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	4		F	Exempt Organization Busin	ess	Income Tax	Return		OMB No 1545-0687
F	orm -	990-T	•	(and proxy tax under			19/1/	,	
			For colo	ndar year 2018 or other tax year beginning 07/0			$\frac{1}{6/30}$, $\frac{1}{20}$) 19 .	2018
п	lenartm	ent of the Treasury	For cale	► Go to www.irs.gov/Form990T for instru					
	•	Revenue Service	▶Dor	not enter SSN numbers on this form as it may be				(3). Op	en to Public Inspection for 1(c)(3) Organizations Only
_		heck box if ddress changed		Name of organization (r identification number
		ot under section	l	ALEGENT CREIGHTON HEALTH	•			(Employe	es' trust, see instructions)
		1(C) (Q3,)	Print	Number, street, and room or suite no If a P O box,	, see in:	structions			47-0757164
	□ 40	8(e) 220(e)	Type	12809 WEST DODGE ROAD			E		d business activity code
	□ 40	8A 🔲 530(a)	',	City or town, state or province, country, and ZIP or	foreign	postal code		(See mst	ructions)
_	☐ 529(a) OMAHA, NE 68154							446110	
C	C Book value of all assets at end of year F Group exemption number (See instructions.) ▶								
-				neck organization type √ 501(c) corp				01(a) tru	
ŀ				organization's unrelated trades or business			_		(or first) unrelated
									n one, describe the
			•	It the end of the previous sentence, componente Parts III-V.	ibiete	Paris I and II, con	ipiete a Scri	edule iv	i for each additional
-			•	e corporation a subsidiary in an affiliated grou	un or s	a parent-subsidian/ c	ontrolled arou	ın?	▶ ✓ Ves □ No
•				and identifying number of the parent corp					
J				► JEANETTE WOJTALEWICZ	- Cruno		ne number I		(402) 343-4323
				e or Business Income		(A) Income	(B) Expe		(C) Net
•	1a	Gross receipts							
	b	Less returns and a			1c	12,944,584]		
	2	Cost of goods	sold (S	schedule A, line 7)	2	10,432,472			
	3	Gross profit. S	Subtract	line 2 from line 1c	3	2,512,112	!		2,512,112
	4a			ne (attach Schedule D)	4a	0			0
	b	Net gain (loss)	(Form 4	1797, Part II, line 17) (attach Form 4797)	4b	0			0
	С	•		n for trusts	4c	0			0
	5		-	nership or an S corporation (attach statement)	5	0			0
	6	•		le C)	6	0		0	0
•	7			ced income (Schedule E)	7	0		0	0
	8		•	and rents from a controlled organization (Schedule F)		0		0	0
-	9 10			ction 501(c)(7), (9), or (17) organization (Schedule G) ivity income (Schedule I)	10	0		0	0
	11	Advertising inc	-	-	11	0		0	
	12	•		ructions; attach schedule)	12	0			0
	13			3 through 12		2,512,112		0	2,512,112
_	Part	I Deduction	ns Not	Taken Elsewhere (See instructions for	r limit	ations on deduction	ns.) (Excep		
				be directly connected with the unrelate	ed bu	siness income.)			
	14	Compensation	of offic	cers, directors, and trustees (Schedule K)	-00	IVED :		14	0
	15	Salaries and w	_	R <u>t</u>	- () [181		15	828,530
	16	•		ince		181		16	164
	17				UĽ 1	7. 2020		17	0
	18	Interest (attach	h sched					18	0
	19	Taxes and lice	nses .	ns (See instructions for limitation rules)	GD	EN, UI.		19	12 720
	20	Charitable con	ntributio	ins (See instructions for limitation rules)		21	158	20	12,729
	21			Form 4562)		 	0	22b	158
	22 23	•						23	0
	23 24			rred compensation plans				24	0
	2 4 25	Employee ben						25	59,331
	26			nses (Schedule I)				26	0
	27			sts (Schedule J)				27	0
	 28			ach schedule)				28	287,592
	29	Total deduction	ons. Ac	ld lines 14 through 28) 8 29	1,188,504
	30			xable income before net operating loss de			from line 13	30	1,323,608
	31			ating loss arising in tax years beginning on oi				\ 31	
_	32	Unrelated bus	iness ta	xable income. Subtract line 31 from line 3	30 .			32	1,323,608
F	or Pa	nerwork Reduct	ion Act	Notice, see instructions.		Cat No 11291J			Form,990-T (2018)

Part 33					τ
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		. .	1 400 007	
34	Amounts paid for disallowed fringes	33		1,406,997	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	1	<u>' </u>		-
	instructions)	35	, .	1,291,434	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		1	.,20,,,0,	
	of lines 33 and 34	36	, [115,563	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	入 37	1	1,000	
38	Unrelated business taxable income. Subtract line 37 from line 36. It line 37 is greater than line 36,	ااہ	1		
	enter the smaller of zero or line 36	<u>1</u> 38		114,563	
Part	V Tax Computation	_			
39		D 39		24,058	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on				
	the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041)				<u> </u>
41	Proxy tax. See instructions	-			_
42 43	Alternative minimum tax (trusts only)	42			
43 44	Tax on Noncompliant Facility Income. See instructions	4 📆	+	24,058	
Part		1	<u>' </u>	24,036	
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . 45a				ſ <u> </u>
b	Other credits (see instructions)				
C	General business credit. Attach Form 3800 (see instructions)				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	- 34			
е	Total credits. Add lines 45a through 45d	456	•	0	
46	Subtract line 45e from line 44	46		24,058	
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	47	_	0	
48	Total tax. Add lines 46 and 47 (see instructions)	48	_	24,058	
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			
50a	Payments: A 2017 overpayment credited to 2018				
b	2018 estimated tax payments	- (4)			
c d	Foreign organizations: Tax paid or withheld at source (see instructions) . 50d				
e	Backup withholding (see instructions)				
f	Credit for small employer health insurance premiums (attach Form 8941) . 50f				
g	Other credits, adjustments, and payments: Form 2439				
•	☐ Form 4136 ☐ Other 0 Total ▶ 50g 0				
51	Total payments. Add lines 50a through 50g	51		289,519	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached				
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		0	
54		54		265,461	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax 265,461 Refunded Refunded Activities and Other Information (as in the stimular)	55		0	
Part \				v Yes	No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may be a financial account (bank, securities, or other) in a foreign country?			, 	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fo			~]h> 27.11	
	here ▶	J. O. g) CEAGE	 -
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo	reign t	rust? .	•-	Ť
٠.	If "Yes," see instructions for other forms the organization may have to file.	· - · · · ·		H-SM	3973
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of m	y knowle	dge and beli	ef, it is
Sign	true, correct, and complete. Declaration of preharer (other than taxpayer) is based on all information of which preparer has any knowledge	May		dscuss this	
Here				arer shown i is)? 🔽 Yes [
	Signature of officer Date Title				
Paid		heck		PTIN	255
Prepa	arer - Company of the Artist	elf-emp		P010510	
Use C	JIIV	m's Ell		17-061737	
	Firm's address ► 12809 WEST DODGE ROAD, OMAHA, NE 68154	none no)2) 343-44 m 990-T	_
			- 01		(2010)

Schedule A—Cost of Goods Sol				1 11 6						
Scriedule A—Cost of Goods Sol	d. Ente	r meth <u>od of i</u>	nventory v	valuation 🕨						
1 Inventory at beginning of year	1	469,437	7 6	Inventory a	at e	end of year	6	79	5,055	
2 Purchases	2	10,758,090	7	Cost of	go	ods sold. Subtract				
3 Cost of labor	3	(ne 5. Enter here and				
4a Additional section 263A cos	its 🗀			in Part I, lir	ne	2	7	10,43	2,472	
(attach schedule)	4a	(8	Do the ru	les	of section 263A (wi	th res	pect to	Yes	No
b Other costs (attach schedule)	4b	(duced or acquired for				
5 Total. Add lines 1 through 4b	5	11,227,527				zation?				✓
Schedule C-Rent Income (From	n Real	Property and	d Person	al Property	Le	eased With Real Pro	perty	y)		
(see instructions)		-				 				
Description of property										
(1)	-		-							
(2)										
(3)										
(4)	t									
Z. Ken	received	or accrued				***************************************				_
(a) From personal property (if the percentage of for personal property is more than 10% but more than 50%)		(b) From real a percentage of rent 50% or if the rent	for personal j	property exceeds		3(a) Deductions directly in columns 2(a) and				е
(1)										
(2)										
(3)						-				
(5)										
· · · · · · · · · · · · · · · · · · ·			·					_		
(4)	0 т	otal			0	(b) Total deductions	·	-	<u>-</u>	
(4) Total	•				0	(b) Total deductions. Enter here and on page	1,		<u> </u>	
(4) Total (c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	2(a) and 2 (A)	2(b). Enter ►		-	0					0
(4) Total (c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	2(a) and 2 (A)	2(b). Enter ►	instruction	ns)	_	Enter here and on page Part I, line 6, column (B)	<u> </u>			
(4) Total (c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column Schedule E—Unrelated Debt-Fil	2(a) and 2 (A) nanced	2(b). Enter ► Income (see	2. Gross	income from or	_	Enter here and on page	nnected		cable to	
(4) Total (c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	2(a) and 2 (A) nanced	2(b). Enter ► Income (see	2. Gross allocable t		0	Enter here and on page Part I, line 6, column (B) 3. Deductions directly co debt-finan a) Straight line depreciation	nnected		ductions)
(4) Total (c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column Schedule E—Unrelated Debt-Fill 1. Description of debt-finance	2(a) and 2 (A) nanced	2(b). Enter ► Income (see	2. Gross allocable t	income from or o debt-financed	0	Enter here and on page Part I, line 6, column (B) 3. Deductions directly co- debt-finan	nnected	perty b) Other de	ductions)
(4) Total (c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column Schedule E—Unrelated Debt-Fill 1. Description of debt-finance (1)	2(a) and 2 (A) nanced	2(b). Enter ► Income (see	2. Gross allocable t	income from or o debt-financed	0	Enter here and on page Part I, line 6, column (B) 3. Deductions directly co debt-finan a) Straight line depreciation	nnected	perty b) Other de	ductions)
(4) Total (c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column Schedule E—Unrelated Debt-Fill 1. Description of debt-finance (1) (2)	2(a) and 2 (A) nanced	2(b). Enter ► Income (see	2. Gross allocable t	income from or o debt-financed	0	Enter here and on page Part I, line 6, column (B) 3. Deductions directly co debt-finan a) Straight line depreciation	nnected	perty b) Other de	ductions)
(4) Total (c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column Schedule E—Unrelated Debt-Fill 1. Description of debt-finance (1) (2) (3)	2(a) and 2 (A) nanced	2(b). Enter ► Income (see	2. Gross allocable t	income from or o debt-financed	0	Enter here and on page Part I, line 6, column (B) 3. Deductions directly co debt-finan a) Straight line depreciation	nnected	perty b) Other de	ductions)
(4) Total (c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column Schedule E—Unrelated Debt-File 1. Description of debt-finance (1) (2) (3) (4) 4. Amount of average acquisition debt on or	Average a of or all debt-finance	2(b). Enter ► Income (see	2. Gross allocable t	income from or o debt-financed	0	Enter here and on page Part I, line 6, column (B) 3. Deductions directly co debt-finan a) Straight line depreciation	nnected ced pro	perty b) Other de	ductions nedule)	ns
(4) Total (c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column Schedule E—Unrelated Debt-File 1. Description of debt-finance (1) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	Average a of or all debt-finance	P(b). Enter I Income (see	2. Gross allocable t	column divided	0	Enter here and on page Part I, line 6, column (B) 3. Deductions directly co- debt-finan a) Straight line depreciation (attach schedule) 7. Gross income reportable	nnected ced pro	perty b) Other dec (attach sch Allocable dimn 6 × tota	ductions nedule)	ns
(4) Total (c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column Schedule E—Unrelated Debt-File 1. Description of debt-finance (1) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1)	Average a of or all debt-finance	P(b). Enter I Income (see	2. Gross allocable t	column divided column 5	0	Enter here and on page Part I, line 6, column (B) 3. Deductions directly co- debt-finan a) Straight line depreciation (attach schedule) 7. Gross income reportable	nnected ced pro	perty b) Other dec (attach sch Allocable dimn 6 × tota	ductions nedule)	ns
(4) Total (c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column Schedule E—Unrelated Debt-File 1. Description of debt-finance (1) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2)	Average a of or all debt-finance	P(b). Enter I Income (see	2. Gross allocable t	column divided column 5	0	Enter here and on page Part I, line 6, column (B) 3. Deductions directly co- debt-finan a) Straight line depreciation (attach schedule) 7. Gross income reportable	nnected ced pro	perty b) Other dec (attach sch Allocable dimn 6 × tota	ductions nedule)	ns
(4) Total (c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column Schedule E—Unrelated Debt-File 1. Description of debt-finance (1) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3) (4)	Average a of or all debt-finance	P(b). Enter I Income (see	2. Gross allocable t	column divided column 5	0	Enter here and on page Part I, line 6, column (B) 3. Deductions directly co- debt-finan a) Straight line depreciation (attach schedule) 7. Gross income reportable	nnected ced pro	perty b) Other dec (attach sch Allocable dimn 6 × tota	ductions nedule)	ns
(4) Total (c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column Schedule E—Unrelated Debt-File 1. Description of debt-finance (1) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed	Average a of or all debt-finance	P(b). Enter I Income (see	2. Gross allocable t	Column divided column 5	0	Enter here and on page Part I, line 6, column (B) 3. Deductions directly co- debt-finan a) Straight line depreciation (attach schedule) 7. Gross income reportable	nnected ced pro (8. (colu	perty b) Other dec (attach sch Allocable dimn 6 × tota	eductions edule)	ons mns
(4) Total (c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column Schedule E—Unrelated Debt-File 1. Description of debt-finance (1) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3) (4)	Average a of or all debt-finance	P(b). Enter I Income (see	2. Gross allocable t	Column divided column 5	0	Enter here and on page Part I, line 6, column (B) 3. Deductions directly condebt-finantal (attach schedule) 7. Gross income reportable (column 2 × column 6)	ennected ced pro (8. (colu	Allocable d mn 6 × tota 3(a) and	eductions edule)	ons mns

Schedule F-Intere	est, Annuitie	s, Royalties,	and Ren	ts From	Controlled Org	janizations (se	e instruc	ctions)	
					Organizations				
Name of controll organization		2. Employer ntification number		lated income instructions)	4. Total of specified payments made	5. Part of column included in the corganization's great	controlling	conne	eductions directly ected with income in column 5
(1)		•							
(2)	_								
(3)					_	-			
(4)									
Nonexempt Controlle	d Organizatio	ns				<u></u>			
7. Taxable Incom	e	8. Net unrelated ind (loss) (see instructi			otal of specified yments made	10. Part of column included in the coorganization's ground in the coorganization of the coorganization of the column in the colu	controlling	connec	eductions directly cted with income in column 10
(1)									
(2)									
(3)									
(4)					_	_	_	ļ	
						Add columns 5 Enter here and c Part I, line 8, co	on page 1, olumn (A)	Enter h Part I,	columns 6 and 11 here and on page 1, line 8, column (B)
Totals		•			· · · · ·	<u> </u>	(0
Schedule G-Inves	stment Inco	me of a Sect	ion 501(Ast deductions
1. Description of	ıncome	2. Amount of	income	dire	Deductions ctly connected ach schedule)	4. Set-aside (attach sched		and s	otal deductions et-asides (col. 3 olus col. 4)
(1)									
(2)					<u></u>	_			
(3)									
(4)									
		Enter here and Part I, line 9, c		,				Enter her Part I, In	re and on page 1, ne 9, column (B)
Totals	•	<u> </u>		0					0
Schedule I-Explo	ited Exemp	t Activity Inco	ome, Otl	<u>her Than</u>	Advertising In	come (see inst	tructions	<u>s)</u>	
1. Description of exp	oloited activity	2. Gross unrelated business incoi from trade o business	me conr r pro	Expenses directly nected with duction of nrelated ness 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	attribu	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	· · · · · · · · · · · · · · · · · · ·								
(2)									
(3)									
(4)									
Totalo		Enter here and page 1, Part line 10, col (A	I, pag	here and on e 1, Part I, 10, col (B) 0					Enter here and on page 1, Part II, line 26
Totals Schedule J-Adve		<u>r </u> me (see instruc		<u>_</u>	<u> </u>		-		
		dicals Repor		Consoli	dated Basis				
T direction		alouio Hopo:	100 00		4. Advertising		Γ		7. Excess readership
1. Name of pe	nodical	2. Gross advertising income	I	b. Direct tising costs	gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income		dership ests	costs (column 6 minus column 5, but not more than column 4)
(1)									<u> </u>
(2)]				
(3)									ļ !
(4)									<u> </u>
Totals (carry to Part II, II	ne (5)) .	<u> </u>	0	0	0		<u> </u>		0
								F	orm 990-T (2018)

•							
Part II	Income From Periodi	cals Reported	on a Separat	e Basis (For ea	ach periodical	listed in Part II,	fill in columns
	2 through 7 on a line-b	y-line basis.)					
	-			4. Advertising			7. Excess readership

1. Name of penodical	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, Inne 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1–5)	• o	0			. <u>.</u>	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)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

For calendar year 2018 or other tax year beginning 07/01 , 2018, and ending 06/30 , 20 19 ▶ Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury

Open to Public Inspection for

Internal Revenue Service Name of the organization

ALEGENT CREIGHTON HEALTH

▶ 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

47-0757164

	related business activity code (see instructions) ►561720						
De	scribe the unrelated trade or business > JANITORIAL SERVICE	ES					
Part	Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net	
1a	Gross receipts or sales 54,758						
b	Less returns and allowances 0 c Balance ▶	1c	54,758				
2	Cost of goods sold (Schedule A, line 7)	2	0				
3	Gross profit. Subtract line 2 from line 1c	3	54,758			54,758	
4a	Capital gain net income (attach Schedule D)	4a	0			0	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	0			0	
С	Capital loss deduction for trusts	4c	0			0	
5	Income (loss) from a partnership or an S corporation (attach					-	
	statement)	5	0			0	
6	Rent income (Schedule C)	6	0	0		0	**
7	Unrelated debt-financed income (Schedule E)	7	0	0		0	
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Schedule F)	8	0	0		o	
9	Investment income of a section 501(c)(7), (9), or (17)						
	organization (Schedule G)	9	0	О .		0	
10	Exploited exempt activity income (Schedule I)	10	0	0		0	
11	Advertising income (Schedule J)	11	0	0		0	
12	Other income (See instructions; attach schedule)	12	0			0	
13	Total. Combine lines 3 through 12	13	54,758	0		54,758	
14	deductions must be directly connected with the unrelate Compensation of officers, directors, and trustees (Schedule K)		<u> </u>		14	0	
15	Salaries and wages				15	0	
16	Repairs and maintenance				16	0	
17	Bad debts				17	0	
18	Interest (attach schedule) (see instructions)				18	0	
19	Taxes and licenses				19	- 0	
20	Charitable contributions (See instructions for limitation rules)				20	0	
21	Depreciation (attach Form 4562)			0			
22	Less depreciation claimed on Schedule A and elsewhere on re			0	22b	0	
23	Depletion				23	0	
24	Contributions to deferred compensation plans				24	0	
25	Employee benefit programs				25	0	
26	Excess exempt expenses (Schedule I)				26	0	
27	Excess readership costs (Schedule J)				27	0	
28	Other deductions (attach schedule)				28	22,304	
29	Total deductions. Add lines 14 through 28				29	22,304	
30	Unrelated business taxable income before net operating loss d				30	32,454	
31	Deduction for net operating loss arising in tax years beginn					7-1,-01	
٠.	instructions)	-	•		31	Ö	
32	Unrelated business taxable income. Subtract line 31 from line				32	32,454	
	erwork Reduction Act Notice, see instructions.		71329Y			le M (Form 990-T)	2018

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning 07/01 , 2018, and ending

▶ 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).

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Name o	of the organization			Employer identi	fication	number
ALEG	ENT CREIGHTON HEALTH				47-07	57164
Ur	nrelated business activity code (see instructions) > 541930				•	
	escribe the unrelated trade or business LANGUAGE SERVICE					
			(A) Income	(B) Expense		(C) Net
Pari	Unrelated Trade or Business Income		(A) income	(b) Expense		(0) NO.
. 1a	Gross receipts or sales 48,784					
b	Less returns and allowances 0 c Balance ▶	1c	48,784			
2	Cost of goods sold (Schedule A, line 7)	2	0			
3	Gross profit. Subtract line 2 from line 1c	3	48,784	<u> </u>		48,784
4a	Capital gain net income (attach Schedule D)	4a	0			0
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	0			0
С	Capital loss deduction for trusts	4c	0			0
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5	0			0
6	Rent income (Schedule C)	6	0	0		0
7	Unrelated debt-financed income (Schedule E)	7	0	0		0
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8	0	0		0
9	Investment income of a section 501(c)(7), (9), or (17)	ľ				
	organization (Schedule G)	9	0	0		0
10	Exploited exempt activity income (Schedule I)	10	0	0		0
11	Advertising income (Schedule J)	11	0	0		0
12	Other income (See instructions; attach schedule)	12	0			0
13	Total. Combine lines 3 through 12	13	48,784	0		48,784
Part	II Deductions Not Taken Elsewhere (See instructions for	r limita	ations on deduction	ons.) (Except fo	or cor	ntributions.
	deductions must be directly connected with the unrelate			- · · · · · · · · · · · · · · · · · · ·		,
14	Compensation of officers, directors, and trustees (Schedule K)				14	0
15	Salaries and wages				15 16	11,120
16	Repairs and maintenance				17	0
17	Bad debts				18	0
18	Interest (attach schedule) (see instructions)				19	0
19	Taxes and licenses				20	0
20	Charitable contributions (See instructions for limitation rules) .			ol.	20	
21	Depreciation (attach Form 4562)			0	22b	٥
22	Less depreciation claimed on Schedule A and elsewhere on re					
23	Depletion				23	0
24	Contributions to deferred compensation plans				25	3,455
25 26	Employee benefit programs				26	0
	Excess exempt expenses (Schedule I)				27	0
27	, , ,				28	14,817
28	Other deductions (attach schedule)				29	29,392
29	Total deductions. Add lines 14 through 28				30	19,392
30						10,002
31	Deduction for net operating loss arising in tax years beginn instructions)	ing of	i oi anei January	1, 2010 (566	31	0

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Unrelated business taxable income. Subtract line 31 from line 30

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Schedule M (Form 990-T) 2018

19,392

32

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

Department of the Treasury

For calendar year 2018 or other tax year beginning 07/01 , 2018, and ending

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

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service Employer identification number Name of the organization 47-0757164 ALEGENT CREIGHTON HEALTH Unrelated business activity code (see instructions) ▶ 517000 Describe the unrelated trade or business ► INFORMATION SERVICES (C) Net (A) Income (B) Expenses Part I Unrelated Trade or Business Income 1a Gross receipts or sales 48,000 Less returns and allowances 0 c Balance ▶ 1c Cost of goods sold (Schedule A, line 7) . 2 0 2 48,000 48.000 3 3 Gross profit. Subtract line 2 from line 1c. . . . 0 Capital gain net income (attach Schedule D) 4a 4a 0 0 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b b 0 0 4c Income (loss) from a partnership or an S corporation (attach 5 n 0 5 statement) 0 0 0 6 6 7 0 0 0 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from a controlled 0 n n 8 Investment income of a section 501(c)(7), (9), or (17) 9 0 n 0 9 0 0 10 10 Exploited exempt activity income (Schedule I) 0 n 0 11 Advertising income (Schedule J) 11 Other income (See instructions, attach schedule) . . . 12 0 12 48.000 13 48,000 0 13 Total. Combine lines 3 through 12 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.) 0 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 15 Salaries and wages 16 0 16 Repairs and maintenance 0 17 17 18 18 Interest (attach schedule) (see instructions) 19 O 19 0 20 Charitable contributions (See instructions for limitation rules) . 21 21 22b Less depreciation claimed on Schedule A and elsewhere on return . 22 0 23 23 0 24 24 Contributions to deferred compensation plans 0 25 25 Employee benefit programs 26 26 Excess exempt expenses (Schedule I) 0 27 27 Excess readership costs (Schedule J) 41,490 28 28 41,594 29 29 **Total deductions.** Add lines 14 through 28 6,406 30 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

For Paperwork Reduction Act Notice, see instructions.

Cat No 71329Y

Schedule M (Form 990-T) 2018

6.406

31

32

Unrelated business taxable income. Subtract line 31 from line 30

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning 07/01 , 2018, and ending 06/30 , 20 19 .

the Treasury

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Open to Public In 501(a)(3) Organic

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

47-0757164

Department of the Treasury Internal Revenue Service Name of the organization

ALEGENT CREIGHTON HEALTH

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) Organization

Employer identification number

Unrelated business activity code (see instructions) ► 561612

Describe the unrelated trade or business ► SECURITY SERVICES

Part	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net	
1a	Gross receipts or sales 17,508			100		
b	Less returns and allowances 0 c Balance ▶	1c	17,508			
2	Cost of goods sold (Schedule A, line 7)	2	0			
3	Gross profit. Subtract line 2 from line 1c	3	17,508		17,508	
4a	Capital gain net income (attach Schedule D)	4a	0		0	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	0		0	
С	Capital loss deduction for trusts	4c	0		0	
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5	0		0	
6	Rent income (Schedule C)	6	0	0	0	
7	Unrelated debt-financed income (Schedule E)	7	0	0	0	
8	Interest, annuities, royalties, and rents from a controlled					
_	organization (Schedule F)	8	0	- 0		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9	o	o	0	
10	Exploited exempt activity income (Schedule I)	10	0	0	0	
11	Advertising income (Schedule J)	11	0	0	0	
12	Other income (See instructions; attach schedule)	12	0		0	
13	Total. Combine lines 3 through 12	13	17,508	0	17,508	

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.)

· · · · · · · · · · · · · · · · · · ·		
Compensation of officers, directors, and trustees (Schedule K)	14	0
Salaries and wages	15	1,102
Repairs and maintenance	16	0
Bad debts	17	0
Interest (attach schedule) (see instructions)	18	0
Taxes and licenses	19	0
Charitable contributions (See instructions for limitation rules)	20	0
Depreciation (attach Form 4562)		
	22b	4
Depletion	23	0
Contributions to deferred compensation plans	24	0
Employee benefit programs	25	407
	26	0
Excess readership costs (Schedule J)	27	0
Other deductions (attach schedule)	28	33
Total deductions. Add lines 14 through 28	29	1,546
Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	15,962
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	31	0
Unrelated business taxable income. Subtract line 31 from line 30	32	15,962
	Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28 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 instructions)	Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Interest (attach schedule) Interest (attach schedule) Interest (attach schedule) (see instructions) Interest (attach schedule) Interest (attach schedule) (see instructions) (see instru

For Paperwork Reduction Act Notice, see instructions.

Cat No 71329Y

Schedule M (Form 990-T) 2018

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

For calendar year 2018 or other tax year beginning 07/01 , 2018, and ending ▶ Go to www.irs.gov/Form990T for instructions and the latest information.

Department of the Treasury Internal Revenue Service

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

Name o	f the organization			Employer ident	tification n	umber	
ALEG	ENT CREIGHTON HEALTH				47-0757	164	
Ur	related business activity code (see instructions) ▶ 900099						
De	scribe the unrelated trade or business PARTNERSHIP INVES	TMENT	INCOME				
Part	Unrelated Trade or Business Income		(A) Income	(B) Expens	es	(C) Net	
1a	Gross receipts or sales 0						
b	Less returns and allowances 0 c Balance ▶	1c	0 _				
2	Cost of goods sold (Schedule A, line 7)	2	0				[
3	Gross profit. Subtract line 2 from line 1c	3	0			0	
4a	Capital gain net income (attach Schedule D)	4a	0			0	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	0			0	
С	Capital loss deduction for trusts	4c	0			0	
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5	9,175			9,175	
6	Rent income (Schedule C)	6	0	<u></u>		0	
7	Unrelated debt-financed income (Schedule E)	7	0			0	
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Schedule F)	8	0	c		0	
9	Investment income of a section 501(c)(7), (9), or (17)						
	organization (Schedule G)	9	0	c		0	
10	Exploited exempt activity income (Schedule I)	10	0	C		0	
11	Advertising income (Schedule J)	11	0	C		0	
12	Other income (See instructions, attach schedule)	12	0			0	
13	Total. Combine lines 3 through 12	13	9,175			9,175	
Part	deductions must be directly connected with the unrelate	ed bus	iness income.)			· · · ·	
14	Compensation of officers, directors, and trustees (Schedule K)				14	0	
15	Salaries and wages				15	0	
16	Repairs and maintenance				16	0	
17	Bad debts				17	0	
18	Interest (attach schedule) (see instructions)				18	0	
19	Taxes and licenses				19	0	
20	Charitable contributions (See instructions for limitation rules) .		1 1	1	20	0	
21	Depreciation (attach Form 4562)			0	001		
22	Less depreciation claimed on Schedule A and elsewhere on re			-	22b	0	_
23	Depletion				23	0	
24	Contributions to deferred compensation plans				24	0	
25	Employee benefit programs				25	0	_
26	Excess exempt expenses (Schedule I)				26	0	_
27	Excess readership costs (Schedule J)				27	0	
28	Other deductions (attach schedule)				28	0	
29	Total deductions. Add lines 14 through 28				29		
30	Unrelated business taxable income before net operating loss d				30	9,175	_
31	Deduction for net operating loss arising in tax years beginn	•	•		-		_
0.0	instructions)				31	0 175	_
32	Unrelated business taxable income. Subtract line 31 from line 3	ა∪ .			32	9,175	

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Cat No 71329Y

Schedule M (Form 990-T) 2018

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

Department of the Treasury Internal Revenue Service Name of the organization

ALEGENT CREIGHTON HEALTH

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending

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Employer identification number

47-0757164

Par	Unrelated Trade or Business Income		(A) Incor	ne	(B) Expense	es	(C) Net
1a	Gross receipts or sales 48,227						
b	Less returns and allowances 0 c Balance ▶	1c	48,22	7			
2	Cost of goods sold (Schedule A, line 7)	2		0			
3	Gross profit. Subtract line 2 from line 1c	3	48,22	7		<u> </u>	48,227
4a	Capital gain net income (attach Schedule D)	4a		0			0
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		0			0
С	Capital loss deduction for trusts	4c		0			0
5	Income (loss) from a partnership or an S corporation (attach statement)	5		o			0
	Rent income (Schedule C)	6		0	0	1 1	
6 7	Unrelated debt-financed income (Schedule E)	7		0		-	
3	Interest, annuities, royalties, and rents from a controlled	-				 	
3	organization (Schedule F)	8		0	0		0
9	Investment income of a section 501(c)(7), (9), or (17)						
	organization (Schedule G)	9		0	0	<u> </u>	0
0	Exploited exempt activity income (Schedule I)	10		0	0		0
1	Advertising income (Schedule J)	11		0	0	<u> </u>	0
2	Other income (See instructions; attach schedule)	12		0			. 0
3	Total. Combine lines 3 through 12	13	48,22	7	0		48,227
art 4	deductions must be directly connected with the unrelate Compensation of officers, directors, and trustees (Schedule K)	ed bus	siness incor	ne.)		14	0
5	Salaries and wages					15	12,027
3	Repairs and maintenance					16	65
7	Bad debts					17	0
3	Interest (attach schedule) (see instructions)					18	0
€	Taxes and licenses					19	0
)	Charitable contributions (See instructions for limitation rules) .					20	0
1	Depreciation (attach Form 4562)				0		
2	Less depreciation claimed on Schedule A and elsewhere on re				0	22b	0
3	Depletion					23	0
	On the body of the defended and an arrangement and allows					24	0
1	Contributions to deferred compensation plans					25	4,208

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Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Other deductions (attach schedule) . . .

Unrelated business taxable income. Subtract line 31 from line 30

Total deductions. Add lines 14 through 28

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Schedule M (Form 990-T) 2018

0

0

38,101

54,401

(6,174)

(6,174)

26

27

28

29

30

26

27

28

29

30

31

32

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

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

For calendar year 2018 or other tax year beginning 07/01 , 2018, and ending 06/30 , 20 19

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	Revenue Service Do not enter SSN numbers on this form as it may be			zation is a 501(c)(3). 501	(c)(3) Organizations Or	nly
Name o	of the organization	<u> </u>		Employer iden		number	
ALEG	ENT CREIGHTON HEALTH				47-07	57164	
Ur	nrelated business activity code (see instructions) > 900099	•					
	escribe the unrelated trade or business WELLNESS CENTER						
Part	Unrelated Trade or Business Income		(A) Income	(B) Expens	ses	(C) Net	
1a	Gross receipts or sales 36,529				1		
b	Less returns and allowances 0 c Balance ▶	1c	36,529				
2	Cost of goods sold (Schedule A, line 7)	2	0				
3	Gross profit. Subtract line 2 from line 1c	3	36,529			36,529	
4a	Capital gain net income (attach Schedule D)	4a	0			0	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	0			0	
С	Capital loss deduction for trusts	4c	0			0	
5	Income (loss) from a partnership or an S corporation (attach	1					
	statement)	5	0			0	
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 a controlled						
	organization (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	36,529			36,529	
Part	deductions must be directly connected with the unrelat	ed bus	iness income.)		for con	tributions,	
14	Compensation of officers, directors, and trustees (Schedule K)			14	0	
15	Salaries and wages				15	14,374	
16	Repairs and maintenance	.			16	517	
17	Bad debts				17	0	
18	Interest (attach schedule) (see instructions)				18	0	
19	Taxes and licenses				19	0	
20	Charitable contributions (See instructions for limitation rules)		1 1	1	20	0	
21	Depreciation (attach Form 4562)		. 21	462			
22	Less depreciation claimed on Schedule A and elsewhere on re			0	22b	462	
23	Depletion				23	0	
24	Contributions to deferred compensation plans				24	0	
25	Employee benefit programs				25	5,826	
26	Excess exempt expenses (Schedule I)				26	0	
27	Excess readership costs (Schedule J)				27	0	
28	Other deductions (attach schedule)				28	25,829	
29	Total deductions. Add lines 14 through 28				29	47,008	
30	Unrelated business taxable income before net operating loss of	deduction	on. Subtract line	29 from line 13	30	(10,479)	

For Paperwork Reduction Act Notice, see instructions.

instructions)

Unrelated business taxable income. Subtract line 31 from line 30

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Schedule M (Form 990-T) 2018

(10,479)

31

31

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

Form 990T Part I, Line 5

Income (loss) from Partnership and S Corporations

Name of Partnership	EIN	UBI
PARTNERSHIP INVESTMENT INCOME		
(1) CHI OPERATING INVESTMENT PROGRAM, LP	47-0727942	9,175
<u> </u>	Total for Part I, Line 5	9,175

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
2013	5,963,232	0	12,729		5,950,503	2018
Totals	5,963,232	0	12.729	0	5,950,503	

Description	Amount	
RETAIL PHARMACY		
(1) SUPPLIES		34,371
(2) PURCHASED SERVICES		138,434
(3) INSURANCE		575
(4) UTILITIES		9
(5) MISC EXPENSES		37,978
(6) RENT EXPENSE		76,225
	Total	287,592
JANITORIAL SERVICES		_
(7) MISC EXPENSES		22,304
LANGUAGE SERVICES		
(8) SUPPLIES		54
(9) PURCHASED SERVICES		14,573
(10) UTILITIES		8
(11) MISC EXPENSES		172
(12) RENT EXPENSE		10
	Total	14,817
INFORMATION SERVICES		
(13) PURCHASED SERVICES		41,490
SECURITY SERVICES		
(14) SUPPLIES		23
(15) RENT EXPENSE		10
	Total	33
PRINT SERVICES		
(16) SUPPLIES		18,151
(17) PURCHASED SERVICES		106
(18) UTILITIES		221
(19) MISC EXPENSES		12,787
(20) RENT EXPENSE		6,836
	Total	38,101
WELLNESS CENTER		
(21) SUPPLIES		804
(22) PURCHASED SERVICES	MIN.	7,545
(23) UTILITIES		3,630
(24) MISC EXPENSES		4,551
(25) RENT EXPENSE		9,299
	Total	25,829

Form 990T Part III, Line 35

Deduction for net operating loss arising in tax years beginning before January 1, 2018

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		445,255	203,533	_ 0	2035
2015	1,087,901		0	1,087,901	0	2036
Totals	3,648,446	0	2,357,012	1,291,434	0	

Part II		Supplemental Information.		
Return Reference - Identifier			Explanation	
PART II - LINE 7 - NAME	MEMORIAL HOS	PITAL OF MISSOURI VALLEY	•	

Part II	Taxable Income Apportionment (continued)

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

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

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2018 Return ALEGENT CREIGHTON HEALTH 47-0757164

(a)	(a)	(b)	(c)	(d)	(e)
Group member's name	Employer identification number	Tax year end (Yr-Mo)	Accumulated earnings credit	Penalty for failure to pay estimated tax	Other
(82) ST JOSEPH REGIONAL HEALTH CENTER	74-1282696	19-06	0	_ 0	0
(83) ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION – SUGAR LAND	26-1947374	19-06	0	0	0
(84) ST ALEXIUS MEDICAL CENTER	45-0226711	19-06	0	0	0
(85) ST ANTHONY DEVELOPMENT COMPANY	93-1216943	19-06	0	0	0
(86) ST ANTHONY HOSPITAL	93-0391614	19-06	0	. 0	0
(87) ST CATHERINE HOSPITAL	48-0543721	19-06		0	0
(88) ST DOMINIC OF ONTARIO, OREGON	93-0433692	19-06	0	0	0
(89) ST FRANCIS HOME	41-0729978	19-06	0	0	0
(90) ST FRANCIS LIFE CARE CORPORATION	22-2536017	19-06	0	0	0
(91) ST FRANCIS MEDICAL CENTER	41-0695598	19-06	0	0	0
(92) ST JOSEPH'S AREA HEALTH SERVICES	41-0695603	19-06	0	0	
(93) ST JOSEPH'S HOSPITAL AND HEALTH CENTER	45-0226429	19-06	0	0	0
(94) ST JOSEPH'S HOSPITAL FOUNDATION	36-3418207	19-06	0	0	0
(95) ST LEONARD	34-1940863	19-06	0	0	0
(96) ST LUKE'S COMMUNITY HEALTH SERVICES	76-0536234	19- <u>06</u>	0	0	0
(97) ST LUKE'S HEALTH SYSTEM CORPORATION	76-0536232	19-06	0	0	0
(98) ST LUKE'S HEALTH SYSTEM HOLDINGS, INC	76-0637138	18-12	0	0	0
(99) ST LUKE'S HOSPITAL AT THE VINTAGE	26-3734606	19-06	0	0	0
(100) ST MARY'S COMMUNITY HOSPITAL	47-0443636	19-0 <u>6</u>	0	0	0
(101) ST VINCENT COMMUNITY HEALTH SERVICES, INC	71-0710785	19-06	0	0	0
(102) ST VINCENT FOUNDATION	51-0169537	19-06	0	0	0
(103) ST VINCENT INFIRMARY MEDICAL CENTER	71-0236917	19-06	0	0	0
(104) STE HOLDINGS, INC	82-2383629	19-06	0	0	0
(105) SUGAR LAND DOCTOR GROUP	45-4270163	18-12	0	0	0
(106) SYLVANIA FRANCISCAN HEALTH	34-1412964	19-06	0	0	
(107) THE GOOD SAMARITAN HOSPITAL OFCINCINNATI, OH	31-0537486	19-06	0	0	0
(108) THE PHYSICIAN NETWORK	47-0780857	19-06	0	0	0
(109) TRINITY HEALTH FOUNDATION	31-1329423	19-06	0	0	0
(110) TRINITY HEALTH SYSTEM - TRINITY EAST	34-0714474	19-06	0	0	0
(111) TRINITY HEALTH SYSTEM - TRINITY WEST	34-0875691	19-06	0	0	0
(112) TRINITY HOSPITAL HOLDING COMPANY	34-1842025	19-06	0	0	0
(113) TRINITY MANAGEMENT SERVICES ORGANIZATION, INC	34-1471026	19-06	0	0	0
(114) UNITY FAMILY HEALTHCARE	41-0721642	19-06	0	0	0
(115) DIGNITY HEALTH CONNECTED LIVING	23-7115371	19-06	0	0	0
(116) INLAND HEALTH ORG OF SOUTHERN CALIFORNIA	33-0578944	19-06	0	0	0
(117) TRINITYCARE INFUSION SERVICES	33-0828794	19-06	0		0
(118) COMCARE SERVICES, INC	84-0904813	19-06	_0	0	0
(119) DIGNITY HEALTH HOLDING CORP & SUBSIDIARIES	46-0675371	18-12	0	0	0

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2018 Return ALEGENT CREIGHTON HEALTH 47-0757164

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

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

▶Attach toy our taxreturn.

▶Cotowww.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

20 Attachment Sequence No 179

Internal Revenue Service (99) Business or activity to which this form relates Identifying number Name(s) shown on return ALEGENT CREIGHTON HEALTH 446110 47-0757164 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1.000.000 2 2 Total cost of section 179 property placed in service (see instructions) 0 3 1,000,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 0 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 1,000,000 5 6 (a) Description of property (b) Cost (business use only) 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 0 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 0 10 0 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 11 1,000,000 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions. 12 0 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 0 15 0 16 16 Other depreciation (including ACRS) 0 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2018 158 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (business/investment use (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction placed in period only-see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. MM 27.5 yrs. MM S/L property i Nonresidential real MM S/L 39 yrs. S/L MM Section C-Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L c 30-year MM S/L 30 yrs. MM S/L d 40-year 40 yrs. Part IV Summary (See instructions.) 0 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 158 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

Form	4562 (2018)															Page 2	
_	rt V Liste	d Proper		lude aut			ertain	other	vehicl	es, ce	ertain	aircraft	, and	prope	rty us		
	enter	taınment, ı	recreation	n, or amu	ısemer	it.)											
		For any ve											expen	se, com	olete o r	nly 24a,	
		olumns (a)															
		A — Depreci							_							<u> </u>	
248	Do you have e	vidence to su	pport the	ousiness/inv	estment	use clair	ned? _ (e)	_ Yes l		24b	t "Yes,"	is the ev		written?		∐ No	
	(a) e of property (list vehicles first)	(b) Date placed in service	Business, investment i percentag	ise Cost or d	(d) Basis for depreciation (business/investment use only)			(f) Recove penod	ecovery Method/			(h) Depreciation deduction		(i) ected sec cost			
25	Special dep													0			
26	Property use	ed more tha	an 50% ir	n a qualifie	d busin	ess use	e:					•		, -			
				%													
				%													
		<u> </u>		%													
<u>27</u>	Property use	ed 50% or	T-	-	usiness	use:		ſ		1		1		h			
		<u> </u>		%		-				S/L		+					
			 	%		-				S/L							
20	Add amount	to in column	l	% 25 throug	sh 27 E	ntor bo	ro and	on line	21 pa	S/L			_	0			
	Add amount			-	-					_				29		0	
	Add amoun	to in column	1 (1), 11110 2		ction B						<u> </u>	<u> </u>					
Com	plete this sect	tion for vehic	cles used								ner," or	related p	erson	. If you pi	rovided	vehicles	
	our employees																
30	Total business/investment miles driven during the year (don't include commuting miles) .					(a) (b) Vehicle 1 Vehicle 2				(c) nicle 3	Ve	(d) hicle 4	Ve	(e) ehicle 5		(f) Vehicle 6	
31	Total commu		_								+			-			
	2 Total other personal (noncommuting) miles driven					_											
33	Total miles lines 30 thro		ing the y		0			0		0		0		0)	
34	Was the veh	ncle availat	le for pe	sonal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
35	use during of Was the vehicle	ncle used p	orimarily b	y a more													
36	is another vel		•														
				stions for													
	wer these que e than 5% ow						to con	npletin	g Section	on B for	vehicle	es used	by em	nployees	who ar	en't	
37	Do you mai		ten polic	y statemer	nt that p		s all pe	ersonal	use of	vehicle	es, ınclı	uding co	mmut	ting, by	Yes	No	
38	Do you mail employees?																
39	Do you treat				•												
40	Do you prov							taın in	formation	on from	your	employe	es ab	out the			
41	use of the ve Do you mee							 demor	 Istration	use? S	 See inst	tructions	 				
••	Note: If you																
Pai		tization	, ,			,									1		
	•			(b)	1							(e)					
	Description of costs			Date amortiz begins	ation	Amo	(c) rtizable ai	mount		(d) Code section			Amortization period or An percentage			(f) nortization for this year	
42	Amortization	of costs th	nat begin	s during yo	our 2018	3 tax ye	ear (see	instru	ctions):								
										 .		- -	1 46				
	Amortization												43			0	
44	Total. Add	amounts in	COMMITTEE	<u>ர. செயாச</u>	mistruc	LIUITS IC	A MALIELE	21016	יוטי.				_ ++	L			

Depreciation and Amortization

(Including Information on Listed Property)

▶Attach toyour taxreturn.

▶Cotowww.irs.gov/Form4562 f or instructions and the latest information.

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99)

Attachment Sequence No 179

Name	s) shown on return		Bus	iness or activity to w	Identifying number					
ALE	SENT CREIGHTON HE	ALTH	517	000				47-0757164		
Par			rtain Property Led property, com			omplete Part I.				
1	Maximum amount (s		<u> </u>	<u>·</u>			1	1,000,000		
2							2	0		
3			•			tions)	3	1,000,000		
4			-				4	0		
5						er -0 If married filing				
	separately, see instr						5	1,000,000		
6	(a) De	scription of propert			ness use only)	(c) Elected cost				
	· ·	<u> </u>	·		-					
7	Listed property. Ente	er the amount	from line 29		7		0			
	Total elected cost of					d7	8	0		
9	Tentative deduction						9	0		
10	Carryover of disallov						10	0		
11						line 5. See instructions.	11	6,406		
12	Section 179 expense						12	0		
13	Carryover of disallov					13	0			
Note	: Don't use Part II or					· <u>·</u>				
Par	t II Special Depr	eciation Allo	wance and Othe	r Depreciation	(Don't incl	ude listed property. See	ınstr	uctions.)		
14						erty) placed in service				
	•			- 1			14	0		
15	Property subject to	section 168(f)(1	l) election				15	0		
16	Other depreciation (including ACR	S)	<u></u>		<u> </u>	16	0		
	t III MACRS Dep									
	-			Section A						
						18	17	104		
18	If you are electing t	o group any a	ssets placed in se	ervice during the	e tax year in	to one or more general				
	asset accounts, che									
	Section B	—Assets Plac	ed in Service Du	ring 2018 Tax Y	ear Using th	ne General Depreciation	Syst	em		
(a) (Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment us only—see instructions)	se (a) necovery	(e) Convention	on (f) Method	(g) Depreciation deduction			
19a	3-year property									
b	5-year property	1								
C	7-year property	,								
d	10-year property	1_								
е	15-year property									
1	20-year property									
g	25-year property			25 <u>yrs.</u>		S/L				
h	Residential rental			27 5 yrs.	MM_	_S/L	ļ			
	property			27 5 <u>yrs.</u>	MM_	S/L				
i	Nonresidential real			39 yrs.	MM	S/L				
	property				MM	S/L	<u> </u>			
	Section C-	Assets Place	<u>d in Service Duri</u>	ng 2018 Tax Ye	ar Using the	Alternative Depreciation	on Sys	stem		
_20a	Class life				- :	S/L	<u> </u>			
	12-year			12 yrs.		S/L	↓			
	30-year			30 yrs.	MM	S/L	 			
	40-year			40 yrs.	MM_	S/L				
	t IV Summary (S						1			
21	Listed property. Ent	er amount fron	n line 28				21	0		
22	Total. Add amount	s from line 12,	lines 14 through	1/, lines 19 and	20 in colum	n (g), and line 21. Enter				
	here and on the app						22	104		
23	For assets shown all portion of the basis				ear, enter the	23 0				

-Orm	4562 (2018)														Page 2	
	rt V Listed	Proper	•			ertain (other	vehicle	s, cer	tain a	aircraft	, and	prope			
		•	recreation, or am		•	_4				d	Jana			-loto am	h. 04a	
			hicle for which you through (c) of Sect								lease	expense	e, com	olete or	ı ıy 24a,	
		, ,	ation and Other Ir								for pas	senger	autom	obiles.)		
24a			pport the business/in											☐ Yes	No	
Туре	(a)	(b) Date placed in service	(c) Business/ investment use Cost or	(d) other bası	Basis	(e) for depreness/invesuse only)	ciation stment	(f) Recovery period	Me	(g) thod/ vention		(h) preciation eduction	Ele	(i) ected sect cost		
25			percentage llowance for qualif more than 50% in a			erty pla	ced in			25	_		0		;	
26			an 50% in a qualifie				0. 000		00 .		<u> </u>			=,		
	Troporty doo		%											•	-	
			%													
			%													
27	Property use	d 50% or I	ess in a qualified b	usiness	use:											
			%						S/L -	_	_					
			%						S/L -							
20	Add amount	o in column	% n (h), lines 25 throu	ab 27 E	ntor bo	ro and a	on line	21 page	<u> S/L -</u> e 1 .	28	-		0			
			า (ก), แก่ยร 23 ถ้ากับน้ า (ก), line 26. Enter h	_									29		0	
	7.dd dillodin	5 III 00IaIIII						e of Veh			·					
Com	plete this secti	on for vehic	cles used by a sole p	proprieto	r, partne	er, or oth	ner "mo	re than 5	% own	er," or	related p	person	lf you pi	ovided v	ehicles/	
o yo	ur employees,	first answe	r the questions in Se	ection C	to see if	you me	et an e	ception	to com	oleting	this sec	tion for t	those ve	hicles.		
				`	a)	,	b)	(0			d)		e)	(1)		
30	Total business the year (don'	Veh	ıcle 1	Vehi	cle 2	Vehic	cie 3	ven	ıcle 4	Veni	icle 5	Vehicle 6				
31	Total commut	ıng miles dri	iven during the year													
32	Total other miles driven	personal	(noncommuting)													
33			ing the year. Add		0 0						0		0			
24		•	le for personal	Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No	
34			irs?	103	110	103	-110	103	110	.00	110	100	110			
35	-	-	orimarily by a more			<u> </u>					-	1				
	than 5% own	•	• •													
36	Is another veh	icle availabl	e for personal use?													
	_		C-Questions fo													
			etermine if you me			to com	pleting	g Section	B for	vehicle	s used	by emp	oloyees	who are	en't	
			ated persons. See											Vac	NI-	
	your employ	ees?	ten policy stateme											Yes	No	
38			ten policy stateme istructions for vehice											_		
	•		ehicles by employ	-								•				
40	Do you prov	ide more t	han five vehicles to retain the information	o your e	employ	ees, ob	taın ınf	ormation	n from	your e	mploye	es abo	ut the			
41			ements concerning				demon	tration i	use? S	ee insti	ructions	· · 3				
71			37, 38, 39, 40, or										•		·	
Par	rt VI Amor		.,,,,,	<u> </u>	, <u></u>											
	(a Descriptio	3)	(b) Date amorti		Amo	(c) rtızable ar	mount	(d) Code section			(e) Amortization period or Amor			(f) rtization for this year		
42	Amortization	of coete th	nat begins during y	OUR 201:	8 tax ve	ar (see	instruc	tions).			POIOGII	9-				
74	AMORIZATION	J1 00313 II	lar begins during y	30, 201	o lan ye	(500		1.01.0).								
			-								·					
43	Amortization	of costs th	nat began before y	our 2018	3 tax ve	ar						43			0	

Form **4562** (2018)

44

43 Amortization of costs that began before your 2018 tax year 44 Total. Add amounts in column (f). See the instructions for where to report .

Form **4562**

Department of the Treasury

Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

▶Attach toyour taxreturn.

▶ Cotowww.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172
2018
Attachment

Attachment Sequence No 179

Business or activity to which this form relates Identifying number Name(s) shown on return 47-0757164 ALEGENT CREIGHTON HEALTH 561612 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1,000,000 2 2 Total cost of section 179 property placed in service (see instructions) 0 3 1,000,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 0 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- if married filing 1,000,000 (a) Description of property (b) Cost (business use only) 6 8 0 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 0 10 0 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions. 11 15.962 12 0 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11. 13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 0 15 0 0 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 4 17 MACRS deductions for assets placed in service in tax years beginning before 2018 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and year (d) Recovery (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property placed in service (business/investment use only—see instructions) 19a 3-year property 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L 25 yrs. g 25-year property 27.5 yrs. MM S/L h Residential rental 27.5 yrs. MM S/L property S/L 39 yrs. MM i Nonresidential real S/L MM property Section C-Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs S/L b 12-year 30 yrs. MM S/L c 30-year MM S/L d 40-year 40 yrs. Part IV Summary (See instructions.) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

Form	4562 (2018)															Page 2		
	rt V Liste	d Proper		lude aut			ertain	other	vehicle	es, ce	rtain a	aircraft	, and	prope	erty us	ed for		
		taınment, ı		-		•		.1 1							1-4	-104-		
		For any veolumns (a)										lease (expen	se, com	piete oi	11 y 24a,		
		-Deprec	<u> </u>	<u> </u>								for pas	senae	r autom	obiles.)			
24a	Do you have e] Yes [written?		No		
	(a) e of property (list vehicles first)	(b) Date placed in service	investment u	se Costoro	(d) other basis		(e) for depreness/inveruse only	stment	(f) Recover period	, I	(g) Method/ Convention		(h) preciation		(i) ected sec			
25	Special dep			for qualifi			erty pla	ced in			25							
26	Property use							. 000	motruc		25			0				
20	1 Toperty use			%	u Dusiries	3 430	· <u> </u>											
			 -	%								_			-	· · · ·		
				%														
27	Property use	ed 50% or	less in a c	jualified bi	usiness u	se:						·						
			.	%		ļ				S/L ·								
		ļ		%						S/L								
	 	<u> </u>		%		<u></u>				S/L								
	Add amount			_							28		1	0				
29	Add amount	s in columi	n (I), IIne 2		ere and c						•		•	29		0		
Com	plete this sect	on for vehic	des used h								ner " or i	elated r	person	lf vou n	rovided	vehicles		
	ur employees																	
30	Total busines	(a) Vehicle	e 1		b) icle 2		c) icle 3		d) icle 4	Ve	(e) hicle 5		f) cle 6					
	the year (don't include commuting miles)											1						
	 Total commuting miles driven during the year Total other personal (noncommuting) miles driven																	
33	Total miles lines 30 thro	0		0		0		0		0	,)						
34	Was the veh	iicle availat	le for per	sonal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
35	use during of Was the vehicle than 5% ow	ncle used p	orimarily b	-														
26	Is another vel		•		 				 					<u> </u>	-			
30	is another ver			stions for	Employ	are W	ho Pro	vide V	ehicles	for He	A by Th	eir Fm	nlove			<u> </u>		
	ver these que than 5% ow	estions to d	etermine	ıf you mee	et an exce	eption									who ar	en't		
37	Do you mail		ten policy		nt that pr	ohibit	s all pe	rsonal	use of	vehicle	s, ınclu	ding co	mmut	ing, by	Yes	No		
38	Do you mail employees?	ntain a writ																
39	Do you treat	all use of	vehicles b	y employe	es as pe	rsonal	l use?											
40	Do you provuse of the ve							taın ın	formatic	n from	your e	mploye 	es abo	out the				
41	Do you mee	t the requir	ements c	oncerning	qualified	autor	nobile (demon	stration	use? S	ee instr	uctions	s					
	Note: If you		37, 38, 3	39, 40, or 4	11 is "Yes	s," doi	n't com	plete S	Section	B for th	e cover	ed vehi	cles.					
Pai	t VI Amor	tization				_			 -				1					
		a) on of costs		(b) Date amortiz begins	ation	Amor	(c) tızable aı	mount	c	(d) Code section			(e) Amortization period or Amore Amo			(f) rtization for this year		
42	Amortization	of costs the	nat begins	during vo	our 2018 1	tax ye	ar (see	ınstru	ctions):		!							
									<u> </u>									
43	Amortization	of costs the	nat began	before yo	ur 2018 t	ax ye	ar	•					43			0		
44	Total, Add	amounts in	column (f). See the	instruction	ons fo	r where	e to rec	ort .				44			0		

44 Total. Add amounts in column (f). See the instructions for where to report .

Depreciation and Amortization

(Including Information on Listed Property)

▶Attach toyour taxreturn.

▶ Cotowww.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99)

Attachment Sequence No 179

Name	(s) shown on return		Bus	siness or activity to w	Identifying number				
ALE	GENT CREIGHTON HE			099		47-0757164			
Pai			rtain Property L						
	Note: If you	have any liste	ed property, com	plete Part V b	efore you co	omplete Part I.			
1							1	1,000,000	
2	Total cost of section						2	0	
3					•	ions)	3	1,000,000	
4							4	0	
5						er -0 If married filing	l _		
							5	1,000,000	
6	(a) De	scription of proper	<u> </u>	(b) Cost (busi	ness use only)	(c) Elected cost		-	
						47		-	
7	Listed property. Ent	or the amount	from line 20	<u>I</u>	7		0	-	
7 8	Total elected cost of				· · ·	H 7			
9	Tentative deduction						9	0	
10	Carryover of disallov						10	0	
11	-					ine 5. See instructions .	11	0	
12						ne 11	12	0	
13						13	0	<u> </u>	
	: Don't use Part II or							,L	
						ide listed property. See	instr	uctions.)	
						erty) placed in service	Γ		
• •	during the tax year.			• •			14	0	
15	-						15	0	
16	Other depreciation (including ACR	S)				16	0	
Par	t III MACRS Dep	reciation (D							
	MACRS deductions	17	462						
18		•	-	_	-	o one or more general			
	asset accounts, che						<u> </u>		
	Section B				ear Using th	e General Depreciation	ı Sysı	tem	
(a) (Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment us only—see instructions)	se (a) Hecovery	(e) Conventio	n (f) Method	(g) [Depreciation deduction	
19a	''''								
b								_	
С	7-year property								
_	10-year property						-		
_	15-year property								
	20-year property			25		C/I			
	25-year property		·	25 yrs		S/ <u>L</u> S/L			
n	Residential rental			27 5 yrs.	MM MM	S/L			
	property			27 5 yrs.	MM	S/L	1		
1	Nonresidential real			39 yrs	MM		 -		
	property Section C	Accete Place	d in Santica Duri			Alternative Depreciation	on Sv		
202	Class life	ASSELS FIACE	d III Selvice Dulii		ar Osing the	S/L	 	3.0	
	12-year			12 yrs.		S/L			
	30-year	,		30 yrs.	MM	S/L	t		
	40-year	S/L							
	t IV Summary (S	See instructio	ns.)	40 yrs	MM				
21	Listed property. Ent	er amount fron	n line 28				21	0	
22	Total. Add amount	s from line 12,	lines 14 through	17, lines 19 and	20 in column	n (g), and line 21. Enter			
02	here and on the app For assets shown at						22	462	
7.3		Sovo una piace	J JO: 7100 GUIII	.g Janione ye	, 5 20		1		

-orm	4562 (2018)															Page 2
		Proper	ty (Inc	lude auto	omobile	s, ce	ertain	other	vehicle	es, ce	rtaın	aircraft	, and	prope	rty us	
				on, or amu		-										
	Note: I	For any ve	hicle for	which you	are usin	g the	standa	rd mile	eage rat	e or de	ducting	g lease e	expen	se, com	plete or	ıl y 24a,
				(c) of Section									_			
				d Other In												
24a	Do you have ev	vidence to su	ipport the	business/inve	estment us	se clain	ned? <u> </u>	J Yes L		24b II		is the evi		written?	<u> </u>	<u> No</u>
	(a) of property (list rehicles first)	(b) Date placed in service	Business, investment i percentag	use Cost or o	(d) Basis for depreciation (business/investment use only)				(f) (g) Recovery Method/ period Convention			(h) Depreciation deduction			tion 179	
25	Special depr										25			o		
26	Property use	d more tha	an 50% ır	n a qualifie	d busine:	ss use):					•		•		
				%												
				%		<u> </u>										
			l .	%				ļ				╽				
27	Property use	d 50% or l			ısıness u	ise:						 				
				%		ļ				S/L -		+ -				,
				%		-				S/L -		 				
20	Add amount	o in column		% 25 throug	h 27 En	tor bo	ro and a	on line	21 pag	S/L -	28	 		0		
	Add amounts			-										29		; O
23	Add amount	3 III COIUIIII	1 (1), 11110 2		ction B-				_		<u> </u>		•			
Com	plete this secti	on for vehic	cles used								er," or	related p	erson	If you p	rovided	vehicles
	ur employees,															
30	Total business	_	(a) (b) Vehicle 1 Vehicle 2					(c) licle 3		(d) nicle 4	Ve	(e) hicle 5	(f) Vehicle 6			
31	Total commut		_				-		1							_
	2 Total other personal (noncommuting) miles driven													_		
33	3 Total miles driven during the year. Add lines 30 through 32							0		0		0		0)
34	Was the vehi	icle availab	le for pe	rsonal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	use during of Was the vehi													_		
36	than 5% owr						-							-		
-	is another ven			estions for	Employ	ers W	ho Pro	vide V	ehicles	for Us	e bv Ti	heir Em	plove	es		
	ver these que than 5% ow	stions to d	etermine	if you mee	t an exc	eption									who ar	en't
37	Do you main	ntain a writ	ten polic	y statemer	nt that pr	ohibit	s all pe	rsonal	use of	vehicle	s, ınclu	iding co	mmut	ing, by	Yes	No
	your employed Do you main	ees?														
	employees?	See the in	struction	s for vehic	les used	by co	rporate									
39	Do you treat				•											
	Do you provuse of the ve	hicles, and	d retain th	ne informat	ıon recei	ved?								out the		
41	Do you meet															
	Note: If you		37, 38,	39, 40, or 4	11 is "Ye	s," do	n't com	plete :	Section	B for th	e cove	red vehi	cles.		<u> </u>	
Pai	t VI Amor	tization			-						-	(e)	1			
	(a Descriptio			(b) Date amortiz begins	ation	Amor	(c) rtızable ar	mount		(d) Code section			ation or age	(f) Amortization for this year		
42	Amortization	of costs th	nat begin	s during yo	ur 2018	tax ye	ar (see	ınstru	ctions):							
													<u>,</u>			
	Amortization		_	-		_							43			0
44	Total. Add a	amounts in	column	(t). See the	ınstructi	ons to	r where	to re	oort .				44			0

Form **4562** (2018)