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Do not after SSN numbers on this form as it may be made publicity our organization is a 501(c)(3) Single-Price State of the Company of th			•	Forca						30, 2020	_	2019		
Supervision Scholings Supervision Sup				<u> </u>								Open to Public Inspection for 501(c)(3) Organizations Only		
B Exempt under section Solic (1912) 1006 (1912) 1006 (1912) 1006 (1912) 1006 (1912) 1006 (1912) 1006 (1912) 1007 (1912) 1008	•								ctions.)		Empl	loyees' trust, see		
Solicy S		B F		Print	Print CHI HEALTH FOUNDATION					1	47-0648586 F Unrelated business activity code			
408A S30(a) S00(a) S00		_					ox. see instructions.						E Unrela	
C Box vacuor all assense F Group exemption number (See instructions.)			408(e)220(e)	20(e) Type	12809 WEST DODGE ROAD						(000.	indu dottorio y		
C sex evenue of all assets a control of the component of the number of the organization super large of business here ▶ PARTYENSTIP INVESTMENT INCOME Trade or business here ▶ PARTYENSTIP INVESTMENT INCOME If only one, complete Parts III-V. If one, complete Parts III-V. If only one, complete Parts III-V. If one complete Parts III-V. If one, complete Parts III-V. If one complet		F	= ` '							90009	99			
H Finer the number of the organization's ungested trades or businesses. ▶ 1 Describe the only of irright unrelated trade or business here ▶ PARTMERSHIP INVESTMENT INCOME 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-I. 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-I. 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-I. 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-V. If more than one, describe the composition of the parent corporation. ▶ OWN III of the parent corporation of the parent corporation. ▶ OWN III of the parent corporation of the parent corporation. ▶ OWN III of the parent corporation of the parent cor		C Bo	ok value of all assets	1										
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Total. Combine lines 3 through 12 13	¥	.11 .10			•					5-64888 88 86888	<u> </u>			
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Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deauctions (attach schedule) Total reductions. Add lines 14 through 27		23	Contributions to def							23				
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27 Other deductions (attach schedule) 28 Total deductions. Add lines 14 through 27 28											*			
28 Total reductions. Add lines 14 through 27			,								<u> </u>			
			,								0.			
29 Onyonated publicas taxable income net operating toss deduction, publicating to north title 10			/								7,598.			
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018			/							3	.,,			
(see instructions)		50	/								30	0.		
31/ Unrelated business taxable income. Subtract line 30 from line 29		<u>31</u> /									7,598.			
923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.		92370	01 01-27-20 LHA F	or Pape	rwork Reduction Act Notice	, see instructions.						Form 990-T (2019		

Form 990		CHI HEALTH FOUNDATION			47-064858	6 Page 2
Part	Ilk.	Fotal Unrelated Business Taxable Income			4	
32	Fotal o	f unrelated business taxable income computed from all unrelated trades or businesses (se	e instructions)			7,598.
33	Amour	nts paid for disallowed fringes	.,,,	•	33	
34	Charita	ble contributions (see instructions for limitation rules)	,	/	34	0.
		nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract II				7,598.
		tion for net operating loss arising in tax years beginning before January 1, 2018 (see instru				
		f unrelated business taxable income before specific deduction. Subtract line 36 from line 3	15		٠, 37	7,598.
•					9 38	1,000.
		ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		<i>c</i> =00
		ne smaller of zero or line 37	**** ***** * *****		39	6,598.
		Tax Computation		 -		1,386.
		zations Taxable as Corporations. Multiply line 39 by 21% (0.21)		ı	► 40 	1,300.
41		Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount ax rate schedule or Schedule D (Form 1041)		_		
42		ax rate schedule or L. Schedule D (Form 1041)			• 471 • 42	
		and the second s			10	
' '		Noncompliant Facility Income. See instructions			44	
		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	··· ····· ·	٠٠٠٠ ٠٠٠٠٠٠	45	1,386.
Part	N	Tax and Payments			<u> </u>	· · · · · · · · · · · · · · · · · · ·
46a	Foreign	n tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a			· · · · · · · · · · · · · · · · · · ·
	_	redits (see instructions)	·			
C	Genera	l business credit. Attach Form 3800				
d	Credit	for prior year minimum tax (attach Form 8801 or 8827)				
		redits. Add lines 46a through 46d			469	
		ct line 46e from line 45			47	1,386.
48	Other t	axes. Check if from: Form 4255 Form 8611 Form 8697 Form	8866 🔲 Oth	er (attach schedyle	48	
		ax. Add lines 47 and 48 (see instructions)			1 49	1,386.
50	2019 n	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	K 1 6 7 77 77	,	50	0.
		₩		70	5.	
		stimated tax payments	(11b 		_	
		posited with Form 8868	511c	3,00	<u>"·</u>	
		n organizations: Tax paid or withheld at source (see instructions)				
		withholding (see instructions)	51e			
		for small employer health insurance premiums (attach Form 8941)	. 511		-	
9		redits, adjustments, and payments: Form 2439	515			
52		Add lines 51s through 51s			52	3,705.
		had been a seath of the fractional leads. Obserts of Form 2000 in attached				
		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed			5	
		yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		01	55	2,319.
\	•	ne amount of line 55 you want; Credited to 2020 estimated tax	2,319.	Refunded	58	0.
Part		Statements Regarding Certain Activities and Other Informat				
57	At any	time during the 2019 calendar year, did the organization have an interest in or a signature	or other authori	ty		Yes No
	over a	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	may have to fil	e		
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign country			
	here	>				X
58	During	the tax year, dld the organization receive a distribution from, or was it the grantor of, or tr	ansferor to, a fo	reign trust?		х
	lf "Yes,	see instructions for other forms the organization may have to file.				\$
_ 59		ne amount of tax-exempt interest received of accrued during the tax year 🕒 \$				اعرفا
Cia-	U	nder pansities of perjury, I decisre that I have examined this return, including accompanying schedules and prect, and complete Decisration of preparer (giber they taxpayer) is based on all information of which prepare	statements, and to trer has any knowle	the best of my know idge	wiedge and ballsf, it is tru	0,
Sign	-	Wanth What I was	•		May the IRS discuss this	s return with
Here		CFO CFO			the preparer shown belo	w (see
		Signature of officer / / Date Title		<u></u>		es No
		Print Type preparer's name Preparer's signature	Date	Check	if PTIN	
Paid		(Maril in a	E/40/04	self- employe		
Prep	arer		5/10/21	<u></u>	P01051055	
Use	Only	Firm's name ▶ COMMONSPIRIT HEALTH		Firm's EIN	47-0617	3/3
		198 INVERNESS DRIVE WEST		D5.	202 202 2122	
		Firm's address ENGLEWOOD, CO 80112		Phone no.	303-298-9100	00 T
923711 0	1-27-20				Form 9	90-T (2019)

FORM 990-T	PARENT	CORPORATION'S	NAME	AND	IDENTIFYING	NUMBER	STATEMENT 1
CORPORATION'S	NAME						IDENTIFYÎNG NO
COMMONSPIRIT H	EALTH	ſ					47-0617373