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Form **990-T****Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e)) **1906**

OMB No 1545-0687

**2018**Department of the Treasury  
Internal Revenue Service

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 20 19

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

**A** ☐ Check box if address changed

**B** Exempt under section  
☒ 501(c)(3) ☐ 220(e)  
☐ 408(e) ☐ 530(a)  
☐ 529(a)

**C** Book value of all assets at end of year: 221,937,781

**D** Employer identification number (Employees' trust, see instructions.): 45-0226711

**E** Unrelated business activity code (See instructions.): 62

**F** Group exemption number (See instructions.): 0928

**G** Check organization type: ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

**H** Enter the number of the organization's unrelated trades or businesses: 4 Describe the only (or first) unrelated trade or business here: LAB & MEDICAL EQUIPMENT SERVICES. 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 a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☒ Yes ☐ No If "Yes," enter the name and identifying number of the parent corporation: COMMONSPIRIT HEALTH 47-0617373

**J** The books are in care of: TERRI DONOVAN Telephone number: (701) 530-7610

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	3,714,368				
b	Less returns and allowances	0				
2	Cost of goods sold (Schedule A, line 7)					
3	Gross profit. Subtract line 2 from line 1c					
4a	Capital gain net income (attach Schedule D)					
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)					
c	Capital loss deduction for trusts					
5	Income (loss) from a partnership or an S corporation (attach statement)					
6	Rent income (Schedule C)					
7	Unrelated debt-financed income (Schedule E)					
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)					
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)					
10	Exploited exempt activity income (Schedule I)					
11	Advertising income (Schedule J)					
12	Other income (See instructions; attach schedule)					
13	Total. Combine lines 3 through 12					

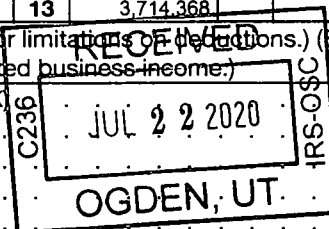
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)					
14	Compensation of officers, directors, and trustees (Schedule K)			14	0
15	Salaries and wages			15	211,252
16	Repairs and maintenance			16	1,037
17	Bad debts			17	19,762
18	Interest (attach schedule) (see instructions)			18	0
19	Taxes and licenses			19	40,278
20	Charitable contributions (See instructions for limitation rules)			20	0
21	Depreciation (attach Form 4562)			21	54,699
22	Less depreciation claimed on Schedule A and elsewhere on return			22a	0
23	Depletion			23	0
24	Contributions to deferred compensation plans			24	0
25	Employee benefit programs			25	71,037
26	Excess exempt expenses (Schedule I)			26	0
27	Excess readership costs (Schedule J)			27	0
28	Other deductions (attach schedule)			28	2,361,169
29	Total deductions. Add lines 14 through 28			29	2,759,234
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	955,134
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			31	
32	Unrelated business taxable income. Subtract line 31 from line 30			32	955,134

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Cat No 11291J

Form 990-T (2018)

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OCT 27 2020

**Part III Total Unrelated Business Taxable Income**

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	955,753
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	0
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	955,753
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36.	38	954,753

**Part IV Tax Computation**

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	200,498
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	200,498

**Part V Tax and Payments**

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800 (see instructions)	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	0
46	Subtract line 45e from line 44	46	200,498
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	0
48	Total tax. Add lines 46 and 47 (see instructions)	48	200,498
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part I, column (k), line 2	49	
50a	Payments: A 2017 overpayment credited to 2018	50a	62,640
b	2018 estimated tax payments	50b	238,000
c	Tax deposited with Form 8868	50c	119,000
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments. <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other 0 Total	50g	0
51	Total payments. Add lines 50a through 50g	51	419,640
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	219,142
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax 219,142 Refunded	55	0

**Part VI Statements Regarding Certain Activities and Other Information (see instructions)**

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority 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 here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		✓
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		✓

**Sign Here**

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer Use Only**Print/Type preparer's name  
MARK STOCKI

Preparer's signature

Date  
7/13/2020Check ☐ if self-employedPTIN  
P00642127Firm's name  
COMMONSPIRIT HEALTHFirm's EIN  
47-0617373Firm's address  
198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112Phone no.  
(303) 298-9100

Form 990-T (2018)

**Schedule A—Cost of Goods Sold.** Enter method of inventory valuation ►

<b>1</b> Inventory at beginning of year	<b>1</b>	0	<b>6</b> Inventory at end of year	<b>6</b>	0
<b>2</b> Purchases	<b>2</b>	0	<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	0
<b>3</b> Cost of labor	<b>3</b>	0	<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<b>Yes</b>	<b>No</b>
<b>4a</b> Additional section 263A costs (attach schedule)	<b>4a</b>	0			
<b>b</b> Other costs (attach schedule)	<b>4b</b>	0			
<b>5</b> <b>Total.</b> Add lines 1 through 4b	<b>5</b>	0			✓

**Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

<b>1.</b> Description of property		
(1)		
(2)		
(3)		
(4)		
<b>2.</b> Rent received or accrued		
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		0
(2)		
(3)		
(4)		
Total	0	Total 0
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►		<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ►
0		0

**Schedule E—Unrelated Debt-Financed Income** (see instructions)

<b>1.</b> Description of debt-financed property		<b>2.</b> Gross income from or allocable to debt-financed property	<b>3.</b> Deductions directly connected with or allocable to debt-financed property	
			<b>(a)</b> Straight line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
<b>4.</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	<b>5.</b> Average adjusted basis of or allocable to debt-financed property (attach schedule)	<b>6.</b> Column 4 divided by column 5	<b>7.</b> Gross income reportable (column 2 × column 6)	<b>8.</b> Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B).
<b>Totals</b>			0	0
<b>Total dividends-received deductions</b> included in column 8				0

**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
<b>Nonexempt Controlled Organizations</b>					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).		Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
<b>Totals</b>			0		0

**Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Enter here and on page 1, Part I, line 9, column (A)				Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b>		0		0

**Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Enter here and on page 1, Part I, line 10, col (A)		Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26	
<b>Totals</b>		0	0		0	

**Schedule J—Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		0	0	0		0

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	0	0				0
<b>Totals, Part II (lines 1–5)</b>	0	0				0

**Schedule K—Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			0

Form **990-T** (2018)

**SCHEDULE M**  
**(Form 990-T)**

**Unrelated Business Taxable Income for**  
**Unrelated Trade or Business**

OMB No 1545-0687

**2018**

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 20 19.

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Open to Public Inspection for  
501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

Name of the organization

ST ALEXIUS MEDICAL CENTER

Employer identification number

45-0226711

Unrelated business activity code (see instructions) ▶ 44

Describe the unrelated trade or business ▶ COMMUNITY PHARMACY

<b>Part I Unrelated Trade or Business Income</b>				(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales	551,048				
<b>b</b>	Less returns and allowances	0				
	<b>c Balance ▶</b>					
<b>1c</b>			551,048			
<b>2</b>	Cost of goods sold (Schedule A, line 7)		0			
<b>3</b>	Gross profit. Subtract line 2 from line 1c		551,048			551,048
<b>4a</b>	Capital gain net income (attach Schedule D)		0			0
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		0			0
<b>c</b>	Capital loss deduction for trusts		0			0
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)		0			0
<b>6</b>	Rent income (Schedule C)		0	0		0
<b>7</b>	Unrelated debt-financed income (Schedule E)		0	0		0
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		0	0		0
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		0	0		0
<b>10</b>	Exploited exempt activity income (Schedule I)		0	0		0
<b>11</b>	Advertising income (Schedule J)		0	0		0
<b>12</b>	Other income (See instructions; attach schedule)		0			0
<b>13</b>	<b>Total.</b> Combine lines 3 through 12		551,048	0		551,048

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)		0
<b>15</b>	Salaries and wages		68,047
<b>16</b>	Repairs and maintenance		0
<b>17</b>	Bad debts		0
<b>18</b>	Interest (attach schedule) (see instructions)		0
<b>19</b>	Taxes and licenses		0
<b>20</b>	Charitable contributions (See instructions for limitation rules)		0
<b>21</b>	Depreciation (attach Form 4562)	6,513	
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return	0	6,513
<b>23</b>	Depletion		0
<b>24</b>	Contributions to deferred compensation plans		0
<b>25</b>	Employee benefit programs		7,592
<b>26</b>	Excess exempt expenses (Schedule I)		0
<b>27</b>	Excess readership costs (Schedule J)		0
<b>28</b>	Other deductions (attach schedule)		542,146
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28		624,298
<b>30</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		(73,250)
<b>31</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		0
<b>32</b>	Unrelated business taxable income. Subtract line 31 from line 30		(73,250)

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Cat No 71329Y

Schedule M (Form 990-T) 2018

**SCHEDULE M**  
**(Form 990-T)**

**Unrelated Business Taxable Income for**  
**Unrelated Trade or Business**

OMB No 1545-0687

**2018**

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 20 19.

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501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

Name of the organization

ST ALEXIUS MEDICAL CENTER

Employer identification number

45-0226711

Unrelated business activity code (see instructions) ▶ 54

Describe the unrelated trade or business ▶ PHARMACY RESEARCH

<b>Part I Unrelated Trade or Business Income</b>				(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales	58,172				
<b>b</b>	Less returns and allowances	0				
<b>c</b>	Balance ▶					
<b>1c</b>			58,172			
<b>2</b>	Cost of goods sold (Schedule A, line 7)		0			
<b>3</b>	Gross profit. Subtract line 2 from line 1c		58,172			58,172
<b>4a</b>	Capital gain net income (attach Schedule D)		0			0
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		0			0
<b>4b</b>			0			0
<b>c</b>	Capital loss deduction for trusts		0			0
<b>4c</b>			0			0
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)		0			0
<b>6</b>	Rent income (Schedule C)		0	0		0
<b>7</b>	Unrelated debt-financed income (Schedule E)		0	0		0
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		0	0		0
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		0	0		0
<b>10</b>	Exploited exempt activity income (Schedule I)		0	0		0
<b>11</b>	Advertising income (Schedule J)		0	0		0
<b>12</b>	Other income (See instructions; attach schedule)		0			0
<b>13</b>	<b>Total.</b> Combine lines 3 through 12		58,172	0		58,172

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)			<b>14</b>	0
<b>15</b>	Salaries and wages			<b>15</b>	99,369
<b>16</b>	Repairs and maintenance			<b>16</b>	0
<b>17</b>	Bad debts			<b>17</b>	0
<b>18</b>	Interest (attach schedule) (see instructions)			<b>18</b>	0
<b>19</b>	Taxes and licenses			<b>19</b>	0
<b>20</b>	Charitable contributions (See instructions for limitation rules)			<b>20</b>	0
<b>21</b>	Depreciation (attach Form 4562)		40,164		
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return	<b>21</b>	0	<b>22a</b>	40,164
<b>23</b>	Depletion			<b>23</b>	0
<b>24</b>	Contributions to deferred compensation plans			<b>24</b>	0
<b>25</b>	Employee benefit programs			<b>25</b>	47,085
<b>26</b>	Excess exempt expenses (Schedule I)			<b>26</b>	0
<b>27</b>	Excess readership costs (Schedule J)			<b>27</b>	0
<b>28</b>	Other deductions (attach schedule)			<b>28</b>	2,115
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28			<b>29</b>	188,733
<b>30</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			<b>30</b>	(130,561)
<b>31</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			<b>31</b>	0
<b>32</b>	Unrelated business taxable income. Subtract line 31 from line 30			<b>32</b>	(130,561)

For Paperwork Reduction Act Notice, see instructions.

Cat. No 71329Y

Schedule M (Form 990-T) 2018

**SCHEDULE M**  
**(Form 990-T)**

**Unrelated Business Taxable Income for**  
**Unrelated Trade or Business**

OMB No 1545-0687

**2018**

Department of the Treasury  
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501(c)(3) Organizations Only

Name of the organization

ST ALEXIUS MEDICAL CENTER

Employer identification number

45-0226711

Unrelated business activity code (see instructions) ► 52

Describe the unrelated trade or business ► PASSIVE INVESTMENTS

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 0			
b	Less returns and allowances 0			
	<b>c Balance ►</b>	<b>1c</b>		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		0
4a	Capital gain net income (attach Schedule D)	4a		0
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		0
c	Capital loss deduction for trusts	4c		0
5	Income (loss) from a partnership or an S corporation (attach statement)	5	619	619
6	Rent income (Schedule C)	6	0	0
7	Unrelated debt-financed income (Schedule E)	7	0	0
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8	0	0
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9	0	0
10	Exploited exempt activity income (Schedule I)	10	0	0
11	Advertising income (Schedule J)	11	0	0
12	Other income (See instructions; attach schedule)	12	0	0
13	<b>Total.</b> Combine lines 3 through 12	13	619	619

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	0
15	Salaries and wages	15	0
16	Repairs and maintenance	16	0
17	Bad debts	17	0
18	Interest (attach schedule) (see instructions)	18	0
19	Taxes and licenses	19	0
20	Charitable contributions (See instructions for limitation rules)	20	0
21	Depreciation (attach Form 4562)	21	0
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	0
23	Depletion	23	0
24	Contributions to deferred compensation plans	24	0
25	Employee benefit programs	25	0
26	Excess exempt expenses (Schedule I)	26	0
27	Excess readership costs (Schedule J)	27	0
28	Other deductions (attach schedule)	28	0
29	<b>Total deductions.</b> Add lines 14 through 28	29	0
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	619
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	0
32	Unrelated business taxable income. Subtract line 31 from line 30	32	619

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 71329Y

Schedule M (Form 990-T) 2018



Name of Partnership	EIN	UBI
<b>PARTNERSHIP INVESTMENT INCOME</b>		
(1) CHI OPERATING INVESTMENT PROGRAM, LP	47-0727942	619
<b>Total for Part I, Line 5</b>		<b>619</b>

Description	Amount
<b>LAB SERVICES</b>	
(1) STATE TAXES	40,278

Description	Amount
<b>LAB SERVICES</b>	
(1) DEPARTMENT EXPENSES	2,361,169
<b>COMMUNITY PHARMACY</b>	
(2) DEPARTMENT EXPENSES	18,930
(3) ADMINISTRATIVE & GENERAL	64,647
(4) ENVIRONMENTAL SERVICES	635
(5) OPERATION OF PLANT	1,663
(6) PHARMACY	456,271
<b>Total</b>	<b>542,146</b>
<b>PHARMACY RESEARCH</b>	
(7) OPERATION OF PLANT	2,115

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining
<b>LAB SERVICES</b>					
2018	450,545		0	0	450,545
<b>COMMUNITY PHARMACY</b>					
2018	73,250	0	0	0	73,250
<b>PHARMACY RESEARCH</b>					
2018	130,561	0	0	0	130,561

Date	Amount
12/18/2018	62,000
03/08/2019	62,000
06/04/2019	114,000
<b>Totals</b>	<b>238,000</b>

## Schedule C, Line 3(a)

Deductions directly connected with the income in columns 2(a) and 2(b)

## LAB SERVICES

(1)	Description	Amount
Total for Schedule C, Line 3(a), Deductions directly connected with the income in columns 2(a) and 2(b)		0