

Form **990-T**

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

**2018**

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 2019.

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

Department of the Treasury  
Internal Revenue Service

- Check box if address changed
- B** Exempt under section
  - 501(C)(3)
  - 408(e)  220(e)
  - 408A  530(a)
  - 529(a)

**Print or Type**

Name of organization (  Check box if name changed and see instructions )  
**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**

**D Employer identification number**  
(Employees' trust, see instructions.)  
**47-0379836**

**E Unrelated business activity code**  
(See instructions.)  
**621500**

**C** Book value of all assets at end of year  
**564,598,798**

**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. **5** Describe the only (or first) unrelated trade or business here **REFERENCE LAB**. 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 **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   | 114,635    |              |         |
| b   | Less returns and allowances   | 0          |              |         |
| c   | Balance   | 114,635    |              |         |
| 2   | Cost of goods sold (Schedule A, line 7)   | 0          |              |         |
| 3   | Gross profit. Subtract line 2 from line 1c  | 114,635    |              | 114,635 |
| 4a  | Capital gain net income (attach Schedule D)   | 0          |              | 0       |
| 4b  | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                      | 0          |              | 0       |
| 4c  | Capital loss deduction for trusts   | 0          |              | 0       |
| 5   | Income (loss) from a partnership or an S corporation (attach statement)               | 0          |              | 0       |
| 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 a controlled organization (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  | 114,635    | 0            | 114,635 |

| 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   |     | 5,616  |
| 16   | Repairs and maintenance  |     | 0      |
| 17   | Bad debts  |     | 0      |
| 18   | Interest (attach schedule) (see instructions)  |     | 0      |
| 19   | Taxes and licenses   |     | 0      |
| 20   | Charitable contributions (See instructions for limitation rules)   |     | 0      |
| 21   | Depreciation (attach Form 4562)  | 221 |        |
| 22   | Less depreciation claimed on Schedule A and elsewhere on return  | 0   | 221    |
| 23   | Depletion  |     | 0      |
| 24   | Contributions to deferred compensation plans   |     | 0      |
| 25   | Employee benefit programs  |     | 1,934  |
| 26   | Excess exempt expenses (Schedule I)  |     | 0      |
| 27   | Excess readership costs (Schedule J)   |     | 0      |
| 28   | Other deductions (attach schedule)   |     | 12,435 |
| 29   | <b>Total deductions.</b> Add lines 14 through 28   |     | 20,206 |
| 30   | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13           |     | 94,429 |
| 31   | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) |     |        |
| 32   | Unrelated business taxable income Subtract line 31 from line 30  |     | 94,429 |

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**Part III Total Unrelated Business Taxable Income**

|    |  |    |         |
|----|--|----|---------|
| 33 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)                             | 33 | 237,839 |
| 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 | 237,839 |
| 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 | 236,839 |

**Part IV Tax Computation**

|    |  |    |        |
|----|--|----|--------|
| 39 | Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)  | 39 | 49,736 |
| 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 | 49,736 |

**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  | 49,736  |
| 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  | 49,736  |
| 49  | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2   | 49  | 0       |
| 50a | Payments: A 2017 overpayment credited to 2018  | 50a | 106,448 |
| b   | 2018 estimated tax payments  | 50b | 82,000  |
| c   | Tax deposited with Form 8868   | 50c |         |
| 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  | 188,448 |
| 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  | 138,712 |
| 55  | Enter the amount of line 54 you want: Credited to 2019 estimated tax 138,712 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  | \$ 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: 7-8-20 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                    | Preparer's signature | Date     | Check <input type="checkbox"/> if self-employed | PTIN      |
|                               | ANGELA NOEL, CPA                              | <i>Angela Noel</i>   | 7/8/2020 |   | P01051055 |
|                               | Firm's name                                   | Firm's EIN           |          | Phone no.                                       |           |
|                               | COMMONSPIRIT HEALTH                           | 47-0617373           |          | (303) 298-9100                                  |           |
|                               | Firm's address                                |                      |          |   |           |
|                               | 198 INVERNESS DRIVE WEST, ENGLEWOOD, 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>  | 290,144 | <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> | 290,144 |
| <b>3</b> Cost of labor . . . . .                                    | <b>3</b>  | 0       |   |          |         |
| <b>4a</b> Additional section 263A costs (attach schedule) . . . . . | <b>4a</b> | 0       | <b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? . . . . . | Yes      | No      |
| <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>  | 290,144 |   |          |         |

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

|  |  |  |
|--|--|--|
| <b>1.</b> Description of property  |  |  |
| (1) MRI MACHINE  |  |  |
| (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) 115,214  |  | 0  |
| (2)  |  |  |
| (3)  |  |  |
| (4)  |  |  |
| Total 115,214  | 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) ▶                  |
| 115,214  |  | 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> ▶  |  |  | 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)                                |                                   |   |                                     |   |  |

**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)

**Totals** 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).

**Totals** 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

**Totals** 0 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)                   |                             |                             |   |                       |                     |  |

**Totals (carry to Part II, line (5))** 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)<br>0 | Enter here and on page 1, Part I, line 11, col (B)<br>0 |   |                       |                     | Enter here and on page 1, Part II, line 27<br>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  |

**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.

▶ 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

Department of the Treasury  
Internal Revenue Service

Name of the organization

SAINT ELIZABETH REGIONAL MEDICAL CENTER

Employer identification number

47-0379836

Unrelated business activity code (see instructions) ▶ 900099

Describe the unrelated trade or business ▶ PARTNERSHIP INVESTMENT INCOME

| <b>Part I Unrelated Trade or Business Income</b> |   | (A) Income | (B) Expenses | (C) Net |
|--|---|------------|--------------|---------|
| <b>1a</b>  | Gross receipts or sales <u>0</u>  |            |              |         |
| <b>b</b>   | Less returns and allowances <u>0</u>  |            |              |         |
|  | <b>c Balance ▶</b>  | <b>1c</b>  |              |         |
| <b>2</b>   | Cost of goods sold (Schedule A, line 7)   | <b>2</b>   |              |         |
| <b>3</b>   | Gross profit. Subtract line 2 from line 1c  | <b>3</b>   |              | 0       |
| <b>4a</b>  | Capital gain net income (attach Schedule D)   | <b>4a</b>  |              | 0       |
| <b>b</b>   | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                      | <b>4b</b>  |              | 0       |
| <b>c</b>   | Capital loss deduction for trusts   | <b>4c</b>  |              | 0       |
| <b>5</b>   | Income (loss) from a partnership or an S corporation (attach statement)               | <b>5</b>   | 24,085       | 24,085  |
| <b>6</b>   | Rent income (Schedule C)  | <b>6</b>   | 0            | 0       |
| <b>7</b>   | Unrelated debt-financed income (Schedule E)   | <b>7</b>   | 0            | 0       |
| <b>8</b>   | Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | <b>8</b>   | 0            | 0       |
| <b>9</b>   | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)      | <b>9</b>   | 0            | 0       |
| <b>10</b>  | Exploited exempt activity income (Schedule I)   | <b>10</b>  | 0            | 0       |
| <b>11</b>  | Advertising income (Schedule J)   | <b>11</b>  | 0            | 0       |
| <b>12</b>  | Other income (See instructions; attach schedule)                                      | <b>12</b>  | 0            | 0       |
| <b>13</b>  | <b>Total.</b> Combine lines 3 through 12  | <b>13</b>  | 24,085       | 0       |
|  |   |            |              | 24,085  |

**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>  |   | 0      |
| <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)  | <b>21</b>  | 0 |        |
| <b>22</b> | Less depreciation claimed on Schedule A and elsewhere on return  | <b>22a</b> | 0 |        |
| <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>  |   | 0      |
| <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>  |   | 0      |
| <b>29</b> | <b>Total deductions.</b> Add lines 14 through 28   | <b>29</b>  |   | 0      |
| <b>30</b> | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13           | <b>30</b>  |   | 24,085 |
| <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>  |   | 24,085 |

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**

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 2019.

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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

SAINT ELIZABETH REGIONAL MEDICAL CENTER

Employer identification number

47-0379836

Unrelated business activity code (see instructions) 621300

Describe the unrelated trade or business TELEPHONE HELP LINE

| <b>Part I Unrelated Trade or Business Income</b> |   | (A) Income | (B) Expenses | (C) Net |
|--|---|------------|--------------|---------|
| <b>1a</b>  | Gross receipts or sales   | 406,232    |              |         |
| <b>b</b>   | Less returns and allowances   | 0          |              |         |
|  | <b>c Balance</b>  | <b>1c</b>  |              |         |
|  |   | 406,232    |              |         |
| <b>2</b>   | Cost of goods sold (Schedule A, line 7)   | 0          |              |         |
| <b>3</b>   | Gross profit. Subtract line 2 from line 1c  | 406,232    |              | 406,232 |
| <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  | 406,232    | 0            | 406,232 |

| <b>Part II Deductions Not Taken Elsewhere</b> (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   |   | 219,533 |
| <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   |   | 8,370   |
| <b>20</b>   | Charitable contributions (See instructions for limitation rules)   |   | 26,427  |
| <b>21</b>   | Depreciation (attach Form 4562)  | 0 |         |
| <b>22</b>   | Less depreciation claimed on Schedule A and elsewhere on return  | 0 |         |
| <b>23</b>   | Depletion  |   | 0       |
| <b>24</b>   | Contributions to deferred compensation plans   |   | 0       |
| <b>25</b>   | Employee benefit programs  |   | 64,568  |
| <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)   |   | 26      |
| <b>29</b>   | <b>Total deductions.</b> Add lines 14 through 28   |   | 318,924 |
| <b>30</b>   | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13           |   | 87,308  |
| <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   |   | 87,308  |

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**

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.

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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

SAINT ELIZABETH REGIONAL MEDICAL CENTER

Employer identification number

47-0379836

Unrelated business activity code (see instructions) ▶ 532420

Describe the unrelated trade or business ▶ MRI RENTAL

| <b>Part I Unrelated Trade or Business Income</b> |   | (A) Income | (B) Expenses | (C) Net |
|--|---|------------|--------------|---------|
| <b>1a</b>  | Gross receipts or sales   | 0          |              |         |
| <b>b</b>   | Less returns and allowances   | 0          |              |         |
|  | <b>c Balance ▶</b>  | <b>1c</b>  |              |         |
| <b>2</b>   | Cost of goods sold (Schedule A, line 7)   | 0          |              |         |
| <b>3</b>   | Gross profit. Subtract line 2 from line 1c  | 0          |              | 0       |
| <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)  | 115,214    | 0            | 115,214 |
| <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  | 115,214    | 0            | 115,214 |

**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>  | 0      |
| <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)  | 83,197 |            |        |
| <b>22</b> | Less depreciation claimed on Schedule A and elsewhere on return  | 0      | <b>22a</b> |        |
|           |  |        | <b>22b</b> | 83,197 |
| <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>  | 0      |
| <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>  | 0      |
| <b>29</b> | <b>Total deductions.</b> Add lines 14 through 28   |        | <b>29</b>  | 83,197 |
| <b>30</b> | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13           |        | <b>30</b>  | 32,017 |
| <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>  | 32,017 |

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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.

▶ 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

Department of the Treasury  
Internal Revenue Service

Name of the organization

SAINT ELIZABETH REGIONAL MEDICAL CENTER

Employer identification number

47-0379836

Unrelated business activity code (see instructions) ▶ 446199

Describe the unrelated trade or business ▶ DME SALES TO NON-PATIENTS

| <b>Part I Unrelated Trade or Business Income</b> |   | (A) Income | (B) Expenses | (C) Net |
|--|---|------------|--------------|---------|
| <b>1a</b>  | Gross receipts or sales <u>608,012</u>  |            |              |         |
| <b>b</b>   | Less returns and allowances <u>0</u>  |            |              |         |
|  | <b>c Balance ▶</b>  | <b>1c</b>  |              |         |
|  |   | 608,012    |              |         |
| <b>2</b>   | Cost of goods sold (Schedule A, line 7)   | <b>2</b>   |              |         |
|  |   | 290,144    |              |         |
| <b>3</b>   | Gross profit. Subtract line 2 from line 1c  | <b>3</b>   |              | 317,868 |
|  |   | 317,868    |              |         |
| <b>4a</b>  | Capital gain net income (attach Schedule D)   | <b>4a</b>  |              | 0       |
|  |   | 0          |              |         |
| <b>b</b>   | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                      | <b>4b</b>  |              | 0       |
|  |   | 0          |              |         |
| <b>c</b>   | Capital loss deduction for trusts   | <b>4c</b>  |              | 0       |
|  |   | 0          |              |         |
| <b>5</b>   | Income (loss) from a partnership or an S corporation (attach statement)               | <b>5</b>   |              | 0       |
|  |   | 0          |              |         |
| <b>6</b>   | Rent income (Schedule C)  | <b>6</b>   | 0            | 0       |
|  |   |            | 0            |         |
| <b>7</b>   | Unrelated debt-financed income (Schedule E)   | <b>7</b>   | 0            | 0       |
|  |   |            | 0            |         |
| <b>8</b>   | Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | <b>8</b>   | 0            | 0       |
|  |   |            | 0            |         |
| <b>9</b>   | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)      | <b>9</b>   | 0            | 0       |
|  |   |            | 0            |         |
| <b>10</b>  | Exploited exempt activity income (Schedule I)   | <b>10</b>  | 0            | 0       |
|  |   |            | 0            |         |
| <b>11</b>  | Advertising income (Schedule J)   | <b>11</b>  | 0            | 0       |
|  |   |            | 0            |         |
| <b>12</b>  | Other income (See instructions; attach schedule)                                      | <b>12</b>  | 0            | 0       |
|  |   |            | 0            |         |
| <b>13</b>  | <b>Total.</b> Combine lines 3 through 12  | <b>13</b>  | 317,868      | 0       |
|  |   |            |              | 317,868 |

**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>  |        | 182,111  |
| <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)  | <b>21</b>  | 11,082 |          |
| <b>22</b> | Less depreciation claimed on Schedule A and elsewhere on return  | <b>22a</b> | 0      |          |
|           |  | <b>22b</b> |        | 11,082   |
| <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>  |        | 66,518   |
| <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>  |        | 117,540  |
| <b>29</b> | <b>Total deductions.</b> Add lines 14 through 28   | <b>29</b>  |        | 377,251  |
| <b>30</b> | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13           | <b>30</b>  |        | (59,383) |
| <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>  |        | (59,383) |

For Paperwork Reduction Act Notice, see instructions.

Cat No. 71329Y

Schedule M (Form 990-T) 2018

| Name of Partnership                  | EIN        | UBI           |
|--------------------------------------|------------|---------------|
| <b>CHI INVESTMENT</b>                |            |               |
| (1) CHI OPERATING INVESTMENT PROGRAM | 47-0727942 | 24,085        |
| <b>Total for Part I, Line 5</b>      |            | <b>24,085</b> |

| Description              | Amount |
|--------------------------|--------|
| <b>TELEPHONE TO CARE</b> |        |
| (1) STATE INCOME TAXES   | 8,370  |

| 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                     | 26,427                      |                         | 41,634           | 2022                           |
| 2018           | 58,769           |                            |                             |                         | 58,769           |                                |
| <b>Totals</b>  | <b>137,895</b>   | <b>11,065</b>              | <b>26,427</b>               | <b>0</b>                | <b>100,403</b>   |                                |

| Description                      | Amount         |
|----------------------------------|----------------|
| <b>REFERENCE LAB</b>             |                |
| (1) PURCHASED SERVICES           | 5,713          |
| (2) SUPPLIES                     | 6,351          |
| (3) OTHER EXPENSE                | 371            |
| <b>Total</b>                     | <b>12,435</b>  |
| <b>TELEPHONE TO CARE</b>         |                |
| (4) SUPPLIES                     | 26             |
| <b>DME SALES TO NON-PATIENTS</b> |                |
| (5) PURCHASED SERVICES           | 69,848         |
| (6) RENT                         | 42,755         |
| (7) UTILITIES                    | 2,008          |
| (8) MISCELLANEOUS                | 2,929          |
| <b>Total</b>                     | <b>117,540</b> |

| Date          | Amount        |
|---------------|---------------|
| 12/14/2018    | 21,000        |
| 03/15/2019    | 21,000        |
| 06/14/2019    | 40,000        |
| <b>Totals</b> | <b>82,000</b> |

Part II

Supplemental Information.

| Return Reference - Identifier | Explanation                          |
|-------------------------------|--------------------------------------|
| PART II - LINE 7 - NAME       | MEMORIAL HOSPITAL OF MISSOURI VALLEY |

**Part II** Taxable Income Apportionment (continued)

| (a)<br>Group member's name  | (a)<br>Employer identification number | (b)<br>Tax year end (Yr-Mo) | (c)<br>Accumulated earnings credit | (d)<br>Penalty for failure to pay estimated tax | (e)<br>Other |
|---|---------------------------------------|-----------------------------|------------------------------------|---|--------------|
| (10) ALTERNATIVE INSURANCE MANAGEMENT SERVICES, INC                       | 84-1112049                            | 19-06                       | 0                                  | 0   | 0            |
| (11) BC HOLDING COMPANY, INC.   | 31-1542851                            | 19-06                       | 0                                  | 0   | 0            |
| (12) BRAZOSPORT HEALTH ALLIANCE   | 76-0518376                            | 18-12                       | 0                                  | 0   | 0            |
| (13) CADUCEUS MEDICAL ASSOCIATES, INC                                     | 62-1570736                            | 19-06                       | 0                                  | 0   | 0            |
| (14) CAPTIVE MANAGEMENT INITIATIVES, LTD                                  | 98-0663022                            | 19-06                       | 0                                  | 0   | 0            |
| (15) CARRINGTON HEALTH CENTER   | 45-0227311                            | 19-06                       | 0                                  | 0   | 0            |
| (16) CATHOLIC HEALTH INITIATIVES - IOWA, CORP                             | 42-0680448                            | 19-06                       | 0                                  | 0   | 0            |
| (17) CATHOLIC HEALTH INITIATIVES CENTER FOR TRANSLATIONAL RESEARCH        | 27-2269511                            | 19-06                       | 0                                  | 0   | 0            |
| (18) CATHOLIC HEALTH INITIATIVES COLORADO                                 | 84-0405257                            | 19-06                       | 0                                  | 0   | 0            |
| (19) CHI COLORADO FOUNDATION  | 84-0902211                            | 19-06                       | 0                                  | 0   | 0            |
| (20) CHI HEALTH CONNECT AT HOME - FARGO                                   | 27-1966847                            | 19-06                       | 0                                  | 0   | 0            |
| (21) CHI HEALTH FOUNDATION  | 47-0648586                            | 19-06                       | 0                                  | 0   | 0            |
| (22) CHI KENTUCKY, INC  | 20-2741651                            | 19-06                       | 0                                  | 0   | 0            |
| (23) CHI LIVING COMMUNITIES   | 34-1892096                            | 19-06                       | 0                                  | 0   | 0            |
| (24) CHI ST JOSEPH CHILDREN'S HEALTH                                      | 23-2342997                            | 19-06                       | 0                                  | 0   | 0            |
| (25) CHI ST JOSEPH'S CHILDREN   | 71-0897107                            | 19-06                       | 0                                  | 0   | 0            |
| (26) CHI ST VINCENT HOSPITAL HOT SPRINGS (FKA MERCY HOSPITAL HOT SPRINGS) | 71-0236913                            | 19-06                       | 0                                  | 0   | 0            |
| (27) CONSOLIDATED HEALTH SERVICES, INC & SUBS                             | 31-1378212                            | 19-06                       | 0                                  | 0   | 0            |
| (28) CONTINUING CARE HOSPITAL, INC  | 61-1400619                            | 19-06                       | 0                                  | 0   | 0            |
| (29) DES MOINES MEDICAL CENTER, INC                                       | 42-0837382                            | 19-05                       | 0                                  | 0   | 0            |
| (30) DIVERSIFIED HEALTH RESOURCES INC                                     | 76-0222679                            | 18-12                       | 0                                  | 0   | 0            |
| (31) ENUMCLAW REGIONAL HOSPITAL ASSOCIATION                               | 91-0715805                            | 19-06                       | 0                                  | 0   | 0            |
| (32) FIRST INITIATIVES INSURANCE, LTD                                     | 98-0203038                            | 19-06                       | 0                                  | 0   | 0            |
| (33) FRANCISCAN CITY URGENT CARE SERVICES                                 | 81-2174959                            | 19-06                       | 0                                  | 0   | 0            |
| (34) FRANCISCAN FOUNDATION  | 91-1145592                            | 19-06                       | 0                                  | 0   | 0            |
| (35) FRANCISCAN HEALTH SYSTEM   | 91-0564491                            | 19-06                       | 0                                  | 0   | 0            |
| (36) FRANCISCAN SERVICES, INC AND SUBSIDIARIES                            | 23-2487967                            | 19-06                       | 0                                  | 0   | 0            |
| (37) GOOD SAMARITAN FOUNDATION OF CINCINNATI, INC                         | 31-1206047                            | 19-06                       | 0                                  | 0   | 0            |
| (38) GOOD SAMARITAN HOSPITAL  | 47-0379755                            | 19-06                       | 0                                  | 0   | 0            |
| (39) GOOD SAMARITAN HOSPITAL FOUNDATION                                   | 47-0659443                            | 19-06                       | 0                                  | 0   | 0            |
| (40) GOOD SAMARITAN OUTREACH SERVICES                                     | 47-0659440                            | 19-06                       | 0                                  | 0   | 0            |
| (41) HARRISON MEDICAL CENTER  | 91-0565546                            | 19-06                       | 0                                  | 0   | 0            |
| (42) HEALTH SYSTEMS ENTERPRISES, INC                                      | 47-0664558                            | 19-06                       | 0                                  | 0   | 0            |
| (43) HEALTHCARE MGMT SERVICES ORGANIZATION, INC                           | 91-1865474                            | 19-06                       | 0                                  | 0   | 0            |



| (a)<br>Group member's name                           | (a)<br>Employer identification number | (b)<br>Tax year end (Yr-Mo) | (c)<br>Accumulated earnings credit | (d)<br>Penalty for failure to pay estimated tax | (e)<br>Other |
|--|---------------------------------------|-----------------------------|------------------------------------|---|--------------|
| (44) HIGHLINE MEDICAL CENTER                         | 91-0712166                            | 19-06                       | 0                                  | 0   | 0            |
| (45) HIGHLINE MEDICAL GROUP, INC                     | 91-1407026                            | 18-12                       | 0                                  | 0   | 0            |
| (46) JEWISH HOSPITAL & ST MARY'S HEALTHCARE, INC     | 61-1029768                            | 19-06                       | 0                                  | 0   | 0            |
| (47) KENTUCKYONE HEALTH MEDICAL GROUP, INC           | 61-1352729                            | 19-06                       | 0                                  | 0   | 0            |
| (48) KENTUCKYONE HEALTH, INC                         | 61-1029769                            | 19-06                       | 0                                  | 0   | 0            |
| (49) LAKEWOOD HEALTH CENTER                          | 41-0758434                            | 19-06                       | 0                                  | 0   | 0            |
| (50) LAKEWOOD REGIONAL HEALTHCARE FOUNDATION         | 41-1893795                            | 19-06                       | 0                                  | 0   | 0            |
| (51) MADISON ST JOSEPH HEALTH CENTER                 | 74-2761145                            | 19-06                       | 0                                  | 0   | 0            |
| (52) MADONNA MANOR, INC                              | 61-0654635                            | 19-06                       | 0                                  | 0   | 0            |
| (53) MEDQUEST  | 45-0392137                            | 19-06                       | 0                                  | 0   | 0            |
| (54) MEMORIAL CV SERVICE LINE MANAGEMENT COMPANY LLC | 46-3622849                            | 18-12                       | 0                                  | 0   | 0            |
| (55) MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC     | 62-1839548                            | 19-06                       | 0                                  | 0   | 0            |
| (56) MEMORIAL HEALTH CARE SYSTEM, INC                | 62-0532345                            | 19-06                       | 0                                  | 0   | 0            |
| (57) MEMORIAL HEALTH PARTNERS FOUNDATION, INC        | 03-0417049                            | 19-06                       | 0                                  | 0   | 0            |
| (58) MEMORIAL HEALTH SYSTEM OF EAST TEXAS            | 75-0755367                            | 19-06                       | 0                                  | 0   | 0            |
| (59) MEMORIAL MEDICAL CENTER - LIVINGSTON            | 76-0436439                            | 19-06                       | 0                                  | 0   | 0            |
| (60) MERCY COLLEGE OF HEALTH SCIENCES                | 42-1511682                            | 19-06                       | 0                                  | 0   | 0            |
| (61) MERCY FOUNDATION OF DES MOINES, IOWA            | 23-7358794                            | 19-06                       | 0                                  | 0   | 0            |
| (62) MERCY HOSPITAL OF DEVILS LAKE                   | 45-0227012                            | 19-06                       | 0                                  | 0   | 0            |
| (63) MERCY HOSPITAL OF VALLEY CITY                   | 45-0226553                            | 19-06                       | 0                                  | 0   | 0            |
| (64) MERCY MEDICAL CENTER                            | 45-0231183                            | 19-06                       | 0                                  | 0   | 0            |
| (65) MERCY MEDICAL CENTER - CENTERVILLE              | 42-0680308                            | 19-06                       | 0                                  | 0   | 0            |
| (66) MERCY MEDICAL CENTER - NEWTON                   | 42-1470935                            | 19-06                       | 0                                  | 0   | 0            |
| (67) MERCY MEDICAL CENTER, INC.                      | 93-0386868                            | 19-06                       | 0                                  | 0   | 0            |
| (68) MERCY MEDICAL FOUNDATION                        | 45-0381803                            | 19-06                       | 0                                  | 0   | 0            |
| (69) MERCY PARK APARTMENTS, LTD                      | 42-1202422                            | 19-06                       | 0                                  | 0   | 0            |
| (70) MERCY SERVICES CORPORATION                      | 93-0824308                            | 19-06                       | 0                                  | 0   | 0            |
| (71) MHI CLINICAL SERVICES                           | 46-1967952                            | 18-12                       | 0                                  | 0   | 0            |
| (72) MOUNTAIN MANAGEMENT SERVICES, INC               | 62-1570739                            | 19-06                       | 0                                  | 0   | 0            |
| (73) PROVIDENCE CARE CENTER                          | 34-1658625                            | 19-06                       | 0                                  | 0   | 0            |
| (74) QUALCHOICE HEALTH, INC & SUBSIDIARIES           | 46-1222808                            | 18-12                       | 0                                  | 0   | 0            |
| (75) ROSS PARK PHARMACY                              | 34-1832654                            | 19-06                       | 0                                  | 0   | 0            |
| (76) SAINT CLARE'S PRIMARY CARE, INC                 | 22-2441202                            | 19-06                       | 0                                  | 0   | 0            |
| (77) SAINT ELIZABETH REGIONAL MEDICAL CENTER         | 47-0379836                            | 19-06                       | 0                                  | 0   | 0            |
| (78) SAINT FRANCIS MEDICAL CENTER                    | 47-0376601                            | 19-06                       | 0                                  | 0   | 0            |
| (79) SAINT FRANCIS MEDICAL CENTER FOUNDATION         | 47-0630267                            | 19-06                       | 0                                  | 0   | 0            |
| (80) SAINT JOSEPH HEALTH SYSTEM, INC                 | 61-1334601                            | 19-06                       | 0                                  | 0   | 0            |
| (81) S.J.L PHYSICIAN MANAGEMENT SERVICES, INC        | 27-0164198                            | 19-06                       | 0                                  | 0   | 0            |

| (a)<br>Group member's name                                    | (a)<br>Employer identification number | (b)<br>Tax year end (Yr-Mo) | (c)<br>Accumulated earnings credit | (d)<br>Penalty for failure to pay estimated tax | (e)<br>Other |
|---|---------------------------------------|-----------------------------|------------------------------------|---|--------------|
| (82) ST JOSEPH REGIONAL HEALTH CENTER                         | 74-1282696                            | 19-06                       | 0                                  | 0   | 0            |
| (83) ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - SUGAR LAND | 26-1947374                            | 19-06                       | 0                                  | 0   | 0            |
| (84) ST ALEXIUS MEDICAL CENTER                                | 45-0226711                            | 19-06                       | 0                                  | 0   | 0            |
| (85) ST ANTHONY DEVELOPMENT COMPANY                           | 93-1216943                            | 19-06                       | 0                                  | 0   | 0            |
| (86) ST ANTHONY HOSPITAL                                      | 93-0391614                            | 19-06                       | 0                                  | 0   | 0            |
| (87) ST CATHERINE HOSPITAL                                    | 48-0543721                            | 19-06                       | 0                                  | 0   | 0            |
| (88) ST DOMINIC OF ONTARIO, OREGON                            | 93-0433692                            | 19-06                       | 0                                  | 0   | 0            |
| (89) ST FRANCIS HOME  | 41-0729978                            | 19-06                       | 0                                  | 0   | 0            |
| (90) ST FRANCIS LIFE CARE CORPORATION                         | 22-2536017                            | 19-06                       | 0                                  | 0   | 0            |
| (91) ST FRANCIS MEDICAL CENTER                                | 41-0695598                            | 19-06                       | 0                                  | 0   | 0            |
| (92) ST JOSEPH'S AREA HEALTH SERVICES                         | 41-0695603                            | 19-06                       | 0                                  | 0   | 0            |
| (93) ST JOSEPH'S HOSPITAL AND HEALTH CENTER                   | 45-0226429                            | 19-06                       | 0                                  | 0   | 0            |
| (94) ST JOSEPH'S HOSPITAL FOUNDATION                          | 36-3418207                            | 19-06                       | 0                                  | 0   | 0            |
| (95) ST LEONARD   | 34-1940863                            | 19-06                       | 0                                  | 0   | 0            |
| (96) ST LUKE'S COMMUNITY HEALTH SERVICES                      | 76-0536234                            | 19-06                       | 0                                  | 0   | 0            |
| (97) ST LUKE'S HEALTH SYSTEM CORPORATION                      | 76-0536232                            | 19-06                       | 0                                  | 0   | 0            |
| (98) ST LUKE'S HEALTH SYSTEM HOLDINGS, INC                    | 76-0637138                            | 18-12                       | 0                                  | 0   | 0            |
| (99) ST LUKE'S HOSPITAL AT THE VINTAGE                        | 26-3734606                            | 19-06                       | 0                                  | 0   | 0            |
| (100) ST MARY'S COMMUNITY HOSPITAL                            | 47-0443636                            | 19-06                       | 0                                  | 0   | 0            |
| (101) ST VINCENT COMMUNITY HEALTH SERVICES, INC               | 71-0710785                            | 19-06                       | 0                                  | 0   | 0            |
| (102) ST VINCENT FOUNDATION                                   | 51-0169537                            | 19-06                       | 0                                  | 0   | 0            |
| (103) ST VINCENT INFIRMARY MEDICAL CENTER                     | 71-0236917                            | 19-06                       | 0                                  | 0   | 0            |
| (104) STE HOLDINGS, INC                                       | 82-2383629                            | 19-06                       | 0                                  | 0   | 0            |
| (105) SUGAR LAND DOCTOR GROUP                                 | 45-4270163                            | 18-12                       | 0                                  | 0   | 0            |
| (106) SYLVANIA FRANCISCAN HEALTH                              | 34-1412964                            | 19-06                       | 0                                  | 0   | 0            |
| (107) THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OH           | 31-0537486                            | 19-06                       | 0                                  | 0   | 0            |
| (108) THE PHYSICIAN NETWORK                                   | 47-0780857                            | 19-06                       | 0                                  | 0   | 0            |
| (109) TRINITY HEALTH FOUNDATION                               | 31-1329423                            | 19-06                       | 0                                  | 0   | 0            |
| (110) TRINITY HEALTH SYSTEM - TRINITY EAST                    | 34-0714474                            | 19-06                       | 0                                  | 0   | 0            |
| (111) TRINITY HEALTH SYSTEM - TRINITY WEST                    | 34-0875691                            | 19-06                       | 0                                  | 0   | 0            |
| (112) TRINITY HOSPITAL HOLDING COMPANY                        | 34-1842025                            | 19-06                       | 0                                  | 0   | 0            |
| (113) TRINITY MANAGEMENT SERVICES ORGANIZATION, INC           | 34-1471026                            | 19-06                       | 0                                  | 0   | 0            |
| (114) UNITY FAMILY HEALTHCARE                                 | 41-0721642                            | 19-06                       | 0                                  | 0   | 0            |
| (115) DIGNITY HEALTH CONNECTED LIVING                         | 23-7115371                            | 19-06                       | 0                                  | 0   | 0            |
| (116) INLAND HEALTH ORG OF SOUTHERN CALIFORNIA                | 33-0578944                            | 19-06                       | 0                                  | 0   | 0            |
| (117) TRINITYCARE INFUSION SERVICES                           | 33-0828794                            | 19-06                       | 0                                  | 0   | 0            |
| (118) COMCARE SERVICES, INC                                   | 84-0904813                            | 19-06                       | 0                                  | 0   | 0            |
| (119) DIGNITY HEALTH HOLDING CORP & SUBSIDIARIES              | 46-0675371                            | 18-12                       | 0                                  | 0   | 0            |

| (a)<br>Group member's name   | (a)<br>Employer identification number | (b)<br>Tax year end (Yr-Mo) | (c)<br>Accumulated earnings credit | (d)<br>Penalty for failure to pay estimated tax | (e)<br>Other |
|--|---------------------------------------|-----------------------------|------------------------------------|---|--------------|
| (120) PORT CITY OPERATING COMPANY LLC                                | 46-5322209                            | 19-06                       | 0                                  | 0   | 0            |
| (121) DIGNITY HEALTH PROVIDER RESOURCES, INC                         | 47-3366764                            | 19-06                       | 0                                  | 0   | 0            |
| (122) MARK TWAIN MEDICAL CENTER                                      | 68-0127677                            | 19-06                       | 0                                  | 0   | 0            |
| (123) DIGNITY HEALTH MEDICAL FOUNDATION                              | 68-0220314                            | 19-06                       | 0                                  | 0   | 0            |
| (124) KOMG-LOUISVILLE REGION, INC                                    | 83-2481198                            | 19-06                       | 0                                  | 0   | 0            |
| (125) HEALTH SERVICES OF THE PACIFIC CENTRAL COAST                   | 77-0074057                            | 18-11                       | 0                                  | 0   | 0            |
| (126) MANAGEMENT SERVICE ORG OF SANTA MARIA                          | 77-0318135                            | 18-12                       | 0                                  | 0   | 0            |
| (127) DIGNITY COMMUNITY CARE   | 81-5009488                            | 19-06                       | 0                                  | 0   | 0            |
| (128) SAINT FRANCIS MEMORIAL HOSPITAL                                | 94-1156295                            | 19-06                       | 0                                  | 0   | 0            |
| (129) DIGNITY HEALTH   | 94-1196203                            | 19-06                       | 0                                  | 0   | 0            |
| (130) SIERRA NEVADA MEMORIAL-MINERS HOSPITAL, INC                    | 94-1439787                            | 19-06                       | 0                                  | 0   | 0            |
| (131) COMMUNITY HOSPITAL OF SAN BERNARDINO                           | 95-1643373                            | 19-06                       | 0                                  | 0   | 0            |
| (132) BAKERSFIELD MEMORIAL HOSPITAL                                  | 95-1802779                            | 19-06                       | 0                                  | 0   | 0            |
| (133) ST MARY'S HEALTH VENTURES, INC                                 | 95-1912528                            | 19-06                       | 0                                  | 0   | 0            |
| (134) GLENDALE MEMORIAL SERVICES CORPORATION                         | 95-4051021                            | 19-06                       | 0                                  | 0   | 0            |
| (135) HARRISON MEDICAL CENTER FOUNDATION                             | 91-1197626                            | 19-06                       | 0                                  | 0   | 0            |
| (136) SAINT ELIZABETH FOUNDATION                                     | 47-0625523                            | 19-06                       | 0                                  | 0   | 0            |
| (137) ALEGENT HEALTH-MEMORIAL HOSPITAL, SCHUYLER                     | 47-0399853                            | 19-06                       | 0                                  | 0   | 0            |
| (138) ALEGENT HEALTH-MERCY HOSPITAL, CORNING, IA                     | 42-0782518                            | 19-06                       | 0                                  | 0   | 0            |
| (139) CHI ST LUKE'S HEALTH BAYLOR COLLEGE OF MEDICINE MEDICAL CENTER | 74-1161938                            | 19-06                       | 0                                  | 0   | 0            |
| (140) CATHOLIC HEALTH INITIATIVES NATIONAL FOUNDATION                | 27-0930004                            | 19-06                       | 0                                  | 0   | 0            |
| (141) CHI NATIONAL HOME CARE   | 42-1261716                            | 19-06                       | 0                                  | 0   | 0            |
| (142) SYLVANIA FRANCISCAN HEALTH FOUNDATION                          | 45-5357161                            | 19-06                       | 0                                  | 0   | 0            |

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

Department of the Treasury  
Internal Revenue Service (99)

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

|   |  |   |
|---|--|---|
| Name(s) shown on return<br><b>SAINT ELIZABETH REGIONAL MEDICAL CENTER</b> | Business or activity to which this form relates<br><b>621500</b> | Identifying number<br><b>47-0379836</b> |
|---|--|---|

**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) . . . . .   | <b>1</b>                               | 1,000,000                  |
| 2 Total cost of section 179 property placed in service (see instructions) . . . . .   | <b>2</b>                               | 0                          |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .  | <b>3</b>                               | 1,000,000                  |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .  | <b>4</b>                               | 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 . . . . . | <b>5</b>                               | 1,000,000                  |
| <b>6</b> (a) Description of property . . . . .  | (b) Cost (business use only) . . . . . | (c) Elected cost . . . . . |
| 7 Listed property. Enter the amount from line 29 . . . . .  | <b>7</b>                               | 0                          |
| 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .  | <b>8</b>                               | 0                          |
| 9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .   | <b>9</b>                               | 0                          |
| 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 . . . . .  | <b>10</b>                              | 0                          |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . . . . .                      | <b>11</b>                              | 94,429                     |
| 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 . . . . .   | <b>12</b>                              | 0                          |
| 13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 ▶ . . . . .  | <b>13</b>                              | 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 . . . . . | <b>14</b> | 0 |
| 15 Property subject to section 168(f)(1) election . . . . .   | <b>15</b> | 0 |
| 16 Other depreciation (including ACRS) . . . . .  | <b>16</b> | 0 |

**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 2018 . . . . .   | <b>17</b> | 221 |
| 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 2018 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 |
|---------------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| <b>19a</b> 3-year property            |                                      |  |                     |                |            |                            |
| <b>b</b> 5-year property              |                                      |  |                     |                |            |                            |
| <b>c</b> 7-year property              |                                      |  |                     |                |            |                            |
| <b>d</b> 10-year property             |                                      |  |                     |                |            |                            |
| <b>e</b> 15-year property             |                                      |  |                     |                |            |                            |
| <b>f</b> 20-year property             |                                      |  |                     |                |            |                            |
| <b>g</b> 25-year property             |                                      |  | 25 yrs              |                | S/L        |                            |
| <b>h</b> Residential rental property  |                                      |  | 27 5 yrs            | MM             | S/L        |                            |
|                                       |                                      |  | 27 5 yrs            | MM             | S/L        |                            |
| <b>i</b> Nonresidential real property |                                      |  | 39 yrs.             | MM             | S/L        |                            |
|                                       |                                      |  |                     | MM             | S/L        |                            |

**Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

|                       |  |  |         |    |     |  |
|-----------------------|--|--|---------|----|-----|--|
| <b>20a</b> Class life |  |  |         |    |     |  |
| <b>b</b> 12-year      |  |  | 12 yrs. |    | S/L |  |
| <b>c</b> 30-year      |  |  | 30 yrs. | MM | S/L |  |
| <b>d</b> 40-year      |  |  | 40 yrs. | MM | S/L |  |

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

|  |           |     |
|--|-----------|-----|
| 21 Listed property. Enter amount from line 28 . . . . .  | <b>21</b> | 0   |
| 22 <b>Total.</b> 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 . . . . . | <b>22</b> | 221 |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .   | <b>23</b> | 0   |

For Paperwork Reduction Act Notice, see separate instructions.

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, 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.)**

| <b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                               |   |                            |  |                        | <b>24b</b> If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No |                               |                                 |   |  |  |
|---|-------------------------------|---|----------------------------|--|------------------------|--|-------------------------------|---------------------------------|---|--|--|
| (a)<br>Type of property (list vehicles first)   | (b)<br>Date placed in service | (c)<br>Business/investment use percentage | (d)<br>Cost or other basis | (e)<br>Basis for depreciation (business/investment use only) | (f)<br>Recovery period | (g)<br>Method/Convention   | (h)<br>Depreciation deduction | (i)<br>Elected section 179 cost |   |  |  |
| <b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions . |                               |   |                            |  |                        |  | <b>25</b>                     | 0                               |   |  |  |
| <b>26</b> Property used more than 50% in a qualified business use:  |                               |   |                            |  |                        |  |                               |                                 |   |  |  |
|   |                               | %   |                            |  |                        |  |                               |                                 |   |  |  |
|   |                               | %   |                            |  |                        |  |                               |                                 |   |  |  |
|   |                               | %   |                            |  |                        |  |                               |                                 |   |  |  |
| <b>27</b> Property used 50% or less in a qualified business use:  |                               |   |                            |  |                        |  |                               |                                 |   |  |  |
|   |                               | %   |                            |  |                        | S/L -  |                               |                                 |   |  |  |
|   |                               | %   |                            |  |                        | S/L -  |                               |                                 |   |  |  |
|   |                               | %   |                            |  |                        | S/L -  |                               |                                 |   |  |  |
| <b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .   |                               |   |                            |  |                        |  | <b>28</b>                     | 0                               |   |  |  |
| <b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 .  |                               |   |                            |  |                        |  | <b>29</b>                     | 0                               | 0 |  |  |

**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.

|  | (a)<br>Vehicle 1 |    | (b)<br>Vehicle 2 |    | (c)<br>Vehicle 3 |    | (d)<br>Vehicle 4 |    | (e)<br>Vehicle 5 |    | (f)<br>Vehicle 6 |    |
|--|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| <b>30</b> Total business/investment miles driven during the year (don't include commuting miles) . |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| <b>31</b> Total commuting miles driven during the year   |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| <b>32</b> Total other personal (noncommuting) miles driven . . . . .                               |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| <b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .                    | 0                | 0  | 0                | 0  | 0                | 0  | 0                | 0  | 0                | 0  | 0                | 0  |
| <b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .              | Yes              | No | Yes              | No | Yes              | No | Yes              | No | Yes              | No | Yes              | No |
| <b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .      |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| <b>36</b> Is another vehicle available for personal use?   |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |

**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.

|  | Yes | No |
|--|-----|----|
| <b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .  |     |    |
| <b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . . |     |    |
| <b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .   |     |    |
| <b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .   |     |    |
| <b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions. . . . .  |     |    |

**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**

| (a)<br>Description of costs   | (b)<br>Date amortization begins | (c)<br>Amortizable amount | (d)<br>Code section | (e)<br>Amortization period or percentage | (f)<br>Amortization for this year |
|---|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| <b>42</b> Amortization of costs that begins during your 2018 tax year (see instructions):             |                                 |                           |                     |  |                                   |
|   |                                 |                           |                     |  |                                   |
| <b>43</b> Amortization of costs that began before your 2018 tax year . . . . .                        |                                 |                           |                     | <b>43</b>                                | 0                                 |
| <b>44</b> <b>Total.</b> Add amounts in column (f). See the instructions for where to report . . . . . |                                 |                           |                     | <b>44</b>                                | 0                                 |

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

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No **179**

|   |  |   |
|---|--|---|
| Name(s) shown on return<br><b>SAINT ELIZABETH REGIONAL MEDICAL CENTER</b> | Business or activity to which this form relates<br><b>532420</b> | Identifying number<br><b>47-0379836</b> |
|---|--|---|

**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)   | <b>1</b>  | 1,000,000 |
| 2 Total cost of section 179 property placed in service (see instructions)   | <b>2</b>  | 0         |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions)  | <b>3</b>  | 1,000,000 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | <b>4</b>  | 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 | <b>5</b>  | 1,000,000 |
| <b>6</b> (a) Description of property (b) Cost (business use only) (c) Elected cost  |           |           |
|   |           |           |
|   |           |           |
| 7 Listed property. Enter the amount from line 29  | <b>7</b>  | 0         |
| 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | <b>8</b>  | 0         |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8  | <b>9</b>  | 0         |
| 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562  | <b>10</b> | 0         |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions                      | <b>11</b> | 32,017    |
| 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11   | <b>12</b> | 0         |
| 13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12  | <b>13</b> | 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 | <b>14</b> | 0 |
| 15 Property subject to section 168(f)(1) election   | <b>15</b> | 0 |
| 16 Other depreciation (including ACRS)  | <b>16</b> | 0 |

**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 2018   | <b>17</b> | 83,197 |
| 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 2018 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        |                            |
|                                |                                      |  | 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 2018 Tax Year Using the Alternative Depreciation System**

|                |  |  |         |    |     |  |
|----------------|--|--|---------|----|-----|--|
| 20a Class life |  |  |         |    |     |  |
| b 12-year      |  |  | 12 yrs. |    | S/L |  |
| c 30-year      |  |  | 30 yrs. | MM | S/L |  |
| d 40-year      |  |  | 40 yrs. | MM | S/L |  |

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

|   |           |        |
|---|-----------|--------|
| 21 Listed property. Enter amount from line 28   | <b>21</b> | 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 | <b>22</b> | 83,197 |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | <b>23</b> | 0      |

For Paperwork Reduction Act Notice, see separate instructions.

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, 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.)**

| <b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                               |   |                            |  |                        | <b>24b</b> If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No |                               |                                 |   |  |  |
|---|-------------------------------|---|----------------------------|--|------------------------|--|-------------------------------|---------------------------------|---|--|--|
| (a)<br>Type of property (list vehicles first)   | (b)<br>Date placed in service | (c)<br>Business/investment use percentage | (d)<br>Cost or other basis | (e)<br>Basis for depreciation (business/investment use only) | (f)<br>Recovery period | (g)<br>Method/Convention   | (h)<br>Depreciation deduction | (i)<br>Elected section 179 cost |   |  |  |
| <b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions . |                               |   |                            |  |                        |  | <b>25</b>                     | 0                               |   |  |  |
| <b>26</b> Property used more than 50% in a qualified business use:  |                               |   |                            |  |                        |  |                               |                                 |   |  |  |
|   |                               | %   |                            |  |                        |  |                               |                                 |   |  |  |
|   |                               | %   |                            |  |                        |  |                               |                                 |   |  |  |
|   |                               | %   |                            |  |                        |  |                               |                                 |   |  |  |
| <b>27</b> Property used 50% or less in a qualified business use:  |                               |   |                            |  |                        |  |                               |                                 |   |  |  |
|   |                               | %   |                            |  |                        | S/L -  |                               |                                 |   |  |  |
|   |                               | %   |                            |  |                        | S/L -  |                               |                                 |   |  |  |
|   |                               | %   |                            |  |                        | S/L -  |                               |                                 |   |  |  |
| <b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .   |                               |   |                            |  |                        |  | <b>28</b>                     | 0                               |   |  |  |
| <b>29</b> Add amounts in column (i), line 26 Enter here and on line 7, page 1 .   |                               |   |                            |  |                        |  | <b>29</b>                     | 0                               | 0 |  |  |

**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.

|  | (a)<br>Vehicle 1 |    | (b)<br>Vehicle 2 |    | (c)<br>Vehicle 3 |    | (d)<br>Vehicle 4 |    | (e)<br>Vehicle 5 |    | (f)<br>Vehicle 6 |    |
|--|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| <b>30</b> Total business/investment miles driven during the year (don't include commuting miles) . |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| <b>31</b> Total commuting miles driven during the year   |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| <b>32</b> Total other personal (noncommuting) miles driven . . . . .                               |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| <b>33</b> Total miles driven during the year Add lines 30 through 32 . . . . .                     | 0                | 0  | 0                | 0  | 0                | 0  | 0                | 0  | 0                | 0  | 0                | 0  |
| <b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .              | Yes              | No | Yes              | No | Yes              | No | Yes              | No | Yes              | No | Yes              | No |
| <b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .      |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| <b>36</b> Is another vehicle available for personal use?   |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |

**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.

|  | Yes | No |
|--|-----|----|
| <b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .  |     |    |
| <b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . . |     |    |
| <b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .   |     |    |
| <b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .   |     |    |
| <b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions. . . . .  |     |    |

**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**

| (a)<br>Description of costs  | (b)<br>Date amortization begins | (c)<br>Amortizable amount | (d)<br>Code section | (e)<br>Amortization period or percentage | (f)<br>Amortization for this year |
|--|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| <b>42</b> Amortization of costs that begins during your 2018 tax year (see instructions):      |                                 |                           |                     |  |                                   |
|  |                                 |                           |                     |  |                                   |
| <b>43</b> Amortization of costs that began before your 2018 tax year . . . . .                 |                                 |                           |                     | <b>43</b>                                | 0                                 |
| <b>44</b> Total. Add amounts in column (f). See the instructions for where to report . . . . . |                                 |                           |                     | <b>44</b>                                | 0                                 |

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

Department of the Treasury  
Internal Revenue Service (99)

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

|   |  |   |
|---|--|---|
| Name(s) shown on return<br><b>SAINT ELIZABETH REGIONAL MEDICAL CENTER</b> | Business or activity to which this form relates<br><b>446199</b> | Identifying number<br><b>47-0379836</b> |
|---|--|---|

**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)   | <b>1</b>                     | 1,000,000        |
| 2 Total cost of section 179 property placed in service (see instructions)   | <b>2</b>                     | 0                |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions)  | <b>3</b>                     | 1,000,000        |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | <b>4</b>                     | 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 | <b>5</b>                     | 1,000,000        |
| <b>6</b>  |                              |                  |
| (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
|   |                              |                  |
| 7 Listed property. Enter the amount from line 29  | <b>7</b>                     | 0                |
| 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | <b>8</b>                     | 0                |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8  | <b>9</b>                     | 0                |
| 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562  | <b>10</b>                    | 0                |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions                      | <b>11</b>                    | 0                |
| 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11   | <b>12</b>                    | 0                |
| 13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12  | <b>13</b>                    | 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 | <b>14</b> | 0 |
| 15 Property subject to section 168(f)(1) election   | <b>15</b> | 0 |
| 16 Other depreciation (including ACRS)  | <b>16</b> | 0 |

**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 2018   | <b>17</b> | 11,082 |
| 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 2018 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 |                                      |  | 27 5 yrs            | MM             | S/L        |                            |
|                                |                                      |  | 39 yrs              | MM             | S/L        |                            |

**Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

|                |  |  |         |    |     |  |
|----------------|--|--|---------|----|-----|--|
| 20a Class life |  |  |         |    | S/L |  |
| b 12-year      |  |  | 12 yrs. |    | S/L |  |
| c 30-year      |  |  | 30 yrs. | MM | S/L |  |
| d 40-year      |  |  | 40 yrs. | MM | S/L |  |

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

|   |           |        |
|---|-----------|--------|
| 21 Listed property. Enter amount from line 28   | <b>21</b> | 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 | <b>22</b> | 11,082 |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | <b>23</b> | 0      |

For Paperwork Reduction Act Notice, see separate instructions.



**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, 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.)**

| <b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                               |   |                            | <b>24b</b> If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No |                        |                          |                               |                                 |
|---|-------------------------------|---|----------------------------|--|------------------------|--------------------------|-------------------------------|---------------------------------|
| (a)<br>Type of property (list vehicles first)   | (b)<br>Date placed in service | (c)<br>Business/investment use percentage | (d)<br>Cost or other basis | (e)<br>Basis for depreciation (business/investment use only)   | (f)<br>Recovery period | (g)<br>Method/Convention | (h)<br>Depreciation deduction | (i)<br>Elected section 179 cost |
| <b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions . . . . . |                               |   |                            |  |                        |                          | <b>25</b>                     | 0                               |
| <b>26</b> Property used more than 50% in a qualified business use:  |                               |   |                            |  |                        |                          |                               |                                 |
|   |                               | %   |                            |  |                        |                          |                               |                                 |
|   |                               | %   |                            |  |                        |                          |                               |                                 |
|   |                               | %   |                            |  |                        |                          |                               |                                 |
| <b>27</b> Property used 50% or less in a qualified business use:  |                               |   |                            |  |                        |                          |                               |                                 |
|   |                               | %   |                            |  | S/L -                  |                          |                               |                                 |
|   |                               | %   |                            |  | S/L -                  |                          |                               |                                 |
|   |                               | %   |                            |  | S/L -                  |                          |                               |                                 |
| <b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .   |                               |   |                            |  |                        |                          | <b>28</b>                     | 0                               |
| <b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .  |                               |   |                            |  |                        |                          | <b>29</b>                     | 0                               |

**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.

|  | (a)<br>Vehicle 1 |    | (b)<br>Vehicle 2 |    | (c)<br>Vehicle 3 |    | (d)<br>Vehicle 4 |    | (e)<br>Vehicle 5 |    | (f)<br>Vehicle 6 |    |
|--|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| <b>30</b> Total business/investment miles driven during the year (don't include commuting miles) . . . . . |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| <b>31</b> Total commuting miles driven during the year . . . . .   |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| <b>32</b> Total other personal (noncommuting) miles driven . . . . .                                       |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| <b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .                            | 0                | 0  | 0                | 0  | 0                | 0  | 0                | 0  | 0                | 0  | 0                | 0  |
| <b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .                      | Yes              | No | Yes              | No | Yes              | No | Yes              | No | Yes              | No | Yes              | No |
| <b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .              |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| <b>36</b> Is another vehicle available for personal use?   |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |

**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.

|  | Yes | No |
|--|-----|----|
| <b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .  |     |    |
| <b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . . |     |    |
| <b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .   |     |    |
| <b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .   |     |    |
| <b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions. . . . .  |     |    |

**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**

| (a)<br>Description of costs   | (b)<br>Date amortization begins | (c)<br>Amortizable amount | (d)<br>Code section | (e)<br>Amortization period or percentage | (f)<br>Amortization for this year |
|---|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| <b>42</b> Amortization of costs that begins during your 2018 tax year (see instructions):             |                                 |                           |                     |  |                                   |
|   |                                 |                           |                     |  |                                   |
| <b>43</b> Amortization of costs that began before your 2018 tax year . . . . .                        |                                 |                           |                     | <b>43</b>                                | 0                                 |
| <b>44</b> <b>Total.</b> Add amounts in column (f). See the instructions for where to report . . . . . |                                 |                           |                     | <b>44</b>                                | 0                                 |