

Form **990-T****Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No 1545-0687

**2016**Department of the Treasury  
Internal Revenue Service

For calendar year 2016 or other tax year beginning

, and ending

▶ Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).

▶ 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 OnlyA ☐ Check box if  
address changed

B Exempt under section

☒ 501(c)(3)☐ 408(e) ☐ 220(e)☐ 408A ☐ 530(a)☐ 529(a)C Book value of all assets  
at end of year**2529744707**Name of organization ( ☐ Check box if name changed and see instructions )**COMMUNITY HEALTH NETWORK, INC.**

Number, street, and room or suite no. If a P.O. box, see instructions

**7330 SHADELAND STATION, SUITE 200**

City or town, state or province, country, and ZIP or foreign postal code

**INDIANAPOLIS IN 46256**D Employer identification number  
(Employees' trust, see instructions)**35-0983617**E Unrelated business activity codes  
(See instructions)**623000****561000**F Group exemption number (See instructions) ▶ **N/A**G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity

▶ **SEE STATEMENT 1**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

If "Yes," enter the name and identifying number of the parent corporation

▶ ☒ Yes ☐ No▶ **COMMUNITY HEALTH NETWORK, INC.****35-0983617**J The books are in care of ▶ **JOSEPH M. KESSLER**Telephone number ▶ **317-621-0395****Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement) <b>SEE STMT 2</b>	5	-10,072	10,072
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions, attach schedule) <b>SEE STMT 3</b>	12	32,683	32,683
13 Total. Combine lines 3 through 12	13	22,611	22,611

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

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	184,261
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	305,336
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b 0
23 Depletion	23	
24 Contributions to deferred compensation plans	24	7,787
25 Employee benefit programs	25	10,678
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule) <b>SEE STATEMENT 4</b>	28	180,123
29 Total deductions. Add lines 14 through 28	29	688,185
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	-665,574
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction Subtract line 31 from line 30	32	-665,574
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000
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	34	-665,574

DAA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2016)

69 21

SCANNED NOV 20 2017



**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**

**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**

**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****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**

**42** Subtract line 41e from line 40

**42**

**43** Other taxes. Check if from ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (att sch)

**43**

**44** Total tax. Add lines 42 and 43

**44****0**

**45a** Payments. A 2015 overpayment credited to 2016

**45a****724,522**

**b** 2016 estimated tax payments

**45b****1,593,146**

**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**

☐ Form 4136 ☐ Other Total

**46** Total payments. Add lines 45a through 45g

**46****2,317,668**

**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**

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

**49****2,317,668**

**50** Enter the amount of line 49 you want Credited to 2017 estimated tax **850,000**

Refunded

**50****1,467,668****Part V Statements Regarding Certain Activities and Other Information (see instructions)**

**51** At any time during the 2016 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 **CAYMAN ISLANDS**

Yes No

**X**

**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

**X**

**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

Date

Title

**EVP CHIEF FINANCIAL OFFICER**

May the IRS discuss this return with the preparer shown below (see instructions)?

☒ Yes ☐ No

**Paid**

Print/Type preparer's name

**JAMES A. CASKEY, CPA, CFP**

Preparer's signature

**James A. Caskey, CPA, CFP**

Date

**10/18/17**Check ☐ if

self-employed

PTIN

**P00172185****Preparer**

Firm's name

**CASKEY & DAILY, P.C.**

Firm's EIN

**35-2032768****Use Only**

Firm's address

**4745 STATESMEN DRIVE, SUITE C**

Phone no

**317-585-2647**Form **990-T** (2016)



Form 990-T (2016) **COMMUNITY HEALTH NETWORK, INC.****35-0983617**Page **3****Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ►

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

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

(see instructions)

1 Description of property

(1) **N/A**

(2)

(3)

(4)

**2. Rent received or accrued**

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
<b>Total</b>	<b>Total</b>	<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ►

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►**Schedule E – Unrelated Debt-Financed Income** (see instructions)

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

Form **990-T** (2016)



**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 inc	6 Deductions directly connected with income in column 5
(1) <b>N/A</b>					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

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)

**Totals** ▶**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) <b>N/A</b>				
(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)	

**Totals** ▶**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) <b>N/A</b>						
(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		

**Totals** ▶**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) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) ▶						



**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) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> ▶						
<b>Totals, Part II (lines 1-5)</b> ▶	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

**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) <b>N/A</b>		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b> ▶			



35-0983617

**Federal Statements**

FYE: 12/31/2016

**Statement 1 - Form 990-T - Primary Unrelated Business Activity**Description

NURSING HOME MANAGEMENT, SURGERY CENTERS IN MICHIGAN,  
PURCHASING FOR OTHER CHARITABLE ORGANIZATIONS, CELL  
TOWER INCOME, AND PROVIDE ACCESS TO EPIC AND ANCILLARY  
PRODUCTS.

**Statement 2 - Form 990-T, Part I, Line 5 - Income (Loss) from Partnerships or S-Corps**

<u>Name of Partnership or S-Corp</u>	<u>Gross Income</u>	<u>Direct Deductions (Part. only)</u>	<u>Net Income</u>
MICHIGAN SURGERY INV	\$ -10,072	\$	\$ -10,072
TOTAL	\$ -10,072	\$ 0	\$ -10,072

**Statement 3 - Form 990-T, Part I, Line 12 - Other Income**

<u>Description</u>	<u>Amount</u>
TECHNOLOGY INCOME	\$ 874,387
CELL TOWER	23,050
JMH MANAGEMENT	3,117,907
REID HOSPITAL RECORD MGMT	-3,982,661
TOTAL	\$ 32,683

**Statement 4 - Form 990-T, Part II, Line 28 - Other Deductions**

<u>Description</u>	<u>Amount</u>
OCCUPANCY	\$ 1,527
TRAVEL	3,905
MEALS/ENTERTAINMENT	239
OFFICE	2,461
OTHER PROFESSIONAL FEES	171,991
TOTAL	\$ 180,123



Year Ending: December 31, 2016

35-0983617

COMMUNITY HEALTH NETWORK, INC.  
7330 SHADELAND STATION, SUITE 200  
INDIANAPOLIS, IN 46256

### **NOL Carryback Election**

Under IRC Section 172(b)(3), the taxpayer elects to relinquish the entire carryback period with respect to any regular tax and AMT net operating loss incurred during the current tax year.



# Net Operating Loss Carryover Worksheet

Form **990-T****2016**

For calendar year 2016, or tax year beginning , ending

Name

**COMMUNITY HEALTH NETWORK, INC.**

Employer Identification Number

**35-0983617**

Preceding Taxable Year	Prior Year			Current Year	Next Year Carryover
	Adj. To NOL Inc/(Loss) After Adj.	NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By NOL Carryback / Carryover Utilized	
19th 12/30/97					
18th 12/30/98					
17th 12/30/99					
16th 12/31/00					
15th 12/31/01					
14th 12/31/02					
13th 12/31/03					
12th 12/31/04					
11th 12/31/05					
10th 12/31/06					
9th 12/31/07					
8th 12/31/08					
7th 12/31/09					
6th 12/31/10					
5th 12/31/11					
4th 12/31/12	-41,173	41,173			
3rd 12/31/13	3,441,913	-41,173			
2nd 12/31/14	3,689,262				
1st 12/31/15	3,561,861				
NOL carryover available to current year			0		
Current year	-665,574				665,574
NOL carryover available to next year					665,574