

**DESTINATION MEDICAL CENTER CORPORATION**

**RESOLUTION NO. 35-2015**

**Approving the 2015 State of Minnesota Charitable  
Organization Initial Registration and Annual Report Form**

The following Resolution was offered by Ed Hruska, seconded by James V. Bier:

BACKGROUND RECITALS

A. On behalf of the Destination Medical Center Corporation (“DMCC”), CliftonLarsonAllen (“CLA”) prepared the attached State of Minnesota Charitable Organization Initial Registration and Annual Report Form (the “Annual Report”) and is recommending that the DMCC approve it. It is attached hereto as Exhibit A.

B. The Annual Report was presented to the DMCC at its meeting on October 29, 2015 by CLA. It must be approved by resolution of the DMCC.

RESOLUTION

**NOW, THEREFORE, BE IT RESOLVED**, by the Destination Medical Center Corporation, that the 2015 State of Minnesota Charitable Organization Initial Registration and Annual Report Form is approved.

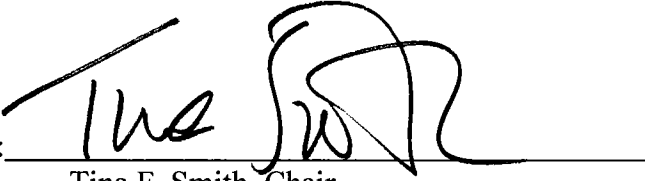
**BE IT FURTHER RESOLVED**, that the Board authorizes the Chair or Treasurer to take any action or make any amendments necessary and to file the Annual Report.

The question was on the adoption of the Resolution and there were 7 YEAS and 0 NAYS, as follows:

**BOARD OF DIRECTORS**  
Destination Medical Center Corporation

	<u>YEA</u>	<u>NAY</u>	<u>OTHER</u>
James V. Bier	<u>  X  </u>	<u>      </u>	<u>      </u>
Ardell F. Brede	<u>  X  </u>	<u>      </u>	<u>      </u>
James R. Campbell	<u>  X  </u>	<u>      </u>	<u>      </u>
Ed Hruska	<u>  X  </u>	<u>      </u>	<u>      </u>
William George	<u>      </u>	<u>      </u>	<u>      </u>
Susan Park Rani	<u>  X  </u>	<u>      </u>	<u>      </u>
R. T. Rybak	<u>  X  </u>	<u>      </u>	<u>      </u>
Tina Smith	<u>  X  </u>	<u>      </u>	<u>      </u>

RESOLUTION ADOPTED ON December 17, 2015.

ATTEST:   
Tina F. Smith, Chair  
Destination Medical Center Corporation

# TAX RETURN FILING INSTRUCTIONS

## MINNESOTA INITIAL REGISTRATION

FOR THE YEAR ENDING

DECEMBER 31, 2014

<b>Prepared for</b>	DESTINATION MEDICAL CENTER CORPORATION 201 4TH STREET SE NO. 204 ROCHESTER, MN 55904
<b>Prepared by</b>	CLIFTONLARSONALLEN LLP P.O. BOX 217 AUSTIN, MN 55912 507-434-7000
<b>Mail tax return to</b>	OFFICE OF THE ATTORNEY GENERAL SUITE 1200, BREMER TOWER 445 MINNESOTA STREET ST. PAUL, MN 55101-2130
<b>Return must be mailed on or before</b>	PLEASE MAIL AS SOON AS POSSIBLE.
<b>Special Instructions</b>	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).  ENCLOSE A CHECK FOR \$25 MADE PAYABLE TO STATE OF MINNESOTA. INCLUDE THE ORGANIZATION'S MINNESOTA CHARITABLE ORGANIZATION NUMBER AND INITIAL REGISTRATION ON THE REMITTANCE.

STATE OF MINNESOTA

CHARITABLE ORGANIZATION INITIAL REGISTRATION & ANNUAL REPORT FORM

ATTORNEY GENERAL LORI SWANSON
SUITE 1200, BREMER TOWER
445 MINNESOTA STREET
ST. PAUL, MN 55101-2130
(651) 757-1311
(651) 296-1410 (TTY)
www.ag.state.mn.us

Annual Reporting Initial Registration

FEDERAL EIN NUMBER: 46-4959371

FOR YEAR ENDING: 12/31/2014

SECTION A: REQUIRED INFORMATION FOR INITIAL REGISTRATION & ANNUAL REPORTING

1. Legal Name of Organization: DESTINATION MEDICAL CENTER CORPORATION

If annual reporting, is this a new name since the organization's last filing? Yes No

If so, please state former name:

2. List all names under which the organization solicits contributions: DESTINATION MEDICAL CENTER CORPORATION

3. Mailing Address of Organization (required)

Physical Address of Organization (required)

201 4TH STREET SE
ROCHESTER, MN 55904

201 4TH STREET SE
ROCHESTER, MN 55904

4. Contact Person DALE MARTINSON
Tel. No. 507-328-2850

E-mail DMARTINSON@ROCHESTERMN.GOV
Fax No.

5. Does the organization use the services of a professional fund-raiser (outside solicitor or consultant)? Yes No

If so, provide name and address of any outside professional fund-raiser employed by the organization and state the total amount of compensation each outside fund-raiser received from the filing organization during the year. Attach schedule if more than one.

Name
Address
City State ZIP Compensation

6. a) Does this professional fund-raiser solicit or consult in Minnesota? Yes No

b) Is this professional fund-raiser registered to solicit or consult in Minnesota? Yes No

7. Month and day accounting year ends: 12/31

8. Has the organization included the filing fee, late fee (if any) and all attachments required by the instructions? Yes No

Office Use Only: ARF \$25 \$50 N (e-Postcard) 990 EZ PF FES SIG BD SAL Audit

01/13

Upon request this material can be made available in alternate formats.

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05-01-14

9. This Section A(9) must be completed by organizations filing a 990-N (e-Postcard) or organizations whose filing does not contain the information requested below. This includes organizations that: 1) do not file an IRS Form 990, 2) file an IRS Form 990-EZ or 990-PF, or 3) organizations that file a group return that does not include the filing organization's individual financial information.

**INCOME**

Contributions from the public	\$	<u>0.</u>
Government Grants	\$	<u>5,416,446.</u>
Other revenue	\$	<u>1.</u>
<b>TOTAL REVENUE</b>	\$	<u><b>5,416,447.</b></u>

EXCESS or DEFICIT	\$	<u>0.</u>
TOTAL Assets	\$	<u>1,292,478.</u>
TOTAL Liabilities	\$	<u>1,292,478.</u>

**END OF YEAR FUND BALANCE/NET WORTH** (Assets minus Liabilities) \$ 0.

**SECTION B: REQUIRED FOR INITIAL REGISTRATION ONLY**

1. Address of registered agent in the State of Minnesota or the address of the person who has custody of the organization's books and records if not kept at the organization's office.

Name DALE MARTINSON

Street and Number 201 4TH STREET SE, ROOM 204

City ROCHESTER

State MN

ZIP 55904

Telephone # 507-328-2850

2. Type of legal entity (Attach the creating document):

Nonprofit corporation

Trust

Unincorporated association

Other \_\_\_\_\_

3. Place and date the organization was incorporated:

MN

07/23/2013

(state)

(date)

4. Is the organization exempt from federal income taxes?

Yes (Attach a copy of the IRS determination letter)

Status: 501(c)( 3 )

No Date organization submitted Form 1023 to the IRS \_\_\_\_\_

5. If the organization is not exempt from federal income taxes and uses a fiscal agent, state the fiscal agent's name, address and federal EIN:

\_\_\_\_\_

6. Has the organization been denied the right to solicit contributions?

a. By any government agency?

Yes

No

If yes, attach explanation.

b. By any court?

Yes

No

If yes, attach explanation.

7. Explain in detail the charitable purposes of the organization, including major program activities. **SEE STATEMENT 1**  
**THE DMCC WAS CREATED BY MINNESOTA STATUTES, SECTIONS 496.4-.47 AS AN**  
**INITIATIVE TO SECURE THE CITY OF ROCHESTER AS A GLOBAL DESTINATION**  
**MEDICAL CENTER. THE DMCC IS A CHARITY THAT LESSENS THE BURDENS OF**

8. Please mark all items that describe the organization's charitable mission:

Arts & Culture

Human Services

Civic/Lobbying

International

Health

Environment

Mental Health

Education

Religious

Other

**SEE STMT 1**

Or: List the NTEE code(s) that describe the organization's purpose: \_\_\_\_\_

9. Which of the above two best describes the organization's primary purpose(s)?

1. PREPARE & ADOPT DEVELOPMENT PLAN

2. IMPLEMENT DEVELOPMENT PLAN

10. Check one or more methods of solicitation the organization anticipates using:

Telephone appeals

Grant writing

Sweepstakes

Other \_\_\_\_\_

Direct mail

Internet

Media

11. State the total contributions the organization received during the accounting year last ended:

\$ 5,416,446.

12. Attach a list of organization's officers, directors, trustees, and chief executive officer, including their titles, addresses, and total annual compensation paid to each. **SEE STATEMENT 2**

Attached

**SECTION D: REQUIRED FOR INITIAL REGISTRATION & ANNUAL REPORTING**

**BOARD OF DIRECTORS  
SIGNATURES AND ACKNOWLEDGMENT**

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the

**TREASURER** \_\_\_\_\_ (Title) and **CHAIR** \_\_\_\_\_ (Title) respectively, and

that we execute this document on behalf of the organization pursuant to the resolution of the

**BOARD OF DIRECTORS** \_\_\_\_\_ (Board of Directors, Trustees, or Managing Group) adopted on the \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_, approving the contents of the document, and do hereby certify that the

**BOARD OF DIRECTORS** \_\_\_\_\_ (Board of Directors, Trustees, or Managing Group) has assumed, and will continue

to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the finances of the organization. We

further state that the information supplied is true, correct and complete to the best of our knowledge.

**JAMES V. BIER**  
\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

**TREASURER**  
\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**TINA FLINT SMITH**  
\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

**CHAIR**  
\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**\* NOTICE \***

Documents required to be filed are public records. Please do not include social security numbers, driver's license numbers or bank account numbers on the documents filed with this Office as they are not required, but could become part of the public records. A charitable organization is not required to file a list of its donors. If it is included, it may become part of the public file.

AG: #3124563-v1

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ANNUAL REPORT	CHARITABLE PURPOSES OF THE ORGANIZATION	STATEMENT	1
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CHARITABLE PURPOSE

THE DMCC WAS CREATED BY MINNESOTA STATUTES, SECTIONS 496.4-.47 AS AN INITIATIVE TO SECURE THE CITY OF ROCHESTER AS A GLOBAL DESTINATION MEDICAL CENTER. THE DMCC IS A CHARITY THAT LESSENS THE BURDENS OF GOVERNMENT BY ASSISTING THE CITY, OLMSTED COUNTY, AND THE STATE OF MINNESOTA IN PREPARING AND IMPLEMENTING A MASTER DEVELOPMENT PLAN TO ESTABLISH THE CITY AS A DESTINATION MEDICAL CENTER. THE DMCC ALSO QUALIFIES AS A PUBLIC CHARITY UNDER SECTION 509(A)(1) OF THE CODE. SINCE ITS CREATION ON JULY 23, 2013, THE DMCC HAS BEEN ENTIRELY FUNDED BY THE CITY OF ROCHESTER.



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ANNUAL REPORT                      LIST OF OFFICERS, DIRECTORS AND TRUSTEES                      STATEMENT      2

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NAME

---

TINA FLINT SMITH

TITLE

---

TOTAL ANNUAL COMPENSATION

---

CHAIR

0.

ADDRESS

---

201 4TH STREET SE ROCHESTER, MN 55904

NAME

---

R.T. RYBAK

TITLE

---

TOTAL ANNUAL COMPENSATION

---

VICE CHAIR

0.

ADDRESS

---

201 4TH STREET SE ROCHESTER, MN 55904

NAME

---

JIM BIER

TITLE

---

TOTAL ANNUAL COMPENSATION

---

TREASURER

0.

ADDRESS

---

201 4TH STREET SE ROCHESTER, MN 55904

NAME

---

ARDELL F. BREDE

TITLE

---

TOTAL ANNUAL COMPENSATION

---

DIRECTOR

0.

ADDRESS

---

201 4TH STREET SE ROCHESTER, MN 55904

NAME

JAMES CAMPBELL

TITLE

TOTAL ANNUAL COMPENSATION

DIRECTOR

0.

ADDRESS

201 4TH STREET SE ROCHESTER, MN 55904

NAME

BILL GEORGE

TITLE

TOTAL ANNUAL COMPENSATION

DIRECTOR

0.

ADDRESS

201 4TH STREET SE ROCHESTER, MN 55904

NAME

ED HRUSKA

TITLE

TOTAL ANNUAL COMPENSATION

DIRECTOR

0.

ADDRESS

201 4TH STREET SE ROCHESTER, MN 55904

NAME

SUSAN PARK RANI

TITLE

TOTAL ANNUAL COMPENSATION

DIRECTOR

0.

ADDRESS

201 4TH STREET SE ROCHESTER, MN 55904