSIDE 6600 EXCELSIOR BLVD ST LOUIS PARK, MN 55426	PHYSICIAN OFFICES, AND ANCILLARY MEDICAL SERVICES
11 1 - ST LOUIS PARK IMAGING CENTER 4951 EXCELSIOR BLVD ST LOUIS PARK, MN 55416	IMAGING CENTER/OPTICAL RETAIL
12 1 - EAGAN CLINIC 1885 PLAZA DRIVE EAGAN, MN 55122	PHYSICIAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
13 1 - GOLDEN VALLEY CLINIC 8240 GOLDEN VALLEY DRIVE GOLDEN VALLEY, MN 55427	PHYSICIAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
14 1 - LAKEVILLE CLINIC 18432 KENRICK AVE LAKEVILLE, MN 55044	PHYSICIAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL

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

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

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

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

Name and address	Type of Facility (describe)
16 1 - MAPLE GROVE SURGERY CENTER 15800 95TH AVE N MAPLE GROVE, MN 55369	AMBULATORY SURGICAL CENTER
1 1 - MAPLE GROVE OB 9855 HOSPITAL DRIVE SUITE 275 MAPLE GROVE, MN 55369	OB SERVICES
2 1 - MAPLE GROVE REHAB 15301 GROVE CIRCLE MAPLE GROVE, MN 55369	REHABILITATION SERVICES
3 1 - MINNEAPOLIS CLINIC 2001 BLAISDELL AVE S MINNEAPOLIS, MN 55404	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
4 1 - MINNETONKA - SHOREWOOD CLINIC 19685 HIGHWAY 7 SHOREWOOD, MN 55331	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
5 1 - PLYMOUTH CLINIC 4155 COUNTY ROAD 101 PLYMOUTH, MN 55446	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
6 1 - PRIOR LAKE CLINIC 4670 PARK NICOLLET AVE SE PRIOR LAKE, MN 55372	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
7 1 - SHAKOPEE CLINIC 1415 ST FRANCIS AVE SHAKOPEE, MN 55379	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
8 1 - SHAKOPEE MOB PN SPECIALITY SUITE 1515 ST FRANCIS AVE SHAKOPEE, MN 55379	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
9 1 - SHAKOPEE MOB ORTHO NEURO CENTER 1601 ST FRANCIS AVE SHAKOPEE, MN 55379	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
10 1 - ST LOUIS PARK CLINIC 3800 PARK NICOLLET BLVD ST LOUIS PARK, MN 55416	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
11 1 - ST LOUIS PARK CLINIC 3850 PARK NICOLLET BLVD ST LOUIS PARK, MN 55416	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
12 1 - WAYZATA MEDICAL BUILDING 250 CENTRAL AVE N WAYZATA, MN 55391	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES AND MEDICAL RETAIL
13 1 - ROGERS CLINIC 13688 ROGERS DRIVE ROGERS, MN 55374	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES
14 1 - CHAMPLIN CLINIC 12142 BUSINESS PARK BLVD N CHAMPLIN, MN 55316	PHYSICAN OFFICES, ANCILLARY MEDICAL SERVICES

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

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

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

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

Name and address	Type of Facility (describe)
31 31 - BURNSVILLE PEDIATRIC REHAB SERVICES RIDGEPOINT MEDICAL BUILDING BURNSVILLE, MN 55337	PEDIATRIC REHAB SERVICES
1 32 - BURNSVILLE BEHAVIORAL HEALTH 675 NICOLLET BLVD E BURNSVILLE, MN 55337	BEHAVIORAL HEALTH SERVICES
2 33 - MELROSE CENTER ST PAUL 2550 UNIVERSITY AVE W ST PAUL, MN 55114	EATING DISORDER CLINIC/GENERAL MEDICAL
3 34 - MELROSE CENTER MAPLE GROVE 9600 UPLAND LANE N SUITE 110 MAPLE GROVE, MN 55369	EATING DISORDER CLINIC/GENERAL MEDICAL
4 35 - MAPLE GROVE REGIONAL SPECIALITY CENTER 9555 UPLAND LANE N MAPLE GROVE, MN 55369	PHYSICIAN OFFICES, ANCILLARY MEDICAL SERVICES
5 36 - AIRPORT PROFESSIONAL BUILDING 7550 34TH AVE SOUTH MINNEAPOLIS, MN 55450	NURSE CALL CENTER, AND DERMATOLOGY
6 37 - BURNSVILLE RIDGES SPECIALITY CENTER 14101 FAIRVIEW DRIVE STE 420 BURNSVILLE, MN 55337	OB SERVICES
7 38 - SHAKOPEE RETAIL CENTER 1455 ST FRANCIS AVE SHAKOPEE, MN 55379	MEDICAL RETAIL
8 39 - BURNSVILLE REHAB 14451 GRAND AVE S BURNSVILLE, MN 55306	REHABILITATION SERVICES
9 40 - 5400 SPECIALTY BUILDING 5400 EXCELSIOR BLVD ST LOUIS PARK, MN 55416	PHYSICIAN OFFICES, ANCILLARY MEDICAL SERVICES
10 42 - BURNSVILLE MELROSE 675 NICOLLET BLVD E BURNSVILLE, MN 55337	EATING DISORDER CLINIC

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
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.

OMB No. 1545-0047

2019

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 General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [] No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Row 1: (1) MINNESOTA HIGH SCHOOL LEAGUE, 2100 FREEWAY BLVD, BROOKLYN CENTER, MN 55430, EIN 41-0694702, Amount 13,128, Purpose PROGRAM SUPPORT.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	16	20,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	THE PARK NICOLLET SERVICE LEAGUE HAS A STUDENT VOLUNTEER SCHOLARSHIP PROGRAM TO GIVE FINANCIAL SUPPORT TO STUDENT VOLUNTEERS WHO HAVE PROVIDED EXCEPTIONAL VOLUNTEER SERVICE AND ARE INTERESTED IN FURTHERING THEIR EDUCATIONS. APPLICANTS MUST BE AN ACTIVE STUDENT VOLUNTEER, A SENIOR IN HIGH SCHOOL AND WHO HAS APPLIED TO A POST-HIGH SCHOOL EDUCATION PROGRAM AND MUST BE DEDICATED VOLUNTEER AT PARK NICOLLET METHODIST HOSPITAL. OCCASIONALLY PARK NICOLLET METHODIST HOSPITAL GRANTS MONIES TO OTHER TAX-EXEMPT ORGANIZATIONS CONDUCTION PROGRAMS AND/OR RESEARCH THAT WILL ULTIMATELY BENEFIT THOSE SERVICED BY PARK NICOLLET HEALTH SERVICES AND AFFILIATES, DURING CALENDAR YEAR GRANTS WERE MADE TO PARK NICOLLET FOUNDATION FOR IMPROVEMENT TO MEDICAL SERVICES, MEDICAL RESEARCH AND HEALTHY PATIENTS.

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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 for instructions and the latest information.**

2019

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 Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification 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)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<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		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or 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.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part 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 4A: SEVERANCE PAYMENT CATHERINE LENAGH \$98,662 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 COMPENSATION STEVEN CONNELLY, MD \$ 74,283 LAURA LOBERG \$ 35,301 CATHERINE LENAGH \$ 12,341 JOAN SANDSTROM \$ 36,755 CATHERINE KLUGHERZ \$ 36,234 JOSHUA ZIMMERMAN MD \$ 33,866 KRISTI LYON \$ 36,456 MELISSA SCHOENHERR \$ 35,618 TOM JONES \$ 41,794 NANCY EVERT \$ 14,244 TED WEGLEITNER \$ 38,373 MARK SANNES \$ 41,353 DUANE SPIEGLE \$ 34,997 ANDREA WALSH \$ 163,674 TRICIA DEGE \$ 7,633 JENNIFER MYSTER \$ 12,918 MICHAEL SEIM \$ 45,387</p>
PART I, LINE 7	<p>PARK NICOLLET HEALTH SERVICE'S (PNHS) PRESIDENT AND ITS OFFICERS MAY RECEIVE COMPENSATION BASED ON THE PARK NICOLLET HEALTH SERVICES SENIOR EXECUTIVE INCENTIVE PROGRAM (SEIP). SEIP INCENTS AND REWARDS SENIOR BUSINESS LEADERS WHO HELP THE ORGANIZATION ACHIEVE STATED BUSINESS AND/OR HEALTH IMPROVEMENT GOALS FOR A SPECIFIC FISCAL YEAR. THE PROGRAM IS A KEY ELEMENT OF THE PARTICIPANT'S TOTAL COMPENSATION PACKAGE. SEIP REWARDS ARE BASED ON POSITION IN THE ORGANIZATION (E.G. SENIOR VICE PRESIDENT, VICE PRESIDENT, SENIOR MEDICAL DIRECTOR) AND THE ACHIEVEMENT OF BUSINESS AND HEALTH IMPROVEMENT GOALS ESTABLISHED IN A VARIETY OF AREAS. GOALS WILL BE RELATED TO THE ORGANIZATION'S STRATEGIC PLAN AND WILL BE BALANCED. THESE AREAS MAY INCLUDE BUT ARE NOT LIMITED TO CLINIC AND HOSPITAL QUALITY MEASURES, PATIENT SAFETY, HEALTH EQUITY, HEALTH CARE AFFORDABILITY MEASURES, PATIENT AND MEMBER SATISFACTION, EMPLOYEE SATISFACTION, WORK ENVIRONMENT, HEALTH PLAN AND CARE DELIVERY MARKET SHARE, STRATEGIC CAPABILITIES, FINANCIAL PERFORMANCE (OPERATING INCOME), ETC., AND WILL BE DEFINED ANNUALLY FOR EACH YEAR'S PROGRAM. AN OPERATING INCOME THRESHOLD MUST BE MET FOR ANY PAYMENT TO BE MADE FROM THE PROGRAM AND THERE IS A CAP ON THE MAXIMUM INCENTIVE POTENTIALLY AVAILABLE TO EACH PARTICIPANT. IN THEIR ROLES AS MANAGEMENT EMPLOYED BY PNHS, CERTAIN DIRECTORS AND MANAGERS MAY RECEIVE COMPENSATION BASED ON THE PARK NICOLLET MIDDLE MANAGEMENT INCENTIVE PROGRAM (MMIP). MMIP INCENTS AND REWARDS BUSINESS LEADERS WHO HELP THE ORGANIZATION ACHIEVE STATED BUSINESS AND/OR HEALTH IMPROVEMENT GOALS FOR A SPECIFIC FISCAL YEAR. MMIP GOALS ARE SIMILAR IN NATURE TO THOSE IN THE SEIP HOWEVER THERE IS A DIFFERENCE AS MMIP GOALS INCLUDE BOTH AN ORGANIZATION FINANCIAL MEASURE AND A LOCAL DEPARTMENT FINANCIAL MEASURE. THE LOCAL MEASURE IS BASED ON FINANCIAL RESULTS OF THE DEPARTMENT OR SERVICE LINE AND IS THE ONLY MMIP GOAL THAT ALLOWS AN OPPORTUNITY FOR INCENTIVE CREDIT ABOVE THE TARGET LEVEL BASED ON THE RESULTS. AN OPERATING INCOME THRESHOLD MUST BE MET FOR ANY PAYMENT TO BE MADE FROM THE PROGRAM MUST BE MET FOR ANY PAYMENT TO BE MADE FROM THE PROGRAM AND ONCE MET THE ULTIMATE MMIP PAYOUT DEPENDS RESULTS OF THE BUSINESS GOAL PERFORMANCE, THE ORGANIZATION AND LOCAL FINANCIAL MEASURES AND THE PERCENTAGE PAYOUT ALLOWED BASED ON THE PARTICIPATION LEVEL.</p>
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 \$ 76,913 LAURA LOBERG \$ 33,704 CATHERINE LENAGH \$ 42,848 JOAN SANDSTROM \$ 66,763 CATHERINE KLUGHERZ \$ 34,595 JOSHUA ZIMMERMAN MD \$ 29,253 KRISTI LYON \$ 33,181 MELISSA SCHOENHERR \$ 31,769 DUANE SPIEGLE \$ 35,895 TOM JONES \$ 40,099 MARK SANNES \$ 41,064 BARBARA TRETHERWAY \$ 111,266 BRIAN RANK \$ 155,468 NANCY MCLURE \$ 144,722 ANDREA WALSH \$ 89,690</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				
1JEFF MENDELOFF MD DIRECTOR	(i)	765,033	8,073	244,742	25,849	48,103	1,091,800	0
	(ii)	0	0	0	0	0	0	0
1BRIAN H RANK MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	645,182	186,755	191,393	84,210	43,955	1,151,495	155,468
2RAE ANN WILLIAMS MD DIRECTOR	(i)	291,035	17,500	36,632	74,518	34,122	453,807	0
	(ii)	0	0	0	0	0	0	0
3ANDREA M WALSH DIRECTOR & CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,229,401	568,848	114,420	475,794	55,965	2,444,428	89,690
4STEVEN CONNELLY MD PRESIDENT PNHS	(i)	0	0	0	0	0	0	0
	(ii)	609,143	175,269	90,045	100,132	53,982	1,028,571	76,913
5TRICIA DEGE CFO CARE DELIVERY (AUG- DEC)	(i)	0	0	0	0	0	0	0
	(ii)	351,575	129,280	19,372	70,765	36,370	607,362	0
6NANCY EVERT SR. VP, GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	340,220	55,965	5,315	85,833	22,773	510,106	0
7LAURA LOBERG VP SURGICAL SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	288,081	62,440	39,747	61,150	32,785	484,203	33,704
8TOM JONES MD SR. MEDICAL DIRECTOR, SURG	(i)	0	0	0	0	0	0	0
	(ii)	689,422	114,251	59,512	67,643	36,893	967,721	40,099
9STEVEN HOUSH VP, ORTHOPAEDIC SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	330,538	73,237	10,159	21,000	35,119	470,053	0
10KATE KEIPER VP HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	267,842	57,151	306	25,849	16,931	368,079	0
11KATE KLUGHERZ VP SPECIALTY SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	289,715	64,090	43,571	62,083	36,432	495,891	34,595
12CATHERINE LENAGH VP & CFO (DEC-AUG)	(i)	0	0	0	0	0	0	0
	(ii)	279,272	79,381	216,588	12,341	38,232	625,814	42,848
13KRISTI LYON VP PAYER RELATIONS	(i)	0	0	0	0	0	0	0
	(ii)	292,486	63,457	45,125	62,305	46,633	510,006	33,181
14JIM LYONS HUTCHINSON PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	239,228	0	3,752	3,222	42,319	288,521	0
15JOAN SANDSTROM VP PRIMARY CARE	(i)	0	0	0	0	0	0	0
	(ii)	303,330	65,414	81,416	62,604	33,309	546,073	66,763
16MARK SANNESMD SR MEDICAL DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	421,406	120,025	56,188	67,202	27,380	692,201	41,064
17MELISSA SCHOENHERR VP MARKETING AND COMMUNICA	(i)	0	0	0	0	0	0	0
	(ii)	292,218	63,084	40,547	61,467	49,968	507,284	31,769
18MICHAEL SEIM MD MEDICAL AFFAIRS & CMO	(i)	0	0	0	0	0	0	0
	(ii)	370,518	78,371	3,977	71,236	18,764	542,866	0
19DUANE SPIEGLE VP REAL ESTATE AND SUPPORT	(i)	0	0	0	0	0	0	0
	(ii)	284,927	61,902	51,899	60,846	47,825	507,399	35,895

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				
21MATT WESTERLUND VP QUALITY AND SAFTEY	(i)	0	0	0	0	0	0	0
	(ii)	155,615	15,203	1,501	13,219	55,305	240,843	0
1JOSHUA ZIMMERMAN SR MEDICAL DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	406,273	74,560	38,863	59,715	19,104	598,515	29,253
2NANCY MCCLURE CHIEF OPERATING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	596,203	178,187	203,222	85,334	43,292	1,106,238	144,722
3BARBARA TRETHERWAY SR. VP, GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	296,727	187,253	129,526	14,000	21,592	649,098	111,266
4JENNIFER MYSTER METHODIST PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	386,242	50,000	34,360	47,117	35,931	553,650	0
5KASEY PAULUS VP INPATIENT & CNO	(i)	0	0	0	0	0	0	0
	(ii)	231,560	25,293	1,833	19,693	8,498	286,877	0
6TOM WALSH MD SR. MEDICAL DIRECTOR ORTHOPAEDIC SER	(i)	0	0	0	0	0	0	0
	(ii)	750,311	101,657	13,472	25,849	36,896	928,185	0
7PETER LEE MD MEDICAL DOCTOR	(i)	1,455,909	0	4,596	25,849	50,063	1,536,417	0
	(ii)	0	0	0	0	0	0	0
8ROBERT WERLING MD MEDICAL DOCTOR	(i)	965,585	0	279,282	25,849	51,395	1,322,111	0
	(ii)	0	0	0	0	0	0	0
9GREGORY R HILDEBRAND MEDICAL DOCTOR	(i)	930,286	0	133,134	25,849	26,689	1,115,958	0
	(ii)	0	0	0	0	0	0	0
10MARK WILCZYNSKI MD MEDICAL DOCTOR	(i)	835,123	0	177,160	25,849	49,476	1,087,608	0
	(ii)	0	0	0	0	0	0	0
11BRIAN WALTERS MD MEDICAL DOCTOR	(i)	1,034,232	0	426,049	25,849	37,972	1,524,102	0
	(ii)	0	0	0	0	0	0	0
12CARA HULL FORMER VP HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	366,245	101,762	14,371	21,000	35,687	539,065	0
13THEODORE WEGLEITNER FORMER COO TRIA	(i)	0	0	0	0	0	0	0
	(ii)	434,318	108,899	5,759	79,487	37,077	665,540	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

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 section 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 the 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) ALISON ECKHOFF	ALISON ECKHOFF, THE SPOUSE OF MARK SANNES, MD, AN OFFICER OF PARK NICOLLET	171,735	EMPLOYMENT		No

Part V Supplemental Information

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

Return Reference	Explanation

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 for the latest information.

2019

Open to Public Inspection

Department of the Treasury

Internal Revenue Service
Name of the organization

PARK NICOLLET GROUP RETURN

Employer identification number

45-5023260

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A, EXEMPT PURPOSE AND ACHIEVEMENTS</p>	<p>CORPORATE STRUCTURE, PURPOSE, GOVERNANCE THE PARK NICOLLET GROUP RETURN (GROUP) INCLUDES P ARK NICOLLET METHODIST HOSPITAL (METHODIST), PARK NICOLLET CLINIC (PNC), PARK NICOLLET HEA LTH CARE PRODUCTS (PNHCP), AND PNMC HOLDINGS ALL OF WHICH ARE SUBSIDIARIES OF PARK NICOLLE T HEALTH SERVICE (PNHS), A MINNESOTA NONPROFIT CORPORATION RECOGNIZED AS EXEMPT FROM FEDER AL INCOME TAX UNDER INTERNAL REVENUE CODE ("IRC") SECTION 501(C)(3). PNHS IS THE PARENT OR GANIZATION TO AN INTEGRATED CARE SYSTEM THAT INCLUDES METHODIST, PNC, PNHCP, PNMC HOLDINGS , PARK NICOLLET FOUNDATION (PNF), PARK NICOLLET ENTERPRISES (PNE), 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, INC. (HPI) IS A MINNESOTA NON-PROF IT CORPORATION AND LICENSED HEALTH MAINTENANCE ORGANIZATION (HMO) RECOGNIZED AS EXEMPT FRO M FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(C)(4) AND IS THE PARENT ENTITY OF HEALTHPARTNERS ORGANIZATIONS REFERRED TO COLLECTIVELY AS "HEALTHPARTNERS". HEAL THPARTNERS INCLUDES AN ARRAY OF TAX-EXEMPT AND TAXABLE ORGANIZATIONS. HEALTHPARTNERS PROVI DES A FULL RANGE OF HEALTH CARE DELIVERY AND HEALTH PLAN SERVICES INCLUDING INSURANCE, PAT IENT CARE, ADMINISTRATION AND HEALTH AND WELL-BEING PROGRAMS. HEALTHPARTNERS HEALTH PLANS SERVE MORE THAN 1.8 MILLION MEDICAL AND DENTAL MEMBERS NATIONWIDE. HEALTHPARTNERS MEDICAL CARE SYSTEM INCLUDES MORE THAN 1,800 PHYSICIANS AND DENTISTS, SEVEN OWNED HOSPITALS WITH O VER 1,000 ACUTE CARE BEDS, OVE</p>

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<p>FORM 990, PART III, LINE 4A, EXEMPT PURPOSE AND ACHIEVEMENTS</p>	<p>R 125 PRIMARY AND SPECIALTY CARE MEDICAL FACILITIES AND DENTAL FACILITIES WITH PRACTICES IN MINNESOTA AND WESTERN WISCONSIN SERVING MORE THAN 1.2 MILLION PATIENTS. HEALTHPARTNERS HEALTH PLANS CONTRACT WITH OTHER PRIMARY AND SPECIALTY MEDICAL FACILITIES AND DENTAL FACILITIES, PHYSICIAN GROUPS, HOSPITALS AND RELATED HEALTHCARE PROVIDERS TO SERVE PLAN MEMBERS. HEALTHPARTNERS ALSO PROVIDES MEDICAL EDUCATION AND TRAINING TO MEDICAL PROFESSIONALS AND CONDUCTS RESEARCH AND FUNDRAISING ACTIVITIES THAT SUPPORT THE HEALTH CARE DELIVERY SYSTEM. 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 2019 ARE TOTAL COST OF CARE MEASUREMENTS (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). 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. 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 2019 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 MORE THAN 30 LOCATIONS IN THE TWIN CITIES. THESE INCLUDE PRIMARY AND SPECIALTY CARE CLINICS AND HOSPITALS. WI</p>

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<p>FORM 990, PART III, LINE 4A, EXEMPT PURPOSE AND ACHIEVEMENTS</p>	<p>THIN PNHS ARE SEVERAL NATIONALLY-RENOWNED SPECIALTY CARE FACILITIES, INCLUDING: PARK NICOLLET BARIATRIC SURGERY & 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 WITH DIABETES, THEIR FAMILIES AND THE HEALTH PROFESSIONALS WHO CARE FOR THEM. WE ARE RECOGNIZED INTERNATIONALLY FOR OUR RANGE OF CLINICAL AND EDUCATIONAL PROGRAMS, PRODUCTS AND SERVICES. PARK NICOLLET JANE BRATTAIN BREAST CENTER OFFERS A FULL RANGE OF BREAST CANCER TESTING AND TREATMENT. 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.</p>

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PART III, CONT.	<p>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 MANAGEM ENT. RECOGNIZED AS AN AREA LEADER IN CANCER, CARDIOVASCULAR AND MATERNITY CARE AND NEURORE HABILITATION 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 LEA DER IN PROVIDING PATIENTS WITH CONVENIENT ACCESS TO PROVIDER RECOMMENDED HEALTH RELATED PR ODUCTS. PNHCP IS VIEWED BY PARK NICOLLET AS AN EXTENSION OF THE PROVIDER'S CARE, BY PROVID ING 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 PRODU CTS AND SERVICES. THE PHARMACIES ARE AT THESE PARK NICOLLET CLINIC LOCATIONS: BLOOMINGTON, BROOKDALE, BURNSVILLE, CARLSON PARKWAY (MINNETONKA), CHANHASSEN, EAGAN, MAPLE GROVE, MINN EAPOLIS, ST. LOUIS PARK, AND WAYZATA AS WELL AS 3931 SPECIALTY CENTER AND 6500 SPECIALTY C ENTER AT METHODIST HOSPITAL. PARK NICOLLET HEALTH CARE PRODUCTS' DME DIVISION IS MADE UP O F 10 PRODUCT LINES AND MULTIPLE SALES CHANNELS, (EIGHT STORE LOCATIONS, E-COMMERCE, AND MO RE THAN 300 POINT OF CARE CLOSETS FOR THE IMMEDIATE DISBURSEMENT OF DME PRODUCT TO OUR PAT IENTS). THE DIVISION EMPLOYS 140 STAFF LOCATED AT 35 CLINIC AND ADMINISTRATIVE SITES. PROD UCT LINES INCLUDE DURABLE MEDICAL EQUIPMENT, MEDICAL SUPPLIES, INCLUDING OSTOMY AND WOUND CARE, SKIN CARE SERVICES AND PRODUCTS, CUSTOM ORTHOTICS AND PROSTHETICS, SLEEP EQUIPMENT A ND SUPPLIES. THE PATIENT CARE EXPERIENCE DOES NOT END AT THE HOSPITAL OR CLINIC DOOR. PATI ENTS HAVE MANY SELF-CARE NEEDS TO MANAGE BOTH THEIR ACUTE AND CHRONIC HEALTH CONDITIONS, A ND PNHCP IS EXPANDING ITS CAPACITY TO BETTER SERVE THESE GROWING NEEDS. CONTINUED EXPANSIO N OF DME TO THE HEALTHPARTNERS MEDICAL GROUP SET UP AND MANAGE POINT OF CARE CLOSETS FOR C LOSE TO 30 DIFFERENT HEALTHPARTNERS CLINIC. LOCATIONS. PROVIDED DURABLE MEDICAL EQUIPMENT AT THE PATIENT'S APPOINTMENT FOR A SEAMLESS SERVICE AND INTEGRATION. SOURCE AND BILL NEBUL IZERS FOR MOST OF THE HEALTHPARTNERS URGENT CARE CLINIC LOCATIONS. SOLE SOURCE FOR TURNING KNEE CADDIES AND WALKERS WITHIN THE ORGANIZATION. EXPANDED CPAP SERVICES TO A FOURTH LOCA TION WITH THE ADDITION OF BURNSVILLE TWO DAYS A WEEK ALLOWS PATIENTS TO BE SEEN CLOSER TO THEIR HOMES. PROVIDES BETTER SUPPORT TO THE PULMONARY DEPARTMENT SINCE THEY EXPANDED THEIR CLINIC OFFERING TO INCLUDE BURNSVILLE. EXPANDED OPTICAL AND CONTACT LENS SERVICES TO GOLD EN VALLEY TO BETTER SERVE OUR PATIENTS. BENEFIT TO THE COMMUNITY: COMMUNITY HEALTH SERVICE S: PATIENT EDUCATION - PARK NICOLLET'S PATIENT EDUCATION DEPARTMENT PROVIDES EDUCATIONAL T OOLS TO SUPPORT PATIENTS IN PR</p>

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PART III, CONT.	<p>EVENTING 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 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 2019 TO HELP BRING AWARENESS AND EDUCATION TO THE COMMUNITY. CHANNEL 45 INTERVIEWS DURING HIGH SCHOOL TOURNAMENTS GIRLS STATE HOCKEY - ACL INJURIES & PRESEAS ON PHYSICALS BOYS STATE BASKETBALL-FEMALE TRIAD & BODY AWARENESS FOOTBALL - STINGERS HEART HEALTH AWARENESS MONTH - COORDINATE EFFORTS ACROSS OUR ORGANIZATION TO INCREASE HEART HEALTH AWARENESS IN THE COMMUNITIES WE SERVE FEBRUARY 1ST - WEAR RED DAY "REAL MEN WEAR GOWNS" SEGMENTS ON KARE-11 SOCIAL MEDIA POSTS/BLOGS INTERNAL COMMUNICATION BILLBOARDS MARCH FOR BABIES - POSITION HEALTHPARTNERS AND PARK NICOLLET AS LONG TIME ADVOCATES OF MARCH OF DIMES. ENCOURAGE EMPLOYEES TO JOIN OUR WALKING TEAM OR MAKE A FINANCIAL CONTRIBUTION. 124 REGISTERED WALKERS \$7,000 RAISED EVENT ACTIVATION 4 PET THERAPY DOGS ON SITE WITH MAKE GOOD HAPPEN BANDANAS 160 POLAROID PICTURES TAKEN AND GIVEN TO WALKERS 200 BAGS FILLED AND DONATED TO NICU FAMILIES 250+ CARDS DECORATED AND DONATED TO NICU FAMILIES 125 CARING FOR KIDS COLORING BOOKS HANDED OUT 30 EVENT ACTIVATION VOLUNTEER HOURS MENTAL HEALTH AWARENESS MONTH - AS AN ORGANIZATION, 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. MAY IS MENTAL HEALTH AWARENESS MONTH AND MANY PEOPLE AND ORGANIZATIONS USE THIS TIME TO EXPLORE THE TOPIC. LIGHT IT UP GREEN - NINE LOCATIONS INTERNAL COMMUNICATIONS ADVERTISING - MAKE IT OK MESSAGE SOCIAL DIGITAL RADIO BUS SIDES MOVIE THEATERS "REAL MEN WEAR GOWNS" TV SEGMENTS ON KARE-11 EATING DISORDERS HEROCARE MEDICATION THERAPY MANAGEMENT BEHAVIOR HEALTH / INTEGRATED CARE EMPLOYEE STORYTELLING COMMUNITY/PARTNER EVENTS NORTHLAND HEALTHY MINDS HUTCHINSON HEALTH AND MCLEOD COUNTY MINNETONKA UNITED METHODIST CHURCH TERRIBLE THANKS FOR ASKING PODCAST 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 16 LOCATIONS "REAL MEN WEAR GOWNS" SEGMENTS ON KARE-11 SOCIAL MEDIA POSTS/BLOGS INTERNAL COMMUNICATION AND CLINIC LOBBY MONITORS PATIENT AND 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"</p>

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PART III, CONT.	<p>BREAST HEALTH- COORDINATE EFFORTS ACROSS OUR ORGANIZATION TO INCREASE BREAST HEALTH AWARENESS IN THE COMMUNITIES WE SERVE LIGHT BUILDINGS PINK RACE FOR THE CURE - TO CELEBRATE MOTHER'S DAY, REGIONS HOSPITAL BREAST CENTER AND PARK NICOLLET JANE BRATTAIN BREAST CENTER SPONSORED THE 2019 RACE FOR THE CURE. THIS EVENT BROUGHT THOUSANDS OF PEOPLE TO RAISE FUNDS AND AWARENESS, CELEBRATE CANCER SURVIVORSHIP AND HONOR THOSE WHO HAVE LOST THEIR BATTLE TO THE DISEASE. 2600+ CHARMS DISTRIBUTED PARK NICOLLET FOUNDATION HOSTS BEPINK BREAKFAST TO BENEFIT JBBC 300+ ATTENDEES, RAISED \$110,000 CONCERT AT THE MYSTIC LAKE CASINO SHOWROOM BENEFITTING JBBC 2,000 ATTENDEES, RAISED \$19,160 RIDE FOR GROWING THROUGH GRIEF - RETIRED PARK NICOLLET PHYSICIAN JEFF MANDEL SET OUT TO RAISE FUNDS AND AWARENESS FOR OUR GROWING THROUGH GRIEF PROGRAM. HIS BIKE RIDE WAS ACROSS THE U.S., STARTING IN CALIFORNIA WITH HIS BACK TIRE IN THE PACIFIC OCEAN AND ENDING IN NY WITH HIS FRONT TIRE IN THE ATLANTIC OCEAN. GROWING THROUGH GRIEF IS AN INTENSIVE IN-SCHOOL GRIEF SUPPORT PROGRAM PROVIDED TO ELEMENTARY, MIDDLE AND HIGH SCHOOL STUDENTS WHO HAVE EXPERIENCED THE DEATH OF A FAMILY MEMBER OR FRIEND. GRIEF SERVICES ARE PROVIDED FREE OF CHARGE TO THE STUDENT AND INCLUDE PEER SUPPORT GROUPS AND ONE-TO-ONE COUNSELING ON A REGULAR BASIS DURING THE SCHOOL YEAR. 33 DAYS AND 5,250 MILES \$30,000+ RAISED FOR STUDENTS OPIOID AWARENESS MONTH - TO BE A LEADER IN EDUCATION AND AWARENESS OF OPIOIDS FOR OUR ORGANIZATION AND THE COMMUNITIES WE SERVE. WE WANT TO RAISE AWARENESS BY IDENTIFYING COMMON OPIOIDS AND RISKS OF ADDICTION AND EDUCATION ON SAFE DISPOSAL OF OPIOIDS. DIGITAL MEDIA (RADIO, PAID SOCIAL ON FACEBOOK AND YOUTUBE, COMCAST, DIRECT TV, AND CHANNEL45) REAL MEAN WEAR GOWNS SEGMENTS EXTERNAL AND INTERNAL COMMUNICATIONS LITTLE MOMENTS COUNT CAMPAIGN - LITTLE MOMENTS COUNT IS A MOVEMENT ACROSS TWO STATES WITH MANY COMMUNITY PARTNERS WHO ALL STRONGLY SUPPORT THE MESSAGE TO ENCOURAGE EARLY INTERACTION WITH BABIES AND CHILDREN. WE'RE TURNING THE SPOTLIGHT ON THE IMPORTANCE OF TALKING, PLAYING, READING, AND SINGING TO FOSTER EARLY BRAIN DEVELOPMENT. WE'RE BRINGING OUR PASSIONS FOR CHILDREN'S HEALTH AND OUR COMMUNITY TOGETHER, IN OUR NEW LITTLE MOMENTS COUNT CAMPAIGN. INTERNAL COMMUNICATION EFFORTS 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.</p>

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PART III, CONT.	<p>PARKTACULAR - A LITTLE PREVENTION GOES A LONG WAY TO STAY HEALTHY. PREVENTIVE CARE HELPS FIND AND STOP HEALTH ISSUES BEFORE SYMPTOMS BEGIN. AT PARKTACULAR WE CREATE AN ENGAGING BOOTH EXPERIENCE FOR PARKTACULAR ATTENDEES TO MAKE SURE PEOPLE KNOW THEY HAVE A PARTNER IN THEIR LOCAL PARK NICOLLET AND HEALTHPARTNERS CLINICS. HEALTHPARTNERS AND PARK NICOLLET HEALTH FAIR BOOTH 14 VOLUNTEERS ACTIVITIES - PLINKO - CLINIC GUESS WHOSE TEETH - DENTAL MASCOT APPEARANCE: PEAL E. WHITE - DENTAL ENVIRONMENTAL EDUCATION - GREEN TEAM GIVEAWAYS - CINCH BAGS, ICE PACKS, DUAL LOGO HATS, BUTTERFLY BOMBS TOOTH BRUSH AND TOOTHPASTE SPONSORSHIP: SATURDAY NIGHT CONCERT PRIDE - HEALTHPARTNERS AND PARK NICOLLET HAVE BEEN A PART OF THE PRIDE FESTIVAL FOR 22 YEARS AND THE PRIDE PARADE FOR THREE YEARS. HEALTHPARTNERS AND PARK NICOLLET CLINICS ARE PROUD TO BE LONG TERM ADVOCATES FOR THE LGBTQA+ COMMUNITY AND ACTIVE PARTICIPANTS IN THE PRIDE FESTIVAL AND PARADE. MANISH KALRA AND DR. DEBORAH THORP WERE RECOGNIZED BY THE MINNEAPOLIS/ST. PAUL BUSINESS JOURNAL AS 2019 BUSINESS OF PRIDE AWARD WINNERS. FESTIVAL - 84 VOLUNTEERS MEET AND GREET WITH MINNESOTA WHITECAPS NATIONAL CHAMPION ALLIE THUNSTROM MEET AND GREET WITH THE HEALTHPARTNERS AND PARK NICOLLET GENDER SERVICES TEAM ACTIVITIES: SPINNER WHEELS GIVEAWAYS: 4,000+ BUMPER STICKERS, BAND AIDS, SUNGLASSES, TOOTH BRUSHES/TOOTHPASTE, WIPES, LIP BALM, BIKE REFLECTORS, TOTES AND BUTTONS PARADE - 70 VOLUNTEERS, GIVEAWAYS: 4,200 FRISBEES AND DRAWSTRING BAGS STATE FAIR - POWERUP BOOTH INCLUDED HAVING CHOMP ONSITE TO HELP WISH SMOKEY THE BEAR A HAPPY BIRTHDAY; 2,450 ITEMS GIVEN TO KIDS REGIONS BURN CENTER HAD INTERACTIVE GAMES AND ACTIVITIES TRIA HAD A TOTAL OF 20 VOLUNTEERS FOR THEIR INTERACTIVE GAMES AND WILD MASCOT NORDY MADE AN APPEARANCE POWERUP PLAY AREA WAS VISITED BY 250K THROUGHOUT THE 12 DAYS OF THE FAIR AND WAS STAFFED BY HEALTHPARTNERS VOLUNTEERS ON 8/26 MENTAL HEALTH DAY HAD 24 VOLUNTEERS AND GAVE AWAY 2,300 BRANDED ITEMS REAL MEN WEAR GOWNS HAD 73K IMPRESSIONS FOR A LIVE BROADCAST ON OPIOIDS AT THE KARE-11 BARN AND 189K+ IMPRESSIONS FOR BANNER ADS ON KARE11.COM JBBC WAS AT 102.9 THE WOLF RADIO TO PROMOTE THE COUNTRY FOR A CAUSE AND HANDED OUT STICK CARDS TO REMIND WOMEN TO GET THEIR MAMMOGRAMS CAMP 5210 - CAMP 5210 FOCUSES ON 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, BANDANA, VEGGIE PEELER, OVEN MITT), FRUITS AND VEGETABLES (CUB FOODS) 54 CAMPERS ATTENDED 23 VOLUNTEER HOURS MAPLE GROVE DAYS - POSITION PARK NI</p>

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PART III, CONT.	<p>COLLET 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 42 VOLUNTEERS, 160 VOLUNTEER HOURS 7,600 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 AND WATER BOTTLES 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. 105,575 ATTENDEES DISTRIBUTED OVER 66 CASES OF CLEMENTINE S 43 VOLUNTEERS ON SELECT WEEKENDS, TWO MARKETING STAFF AND TWO MASCOTS ON ALL WEEKENDS AND SELECT EVENINGS. 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 2,070 AT 7 HP AND PN CLINIC LOCATIONS POWERUP BIKE DEPLOYMENT - UTILIZE THE POWERUP BIKE TO SHARE HEALTHPARTNERS 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 2019 OVERALL ATTENDANCE FOR 19 EVENTS = 35,000+ VEGGIE RX - FROM JUNE 4 THROUGH JULY 27, 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 COLBURNS IN MINNESOTA, PLUS ECONO FOODS OR FAMILY FRESH MARKET IN WISCONSIN. 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 HEALTHPARTNERS AS THE GO-TO RESOURCE FOR HEALTH, WELL-BEING AND NUTRITION 31,425 PRINTED, 4-PANEL BROCHURES WITH DETACHABLE VOUCHER AND SURVEY</p>

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Return Reference	Explanation
PART III, CONT.	<p>HANDOUT CLINIC AND DEPARTMENT BROCHURES GIVEAWAYS - ROCKET WRITER PENS, CHAP STICK, GEL PA CKS AND WATER BOTTLES JACK O LANTERN SPECTACULAR - SPONSOR A FAMILY FUN EVENT FOCUSED ON S TAYING ACTIVE DURING THE EVENING HOURS OF OCTOBER, WHILE ENJOYING A WONDERFUL OUTDOOR EXHI BIT OF 5,000 JACK-O-LANTERNS. INTRODUCE POWERUP PROGRAM TO THE METRO AREA BY ENCOURAGING F AMILIES TO ENJOY FRUIT AS AN AFTER DINNER SNACK AND TO ENGAGE IN POWERUP ACTIVITIES. 105,5 75 ATTENDEES DISTRIBUTED OVER 66 CASES OF CLEMENTINES 43 VOLUNTEERS ON SELECT WEEKENDS, TW O MARKETING STAFF AND TWO MASCOTS ON ALL WEEKENDS AND SELECT EVENINGS. 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 2,070 AT 7 HP AND PN CLINIC LOCA TIONS POWERUP BIKE DEPLOYMENT - UTILIZE THE POWERUP BIKE TO SHARE HEALTHPARTNERS POWERUP M ESSAGE TO CHILDREN AND THEIR FAMILIES TO TRY FOR 5 FRUITS AND VEGETABLES EVERY DAY. THE BI KE OFFERS SNACK OPTIONS AT COMMUNITY EVENTS AND AFTER RACES! HANDED OUT 7,944 POWERUP SNAC KS (APPLES, BANANAS, ORANGES, CARROTS AND CHEESE STICKS) AT EVENTS IN 2019 OVERALL ATTENDA NCE FOR 19 EVENTS = 35,000+ VEGGIE RX - FROM JUNE 4 THROUGH JULY 27, KIDS HAVING A WELL EX AM AT HEALTHPARTNERS, PARK NICOLLET AND STILLWATER MEDICAL GROUP CLINICS RECEIVED A \$10 VO UCHER REDEEMABLE FOR FRESH FRUITS AND VEGETABLES AT ANY CUB FOODS OR COLBURNS IN MINNESOTA , PLUS ECONO FOODS OR FAMILY FRESH MARKET IN WISCONSIN. VOUCHERS WERE EFFECTIVE THROUGH SE PTEMBER 30TH. PROVIDE TOOLS FOR CLINICIANS TO HAVE CONVERSATIONS ABOUT EATING BETTER WITH FAMILIES ENCOURAGE KIDS AND FAMILIES TO EAT MORE FRUITS AND VEGETABLES AMPLIFY HEALTHPARTN ERS AS THE GO-TO RESOURCE FOR HEALTH, WELL-BEING AND NUTRITION 31,425 PRINTED, 4-PANEL BRO CHURES WITH DETACHABLE VOUCHER AND SURVEY HEALTH PROFESSIONAL EDUCATION HEALTH PROFESSIONA L EDUCATION AT PARK NICOLLET IS COORDINATED BY THE HEALTHPARTNERS INSTITUTE. SEVERAL DEPAR TMENTS THROUGHOUT PARK NICOLLET CLINIC AND PARK NICOLLET METHODIST HOSPITAL HOST NURSING S TUDENTS 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 . OTHER MENTORSHIPS FOR A GRADUATE PROGRAM FOR ANESTHESIA STUDENTS, 1 MEDIAL ASSISTANT, 2 LPN STUDENT ROTATIONS, AN RN STUDENT ROTATION WITH A CARE COORDINATION RN AND 2 DNP STUDEN T ROTATIONS WITH MDS. UNDERGRADUATE NURSING STUDENTS CAME TO METHODIST HOSPITAL IN GROUPS OR AS SINGLE STUDENTS FOR CLINICAL EXPOSURE TO THE HEALTH CARE TEAM. SUBSIDIZED HEALTH SER VICES YOUTH SERVED - FOUR SCHOOL-BASED HEALTH CENTERS HAD MORE THAN 5,800 CHILDREN VISITS, PROVIDING FREE MEDICAL VISITS WITHIN THE SCHOOL AND COMMUNITY TO CHILDREN FROM BIRTH TO G RADUATION WHO MAY HAVE BARRIERS TO ACCESSING HEALTH CARE. SERVICES INCLUDED TREATMENT OF M INOR, ACUTE ILLNESSES; PHYSICA</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, CONT.	<p>LS; IMMUNIZATIONS; MENTAL HEALTH THERAPY; DENTAL CARE; AND VISION CHECKS. RESEARCH RESEARCH H AT PARK NICOLLET IS COORDINATED AND SPONSORED BY HEALTHPARTNERS INSTITUTE AND EMBEDDED I N DEPARTMENTS AND STRATEGIES ACROSS PARK NICOLLET TO SUPPORT QUALITY INITIATIVES AND THE P ATIENT EXPERIENCE. RESEARCH ENCOMPASSES INVESTIGATOR-INITIATED STUDIES, CLINICAL TRIALS, P RACTICE-BASED RESEARCH, OUTCOMES AND QUALITY IMPROVEMENT PROJECTS, DATA ANALYTICS, STATIST ICS, SURVEY DEVELOPMENT AND FOCUS GROUPS. ORGANIZATION AWARDS AND ACHIEVEMENTS AT METHODIS T HOSPITAL OUR TEAM OF BOARD-CERTIFIED DOCTORS, SPECIALISTS AND HOSPITAL STAFF WORK HARD T O ACHIEVE THE HIGHEST LEVEL OF CARE FOR OUR PATIENTS. WE ARE GRATEFUL TO RECEIVE AWARDS AN D RECOGNITION FROM MANY ORGANIZATIONS THAT SHOW OUR DEDICATION TO OUR PATIENTS AND COMMUNI TY. WE'RE PROUD TO BE ONE OF THE HIGHEST-PERFORMING HOSPITALS IN THE NATION. METHODIST HOS PITAL IS ONE OF THE WATSON HEALTH 2019 100 TOP HOSPITALS. AWARD-WINNING HOSPITALS DEMONSTR ATE TOP PERFORMANCE ON MEASURES OF CLINICAL QUALITY, OPERATIONAL EFFICIENCY, FINANCIAL STA BILITY AND PATIENT SATISFACTION. METHODIST IS GETTING NATIONAL RECOGNITION FOR OUR HIGH QU ALITY CARE. U.S. NEWS & WORLD REPORT NAMED METHODIST A 2019-20 BEST HOSPITAL. WE WERE ALSO RECOGNIZED AS HIGH PERFORMING IN EIGHT PROCEDURES AND CONDITIONS, AND TIED FOR THIRD BEST HOSPITAL IN THE TWIN CITIES AND FIFTH BEST IN MINNESOTA. THE MAGAZINE'S RANKINGS ARE BASE D ON FACTORS LIKE QUALITY OF NURSING, DISCHARGE RATES AND OTHER CARE-RELATED CATEGORIES. E ACH YEAR, THE AMERICAN HOSPITAL ASSOCIATION RECOGNIZES HEALTH CARE LEADERSHIP AND INNOVATI ON IN IMPROVING QUALITY AND ADVANCING HEALTH IN COMMUNITIES WITH THEIR ANNUAL QUEST FOR QU ALITY AWARDS. THIS YEAR METHODIST HOSPITAL WAS ONE OF FOUR HOSPITALS NATIONWIDE TO RECEIVE THE QUEST FOR QUALITY CITATION OF MERIT. ALL RECIPIENTS OF THIS AWARD DEMONSTRATE A COMMI TMENT TO IMPROVING ACCESS; PROVIDING HIGH QUALITY, SAFE CARE; CREATING VALUE; AND PARTNERI NG WITH PATIENTS AND FAMILIES; FOCUSING ON WELL-BEING; AND PROVIDING SEAMLESS, COORDINATED CARE. WE ARE PROUD TO BE NAMED ONE OF THE TOP 25 ENVIRONMENTAL EXCELLENCE AWARD BY PRACTI CE GREENHEALTH, THEIR HIGHEST HONOR FOR HOSPITALS. THIS AWARD RECOGNIZES HOSPITALS FOR EXC ELLENCE AND DEDICATION TO SUSTAINABILITY IN HEALTH CARE. PRACTICE GREENHEALTH IS THE NATIO N'S LEADING HEALTH CARE SUSTAINABILITY COMMUNITY, EMPOWERING ITS MEMBERS TO IMPROVE THEIR ENVIRONMENTAL STEWARDSHIP. METHODIST ALSO RECEIVED THE 2019 MINNESOTA GOVERNOR'S SAFETY AW ARD.</p>

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PARK NICOLLET GROUP PREPARES THE FORM 990 WITHIN THE FINANCE DEPARTMENT WITH ASSISTANCE FROM INDIVIDUALS IN HUMAN RESOURCES, MARKETING, OPERATIONS AND LEGAL. UPON COMPLETION OF GATHERING THE NECESSARY INFORMATION FOR THE RETURN, THE FORM WAS REVIEWED BY THE PARK NICOLLET GROUP'S ACCOUNTING FIRM. DRAFTS OF THE FORM WERE ALSO REVIEWED BY THE 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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE PARK NICOLLET BOARD MONITORS POTENTIAL CONFLICTS OF INTEREST ON THE PART OF ITS BOARD MEMBERS, PRINCIPAL OFFICERS, MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS, AND KEY EMPLOYEES ("COVERED PERSONS") BY MAINTAINING A CONFLICT OF INTEREST POLICY. UNDER THE POLICY, COVERED PERSONS ANNUALLY ARE PROVIDED WITH A COPY OF THE POLICY AND 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

Return Reference	Explanation
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 PNHS PRESIDENT OR DELEGATED TO THE PNHS PRESIDENT (WITH AUTHORITY TO FURTHER DELEGATE TO EXECUTIVES WITH LEADERSHIP ROLES OF PARK NICOLLET OFFICERS) CONDUCTS 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

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	NET ASSETS RELEASED FROM RESTRICTIONS -20,000. GRANTS RUN THROUGH THE FOUNDATION -2,882,328. CAPITAL CONTRIBUTION 300,000. TRANSFER TO AFFILIATE -436,327.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**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 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
(1) PARK NICOLLET ENTERPRISES 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1656735	REAL ESTATE FOR RELATED ORGANIZATION	MN	PARK NICOLLET HEALTH SERVICES	C	44,509	10,045,404	100.000 %		No
(2) HEALTHPARTNERS ADMINISTRATORS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1629390	THIRD PARTY ADMINISTRATOR	MN	HEALTHPARTNERS INC	C					No
(3) HEALTHPARTNERS ASSOCIATES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 52-2365151	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(4) HEALTHPARTNERS SERVICES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683568	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(5) HEALTHPARTNERS INSURANCE COMPANY 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683523	MEDICAL AND DENTAL INSURANCE	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(6) DENTAL SPECIALTIES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 45-1297583	PROFESSIONAL DENTAL SERVICES	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(7) HEALTHPARTNERS CENTRAL MINNESOTA CLINICS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1236798	MEDICAL CLINIC STAFFING	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)PARK NICOLLET HEALTH SERVICES	M	3,350,060	COST
(2)PARK NICOLLET HEALTH SERVICES	P	1,410,349,817	COST
(3)PARK NICOLLET HEALTH SERVICES	J	6,984,645	COST
(4)PARK NICOLLET HEALTH SERVICES	R	1,642,131,237	COST
(5)HEALTHPARTNERS INC	L	114,194,819	COST

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
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
PARK NICOLLET ENTERPRISES 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1656735	REAL ESTATE FOR RELATED ORGANICATION	MN	PARK NICOLLET HEALTH SERVICES	C	44,509	10,045,404	100.000 %		No
HEALTHPARTNERS ADMINISTRATORS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1629390	THIRD PARTY ADMINISTRATOR	MN	HEALTHPARTNERS INC	C					No
HEALTHPARTNERS ASSOCIATES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 52-2365151	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
HEALTHPARTNERS SERVICES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683568	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
HEALTHPARTNERS INSURANCE COMPANY 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683523	MEDICAL AND DENTAL INSURANCE	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
DENTAL SPECIALTIES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 45-1297583	PROFESSIONAL DENTAL SERVICES	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
HEALTHPARTNERS CENTRAL MINNESOTA CLINICS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1236798	MEDICAL CLINIC STAFFING	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No