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B Exert proper section    Society   Park   NICOLLET HEALPY   SERVICES	Department of the Treasury Internal Revenue Service		► Go to www.irs.gov/Form990T for in		ns and the latest inforr			501(c)(3) Organizations Only
Solicity			Name of organization ( Check box if name cl	hanged	and see instructions.)		(Empl	loyees' trust, see
Signature   State	B Exempt under section	Print	PARK NICOLLET HEALTH S	ERV	ICES	_	3	6-3465840
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Books year of all asserts   Forup exemption number (See instructions.)   Forup exemption myther   More productions.   Describe the only (or first) unrelated trade or business here   TIRCOME   FROM PARTNERSHITP   Describe the only (or first) unrelated trade or business here   TIRCOME   FROM PARTNERSHITP   Describe the only (or first) unrelated values are to the organization's unrelated trades or business.   Describe the only (or first) unrelated values are to the organization's unrelated trade or business.   Describe the only (or first) unrelated values are to the organization's unrelated trade or business.   Describe the only (or first) unrelated values are to the organization's unrelated values are to the organization or a parent-subsidiary confrolled group?   Vest   XJ No    If Yes, enter the name and identifying number of the parent corporation.   Telephone number   952-883-5613   The books are cure of   SERRILYIN CAMPBELL   Telephone number   952-883-5613   Part II Unrelated Trade or Business Income   (A) lincome   (B) Expenses   C) Net   Telephone number   952-883-5613					n postal code	• 34	900	003
H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ INCOME FROM PARTNERSHTD If only one, complete Parts I. II. If unrel than one, describe the first in the blain space at the end of the previous sentence, complete Parts I and III, complete a Schedule M for each additional trade or business, then complete Parts III. II. Unrelated the part of the parent corporation. ▶ If the parent corporation is under the parent corporation. ▶ If the parent corporation is under the parent corporation. ▶ It is under the parent corporation is under the parent corporation. ▶ It is under the parent corporation. ▶ It is under the parent corporation is under the parent corporation and it is under	Book value of all assets		F Group exemption number (See instructions.)	<b></b>				
trade or business here > INCOME FROM PARTNERSHIP   If only one, complete Parts I-V, if more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete Barts III.  1 During the tax year, was the corporation a subsidiary in an affinited group or a parent-subsidiary controlled group?   Yes   X   No	192,804,9	15.	G Check organization type ► X 501(c) corp	oration	501(c) trust	401(a)	trust	Other trust
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts IIII-V.  1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  If Yes, enter the name and identifying number of the parent corporation.  3 The blooks are in care of ▶ STARTLYN CAMPBELL  Part tel. Unrelated Trade or Business Income  (A) Income  (B) Expenses  (C) Net  1 Telephone number ▶ 952-883-5613  The tooks are in care of ▶ STARTLYN CAMPBELL  Part tel. Unrelated or Business Income  (A) Income  (B) Expenses  (C) Net  1 a Gross receipts or sales  b Less returns and allowances  2 Cost of goods sold (Schedule A, line 7)  3 Gross profit. Subtract line 2-from line to-  4a Capital gain net income (lattach Schedule D)  Not gain (loss) (Form 4797, 114, line 17) (at the form 4797)  4b Capital goods deduction for trusts  5 Income (loss) (Form 4797, 114, line 17) (at the form 4797)  6 Rent income (Schedule C)  7 Unrelated debt-financed income (Schedule E)  8 Interest, amountae, royaltes, and rents from a controlled organization (Schedule G)  9 Investment income of a section 501(c/(7), 6), or (17) organization (Schedule G)  10 Exploited exempl schuly income (Schedule I)  11 Advertising income (Schedule J)  12 Other income (See mistructions statish schedule)  13 Total. Combine lines 3 through 12  Part III, Deductions Not Taken Elsewhere (See instructions for jumitations of deductions)  (Deductions must be derectly connected with the unrelated business an come)  10 Compensation of officers, directors, and trustees (Schedule K)  11 Advertising income (Schedule A)  12 Conspensation of officers, directors, and trustees (Schedule K)  13 Total (Schedule Schedule)  14 Compensation of officers, directors, and trustees (Schedule K)  15 Compensation of officers, directors, and trustees (Schedule K)  16 Repairs and mainternance  17 Search Schedule Schedule Schedule Schedule Schedule Sched				1	Describe	the only (or first) un	related	
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If "Yes," enter the name and identifying number of the parent coporation. ▶  J The books are in care of ▶ SHARILYN CAMPBELL  Telephone number ▶ 952-883-5613    Part   Unrelated Trade or Business Income							1	1 37 1
The books are in care of   SHARILYN CAMPBELL   Telephone number   9 52 - 883 - 5613				ıt-subsı	diary controlled group?	▶ L	Ye	es LALINO
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Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 27  Unrelated business taxable income before net operating beside decided subtractline 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018  (see instructions)  Unrelated business taxable income. Subtract line 30 from line 29  Excess exempt expenses (Schedule I)  25  26  27  800.  28  12,899.  29  99,973.	Z22 Depletion				<b>-</b>			
Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 27  Unrelated business taxable income before net operating beside decided subtractline 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018  (see instructions)  Unrelated business taxable income. Subtract line 30 from line 29  Excess exempt expenses (Schedule I)  25  26  27  800.  28  12,899.  29  99,973.	723 Contributions to defe		mpensation plans RECEIVED	)	1			<u> </u>
Total déductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction Subtractline 28 ifrom line 13 Unrelated business taxable income before net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  30 0. 31 Unrelated business taxable income. Subtract line 30 from line 29 31 99,973.			1		1			
Total déductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction Subtractline 28 ifrom line 13 Unrelated business taxable income before net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  30 0. 31 Unrelated business taxable income. Subtract line 30 from line 29 31 99,973.	Excess exempt expe		chedule I)	S	\$ I			
Total déductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction Subtractline 28 ifrom line 13 Unrelated business taxable income before net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  30 0. 31 Unrelated business taxable income. Subtract line 30 from line 29 31 99,973.	Excess readership co		NOV23 2020	15	GEE GEAU	ר האבאה		200
31 Unrelated business taxable income. Subtract line 30 from line 29 31 99,973.	Utner deductions (at		1 1 /-	] 🕮	SEE STAT	THENT Z		
31 Unrelated business taxable income. Subtract line 30 from line 29 31 99,973.	OSO local reductions. A	uu IIIIes	no me before not a comme before	tino o	Rirom line 12		_	
31 Unrelated business taxable income. Subtract line 30 from line 29 31 99,973.	Deduction for not an						79	73,313.
31 Unrelated business taxable income. Subtract line 30 from line 29 31 99,973.	Coordination for tiet op	ciaung	ioss arising in tax years beginning on or after Janua	ıy ı, 2U	T T U		30	n
	(see instructions)	avahla v	ncome Subtract line 30 from line 20		•			
						· ·-	<u>, ,,</u>	Form <b>990-T</b> (2019)

u	t vi Statements negarang contain Activities and exist information (see instruction)		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		İ
	here >		X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		

erjury, 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, to Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign May the IRS discuss this return with Here PRESIDENT the preparer shown below (see instructions)? X Yes No Print/Type preparer's name Preparer's signature Date Check self- employed Paid 11/9/2020 MONROE JORDAN GIERL P01413237 Preparer Firm's name ► KPMG LLP 13-5565207 Firm's EIN **Use Only** 4200 WELLS FARGO CENTER, 90 S 7TH STR Phone no. 612 - 305 - 5000Firm's address ► MINNEAPOLIS, MN 55402

923711 01-27-20

Schedule A - Cost of Goods Sold.	Enter method of inver	ntory valuation N/A					
1 Inventory at beginning of year 1		6 Inventory at end of yea	r		6		
2 Purchases 2		7 Cost of goods sold. Su	ıbtract I	ine 6	,		
3 Cost of labor 3		from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs	]	line 2		Ĺ	7		
(attach schedule) 4a		8 Do the rules of section	263A (\	with respect to		Yes	No
b Other costs (attach schedule) 4b	<u></u>	property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b 5	1	the organization?					
Schedule C - Rent Income (From F (see instructions)	Real Property an	d Personal Property	Leas	ed With Real Prop	perty) 		
1. Description of property							
(1)							
(2)							
(3)							
(4)							
	t received or accrued			3(a) Deductions directly	connected with the	a income ic	n
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	` of rent for p	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	age	columns 2(a) and	d 2(b) (attach sche	dule)	
(1)							
(2)							
(3)							
(4)					· · ·		
Total	0 . Total		0.	(b) Tatal daduations			
(c) Total income. Add totals of columns 2(a) and 2 here and on page 1, Part I, line 6, column (A)	<b>_</b> _		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		0.
Schedule E - Unrelated Debt-Finar	nced Income (see	instructions)					
		2. Gross income from	}	<ol><li>Deductions directly conf to debt-finance</li></ol>		able	
1. Description of debt-financed propi	erty	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		deductions schedule)	s
				(attach schedule)	(attaci)	scriedulej	
(1)					<del> </del>		
(2)				<del></del>	+		
(3)					<del> </del>		
(4)					<del>                                     </del>		
Amount of average acquisition debt on or allocable to debt-financed  5. /	Average adjusted basis of or allocable to abt-financed property (attach schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x	ele deduction total of column and 3(b))	
(1)		%					
(2)		%				-	
(3)		%					
(4)		%					
				nter here and on page 1, Part I, line 7, column (A)	Enter here a		
Totals		<b>&gt;</b>		0 .	•		0.
Total dividends-received deductions included in o	olumn 8			<b></b>			0.
		<del></del>			Forr	n <b>990-T</b> (	(2019)

Form **990-T** (2019)

				Exempt C	Controlled O	rganızati	ons					
1. Name of controlled organizat	tion	2. Emplo identifica numbe	tion	3. Net unre (loss) (see	elated income instructions)	4. Tota payr	al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		rolling	ing   connected with income	
(1)			•									
(2)							, , ,	,				
(3)							,					
(4)									+			
Nonexempt Controlled Organi	zations							<u> </u>				
7. Taxable Income		nrelated income	(loss)	9. Total	of specified pay	ments	10. Part of colu	mn 9 tha	t is included	11. De	ductions	directly connect
		ee instructions)		-	made		in the controll gross	ing organ s income	aization's	with	income	in column 10
(1)	<del>                                     </del>						-					
(1)	<del></del>		-									
(2)							•					
(3)	<del> </del>	-					•					
(4)	<u> </u>						•					
•					ı		Add colur Enter here and Ine 8,		1, Part I,	Enter h	ere and	nš 6 and 11 on page 1, Part I, olumn (B)
Tatala	-							•	0.			(
Totals			••	504/ \/	7) (0)	(47) 0			0.	<u> </u>	•	
Schedule G - Investme		me or a S	ection	501(C)(	7), (9), or	(1 <i>7)</i> Or	ganization	1				•
(see insti	ructions)				<u> </u>		3. Deduction	.00	_	-	1 5	_Total deduction
	ription of inco	me			-2-+Amount of	income	directly conne (attach sched	cted	4-Set- (attach s	asides schedule)		and set-asides
(1)		,									↓	
(2)												
(3)		-										
(4)												
,					Enter here and Part I, line 9, co							here and on pag line 9, column (i
Totals			_	▶		0.			Wit 37			(
Schedule I - Exploited (see instru	-	Activity	Incom	e, Othe	r Than Ac	lvertisi	ing Income	9			-	
			3 545	enses	4. Net incom	ne (loss)	-				7	Excess exempt
Description of exploited activity	unrelated incom	Gross business le from business	directly co with pro of unre business	onnected duction elated	from unrelated business (co minus colum gain, comput through	olumn 2 n 3) If a e cols 5	<ol> <li>Gross income activity is not unrelated business income.</li> </ol>	that ted	attribut	penses table to mn 5	6	rpenses (column minus column 5, ut not more than column 4)
(1)	<del>                                     </del>								· · · · · · · · · · · · · · · · · · ·		+	
(2)		<del></del>			<del> </del>						+	
(3)	<del>                                     </del>				<del> </del>						+	
	<del></del>				<del> </del>						+	
(4)	Enter he	re and on	Enter her	e and on	all trade NC 18 (Chillian)	layaran da ili	WATER AND A SEC		Mark Mark	721FS-1868	**	Enter here and
Tatala		, Part I,	page 1, line 10,	Part I,							<b>3</b>	on page 1, Part II, line 25
Totals ► Schedule J - Advertisi	na Inco		ntri intion		4.2.80 18 1.51 million	50.5645#b.4827			(No. of the State & State	Wa Linda	-81	
Partil Income From						Dania	-			<del></del>		
Ran Income From	Periodic	ais Repo	rtea oi	n a Con	solidated	Dasis						
1. Name of periodical	,	2. Gross advertising income		3. Orrect entising costs	or (loss) (c col 3) If a g cols 5 tl	rough 7			6. Read	ts,	costs colum th	xcess readership (column 6 minus in 5, but not mor an column 4)
(1)			1		HILYDR	e ve von	Ř.				1000	e de la companya de
(2)	<del></del>	_	+									r Problem
(3)		<del></del>	+-					<del></del>			- #	
	+		+				<b>*</b>					
(4)	<del>-  </del> .		+-		501.52900.47	PERCE LEARNING	.5%	•			oreastric	DEC 20 A SER
Tatala (caras to Dart II line (5))	_ [ ]	^		0			ŀ					

Total Enter here and on page 1, Part II, line 14

Part II Income From Perio			a Sepa	rate Basis (For ea	ch perio	dical listed	in Pa	art II, fill in	_	
1. Name of periodical	2. Gross advertising income		Direct sing costs	Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7		rculation come	6.	Readership 'costs	7. Excess readersh costs (column 6 min column 5, but not me than column 4)	us
(1)										
(2)										
(3)		,								
(4)										
Totals from Part I	0.		0.	GENERAL STATE	学得到		r Right a	ALCOHOLD !		0.
	Enter here and on page 1, Part I, line 11, col (A)	page	ere and on 1, Part I, , col (B)		* (P 3)			75 74 43	Enter here and on page 1, Part II, line 26	_
Totals, Part II (lines 1-5)	0.		0.	military and the state of the s	AMERICAN SPERMENT OF	· 大学《中华·	1(80)			0.
Schedule K - Compensatio	n of Officers,	Direct	ors, an	d Trustees (see in	structio					
1. Name				2. Title	•	3. Percer time devote busines	ed to		ensation attributable related business	
(1)							%			
(2)							%			
(3)							%			

Page 5

## PARK NICOLLET HEALTH SERVICES

FORM 990-T INCOME	E (LOSS) FROM PARTNERSHIPS	STATEMENT	1
DESCRIPTION		NET INCOM OR (LOSS	
PREMIER - OTHER INCOME (LOSS)		112,8	72.
TOTAL INCLUDED ON FORM 990-T,	PAGE 1, LINE 5	112,8	72.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2
DESCRIPTION		AMOUNT	
TAX PREP FEES		8	00.
TOTAL TO FORM 990-T, PAGE 1, I	LINE 27	8	00.
FORM 990-T	CONTRIBUTIONS	STATEMENT	3
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
50% CASH ONLY	N/A	31,2	17.
TOTAL TO FORM 990-T, PAGE 2, I	LINE 34	31,2	17.

FORM 990-T	CONTR	IBUTIONS SUMMARY		STATEMENT	4
	ONTRIBUTIONS SUBJECT ONTRIBUTIONS SUBJECT				
FOR TAX Y FOR TAX Y FOR TAX Y	EAR 2015 EAR 2016				
FOR TAX Y FOR TAX Y		20,989 57,227			
TOTAL CARRY	OVER NT YEAR 10% CONTRIBUT	rions	78,216 31,217		
	IBUTIONS AVAILABLE OME LIMITATION AS ADJ	JUSTED	109,433 9,897		
	RIBUTIONS CONTRIBUTIONS S CONTRIBUTIONS		99,536 0 99,536		
	ONTRIBUTIONS DEDUCTION	ON .	<del></del>	9,8	397
TOTAL CONTR	IBUTION DEDUCTION		_	9,8	397