	- CA	Frank M. S. Clay	- -	in the state of	Je				20.		۔ سند	·,	
					AMENDED 1	R समा	IRN	*	293	93	16	3240	01 *
		990-T	l E	xempt Orga				ome '	Tax Ret	urn		, OMB No 1545-	-0687 🛷
	rorm		- -		nd proxy tax und						~ "T		
		_ - ,	For cal	lendar year 2018 or other tax year					UN 30,	201	<u>9</u> . .	- 201	8
	Danar	tment of the Treasury	1		irs.gov/Form990T for ir		ons and the	latest infor	mation. C	<u>א ה</u>	L	Open to Dublic Inc	
		al Revenue Service	<u> </u>	Do not enter SSN numbe	rs on this form as it may	/ be ma	de public i	your organ	ization is a 501	<u>(ģ)(ģ),</u>		Open to Public Ins 501(c)(3) Organizat	
•	ΑC	Check box If		Name of organization (Check box if name of	hanged	l and see in	structions.)	•		(Empl	oyer identification r loyees' trust, see	ıumber
		address changed		2012/01/22 TD T	m							ictions)	72
		xempt under section	Print	COMMONSPIRI				1				7-06173 ated business activ	
] 501(c)(3)] 408(e)	Туре	Number, street, and room 198 INVERNE			nstructions.					nstructions)	,
] 408(e) []220(e)] 408A []530(a)		City or town, state or pro			ın noetal co	do.	·········				
] 529(a)		ENGLEWOOD,		ii ioreig	iii postai co	16			541	990	,
	C Bo	ok value of all assets		F Croup avamption numb			0928				- 2 4		
	5	,076,173,6	07.	G Check organization typ				501(c) trust		401(a)	trust	Othe	er trust
				tion's unrelated trades or t	ousinesses. >	5		Describ	e the only (or f	ırst) unı	related		
	tŕa	de or business here	► <u>CL</u>	INICAL ENGIN	EERING SERV	ICES	S	. If only on	e, complete Par	ts I-V.	If more	than one,	
·	de	scribe the first in the b	lank spa	ce at the end of the previous	us sentence, complete Pa	arts I an	id II, compl	ete a Schedu	ile M for each a	dditiona	al trade	or	
		siness, then complete								_			
		• • •	•	oration a subsidiary in an	- · · · · ·	nt-subs	ıdıary contr	olled group?)	▶ L	Ye	s X No	
				tifying number of the parer				T-1	. h	<u> </u>	0.2	298-910	
				JERRY FRANCI de or Business Inc			(A)	ncome		penses		298-910 (C) Ne	
	7.00 - 100.00	Gross receipts or sale		2,684,469.		Τ	(4)		(0) 6	() 本。() 数			
		Less returns and allow		2,001,103.	c Balance	10	2.68	4,469					
	2	Cost of goods seld (S		A. line 7)	C Dalarice	2		3,604			400		
	3 -	Gross profit. Subtract				3		0,865		4 1 3 AV A		2,300,	865.
	4 a	Capital gain net incom				4a		· · · · · · · · · · · · · · · · · · ·	100	المريم.	333%		,
	b			art II, line 17) (attach Forn	n 4797)	4b				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	C	Capital loss daduction	1		•	4c							
	5	\ .	- 1	ship or an S corporation (a	ttach statement)	5							
	6	Rent income (Schedu	le C)			6							
	7	Unrelated debt-financ	ed incor	ne (Schedule E)		7							
	8	Interest, annuities, roy	/alties, a	nd rents from a controlled	organization (Schedule F)	8							<u> </u>
	9	Investment income of	a section	on 501(c)(7), (9), or (17) o	rganization (Schedule G)	9			 / / -				
	10	Exploited exempt activ	•	•		10			/				
	11	Advertising income (S				11			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- V	*******		
	12	Other income (See ins				12	2 30	0,865	\$ * \$\$ (2)	<u>}</u> '* * € #	* 1880¥.	2,300,	065
	13 ⊮Dä	Total. Combine lines		ot Taken Elsewher	'A /See instructions for	13						2,300,	865.
	****	(Except for d	contribu	utions, deductions must	be directly connected	d with t	the unrelat	ed busines	ss income.)				
	14			rectors, and trustees (Sche		/		~			14		
·	15	Salaries and wages	,	,		3.5		DEC	CIVED		15	366,	166.
) 1	16	Repairs and mainten	ance				1	REC	CEIVED	٦.	16		
•	17	Bad debts					ις.		a	RS-OSC	17		
	18	Interest (attach sche	dule) (s	ee instructions)		•	000	NOV	2 3 2020		18		
	19	Taxes and licenses		/			1_	<u> </u>			19	7,	288.
	20			e instructions for limitation	rules) STATEMI	ENT	4 SI	E OGA	TU等要	.5	20	19,	<u>425.</u>
	21	Depreciation (attach					<u> </u>			-0-	1//2004/11/09/2		
	22		aimed oi	n Schedule A and elsewher	e on return			22a	·		22b		
	23	Depletion			· ·)				23		
	24	Contributions to defe		impensation plans		-					24	<u> </u>	905.
	25 26	Employee benefit pro Excess exempt expe		shadula IV							25 26	74,	
	26 27	Excess exempt expe	_								27		
	28	Other deductions (at	-	•			SI	E STA	TEMENT	3	28	1,639,	258.
	29	Total deductions. A				,	٥.			-	29	2,125,	
	30	/		ncome before net operating	g loss deduction. Subtrac	t line 2	9 from line	13			30		823.
	31			loss arising in tax years be							31		ONLY MOUNT AND THE
	32		_	ncome. Subtract line 31 fro							32		823.
			_	I D. I. d. Ask Nada	!							Form QQN_	T (2010)

Form 990-1	(2018)	COMMONSPIRIT HEALT	H		47-061	<u>737</u> :	3.	Page	2
Part/		Total Unrelated Business Taxab	le Income						
/33	Total	of unrelated business taxable income compute	ed from all unrelated trades or businesses	(see instructions)	I	33	16,256	5,534	<u>-</u>
34	Amou	unts paid for disallowed fringes				34_			
35	Dedu	ction for net operating loss arising in tax years	beginning before January 1, 2018 (see in	structions)	Į.	35			_
36	Total	of unrelated business taxable income before s	pecific deduction. Subtract line 35 from th	e sum of		. 11			
	lines	33 and 34				36	16,256 1	5,534	<u>•</u>
37	Speci	fic deduction (Generally \$1,000, but see line 3	7 instructions for exceptions)		8	37	1	L,000	<u>•</u>
38	U hrel	lated business taxable income. Subtract line	37 from line 36. If line 37 is greater than I	ine 36,	ار.	. 11			
		the smaller of zero or line 36			- 11	38	<u>16,25</u>	5,534	<u>.</u>
Part I		Tax Computation	•			\dashv			_
√ 39	-	nizations Taxable as Corporations. Multiply l			▶	39	3,41	3,662	<u>.</u>
40	Trust	s Taxable at Trust Rates. See instructions for		int on line 38 from:		_			
		Tax rate schedule or Schedule D (For	m 1041)		>	40			_
41		/ tax. See instructions			▶	41		•	_
42		native minimum tax (trusts only)				42			_
43	_	on Noncompliant Facility Income. See instruc			~	43	2:41:		_
		. Add lines 41, 42, and 43 to line 39 or 40, whi Tax and Payments	cnever applies			44	3,41.	3,662	<u>-</u>
_			".	45.					_
√45a		gn tax credit (corporations attach Form 1118; t	rusts attach Form 1116)	45a			•		
b		r credits (see instructions) ral business credit. Attach Form 3800		45b	-				
C			1 or 9927)	45c 45d '			•		
d		t for prior year minimum tax (attach Form 880 credits. Add lines 45a through 45d	1 01 0027)	43u	-	45e			
46		ract line 45e from line 44			t	46	3.413	3,662	_
47		taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	8866 Other	(attach schedule)	47	0,110	,,,,,,,	-
48		tax. Add lines 46 and 47 (see instructions)		cc. ,	u	48	3.413	3,662	-
49		net 965 tax liability paid from Form 965-A or F	form 965-B. Part II. column (k), line 2	,	- 1	49	<u> </u>	0.	
		nents: A 2017 overpayment credited to 2018	le	$a \mid 5ba \mid 1,3$	65,010.	1			_
	-	estimated tax payments	(e)		80,048.	1		•	
C		leposited with Form 8868	الوا		65,000.				
d		gn organizations: Tax paid or withheld at sourc	•	50d		٠			
е	Back	up withholding (see instructions)		50e					
f	Credi	t for small employer health insurance premium	s (attach Form 8941)	50f		2			
g	Other	credits, adjustments, and payments: 🔲 Fo	rm 2439			Ł			
		Form 4136 Ot	her Total	► 50g					
51	Total	payments. Add lines 50a through 50g				51	3,410	0,058	<u>.</u>
52		nated tax penalty (see instructions). Check if Fo				52			_
53		lue. If line 51 is less than the total of lines 48,				53		3,604	<u>-</u>
54	•	payment. If line 51 is larger than the total of lin		1	🏲	54			_
Part \		the amount of line 54 you want: Credited to 2 Statements Regarding Certain			funded	55			_
							1	Vaa Na	-
56		y time during the 2018 calendar year, did the c a financial account (bank, securities, or other)	· •		=		 	Yes No	7
		N Form 114, Report of Foreign Bank and Finar							l
		► CAYMAN ISLANDS	idia 7000dino. Il 103, onto the hame of	and foreign obtaining		_	1	$\overline{\mathbf{x}}$	
57		g the tax year, did the organization receive a d	estribution from or was it the grantor of o	r transferor to a for	reian trust?		h	X	_
07		s," see instructions for other forms the organiz			orgin tract			,	31
58		the amount of tax-exempt interest received or	-						ļ
	Ur	nder penalties of perjury, I declare that I have examined	this return, including accompanying schedules and	statements, and to the	best of my knowlede	ge and b	elief, it is true,		
Sign	CC	orrect, articleans plated Beclaration of preparer (other than	SEVP	CHIEF	Ma	v the IRS	discuss this i	roturn with	7
Here		Van Monissette	Nov 9, 2020 FINANC	CIAL OFFI	ann i	-	r shown below		ı
		Signatuse of collinger D2	(Date) Title		ınst	tructions	3)? X Ye:	s No	
		Print/Type preparer's name	Preparer's signature	Date	Check ıf	PTII	N		_
Paid			DocuSigned by.	ov 9, 2020	self- employed				
Prepa	arer	PAMELA KROHN	Pamela trolu		•		01210		_
Use C		Firm's name ► COMMONSPIRIT			Firm's EIN	<u>4</u>	7-061	7373	_
_	•		ESS DRIVE WEST						
		Firm's address ENGLEWOOD ,	CO 80112		Phone no. 3	<u>03-</u>			
823711 01	-09-19						Form 99	0-T (201:	8)

Page 3

Schedule A - Cost of Goods	s Sold. Enter	method of invent	ory v	aluation N/A				
1 Inventory at beginning of year	1	0.		Inventory at end of year	r		6	0.
2 Purchases	2		7	Cost of goods sold. Su	btract l	line 6		
3 Cost of labor	3		}	from line 5. Enter here	and in f	Part I,		
4a Additional section 263A costs			1	line 2			7	383,604.
(attach schedule)	4a		8	Do the rules of section	263A (1	with respect to		Yes No
b Other costs (attach schedule) *	* 4b	383,604.	}	property produced or a	cquired	l for resale) apply to		
5 Total. Add lines 1 through 4b	5	383,604.		the organization?				X
Schedule C - Rent Income (see instructions)	(From Real	Property and	Per	sonal Property L	ease	d With Real Prop	erty)	
1. Description of property		-						
(1)	•			-				
(2)								
(3)						- ·		
(4)								
	2. Rent receiv	ed or accrued				3(a) Deductions directly	connected with t	ha income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	ersonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	je	columns 2(a) ar	nd 2(b) (attach scl	nedule)		
(1)							_	
(2)								
(3)								
(4)	- · · · · · · · · · · · · · · · · · · ·							
Total	0.	Total			0.	.		
(c) Total income. Add totals of columns		nter			•	(b) Total deductions. Enter here and on page 1,		•
here and on page 1, Part I, line 6, column		Jacomo (0.	Part I, line 6, column (B)	<u> </u>	0.
Schedule E - Unrelated Deb	ot-Financeo	income (see	nstru I	ctions)		3. Deductions directly con-	nontard with or all	anabla
			2	. Gross income from		to debt-finance		ocable .
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Oth (attac	er deductions :h schedule)
(1)			-					
(2)								
(3)								
(4)			l —					
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	e adjusted basis allocable to anced property th schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6	cable deductions x total of columns a) and 3(b))
(1)				%				
(2)				%_		. =		
(3)				%				
(4)				%				
						inter here and on page 1, Part I, line 7, column (A)		and on page 1, e 7, column (B)
Totals				▶		0		0.
Total dividends-reseived deductions	ocluded in colum	n R		,				0.

SEE STATEMENT 5

Form 990-T (2018)

Schedule F - Interest,	Annuitie	s, Royal	ties, an	d Rents	From Co	ntrolle	d Organiza	tions	see ins	struction		
					Controlled O				`		· <u> </u>	
1. Name of controlled organizat	ion	2. Em identifi num	cation		related income e instructions)			5. Part of column 4 that is included in the controlling organization's gross income		olling	6. Deductions directly connected with income in column 5	
(1)		 		 						-		
(2)				 						_		
(3)												
(4)												
Nonexempt Controlled Organi	zations	<u> </u>										
7. Taxable Income	8. Net u (s	nrelated inconsee instructions	ne (loss) s)	9. Total	of specified paym made	nents	10. Part of column the controllingrose		nization's	11. Der with	ductions directly connected income in column 10	
(1)				† 								
(2)					<u> </u>							
(3)								•				
(4)												
							Add colun Enter here and line 8, o		1, Part I,	Enter h	id columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
Totals						<u> </u>			0.	_	<u> </u>	
Schedule G - Investme (see insti		ne of a S 	Section	501(c)(7	7), (9), or (⁻	17) Org	ganization					
1. Desc	ription of inco	me		<u> </u>	2. Amount of	income	 Deduction directly connected (attach sched) 	ected	4. Set-		5. Total deductions and set-asides (col 3 plus col 4)	
(1)												
(2)					<u> </u>	_						
(3)												
(4)									<u> </u>			
					Enter here and o Part I, line 9, co	lumn (A)				Š	Enter here and on page 1, Part I, line 9, column (B)	
Totals Colored to the	F	A - 4114	1	- 044		0.	* .	* /	- 45°	, W,] 0.	
Schedule I - Exploited (see instru	-	Activity	incom	e, Otner	nan Adv	ertisir	ig income					
1. Description of exploited activity	unrelated	e from	directly with pr of un	spenses connected roduction irelated as income	4. Net incomfrom unrelated business (cominus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity to is not unrelate business inco	that ted	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)		re and on , Part I, col (A)	page	ere and on 1, Part I, 1, col (B)							Enter here and on page 1, Part II, line 26	
Totals	<u></u>	0.		0.				, (M. s.	0.	
Schedule J - Advertision			nstructio									
Part I	Periodic	als Rep	orted o	n a Con	solidated	Basis						
1. Name of periodical		2. Gross advertising income	adv	3. Direct vertising costs	or (loss) (co		5. Circulatincome		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)					ğ., 17. 3	Sat .						
(2)				-								
(4)			_			4.1	<u> </u>		 			
Totals (carry to Part II, line (5))	•		0.	0							0.	
											Form 990-T (2018	

Part III 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.)

	<u>`</u>	<u> </u>	<u> </u>					
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)				1				
Totals from	n 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)			7 , 5, 1	Enter here and on page 1, Part II, line 27
Totals, Par	t II (lines 1-5)	▶	0.	0.				0.

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

CommonSpirit Health Form 990-T Tax Payment Detail 06/30/2019 Amended Return (2018)

Overpayment Carried Forward from 6/30/18	1,365,010
Estimated Payments	1,080,000 A
Extension Payments	1,865,000
Amount Already Carried Forward to 06/30/2020 Period	(870,463) A
Penalty Paid on Original Return	(29,489) A
Total Tax Payments per FY19 Amended Tax Return	3,410,058

Sum of (A) - Total per 990-T, Line 50b 180,048

FORM 990-T	CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CASH CONTRIBUTIONS	N/A	19,425.
TOTAL TO FORM 990-T, PAGE 1, L	INE 20	19,425.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
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, L	INE 28	1,639,258.

FORM 990-T CONT	TRIBUTIONS SUMMARY		STATEMENT 4	
QUALIFIED CONTRIBUTIONS SUBJEC	CT TO 100% LIMIT	L		
CARRYOVER OF PRIOR YEARS UNUSE	ED CONTRIBUTIONS			
FOR TAX YEAR 2013	2,204,513			
FOR TAX YEAR 2014	2,139,888			
FOR TAX YEAR 2015	695,257			
FOR TAX YEAR 2016				
FOR TAX YEAR 2017	5,841			
TOTAL CARRYOVER	-	5,045,499	•	
TOTAL CURRENT YEAR 10% CONTRIE	BUTIONS	19,425		
TOTAL CONTRIBUTIONS AVAILABLE	_	5,064,924		
TAXABLE INCOME LIMITATION AS A	ADJUSTED	19,425		
EXCESS 10% CONTRIBUTIONS	_	5,045,499		
EXCESS 100% CONTRIBUTIONS		0	•	
TOTAL EXCESS CONTRIBUTIONS	•	5,045,499		
ALLOWABLE CONTRIBUTIONS DEDUCT	MOI		19,425	5
TOTAL CONTRIBUTION DEDUCTION		,	19,425	 5

FORM 990-T	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 5
DESCRIPTION	•	AMOUNT
CLINICAL ENGINEERING	383,604.	
TOTAL TO FORM 990-T,	SCHEDULE A, LINE 4B	383,604.

Unrelated Business Taxable Income for Unrelated Trade or Business

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).

	COMMONSPIRIT HEALTH				47-06	<u>173</u>	73	
	Inrelated business activity code (see instructions) 90009							
	Describe the unrelated trade or business PASSTHROU	GH :	REVENU.	E CYCL.	E MANAGEME	NT		
Pai	Unrelated Trade or Business Income		(A) In	come	(B) Expenses	3	(C) Net	t
1a	Gross receipts or sales					¥ 100		
b	Less returns and allowances c Balance ▶	1c					the East and	
2	Cost of goods sold (Schedule A, line 7)	2						
3	Gross profit. Subtract line 2 from line 1c	3			45 07 (83)			
4 a	Capital gain net income (attach Schedule D)	4a				1		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b						
c	Capital loss deduction for trusts	4c				- 1998 31 - Emr		
5	Income (loss) from a partnership or an S corporation (attach					7.3		
	statement)	5	18,30	3,571.		٠, ﴿	18,303,	<u>571.</u>
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				37 - 7		
13	Total. Combine lines 3 through 12	13	18,30	3,571.			18,303,	<u>571.</u>
Pa	Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the understanding the connected with the connected with the connected with the connected with the understanding the connected with the understanding the connected with the co	ions f inrela	for limitati ated busin	ons on de less incon	ductions.) (Exc ne.)	ept fo	or contribution	ons,
14	Compensation of officers, directors, and trustees (Schedule K)					14		
15	Salanes and wages .					15		
16	Repairs and maintenance					16		
17	Bad debts .					17		
18	Interest (attach schedule) (see instructions)					18	650	~~~
19	Taxes and licenses			_		19		263.
20		S'I'A'I	PEMENT	6		20	1,764,	531.
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				İ	25		
26	Excess exempt expenses (Schedule I)			,		26		
27	Excess readership costs (Schedule J)			,		27		
28	Other deductions (attach schedule)					28	0 400	
29	Total deductions. Add lines 14 through 28					29	2,422,	
30	Unrelated business taxable income before net operating loss deduce				e 13	30	15,880,	<u> 777.</u>
31	Deduction for net operating loss arising in tax years beginning on o	r after	January 1,	2018 (see				797. TV 1.00.
	instructions)					31		
<u>32</u>	Unrelated business taxable income. Subtract line 31 from line 30				-	32	15,880,	777.
LHA	For Paperwork Reduction Act Notice, see instructions.				Sc	hedul	le M (Form 990	-T) 2018

FORM 990-T (M)	CONTRIBUTIONS	STATEMENT 6		
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	TUUOMA		
CASH CONTRIBUTIONS CONTRIBUTION CARRYOVER	N/A N/A	734,373. 1,030,158.		
TOTAL TO SCHEDULE M, PART II,	LINE 20	1,764,531.		

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY

Department of the Treasury Internal Revenue Service (99) 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).

501(c)(3) Organizations Only

Name of the organization Employer identification number COMMONSPIRIT HEALTH 47-0617373 Unrelated business activity code (see instructions) ► 523920

	escribe the unrelated trade or business TREASURY	ADM:	INISTRATION I	FEES	, 		
Păi	tilis Unrelated Trade or Business Income	(A) Income		(B) Expenses	(C) Net		
1 a	Gross receipts or sales289,149.						
b	Less returns and allowances c Balance ▶	1c	289,149.				
2	Cost of goods sold (Schedule A, line 7)	2		建筑			
3	Gross profit. Subtract line 2 from line 1c	3	289,149.		289,149.		
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	_				
5	Income (loss) from a partnership or an S corporation (attach				_		
	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					
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	289,149.		289,149.		

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salanes and wages .	15	69,960.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses .	19	6,968.
20	Charitable contributions (See instructions for limitation rules) STATEMENT 7	20	18,678.
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion · .	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	15,285.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATEMENT 8	28	10,153.
29	Total deductions. Add lines 14 through 28	29	121,044.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	168,105.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	32	168,105.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

		Page
۲٦	7373	

COMMONSPI	KIT HEAL	TH				4/-001	1313	
Schedule A - Cost of Goods	S SOIG. Enter	method of inven	1				<u></u>	
1 Inventory at beginning of year	1	·	↓ 6	Inventory at end of yea			6	
2 Purchases	2		 	Cost of goods sold. Su				
3 Cost of labor	3		-	from line 5. Enter here	and in l	Part I,		
4a Additional section 263A costs			İ	line 2		L	7	
(attach schedule)	4a		8	Do the rules of section	•	•		Yes No
b Other costs (attach schedule)	4b		4	property produced or a	cquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5		<u> </u>	the organization?				<u> </u>
Schedule C - Rent Income (see instructions)	(From Real I	Property and	Per	sonal Property L	ease	d With Real Propo	erty) 	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	-	ed or accrued				O(a) Dadisahana disabilis		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	ersonal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) an	d 2(b) (attach scho	a income in :dule)
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns		ter			_	(b) Total deductions. Enter here and on page 1,		
here and on page 1, Part I, line 6, column					0.	Part I, line 6, column (B)	<u> </u>	0.
Schedule E - Unrelated Deb	t-Financed	income (see	ınstru	ctions)				
			2	. Gross income from		Deductions directly conn to debt-finance		able
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Othe	r deductions i schedule)
N.								
(1)								
(2)								
(3)								
(4)		•						
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis llocable to nced property i schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6)	ble deductions total of columns and 3(b))
(1)		-		%				
(2)				%				
(3)				%				
(4)				%				
			-			nter here and on page 1, Part I, line 7, column (A)		and on page 1, 7, column (B)
Totals						0.		0.
Total dividends-received deductions	ncluded in column	8				<u> </u>	.1	0.
		-					Г	000 T (0010)

Form **990-T** (2018)

FORM 990-T (M)	CONTRIBUTIONS	STATEMENT 7		
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT		
CASH CONTRIBUTIONS	N/A	18,678.		
TOTAL TO SCHEDULE M, PART II,	LINE 20	18,678.		
		•		
FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 8		
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

OMB No 1545-0687

3

ENTITY

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).

Employer identification number COMMONSPIRIT HEALTH 47-0617373 900099 Unrelated business activity code (see instructions) ► PARTNERSHIP INVESTMENT INCOME Describe the unrelated trade or business Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance 10 2 Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line 1c 3 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 35,366. 35,366. statement) 5 6 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled 8 organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 12 Other income (See instructions, attach schedule) 12 35,366. 35,366. 13 Total. Combine lines 3 through 12 Part [F] Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 Salaries and wages 15 15 16 Repairs and maintenance Bad debts 17 17 18 Interest (attach schedule) (see instructions) 18 Taxes and licenses 19 19 3,537 STATEMENT Charitable contributions (See instructions for limitation rules) 20 20 21 Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return 22b 22 23 Depletion 23 Contributions to deferred compensation plans 24 24 25 Employee benefit programs 25

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 31 from line 30

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Other deductions (attach schedule)

Schedule M (Form 990-T) 2018

3,537

31,829.

26

27

28

29

30

31

26 27

28

29 30

31

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

FORM 990-T (M)	CONTRIBUTIONS	STATEMENT 9
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CASH CONTRIBUTIONS	N/A	3,537.
TOTAL TO SCHEDULE M, PART II,	3,537.	

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

ENTITY

Department of the Treasury

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

Employer identification number

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).

	COMMONSPIRIT HEALTH		73					
$\overline{}$	Inrelated business activity code (see instructions) > 53111	0						
	escribe the unrelated trade or business WILLISTON	HO	USING					
g P ai	য়ি Unrelated Trade or Business Income		(A) In	come	(B) Expense	s	(C) Ne	et
1a	Gross receipts or sales 591,707.	1				X. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
	Less returns and allowances c Balance	1c	59	1,707.			The State	
2	Cost of goods sold (Schedule A, line 7)	2						
3	Gross profit. Subtract line 2 from line 1c	3	59	1,707.		11.55	591	,707.
4a	Capital gain net income (attach Schedule D)	4a _						
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				'}`{;'}{!+i		
С	Capital loss deduction for trusts	4c) (
5	Income (loss) from a partnership or an S corporation (attach					1		
	statement)	5				255 2		
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					<u> </u>	
11	Advertising income (Schedule J)	11						
12	Other income (See instructions, attach schedule)	12				100		
13	Total. Combine lines 3 through 12	13	59	1,707.	•		591	<u>,707.</u>
	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the under the connected with the under the connected with the under the connected with the under the connected with the under the connected with the under the connected with the under the connected with the con	ions f unrela	or limitati ited busin	ons on de less incon	eductions.) (Exc ne.)		or contributi	ons,
14	Compensation of officers, directors, and trustees (Schedule K)					14		
15	Salaries and wages					15	70	,500.
16	Repairs and maintenance					16	78	, 500.
17	Bad debts					17		
18	Interest (attach schedule) (see instructions)					18	23	,609.
19	Taxes and licenses					19	43	, 603.
20	Charitable contributions (See instructions for limitation rules)			ایما	401,263.	20		
21	Depreciation (attach Form 4562)			21	4U1,203.	801.	401	,263.
22	Less depreciation claimed on Schedule A and elsewhere on return			22a		22b	401	, 203.
23	Depletion					23		
24	Contributions to deferred compensation plans					24	<u> </u>	

Unrelated business taxable income. Subtract line 31 from line 30

For Paperwork Reduction Act Notice, see instructions.

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

Schedule M (Form 990-T) 2018

151,634.

655,006.

-63,299

-63,299.

25

26

27

28

29

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25

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29

30

31

SEE STATEMENT 10

Employee benefit programs

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Other deductions (attach schedule)

Page 3

COMMONSPI	RIT HEAL	JTH			47-0617	7373				
Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory valuation 🕨 N/A							
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6				
2 Purchases	2 Purchases 2				7 Cost of goods sold. Subtract line 6					
3 Cost of labor	3		from line 5. Enter here	and in F	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)		property produced or a	acquired	for resale) apply to						
5 Total. Add lines 1 through 4b	5		the organization?			X				
Schedule C - Rent Income	(From Real	Property and	d Personal Property L	.ease	d With Real Prope	erty)				
(see instructions)										
1. Description of property										
(1)										
(2)					<u> </u>					
(3)										
(4)			<u> </u>							
	2. Rent receiv	ed or accrued								
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for	and personal property (if the percenta personal property exceeds 50% or if ent is based on profit or income)	ige		connected with the income in d 2(b) (attach schedule)				
(1)										
(2)										
(3)										
(4)		ĺ								
Total	0.	Total		0.						
(c) Total income. Add totals of columns	2(a) and 2(b). En	ter			(b) Total deductions.					
here and on page 1, Part I, line 6, columi		>		0.	Enter here and on page 1, Part I, line 6, column (B)	▶ 0.				
Schedule E - Unrelated Deb	ot-Financed	Income (see	e instructions)							
· · · · · · · · · · · · · · · · · · ·			2. Gross income from	-	3. Deductions directly conn to debt-finance					
1. Description of debt-fit	nanced 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 a debt-finan		adjusted basis allocable to nced property h 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)			%							
					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	ncluded in columi	n 8			•	0.				

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 10
DESCRIPTION		AMOUNT
PURCHASED SERVICES MISCELLANEOUS EXPENSES STATE FEES UTILITIES		92,165. 4,902. 468. 54,099.
TOTAL TO SCHEDULE M, PART II, I	INE 28	151,634.

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

Depreciation and Amortization (Including Information on Listed Property)

990-T

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

Business or activity to which this form relates

Identifying number

COMMONSPIRIT HEALTH		ĮF.	ORM 990)-T	PAGE 1		<u>47-0617373</u>
Part Election To Expense Certain Proper	ty Under Section 17	9 Note: If you have a	ny listed prope	erty, c	omplete Part '	V before y	ou complete Part I.
1 Maximum amount (see instructions)						1	1,000,000.
2 Total cost of section 179 property place	2						
3 Threshold cost of section 179 property	3	2,500,000.					
4 Reduction in limitation. Subtract line 3 f	4						
5 Dollar limitation for tax year Subtract line 4 from line	1 If zero or less, enter -0	- If married filing separately	see instructions			5	Commission was not be consisted the second second
6 (a) Description of pro	pperty	(b) Cost	business use only	<u> </u>	(c) Elected c	ost	
			•	_			
				_			
•			 	_			
7 Listed property. Enter the amount from				7			
8 Total elected cost of section 179 prope		ın column (c), lines 6	and 7			8	<u> </u>
9 Tentative deduction. Enter the smaller						9	
10 Carryover of disallowed deduction from	•			_		10	
11 Business income limitation. Enter the sr				5		11	,
12 Section 179 expense deduction. Add lir				<u> </u>		12	
13 Carryover of disallowed deduction to 20 Note: Don't use Part II or Part III below for I				13			######################################
Part II Special Depreciation Allowa			clude listed n	roperty	v)		
14 Special depreciation allowance for qual						•	
	mea property (otne	er trian listed property	/) piaceo in se	i vice c	during	14	
the tax year	ction	•				15	
15 Property subject to section 168(f)(1) ele16 Other depreciation (including ACRS)	Cuon		•			16	
Part III MACRS Depreciation (Don't	include listed prot	perty. See instruction	s.)			1 10	<u> </u>
SOURCE DEPRECIATION (DON'T	menado menado prop	Section A	,				· •
17 MACRS deductions for assets placed in	a convice in tax ves	b	2040	-		47	401,263.
		ars beginning before 2	2018			17	401,403.
•	•			ere	▶□		401,203.
18 If you are electing to group any assets placed in servi	ce during the tax year int		accounts, check h		ral Depreciat		
18 If you are electing to group any assets placed in servi	ce during the tax year int	to one or more general asset	ear Using the	Gene	eral Depreciat		
18 If you are electing to group any assets placed in servi Section B - Assets	Placed in Service (b) Month and year placed	to one or more general asset During 2018 Tax Y (c) Basis for depreciation (business/investment us	ear Using the	Gene		tion Syste	em
18 If you are electing to group any assets placed in servi Section B - Assets (a) Classification of property	Placed in Service (b) Month and year placed	to one or more general asset During 2018 Tax Y (c) Basis for depreciation (business/investment us	ear Using the	Gene		tion Syste	em
18 If you are electing to group any assets placed in servi Section B - Assets (a) Classification of property 19a 3-year property	Placed in Service (b) Month and year placed	to one or more general asset During 2018 Tax Y (c) Basis for depreciation (business/investment us	ear Using the	Gene		tion Syste	em
Section B - Assets (a) Classification of property 19a 3-year property b 5-year property	Placed in Service (b) Month and year placed	to one or more general asset During 2018 Tax Y (c) Basis for depreciation (business/investment us	ear Using the	Gene		tion Syste	em
Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property	Placed in Service (b) Month and year placed	to one or more general asset During 2018 Tax Y (c) Basis for depreciation (business/investment us	ear Using the	Gene		tion Syste	em
Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property	Placed in Service (b) Month and year placed	to one or more general asset During 2018 Tax Y (c) Basis for depreciation (business/investment us	ear Using the	Gene		tion Syste	em
Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property	Placed in Service (b) Month and year placed	to one or more general asset During 2018 Tax Y (c) Basis for depreciation (business/investment us	ear Using the	Gene overy od		tion Syste	em
Section B - Assets (a) Classification of property 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	Placed in Service (b) Month and year placed	to one or more general asset During 2018 Tax Y (c) Basis for depreciation (business/investment us	accounts, check hear Using the n (d) Rec	Gene overy od		(f) Method	em
Section B - Assets (a) Classification of property 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 h Residential rental property	Placed in Service (b) Month and year placed	to one or more general asset During 2018 Tax Y (c) Basis for depreciation (business/investment us	accounts, check hear Using the (d) Rec perio	Gene overy od	(e) Convention	(f) Method S/L S/L S/L	em
Section B - Assets (a) Classification of property 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 h Residential rental property	Placed in Service (b) Month and year placed	to one or more general asset During 2018 Tax Y (c) Basis for depreciation (business/investment us	accounts, check he ear Using the (d) Recurse periods (a) Periods (b) Periods (b) Periods (c) Periods (overy od	(e) Convention	(f) Method S/L S/L S/L S/L	em
Section B - Assets (a) Classification of property 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 h Residential rental property i Nonresidential real property	Ce during the tax year int Placed in Service (b) Month and year placed in service // // // //	to one or more general asset During 2018 Tax Y (c) Basis for depreciatio (business/investment us only - see instructions	accounts, check hear Using the (d) Received (25 y 27.5 27 5 39 y	rrs. yrs. yrs.	(e) Convention MM MM MM MM	(f) Method S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
Section B - Assets (a) Classification of property 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 h Residential rental property i Nonresidential real property Section C - Assets P	Ce during the tax year int Placed in Service (b) Month and year placed in service // // // //	to one or more general asset During 2018 Tax Y (c) Basis for depreciatio (business/investment us only - see instructions	accounts, check hear Using the (d) Received (25 y 27.5 27 5 39 y	rrs. yrs. yrs.	(e) Convention MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
Section B - Assets (a) Classification of property 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 h Residential rental property i Nonresidential real property	Ce during the tax year int Placed in Service (b) Month and year placed in service // // // //	to one or more general asset During 2018 Tax Y (c) Basis for depreciatio (business/investment us only - see instructions	accounts, check hear Using the (d) Reception (25 y 27.5 27 5 39 y 27.5 the first Using the A	rs. yrs. yrs.	(e) Convention MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
Section B - Assets (a) Classification of property 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 h Residential rental property i Nonresidential real property Section C - Assets P 20a Class life b 12-year	Ce during the tax year int Placed in Service (b) Month and year placed in service // // // //	to one or more general asset During 2018 Tax Y (c) Basis for depreciatio (business/investment us only - see instructions	accounts, check hear Using the (d) Reception (25 y 27.5 27 5 39 y 27.5 12 y	rrs. yrs. yrs. yrs.	(e) Convention MM MM MM MM MM MM ative Depreci	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
Section B - Assets (a) Classification of property 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 h Residential rental property i Nonresidential real property Section C - Assets P 20a Class life b 12-year c 30-year	Ce during the tax year int Placed in Service (b) Month and year placed in service // // // //	to one or more general asset During 2018 Tax Y (c) Basis for depreciatio (business/investment us only - see instructions	accounts, check hear Using the country of the count	vrs. yrs. yrs. vrs. vrs. vrs. vrs.	(e) Convention MM MM MM MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
Section B - Assets (a) Classification of property 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 h Residential rental property i Nonresidential real property Section C - Assets P 20a Class life b 12-year c 30-year d 40-year	Ce during the tax year int Placed in Service (b) Month and year placed in service // // // //	to one or more general asset During 2018 Tax Y (c) Basis for depreciatio (business/investment us only - see instructions	accounts, check hear Using the (d) Reception (25 y 27.5 27 5 39 y 27.5 12 y	vrs. yrs. yrs. vrs. vrs. vrs. vrs.	(e) Convention MM MM MM MM MM MM ative Depreci	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
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Section B - Assets (a) Classification of property 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 h Residential rental property i Nonresidential real property Section C - Assets P 20a Class life b 12-year c 30-year d 40-year Summary (See instructions.) 21 Listed property. Enter amount from line	Placed in Service (b) Month and year placed in service (c) Month and year placed in service (d) Month and year placed in service (e) Month and year placed in service (f) Month and year placed in service (g) Month and year placed in service (h) Month and	to one or more general asset During 2018 Tax Y (c) Basis for depreciation (business/investment use only - see instructions)	25 y 27.5 27 5 39 y 40 y	rrs. yrs. yrs. yrs. yrs.	(e) Convention MM MM MM MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
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Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

			hich you are usi c) of Section A, a						e expense	, comp	elete only 24a,				
			on and Other In						mits for pa	asseng	er automobiles	.)			
24a	Do you have evidence to s	support the bu	siness/investmen	use claimed?		Yes	No	24b If "Y	es," is the	evidei	nce written?	Yes [No		
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	or Basis for depreciation Re		(business/investment nector		Basis for depreciation (business/investment		(f) (g) Recovery Method/ period Convention		(h) Depreciation deduction	secti	(i) ected on 179 ost
25	Special depreciation allo	wance for q	ualified listed pi	operty placed	n se	rvice durin	g the ta	x year and	d						
	used more than 50% in	a qualified bi	usiness use							25					
<u> 26</u>	Property used more tha	n 50% ın a q	ualified busines	s use.											
			%												
			%												
			%									1			
27	Property used 50% or le	ss in a qualit	fied business us	e				-							
			%						S/L -						
			%						S/L ·			7			
			%						S/L·						
28	Add amounts in column	(h), lines 25	through 27. Ent	er here and on	line	21. page 1		•	•	28					
	Add amounts in column	• • •	•			,, 3	•				29	,			
		331		ction B - Infor		ion on Use	of Vel	nicles							
	nplete this section for ve our employees, first ans		by a sole propri	etor, partner, or	oth	er "more th	an 5%	owner," o							
	Total husiness/investment	miles driven d	uring the	(a)		(b)	Ι,	(c)	(d)		(e)	,	f)		

30	Total business/investment miles driven during the	(a Veh	•	(k Veh	•		c) ncle	1 '	d) ncle	(€ Veh	-	(1 Veh	•
31 32	year (don't include commuting miles) Total commuting miles driven during the year Total other personal (noncommuting) miles												
32	driven												
33	Total miles driven during the year. Add lines 30 through 32												
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

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

	swer these questions to determine if you meet a re than 5% owners or related persons.	an exception	to completing Section B ic	or venicles used by	employees who ar	ent	
37	Do you maintain a written policy statement that	it prohibits al	I personal use of vehicles,	including commuti	ng, by your	Yes	No
	employees?						
38	Do you maintain a written policy statement that	it prohibits pe	ersonal use of vehicles, ex	cept commuting, b	y your		
	employees? See the instructions for vehicles u	ised by corpo	orate officers, directors, or	1% or more owner	s ·		
39	Do you treat all use of vehicles by employees a	as personal u	se?				<u> </u>
40	Do you provide more than five vehicles to your	employees,	obtain information from yo	our employees abo	ut		
	the use of the vehicles, and retain the informat	ion received	?				
41	Do you meet the requirements concerning qua	alified automo	obile demonstration use?				<u> </u>
	Note: If your answer to 37, 38, 39, 40, or 41 is	"Yes," don't	complete Section B for th	e covered vehicles	•		
IP.	art\VII Amortization						
	(a) Description of costs	(b) Date amortization	(C) Amortizable	(d) Code	(e) Amortization	(f) Amortization	

(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
2 Amortization of costs that begins during	your 2018 tax year					
· · · · · · · · · · · · · · · · · · ·			<u></u>			
3 Amortization of costs that began before	43					
4 Total. Add amounts in column (f). See th	44					
16252 12-26-18					Form 4562 (