

AMENDED RETURN - SECTION 512(A)(7) REPEAL

Form **990-T**  
Department of the Treasury  
Internal Revenue Service

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e)) **1406**

OMB No 1545-0687  
**2017**

For calendar year 2017 or other tax year beginning 07/01, 2017, and ending 06/30, 2018

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

<input type="checkbox"/> Check box if address changed	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions )	<b>D Employer identification number</b> (Employees' trust, see instructions.)
<b>B Exempt under section</b> <input checked="" type="checkbox"/> 501( C )( 3 ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		SAINT ELIZABETH REGIONAL MEDICAL CENTER Number, street, and room or suite no. If a P O box, see instructions 555 SOUTH 70TH STREET City or town, state or province, country, and ZIP or foreign postal code LINCOLN, NE 68510	47-0379836
<b>C Book value of all assets at end of year</b> 577,339,662	<b>F Group exemption number</b> (See instructions.) ▶	0928	
<b>G Check organization type</b> ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

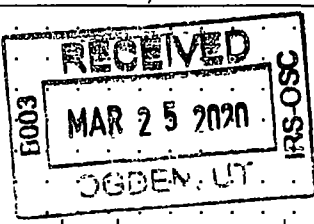
**H Describe the organization's primary unrelated business activity** ▶ (SEE STATEMENT)

**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. ▶ CATHOLIC HEALTH INITIATIVES 47-0617373

**J The books are in care of** ▶ JEANETTE WOJTALEWICZ Telephone number ▶ (402) 343-4671

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	1,127,457		
b	Less returns and allowances	0		
<b>c Balance</b> ▶		1c		
2	Cost of goods sold (Schedule A, line 7)	303,788		
3	Gross profit. Subtract line 2 from line 1c	823,669		823,669
4a	Capital gain net income (attach Schedule D)	0		0
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	0		0
c	Capital loss deduction for trusts	0		0
5	Income (loss) from partnerships and S corporations (attach statement)	65,927		65,927
6	Rent income (Schedule C)	0	0	0
7	Unrelated debt-financed income (Schedule E)	0	0	0
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	0	0	0
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	0	0	0
10	Exploited exempt activity income (Schedule I)	0	0	0
11	Advertising income (Schedule J)	0	0	0
12	Other income (See instructions, attach schedule)	0		0
13	<b>Total.</b> Combine lines 3 through 12	889,596	0	889,596

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)		0
15	Salaries and wages		425,674
16	Repairs and maintenance		0
17	Bad debts		0
18	Interest (attach schedule)		0
19	Taxes and licenses		29,771
20	Charitable contributions (See instructions for limitation rules)		11,065
21	Depreciation (attach Form 4562)	13,775	
22a	Less depreciation claimed on Schedule A and elsewhere on return	0	
22b			13,775
23	Depletion		0
24	Contributions to deferred compensation plans		0
25	Employee benefit programs		137,582
26	Excess exempt expenses (Schedule I)		0
27	Excess readership costs (Schedule J)		0
28	Other deductions (attach schedule)		172,146
29	<b>Total deductions.</b> Add lines 14 through 28		790,013
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		99,583
31	Net operating loss deduction (limited to the amount on line 30)		0
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		99,583
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		1,000
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		98,583



SCANNED JUL 08 2020

Received in MAY 11 2020 Batching Ogden

Received in APR 7 2020 Batching Ogden

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input checked="" type="checkbox"/> See instructions and:		
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
(1) \$ 0 (2) \$ 0 (3) \$ 0		
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	\$ 0	
(2) Additional 3% tax (not more than \$100,000)	\$ 0	
<b>c</b> Income tax on the amount on line 34		<b>35c</b> 27,660
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		<b>36</b>
<b>37 Proxy tax.</b> See instructions		<b>37</b> 0
<b>38 Alternative minimum tax</b>		<b>38</b> 0
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions		<b>39</b> 0
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies		<b>40</b> 27,660

**Part IV Tax and Payments**

<b>41a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>41a</b>		
<b>b</b> Other credits (see instructions)	<b>41b</b>		
<b>c</b> General business credit. Attach Form 3800 (see instructions)	<b>41c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>41d</b>		
<b>e Total credits.</b> Add lines 41a through 41d			<b>41e</b> 0
<b>42</b> Subtract line 41e from line 40			<b>42</b> 27,660
<b>43</b> 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)			<b>43</b> 0
<b>44 Total tax.</b> Add lines 42 and 43			<b>44</b> 27,660
<b>45a</b> Payments: A 2016 overpayment credited to 2017	<b>45a</b>	49,608	
<b>b</b> 2017 estimated tax payments	<b>45b</b>	84,500	
<b>c</b> Tax deposited with Form 8868	<b>45c</b>	0	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>45d</b>		
<b>e</b> Backup withholding (see instructions)	<b>45e</b>		
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>45f</b>		
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other 0 Total	<b>45g</b>	0	
<b>46 Total payments.</b> Add lines 45a through 45g			<b>46</b> 134,108
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>			<b>47</b>
<b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed			<b>48</b> 0
<b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid			<b>49</b> 106,448
<b>50</b> Enter the amount of line 49 you want: Credited to 2018 estimated tax 106,448 Refunded			<b>50</b> 0

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

<b>51</b> At any time during the 2017 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
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>52</b> 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.	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$ 0		

**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: *Angela Noel* Date: 3-9-20 Title: CFO CHI HEALTH

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name ANGELA NOEL, CPA	Preparer's signature <i>Angela Noel</i>	Date 3/9/20	Check <input type="checkbox"/> if self-employed	PTIN P01051055
	Firm's name COMMONSPIRIT HEALTH	Firm's EIN 47-0617373		Phone no. (303) 298-9100	
	Firm's address 198 INVERNESS DRIVE WEST, DENVER, CO 80112				

**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>	303,788	<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>	303,788
<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>	303,788			

**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)		
(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

**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)		%		
<b>Totals</b> . . . . . ▶			Enter here and on page 1, Part I, line 7, column (A). 0	Enter here and on page 1, Part I, line 7, column (B). 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)					
Nonexempt Controlled Organizations					
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)				
<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)						
<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>	Enter here and on page 1, Part I, line 11, col (A) 0	Enter here and on page 1, Part I, line 11, col (B) 0				Enter here and on page 1, Part II, line 27 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.</b> Enter here and on page 1, Part II, line 14			0

Name of Partnership	EIN	UBI
<b>CHI INVESTMENT</b>		
(1) CHI OPERATING INVESTMENT PROGRAM	47-0727942	65,927
<b>Total for Part I, Line 5</b>		<b>65,927</b>

Description	Amount
<b>DME SALES TO NON-PATIENTS</b>	
(1) STATE INCOME TAX	29,771
<b>Total for Part II, Line 19</b>	<b>29,771</b>

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2017	79,126		11,065		68,061	2022
<b>Totals</b>	<b>79,126</b>	<b>0</b>	<b>11,065</b>	<b>0</b>	<b>68,061</b>	



Description	Amount
<b>DME SALES TO NON-PATIENTS</b>	
(1) MISCELLANEOUS	2,724
(2) PURCHASED SERVICES	89,064
(3) UTILITIES	2,233
(4) RENT	45,354
(5) SUPPLIES	9
(6) AMORTIZATION	0
<b>Total</b>	<b>139,384</b>
<b>REFERENCE LAB</b>	
(7) PURCHASED SERVICES	6,954
(8) SUPPLIES	10,000
(9) OTHER EXPENSE	248
<b>Total</b>	<b>17,202</b>
<b>TELEPHONE TO CARE</b>	
(10) PURCHASED SERVICES	15,246
(11) SUPPLIES	278
(12) MISCELLANEOUS	36
<b>Total</b>	<b>15,560</b>
<b>Total for Part II, Line 28</b>	<b>172,146</b>

1	Enter unrelated business taxable income (line 34, page 1, Form 990-T)	98,583
2	Enter line 1 or corporation's share of the \$50,000 taxable income bracket, whichever is less	0
3	Subtract line 2 from line 1	98,583
4	Enter line 3 or corporation's share of the \$25,000 taxable income bracket, whichever is less	0
5	Subtract line 4 from line 3	98,583
6	Enter line 5 or corporation's share of the \$9,925,000 taxable income bracket, whichever is less	0
7	Subtract line 6 from line 5	98,583
8	Enter 15% of line 2	0
9	Enter 25% of line 4	0
10	Enter 34% of line 6	0
11	Enter 35% of line 7	34,504
12	If the taxable income of the controlled group exceeds \$100,000, enter this member's share of the smaller of (a) 5% of the excess over \$100,000, or (b) \$11,750 (see instructions for additional 5% and additional 3% tax)	0
13	If the taxable income of the controlled group exceeds \$15 million, enter this member's share of the smaller of (a) 3% of the excess over \$15 million, or (b) \$100,000 (see instructions for additional 5% and additional 3% tax)	0
14	Add lines 8 through 13. Enter here and on line 35c, page 2, Form 990-T	27,660

Date	Amount
12/15/2017	39,500
03/15/2018	40,000
06/15/2018	5,000
<b>Totals</b>	<b>84,500</b>



**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.  
▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return SAINT ELIZABETH REGIONAL MEDICAL CENTER	Business or activity to which this form relates 446199, 541900	Identifying number 47-0379836
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**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	510,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	510,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	0
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	99,583
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	0

Note: Don't use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	13,775
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27 5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	0
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	13,775
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Includes rows 30-36.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

Table with 2 columns: Yes, No. Includes rows 37-41.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

Return Reference - Identifier	Explanation
FORM 990-T, SECTION H - ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	REFERENCE LAB, DME SALES TO NON-PATIENTS, TELEPHONE HELP LINE, PASSIVE INVESTMENT INCOME