Form 990-	1 0000000000000000000000000000000000000	47-0617	7373	Page 2
Part I	Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33 16,239	<u>,371.</u>
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	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	Ī		
•	lines 33 and 34		36 16,239	371.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	12h	37 1	.,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	52	T T	
30	enter the smaller of zero or line 36	501	38 16,238	3.371.
Partil	V ₄ Tax Computation		1	.,
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	40 N	39 3,410	0,058.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7,000
70	Tax rate schedule or Schedule D (Form 1041)		40	
44	Proxy tax. See instructions		40	
41		-	42	
42	Alternative minimum tax (trusts only)		43	
43	Tax on Noncompliant Facility Income. See instructions	46		0,058.
Part \	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies Tax and Payments		1	7,030.
·			1075961	<u></u>
_	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a 45b			
b	Other credits (see instructions) 45b			
C .	General business credit. Attach Form 3800			
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)			
a	Total credits. Add lines 45a through 45d	+	456) OF 0
46	Subtract line 45e from line 44	}		0,058.
47		attach schedule)	47	<u> </u>
48	Total tax. Add lines 46 and 47 (see instructions)			0,058.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	ر (۱۰۰۰)	49	0.
		65,010.		
		80,000.		
	9\V 	65,000.		
	Foreign organizations: Tax paid or withheld at source (see instructions)			-
	Backup withholding (see instructions) 50e			
	Credit for small employer health insurance premiums (attach Form 8941)			
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total ▶ [50g] .			
51	Total payments. Add lines 50a through 50g	5-2		0,010.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	77		<u>,489.</u>
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	C6 >	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	47 ▶		7,463.
1 <u>(55</u>		unded 🕨	55	<u> </u>
Part \			<u> </u>	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		ļ	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		ļ	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		3	
	here CAYMAN ISLANDS			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	aign trust?	ļ	X
	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		ge and belief, it is true,	
Here	Docusigned by SEVP & CHIEF	Me	y the IRS discuss this i	return with
пете	Jul 14, 2020 FINANCIAL OFFIC		preparer shown below	1
	Granture of officer) (Date) Title	inst	ructions)? X Ye	s No
	Print/Type preparer's name Preparer's signature /\ Date	Check if	PTIN	,
Paid		self- employed		
Prepa	erer CHAD D FRANKS		P01071	
Use (Only Firm's name ► KPMG, LLP	Firm's EIN	13-5565	207
	55 SECOND STREET, STE 1400			
	Firm's address ► SAN FRANCISCO, CA 94105	Phone no. 4	15-963-51	
823711 01	-09-19		Form 99	10-T (2018)

Inventory at beginning of year 1	Schedule A - Cost of Good	s Sold. Enter	method of invent	ory va	aluation N/A				
2 Purchases 2 2		1						6	0.
3 a Cost of labor 1	2 Purchases	2		1			line 6		
Totals Schedule	3 Cost of labor	3		1	_				
(attach schedule) b Other costs (attach schedule) 5 Total. Add lines i through 49 5 Total. Add l	4 a Additional section 263A costs								383,604.
b Other costs (attach schedule) ** b 383,604. property produced or acquired for resale) apply to the organization? XSchedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property if the personal property personal property if the personal property in the personal prop	· -	4a		l a		263A (with respect to		
S Total. Add lines I through 4b			383,604.	1		•	•		
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2) (3) (4) 2. Rent received or accrued 2. Rent received or accrued (a) From personal property (if the percentage of rent for persona	,			1		oquii ou	res recuito, appro to		X
See instructions				Pers		ease	d With Real Prop	ertv)	
(1) (2) (3) (4) 2. Rent received or accrued (a) From personal property (if the percentage of received or accrued (a) From personal property (if the percentage of received or accrued) (b) From real and personal property (if the percentage of received property is more than 10% but not more than 50%) (b) From real and personal property (if the percentage of received property is more than 10% but not more than 50%) (c) Total I									
(2) (3) (4) 2. Rent received or accrued (a) From personal property (fift the percentage of rent for personal property (fift the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real and personal property exceeds 50% or of the rent is based on profit or income) (c) (d) (d) (e) (e) (1) (e) (e) (f) (f) (e) (e) (f) (e) (e) (f) (e) (e) (e) (f) (e) (e) (e) (e) (e) (e) (e) (e) (f) (e) (e) (e) (e) (e) (e) (f) (e) (e) (e) (f) (e) (e) (f) (e) (e) (e) (f) (e) (e) (e) (f) (e) (e) (f) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	1. Description of property								
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(3) (4) 2. Rent received or accrued (a) From personal property (if the personal property (if the personal property (if the personal property is more than 10% but not more than 50%) (b) From rest and personal property (if the personal property is more than 10% but not more than 50%) (b) From personal property (if the personal property is more than 10% but not more than 50%) (c) Froatal (if the personal property is more than 10% but not more than 50%) (d) (e) Total (if the personal property (if the personal property is more than 50%) (e) Total (if the personal property (if the					<u> </u>				
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(2)	4. Amount of average acquisition debt on or allocable to debt-financed	of or a debt-fina	allocable to nced property	6			reportable (column	(0	column 6 x total of columns
(2)	(1)		:		%			+	
(3)		1						1	
(4) Senter here and on page 1, Part I, line 7, column (A) Totals Senter here and on page 1, Part I, line 7, column (B) O . O .		†							<u> </u>
Totals Enter here and on page 1, Part I, line 7, column (A) Enter here and on page 1, Part I, line 7, column (B)	· · · · · · · · · · · · · · · · · · ·						····		
Totals • 0. 0.				<u> </u>	/6				
	Totala						_	- 1	
		noluded in column	ı 8				<u>U</u>	_	0.

* SEE STATEMENT 4

Form 990-T (2018)

Schedule F 5 Interest, A	Annuities, Roy	/alties, an	d Rents	From Co	ntrolle	d Organiza	tions	see ins	struction	ns)
Exempt Controlled Organizations										
Name of controlled organizat	ide	Employer entification number	3. Net uni	related income instructions)			rolling	6. Deductions directly connected with income in column 5		
(1)										
(2)			†				\vdash			
(3)			<u> </u>		<u> </u>					
(4)			 					-	<u> </u>	
Nonexempt Controlled Organi	zations		1		ļ <u>.</u>		L			
7. Taxable Income	8 Net unrelated in	come (loss)	0 Total	of specified payi	ments	10. Part of colum	mn Q that	t is included	11. D	eductions directly connected
7. Taxabe means	(see instruc		9. 10.2	made	nenta	in the controll	ng organ	iization's		h income in column 10
(1)										
(2)	 						v	4		
(3)					_					
(4)			<u> </u>							
						Add colum Enter here and line 8, c		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
			•							
Totals			504/ \/=	' (0)	<u> </u>			0.		0.
Schedule G - Investme		a Section	501(c)(7	'), (9), or (17) Org	janization				
(see instr	uctions)				-	0.00				T
1. Desc	ription of Income			2. Amount of	ıncome	Deduction directly conne	cted	4. Set-	asides schedule)	Total deductions and set-asides
				<u> </u>		(attach sched	ule)	(artacii s	criedule)	(col 3 plus col 4)
(1)				ļ						
(2)				- '						
(3)		•			;					
(4)						**************************************		oelwanisters (6/17/0)	er a service con	****
Totals			_	Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited	Exempt Activi	ty Income	e. Other	Than Adv		a Income	******************************		<u>ALBRAGOS (ALBRAGOS)</u>	····
(see instru	-		, C		0. 0.0	g moonio				
Description of exploited activity	2. Gross unrelated business income from trade or business	directly of with pro of uni	penses connected oduction related s income	4. Net incomfrom unrelated business (cominus columingain, compute through	trade or lumn 2 n 3) If a e cols 5	5. Gross inco from activity the is not unrelate business inco	hat ed	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						** *				
(2)										
(3)										
(4)		1								
	Enter here and on page 1, Part I, line 10, col (A)	page 1	re and on 1, Part I, , col (B)							Enter here and on page 1, Part II, line 26
Totals	0		0.	126 27	1	1	- 3	, family		0.
Schedule J - Advertisir										
[Part Income From F	Periodicals Re	eported o	n a Cons	solidated	Basis 		_			·
1. Name of periodical	2. Gros advertisi income	ng adv	3. Direct ertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus ain, comput	5. Circulat		6. Reade cost		Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					J. Carth.					
(2)										
(3)		,	· -		n di	*				
(4)										
(<u> </u>									
Totals (carry to Part II, line (5))	>	0.	0	•						0 . Form 990-T (2018)

Form 990-T (2018) COMMONSPIRIT HEALTH

Partill 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)					•		
Totals from Part I	•	0.	0.				0 .
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	ightharpoonup	0.	0.				0

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

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

Form 990-T (2018)

FORM 990-T-	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CASH CONTRIBUTIONS	N/A	19,404.
TOTAL TO FORM 990-T, PAGE 1, I	LINE 20	19,404.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
EDUCATION MISCELLANEOUS EXPENSES POSTAGE PURCHASED SERVICES SUPPLIES TRAVEL UTILITIES	•	5,630. 16,649. 20,089. 1,582,496. 1,284. 12,494. 616.
TOTAL TO FORM 990-T, PAGE 1, I	LINE 28	1,639,258

FORM 990-T	CONTRIBUTIONS SUMMARY	<u> </u>	STATEMENT 3
QUALIFIED	CONTRIBUTIONS SUBJECT TO 100% LIMIT		
FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2013 2,204,513 YEAR 2014 2,139,888 YEAR 2015 695,257 YEAR 2016 YEAR 2017 5,841	• ?	
TOTAL CARF	YOVER ENT YEAR 10% CONTRIBUTIONS	5,045,499 19,404	
	RIBUTIONS AVAILABLE COME LIMITATION AS ADJUSTED	5,064,903 19,404	-
EXCESS 100	CONTRIBUTIONS % CONTRIBUTIONS SS CONTRIBUTIONS	5,045,499 0 5,045,499	-
· ALLOWABLE	CONTRIBUTIONS DEDUCTION		19,404
TOTAL CONT	RIBUTION DEDUCTION		19,404

FORM 990-T	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 4
DESCRIPTION	,	AMOUNT
CLINICAL ENGINEERING PAR	RTS PURCHASED	383,604.
TOTAL TO FORM 990-T, SCH	HEDULE A, LINE 4B	383,604.

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY

OMB No 1545-0687

Department of the Treasury Internal Revenue Service (99)

Name of the organization

► Go to 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).

501(c)(3) Organizations Only

Employer identification number

	COMMONSPIRIT HEALTH		11	47-06	<u> 173</u>	73
	Inrelated business activity code (see instructions) $\rightarrow 90009$	9				
	Describe the unrelated trade or business PASSTHROU	GH	REVENUE CYCL	E MANAGEME	NT	
Pai	Unrelated Trade or Business Income		(A) Income	(B) Expenses	s	(C) Net
1a	Gross receipts or sales				9 .73	
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Schedule A, line 7)	2	d. 6		計論	
3	Gross profit. Subtract line 2 from line 1c	3	-			
4 a	Capital gain net income (attach Schedule D)	4a		MOTE TO A		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	r			
С	Capital loss deduction for trusts	4c		331 31 33333		
5	Income (loss) from a partnership or an S corporation (attach		10 000 574			
	statement)	5	18,303,571.	265 (<u>2</u> 286 - 2665)	(\	18,303,571.
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7			-	
8	Interest, annuities, royalties, and rents from a controlled					
_	organization (Schedule F)	8			\dashv	
9	Investment income of a section 501(c)(7), (9), or (17)	_				r
	organization (Schedule G)	9			-	
10	Exploited exempt activity income (Schedule I)	10	,		-	,
11	Advertising income (Schedule J)	11			V4. 20.	
12	Other income (See instructions, attach schedule)	12	10 202 571		S. 6.25 (2)	10 202 571
13	Total. Combine lines 3 through 12	13	18,303,571.	l ,		18,303,571.
Pai	Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the undertaken between the connected with the connect				ept fo	or contributions,
14	Compensation of officers, directors, and trustees (Schedule K)			,	14	
15	Salaries and wages				15	
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	676,929 .
20	Charitable contributions (See instructions for limitation rules)	CATE	TEMENT 5		20	1,762,663.
21	Depreciation (attach Form 4562)		21			•
22	Less depreciation claimed on Schedule A and elsewhere on return		22a		22b	
23	Depletion .				23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	19.5
26	Excess exempt expenses (Schedule I)			,	26	·
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)				28	
29	Total deductions. Add lines 14 through 28				29	2,439,592.
30	Unrelated business taxable income before net operating loss deduce	ction.	Subtract line 29 from line	e 13	30	15,863,979.

31

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Unrelated business taxable income. Subtract line 31 from line 30 For Paperwork Reduction Act Notice, see instructions.

15,863,979.

Schedule M (Form 990-T) 2018

FORM 990-T (M)	CONTRIBUTIONS	STATEMENT 5
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CASH CONTRIBUTIONS CONTRIBUTION CARRYOVER	N/A N/A	734,413. 1,028,250.
TOTAL TO SCHEDULE M, PART II,	LINE 20	1,762,663.

Unrelated Business Taxable Income for Unrelated Trade or Business

TIT 1 2010 TIM 20 2010

2018

OMB No 1545-0687

ENTITY

Employer identification number

Department of the Treasury Internal Revenue Service (99)

Name of the organization For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

Go to 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).

pen to Public Inspection for

	COMMONSPIRIT HEALTH			47-061	<u>.737</u>	73
$\overline{}$	Unrelated business activity code (see instructions) > 52392	0				
	Describe the unrelated trade or business TREASURY	ADM	INISTRATION	FEES		
Pai	Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1a	Gross receipts or sales 289,149.		,	3.022.2	7	
b	Less returns and allowances c Balance	1c	289,149.	12.4		
2	Cost of goods sold (Schedule A, line 7)	2		9 9-65		
3	Gross profit. Subtract line 2 from line 1c	3	289,149.	f. 5. 11	2.5	289,149.
4 a	Capital gain net income (attach Schedule D)	4a		i di		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c		14	4.0	
5	Income (loss) from a partnership or an S corporation (attach			347	84.4	
	statement)	5		****		
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)		,			
	organization (Schedule G)	9				<u></u>
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11	1			
12	Other income (See instructions, attach schedule)	12			7	
<u>13</u>	Total. Combine lines 3 through 12	13	289,149.			289,149.
Pai	Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the undertaken between the connected with the connected w	ions f inrela	for limitations on de ated business incom	ductions.) (Exce		or contributions,
14	Compensation of officers, directors, and trustees (Schedule K)			-	14	<u> </u>
15	Salaries and wages			-	15	69,,960.
16	Repairs and maintenance			-	16	
17	Bad debts			F	17	
18	Interest (attach schedule) (see instructions)			-	18	7 166
19	Taxes and licenses	30030	navasa c		19	7,166.
20	,	STAT	rement 6		20	18,659.
21	Depreciation (attach Form 4562)		21			
22	Less depreciation claimed on Schedule A and elsewhere on return		22a		22b	
23	Depletion Control to the defendance of the second s			-	23	
24	Contributions to deferred compensation plans			}	24	15,285.
25	Employee benefit programs			1	25	10,400.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Excess exempt expenses (Schedule I) Excess readership costs (Schedule J)

Other deductions (attach schedule)

Total deductions. Add lines 14 through 28'

Schedule M (Form 990-T) 2018

26

27

28

29

30

31

26

27

28

29 30

31

10,153.

121,223

167,926.

SEE STATEMENT 7

Page 3

COMMONSPI	RIT HEAL	TH				47-0617	373		
Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory va	aluation > N/A	,				
1 Inventory at beginning of year	1		6	Inventory at end of yea	ır		6		
2 Purchases	2 Purchases 2 7				7 Cost of goods sold. Subtract line 6				
3 Cost of labor						Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	_4a		8	Do the rules of section	263A (with respect to	Yes No		
b Other costs (attach schedule)	4b		7	property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		7	the organization?			X		
Schedule C - Rent Income	(From Real F	Property and	Pers	sonal Property L	ease	d With Real Proper	rty)		
(see instructions)									
1. Description of property									
(1)									
(2)	-								
(3)		•							
(4)									
	2. Rent receive								
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for p	personal į	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly co columns 2(a) and	nnected with the income in 2(b) (attach schedule)		
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		er •			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.		
Schedule E - Unrelated Deb	ot-Financed I	Income (see	ınstruc	ctions)					
				. Gross income from or allocable to debt-	(1)	3. Deductions directly connect to debt-financed	property		
1. Description of debt-fit	nanced property			financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)				-					
(2)		-							
(3)									
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or al debt-finan	adjusted basis locable to ced property schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)				%					
(2)				%					
(3)			1	%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)		
Totals				•		0.	0.		
Total dividends-received deductions in	ncluded in column	8	•			<u> </u>	0.		
		-	-				5 = (00.40)		

FORM 990-T (M)	CONTRIBUTIONS	STATEMENT 6
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CASH CONTRIBUTIONS	N/A	18,659
TOTAL TO SCHEDULE M, PART II,	LINE 20	18,659
FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 7
DESCRIPTION		AMOUNT
EDUCATION PURCHASED SERVICES SUPPLIES MISCELLANEOUS EXPENSES TRAVEL & MEETINGS		527 4,164 157 625 4,680
TOTAL TO SCHEDULE M, PART II,	LINE 28	10,153

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018 , and ending JUN 30, 2019

2018

OMB No 1545-0687

ENTITY

Department of the Treasury Internal Revenue Service (99) Go to 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

Name	of the organization COMMONSPIRIT HEALTH			Employer identific 47-0617	
	Inrelated business activity code (see instructions) > 90009	9	•	•	•
	Describe the unrelated trade or business PARTNERSH	IP I	NVESTMENT I	NCOME	<u> </u>
Ŗãi	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowancesc Balance ▶	ic	·		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3			翠
4 a	Capital gain net income (attach Schedule D)	4a_	*		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c	•		AE .
5	Income (loss) from a partnership or an S corporation (attach statement)	5	35,366.		35,366.
6	Rent-income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)	•			
•	organization (Schedule G)	9			,
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	35,366.		35,366.
	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the understand the connected with the understand the connected with the conne			me.)	
14	Compensation of officers, directors, and trustees (Schedule K)			1.	
15	Salaries and wages		•	1.1	
16	Repairs and maintenance			10	
17	Bad debts			, <u>1</u>	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses	am s m	EMENT 8	19	2 525
20		STAT		_ <u>2</u> (
21	Depreciation (attach Form 4562)		21	22	
22 23	Less depreciation claimed on Schedule A and elsewhere on return		22a	22	
23 24	Depletion Contributions to deferred compensation plans		•	2	
25	Employee benefit programs			2	
26	Excess exempt expenses (Schedule I)			20	
27	Excess readership costs (Schedule J)	•	•	2	
28	Other deductions (attach schedule)	•		2	<u> </u>
29	Total deductions. Add lines 14 through 28			· 2	2 5 2 5
30	Unrelated business taxable income before net operating loss deductions.	ction. S	ubtract line 29 from lin		21 000
31	Deduction for net operating loss arising in tax years beginning on o				
	instructions)	•	, ., \	3	
32	Unrelated business taxable income. Subtract line 31 from line 30			3:	21 000
LHA			,	Sche	dule M (Form 990-T) 2018

FORM 990-T (M)	CONTRIBUTIONS	STATEMENT 8		
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT		
CASH CONTRIBUTIONS	N/A	3,537.		
TOTAL TO SCHEDULE M, PART II,	LINE 20	3,537.		

INCOME OR (LOSS) FROM PARTNERSHIPS, LIMITED LIABILITY COMPANIES OR S CORPORATIONS

DESCRIPTION	AMOUNT
•	
CHI OPERATING INVESTMENT PROGRAM, LP	31,067
CONIFER HEALTH SOLUTIONS, LLC	18,303,571
EMP HOLDINGS, LTD.	4,299
TOTAL INCOME FROM PARTNERSHIPS	18,338,937

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

2018

591,707.

OMB No 1545-0687

ENTITY

Department of the Treasury Internal Revenue Service (99) year 2018 or other tax year beginning UUL 1, ZULO, and ending UUN 3U, ZULS

■ Go to www.irs.gov/Form990T for instructions and the latest information.

■ Go to www.irs.gov/Form990T for instructions and the latest information.

□ Openito Public Inspect

Employer identification number Name of the organization COMMONSPIRIT HEALTH 47-0617373 Unrelated business activity code (see instructions) 531110 ► WILLISTON HOUSING Describe the unrelated trade or business Part Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales 591,707 **b** Less returns and allowances c Balance ▶ 10 2 Cost of goods sold (Schedule A, line 7) 591.707 3 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4h Capital loss deduction for trusts 4c С Income (loss) from a partnership or an S corporation (attach statement) 6 6 Rent income (Schedule C) 7 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) R Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 11

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

12

591,707.

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	78,500.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	23,609.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	63.	
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	401,263.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	<u> </u>
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATEMENT	9 28	151,634.
29	Total deductions. Add lines 14 through 28	29	655,006.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-63,299.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	\$ \$\1.	
	instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	32	-63,299.

LHA For Paperwork Reduction Act Notice, see instructions.

Other income (See instructions; attach schedule)

Total. Combine lines 3 through 12

Schedule M (Form 990-T) 2018

12

					ENTITY	4
Form 990-T (2018) COMMONSPI				Page 3		
Schedule A - Cost of Goods	S Sold. Enter	method of inventory v	valuation ► N/A			
 Inventory at beginning of year 	1	6	Inventory at end of year		6	
2 Purchases .	2	7	Cost of goods sold. Subtract I	ine 6		
3 Cost of labor	3		from line 5, Enter here and in F	Part I,		
4a Additional section 263A costs			line 2	L_	7	
(attach schedule)	4a	8	Do the rules of section 263A (v	with respect to	Ye	s No
b Other costs (attach schedule)	_4b		property produced or acquired	for resale) apply to		_
5 Total. Add lines 1 through 4b	5		the organization?			X
(1) (2)						
(3)						
(4)			· · · · · · · · · · · · · · · · · ·	 		
	••	ed or accrued		3(a) Deductions directly co	nnected with the incom-	e in
(a) From personal property (if the perorent for personal property is more 10% but not more than 50%)	centage of than	of rent for persona	conal property (if the percentage property exceeds 50% or if sed on profit or income)	columns 2(a) and 2	2(b) (attach schedule)	
(1)						
(2)			. <u></u>			
(3)						
(4)						
Total	0.	Total	0.]		

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)	Enter here and on page 1, Part I, line 6, column (B)	• 0.	
Schedule E - Unrelated Debt-Financed Income (see	instructions)		
	2. Gross income from	 Deductions directly connet to debt-finance 	
Description of debt-financed property	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)	%		
(2)	%		
(3)	%		
(4)	%		
		Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals	•	0.	0.
Total dividends-received deductions included in column 8			0.

Form 990-T (2018)

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 9
DESCRIPTION		AMOUNT
PURCHASED SERVICES MISCELLANEOUS EXPENSES STATE FEES UTILITIES		92,165. 4,902. 468. 54,099.
TOTAL TO SCHEDULE M, PART II,	LINE 28	151,634.

CommonSpirit Health
Net Operating Loss Schedule
Williston Housing

47-0617373 06/30/2019

NOL Generated 06/30/2019

63,299

NOL Carryover to 06/30/2020

63,299

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

990-T

OMB No 1545-0172

► Attach to your tax return.

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

Identifying number

a oi	MANAGET DE LIERE MIL			W.T.T. 1	т стол	HOHETMO	ì	45 0615252
Pa	MMONSPIRIT HEALTH	· Hadas Castian 4	10. 11-1 16			HOUSING		47-0617373
	*AA7***	y Under Section 17	9 Note: If your	nave any list	ed property,	complete Part		,
	Maximum amount (see instructions)						1	1,000,000.
	Total cost of section 179 property place	•	•				. 2	0.500.000
	Threshold cost of section 179 property I						3	2,500,000.
	Reduction in limitation. Subtract line 3 fi		•				4	
	Dollar limitation for tax year Subtract line 4 from line 1						5	arts * . Ers. Strangerstrand & 2 is
6	(a) Description of pro	perty	'	b) Cost (busines	ss use only)	(c) Elected of	cost	
						_		
								
								
	_isted property. Enter the amount from I				7_1			
	Total elected cost of section 179 proper	•	ın column (c), lıı	nes 6 and 7			8_	
	Fentative deduction. Enter the smaller						9	
	Carryover of disallowed deduction from	•					10	
	Business income limitation. Enter the sm		•	•			. 11	
	Section 179 expense deduction Add lin						12	XX abbrokern - novatranomica, stately established (40%) / n
	Carryover of disallowed deduction to 20				▶ 13			
	: Don't use Part II or Part III below for II	<u> </u>			· · · · · · · · · · · · · · · · · · ·			
~	rt: Special Depreciation Allowan							
	Special depreciation allowance for qualif	ied property (oth	er than listed pr	operty) plac	ed in service	during		į ;
	he tax year						14	
	Property subject to section 168(f)(1) elec	tion					15	
	Other depreciation (including ACRS)						16	
٠Ęď	MACRS Depreciation (Don't	nclude listed pro	perty See instru	uctions.)				
			• • • • • • • • • • • • • • • • • • • •					
			Section					101 062
	MACRS deductions for assets placed in	•	ars beginning be	efore 2018			17	401,263.
	you are electing to group any assets placed in servic	e during the tax year in	ars beginning be to one or more genera	efore 2018 al asset account	***	>		
	·	e during the tax year in	ars beginning be to one or more general During 2018	efore 2018 al asset account Tax Year Us	***	▶ □		
	you are electing to group any assets placed in servic	e during the tax year in	ars beginning be to one or more genera	efore 2018 al asset account Tax Year Us preciation ment use	***	neral Depreciat		
18 1	you are electing to group any assets placed in service Section B - Assets F	Placed in Service (b) Month and 4 year placed	to one or more general by During 2018 (c) Basis for der (business/invest	efore 2018 al asset account Tax Year Us preciation ment use	ing the Ger		tion Syste	em
18 1	you are electing to group any assets placed in service Section B - Assets F (a) Classification of property 3-year property	Placed in Service (b) Month and 4 year placed	to one or more general by During 2018 (c) Basis for der (business/invest	efore 2018 al asset account Tax Year Us preciation ment use	ing the Ger		tion Syste	em
18 II	you are electing to group any assets placed in service Section B - Assets F (a) Classification of property	Placed in Service (b) Month and 4 year placed	to one or more general by During 2018 (c) Basis for der (business/invest	efore 2018 al asset account Tax Year Us preciation ment use	ing the Ger		tion Syste	em
18 III	you are electing to group any assets placed in service Section B - Assets F (a) Classification of property 3-year property 5-year property	Placed in Service (b) Month and 4 year placed	to one or more general by During 2018 (c) Basis for der (business/invest	efore 2018 al asset account Tax Year Us preciation ment use	ing the Ger		tion Syste	em
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19a b c d e f	you are electing to group any assets placed in service Section B - Assets F (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	Placed in Service (b) Month and 4 year placed	to one or more general by During 2018 (c) Basis for der (business/invest	efore 2018 al asset account Tax Year Us preciation ment use	ing the Ger (d) Recovery period		(f) Method	em
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18 19a b c d e f g h c c d c c d 22 T E E E E E E E E E	Section B - Assets F (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Section C - Assets Placetion C - Assets Place	e during the tax year in Placed in Service (b) Month and year placed in service / / / aced in Service / / / 28 4 through 17, line of your return. Pa	es 19 and 20 in rtnerships and \$20 in rtners	efore 2018 al asset account Fax Year Using a Year Using column (g), S corporatio	25 yrs 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 30 yrs. 40 yrs.	(e) Convention MM MM MM MM MM MM MM MM MM	s/L S	(g) Depreciation deduction
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[Fe	entertainment, Note: For any 24b, columns (recreation, over	or amusement hich you are u	.) Ising the	standar	d mileag	ge rate o	r dedu	cting lease		e, comp	olete o n	ıly 24a,		
			n and Other							mits for p	asseng	er auton	nobiles.)		
 24a	Do you have evidence to s						es 🗌	_	24b If "Y	•				Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percenta		(d) Cost or ther basis	/bu	(e) sis for depressiness/inve	eciation estment	(f) Recovery period	(e Meth Conve	a) nod/	Depre	(h) eciation uction	Elec sectio	(i) cted in 179
	Special depreciation allo	wance for q	ualified listed		placed i	n servic			x year and	1				GC	st
	used more than 50% in a										25		_	<u> </u>	
26	Property used more than	1 50% in a qu							Γ	·		1		<u> </u>	
	··········			%		+									
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27	Property used 50% or le	ss in a ditalif					-		L			·			
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	Add amounts in column	(h) lines 25			and on	line 21	nage 1			1 O/L -	28				
	Add amounts in column		-				page .						29		
	7 loa amounto in colamin	()), in to 20. 2			B - Infor		on Hea	of Vah	iclas					<u> </u>	
	nplete this section for velour employees, first ansv				•					•		•			
					a)		b)		(c)	(d	-		e)	(f	
	Total business/investment r		uring the	Vel	hicle	Vel	hicle	<u> </u>	'ehicle	Vehi	cle	Veh	ncle	Veh	icle
	year (don't include commut	• ,						-				ļ			
	Total commuting miles of	_	-					ļ				ļ	-		
	Total other personal (nor driven	ncommuting)) miles												
33	Total miles driven during	the year.						1							
	Add lines 30 through 32								.	ļ			,	ļ .	
	Was the vehicle available	e for persona	al use	Yes	No	Yes	No	Yes	No_	Yes	No	Yes	No	Yes	No
	during off-duty hours?						ļ	_	_ 						
	Was the vehicle used pr		more]			1					
	than 5% owner or related	•													
36	Is another vehicle availal	ble for perso	nal				1								
	use?			<u>. </u>	<u> </u>							<u> </u>	<u> </u>	<u> </u>	
	wer these questions to d	letermine if y											ren't		
	e than 5% owners or rela				0		f 1 1 .							1,4	
	Do you maintain a writte employees?	n policy stat	ement that pro	onibits a	ıı person	ai use c	r venicie	s, incil	Jaing com	muting, c	by your			Yes	No
	Do you maintain a writte	n policy state	ement that pro	ohibits c	ersonalı	use of v	ehicles i	excent	commutu	na. by voi	ır				
	employees? See the inst	•						•		• • •					
	Do you treat all use of ve			•		,		,.							
	Do you provide more that	•				nformati	on from	vour e	mplovees	about					
	the use of the vehicles, a							,							
	Do you meet the require					nonstra	tion use	?							
	Note: If your answer to 3								vered veh	ıcles.					
	rt VI Amortization		- 												
	(a) Description of	costs	Date	(b) amortization begins		(C) Amortizat amount			(d) Code section		(e) Amortization period or percentage		(f) Amortization for this year		
42	Amortization of costs that	at begins dui	ring your 2018		ır			<u> </u>							
		<u> </u>	,					\neg							
							•	\top						-	
43	Amortization of costs that	at began bef	ore your 2018	tax yea								43			
	Total. Add amounts in c	•	_	•		report						44			