

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

Form **990-T**

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

OMB No 1545-0687

**2017**

Department of the Treasury  
Internal Revenue Service

For calendar year 2017 or other tax year beginning 07/01, 2017, and ending 06/30, 20 18

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions ) <b>ALEAGENT CREIGHTON HEALTH</b>	<b>D Employer identification number</b> (Employees' trust, see instructions) <b>47-0757164</b>
		Number, street, and room or suite no. If a P.O. box, see instructions <b>12809 WEST DODGE ROAD</b>	<b>E Unrelated business activity codes</b> (See instructions) <b>523000</b>
		City or town, state or province, country, and ZIP or foreign postal code <b>OMAHA, NE 68154</b>	

**C** Book value of all assets at end of year **956,909,792**

**F** Group exemption number (See instructions.) ▶

**G** Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

**H** Describe the organization's primary unrelated business activity. ▶ **PASSIVE INVESTMENTS**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☒ Yes ☐ No  
If "Yes," enter the name and identifying number of the parent corporation. ▶ **CATHOLIC HEALTH INITIATIVES 47-0617373**

**J** The books are in care of ▶ **JEANETTE WOJTALEWICZ** Telephone number ▶ **(402) 343-4323**

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	7,315,189		1c	7,315,189	
b	Less returns and allowances	0	c Balance ▶	2	6,047,568	
2	Cost of goods sold (Schedule A, line 7)			3	1,267,621	1,267,621
3	Gross profit. Subtract line 2 from line 1c			4a	0	0
4a	Capital gain net income (attach Schedule D)			4b	0	0
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4c	0	0
5	Income (loss) from partnerships and S corporations (attach statement)			5	14,769	14,769
6	Rent income (Schedule C)			6	0	0
7	Unrelated debt-financed income (Schedule E)			7	0	0
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			8	0	0
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			9	0	0
10	Exploited exempt activity income (Schedule I)			10	0	0
11	Advertising income (Schedule J)			11	0	0
12	Other income (See instructions; attach schedule)			12	0	0
13	Total. Combine lines 3 through 12			13	1,282,390	1,282,390

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	0
15	Salaries and wages			15	591,275
16	Repairs and maintenance			16	1,125
17	Bad debts			17	0
18	Interest (attach schedule)			18	0
19	Taxes and licenses			19	0
20	Charitable contributions (See instructions for limitation rules)			20	0
21	Depreciation (attach Form 4562)			21	1,920
22	Less depreciation claimed on Schedule A and elsewhere on return			22a	0
23	Depletion			22b	1,920
24	Contributions to deferred compensation plans			23	0
25	Employee benefit programs			24	0
26	Excess exempt expenses (Schedule I)			25	56,539
27	Excess readership costs (Schedule J)			26	0
28	Other deductions (attach schedule)			27	0
29	Total deductions. Add lines 14 through 28			28	262,010
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			29	912,869
31	Net operating loss deduction (limited to the amount on line 30)			30	369,521
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			31	369,521
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)			32	0
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			33	0
				34	0

For Paperwork Reduction Act Notice, see instructions.

Cat No 11291J

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**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ☒ See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 **35c** 0

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) **36**

**37 Proxy tax.** See instructions **37**

**38 Alternative minimum tax** **38** 3,726

**39 Tax on Non-Compliant Facility Income.** See instructions **39**

**40 Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies **40** 3,726

**Part IV Tax and Payments**

**41a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116) **41a**

b Other credits (see instructions) **41b**

c General business credit. Attach Form 3800 (see instructions) **41c**

d Credit for prior year minimum tax (attach Form 8801 or 8827) **41d**

e **Total credits.** Add lines 41a through 41d **41e** 0

**42 Subtract line 41e from line 40** **42** 3,726

**43 Other taxes.** Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) **43** 0

**44 Total tax.** Add lines 42 and 43 **44** 3,726

**45a Payments: A 2016 overpayment credited to 2017** **45a** 293,245

b 2017 estimated tax payments **45b** 0

c Tax deposited with Form 8868 **45c**

d Foreign organizations: Tax paid or withheld at source (see instructions) **45d**

e Backup withholding (see instructions) **45e**

f Credit for small employer health insurance premiums (Attach Form 8941) **45f**

g Other credits and payments: ☐ Form 2439 **45g** 0

☐ Form 4136 ☐ Other 0 **Total**

**46 Total payments.** Add lines 45a through 45g **46** 293,245

**47 Estimated tax penalty** (see instructions). Check if Form 2220 is attached ☐ **47**

**48 Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed **48** 0

**49 Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid **49** 289,519

**50 Enter the amount of line 49 you want:** Credited to 2018 estimated tax 289,519 Refunded **50** 0

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

**51** At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **Yes** **No**

**52** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. **Yes** **No**

**53** Enter the amount of tax-exempt interest received or accrued during the tax year **\$**

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer *Angela Noel* Date *3-9-20* Title CFO

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

**Paid Preparer Use Only**

Print/type preparer's name

ANGELA NOEL

Preparer's signature

*Angela Noel*

Date

3/9/20

Check ☐ if self-employed

PTIN

P01051055

Firm's name **COMMONSPIRIT HEALTH**

Firm's EIN **47-0617373**

Firm's address **12809 WEST DODGE ROAD, OMAHA, NE 68154**

Phone no **(402) 343-4413**

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**Schedule A—Cost of Goods Sold.** Enter method of inventory valuation ►

<b>1</b> Inventory at beginning of year	<b>1</b>	279,560	<b>6</b> Inventory at end of year . . . . .	<b>6</b>	469,437
<b>2</b> Purchases . . . . .	<b>2</b>	5,921,973	<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 . . . . .	<b>7</b>	6,047,568
<b>3</b> Cost of labor . . . . .	<b>3</b>	0	<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? . . . . .	<b>Yes</b>	<b>No</b>
<b>4a</b> Additional section 263A costs (attach schedule) . . . . .	<b>4a</b>	0			
<b>b</b> Other costs (attach schedule)	<b>4b</b>	315,472			
<b>5</b> <b>Total.</b> Add lines 1 through 4b	<b>5</b>	6,517,005			✓

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

(see instructions)

<b>1.</b> Description of property		
(1)		
(2)		
(3)		
(4)		
<b>2.</b> Rent received or accrued		
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0	Total 0	
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►		<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ► 0

**Schedule E—Unrelated Debt-Financed Income** (see instructions)

<b>1.</b> Description of debt-financed property		<b>2.</b> Gross income from or allocable to debt-financed property	<b>3.</b> Deductions directly connected with or allocable to debt-financed property	
			<b>(a)</b> Straight line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
<b>4.</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	<b>5.</b> Average adjusted basis of or allocable to debt-financed property (attach schedule)	<b>6.</b> Column 4 divided by column 5	<b>7.</b> Gross income reportable (column 2 × column 6)	<b>8.</b> Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Totals</b>			0	0
<b>Total dividends-received deductions</b> included in column 8				0

**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
<b>Nonexempt Controlled Organizations</b>					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B)	
<b>Totals</b>			0	0	

**Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Enter here and on page 1, Part I, line 9, column (A)				Enter here and on page 1, Part I, line 9, column (B)
<b>Totals</b>		0		0

**Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Enter here and on page 1, Part I, line 10, col (A)		Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26	
<b>Totals</b>		0	0			0

**Schedule J—Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		0	0	0		0

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	0	0				0
	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
<b>Totals, Part II (lines 1–5)</b>	0	0				0

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

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

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Name of Partnership	EIN	UBI
<b>ACH UBI ACTIVITY SUMMARY</b>		
(1) CHI OPERATING INVESTMENT PROGRAM, LP	47-0727942	14,769
<b>Total for Part I, Line 5</b>		<b>14,769</b>

## Form 990T Part II, Line 20

## Charitable Contributions

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2012	9,813,696	0			9,813,696	2017
2013	5,963,232	0			5,963,232	2018
<b>Totals</b>	<b>15,776,928</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>15,776,928</b>	

Description	Amount
<b>ACH UBI ACTIVITY SUMMARY</b>	
(1) SUPPLIES	45,733
(2) UTILITIES	6,011
(3) MISC EXPENSES	53,870
(4) RENT EXPENSE	80,818
(5) CONTRACT LABOR	12
(6) INSURANCE	375
(7) PURCHASED SERVICES	75,191
(8) AMORTIZATION	0
<b>Total</b>	<b>262,010</b>
<b>Total for Part II, Line 28</b>	<b>262,010</b>



Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2005	1,058,931		1,058,931		0	2025
2006	11,400		11,400		0	2026
2008	149,435		149,435		0	2028
2009	492,839		492,839		0	2029
2010	199,152		199,152		0	2030
2014	648,788		75,734	369,521	203,533	2035
2015	1,087,901		0		1,087,901	2036
<b>Totals</b>	<b>3,648,446</b>	<b>0</b>	<b>1,987,491</b>	<b>369,521</b>	<b>1,291,434</b>	

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

## Schedule A, Line 4b

## Other Costs

Description	Amount
<b>ACH UBI ACTIVITY SUMMARY</b>	
(1) OTHER ADJUSTMENT	315,472
<b>Total for Schedule A, Line 4b</b>	<b>315,472</b>