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990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) 108

For calendar year 2016 or other tax year beginning 09/01, 2016, and ending 08/31, 2017

OMB No 1545-0687

2016

Department of the Treasury	▶ Information about Form 990-T and its instructions is available at
nternal Revenue Service	▶ Do not enter SSN numbers on this form as it may be made public if your

Immail Names Service Deciding		ment of the Treasury		formation about Form 990-T and				-		Onen	Duble	c Inspection for		
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December 1 and assets at each of year and of year			lybe	P.O. BOX 3117					(5	See instructions)			
Spoot value of all assets and of years SPELENER, TIX, 796.04 F Group exemption number (See instructions) ▶ 19, 880, 446. G Check organization type ▶ X Sofic) corporation Sofic) trust 401(a) trust Other trust Describe the organization's primary unrelated business activity ▶ ATTACHBINT 1 During the tax year, was the corporation a substancy in an affiliated group or a parent-subsidiary controlled group?					y, and Z	IP or foreign postal	code							
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H. Besche the organization type ▶ X 501(c) corporation 501(c) trust 401(e) trust Other trust H. Describe the organization's primary unrelated twansss activity ▶ ATTACHMENT 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes X No If Yes, enter the name and identifying number of the parent corporation J. The books are in care of ▶ DERRMY MALKER Telephone number ▶ 325-670-2000 Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross recepts or sales Described	at e	end of year	F Gro		ions)	>					_			
H. Describe the organization's primary unrelated business activity. ► ATTACHMENT 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent subsidiary controlled group? ► . Yes X No II "Yes "enter the name and identifying number of the parent corporation. ► Telephone number ▶ 325-670-2000	1	18,880,446.					501(0	trust	401	(a) trust	\top	Other trust		
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Part III Tax Computation Taxable as Corporations. See Instructions for tax computation Controlled group members (sections 1561 and 1563) check here See Instructions and See Instructions See Instructions	36 37 38 39 40			
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order) (1) \$ (2) \$ (3) \$ (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	36 37 38 39 40 40			
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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	36 37 38 39 40 40			
c Income tax on the amount on line 34. 7 trusts Taxable at Trust Rates. See instructions for tax computation Income tax on the amount on line 34. 7 Proxy tax. See instructions 8 Alternative minimum tax 9 Tax on Non-Compliant Facility Income. See instructions 10 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies Part V Tax and Payments 11 Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116). 12 General business credit (target form 3800 (see instructions). 13 Credit for prior year minimum tax (attach Form 8801 or 8827). 14 Total credits Add lines 41a through 41d 25 Subtract line 41e from line 40. 26 Other credits (see instructions). 27 Total tax. Add lines 42 and 43. 28 Payments A 2015 overpayment credited to 2016. 29 Dayments A 2015 overpayment credited to 2016. 20 E Backup withholding (see instructions). 30 E Form 8688. 45c 45d 45d 45e 6 Forming 1136. C Total payments. Add lines 45a through 45g.	36 37 38 39 40 40			
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C Income tax on the amount on line 34. Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on the amount on line 34 from	36 37 38 39 40 40			
the amount on line 34 from Tax rate schedule or Schedule D (Form 1041). 7 Proxy tax. See instructions	37 38 39 40 41e 42 43			
Alternative minimum tax 38 Alternative minimum tax 39 Tax on Non-Compliant Facility Income. See instructions 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies. Part IV Tax and Payments 41 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	37 38 39 40 41e 42 43			
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Part IV Tax and Payments 41 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	41e 42 43			
41 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	42			
b Other credits (see instructions)	42			
b Other credits (see instructions)	42			
c General business credit Attach Form 3800 (see instructions)	42			
d Credit for prior year minimum tax (attach Form 8801 or 8827)	42			
e Total credits Add lines 41a through 41d 42 Subtract line 41e from line 40	42			
43 Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule). 44 Total tax. Add lines 42 and 43	43			
43 Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule). 44 Total tax. Add lines 42 and 43				
44 Total tax. Add lines 42 and 43. 45 a Payments A 2015 overpayment credited to 2016. b 2016 estimated tax payments. c Tax deposited with Form 8868. d Foreign organizations Tax paid or withheld at source (see instructions). e Backup withholding (see instructions). f Credit for small employer health insurance premiums (Attach Form 8941). g Other credits and payments Form 2439 Form 4136 Other Total payments. Add lines 45a through 45g.				
45a Payments A 2015 overpayment credited to 2016	44			0.
b 2016 estimated tax payments				
c Tax deposited with Form 8868	}			
d Foreign organizations Tax paid or withheld at source (see instructions)]			
e Backup withholding (see instructions)] [
f Credit for small employer health insurance premiums (Attach Form 8941)				
Form 4136 Other Total ▶ 45g 46 Total payments. Add lines 45a through 45g]]			
Form 4136 Other Total ▶ 45g 46 Total payments. Add lines 45a through 45g] [
46 Total payments. Add lines 45a through 45g				
	46			
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				
50 Enter the amount of line 49 you want				
Part V Statements Regarding Certain Activities and Other Information (see instruction	s)			
51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or	other a	authority	Yes	No
over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may	ay have	to file	1	
FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the	foreign	country	İ	
here >				Χ
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	ign trust?	[Χ
If YES, see instructions for other forms the organization may have to file	•			
53 _ 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	est of my	knowledge a	nd belie	đ, it is
Sign trie, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	and the ID	OC diamen	thun m	.tm
	•	RS discuss preparer sho		
				No
Print/Type preparer's name Preparer's signature OA Date Chec	e instruction	PTIN		
Paid AMANDA MAYA Self-e		P0106	5777	7
Preparer Firm's name > BKD, I.I.P.	ik III if			
Use Only Firm's address ▶ 2800 POST OAK BLVD., STE 3200, HOUSTON, TX 77056 Phoni	ik if	4-01602	.00	

Form **990-T** (2016)

HENDRICK PROVIDER NETWORK

Form 990-T (2016)-									Р	age 3
Schedule A - Cost of G	oods Solo	. Enter method	d of invento	ory valuation	<u> </u>					
1 , Inventory at beginning of	ear 1			6 Inventory	at end of yea	ar	_6			
2 Purchases	2					ld. Subtract line				
3 Cost of labor	3			6 from	line 5 En	iter here and in				
4a Additional section 263A c	osts			Part I, line	2		7			
(attach schedule)	4a					section 263A (V		espect to	Yes	No
b Other costs (attach schedu				property	produced	or acquired for	r resa	ile) apply		
5 Total. Add lines 1 through				to the org	anization?	<u> </u>				Х
Schedule C - Rent Income	(From Re	al Property a	nd Persor	nal Property	Leased V	Vith Real Prope	rty)			
(see instructions)	•	• •				•	• •			
Description of property										
1. Description of property										
(1)							•			
(2)										
(3)										
(4)										
(4)	2 Rent	received or accru				Γ				
 (a) From personal property (if the for personal property is more the 				d personal property (if the for personal property exceeds in columns 2(a) and 2(b) (attack)						me
more than 50%				based on profit or		iii columns 2(a) and 2(b) (attach sched				
						 				
(1)								····		
(2)										
(3)										
(4)										
Total		Total			·	(b) Total deduction				
(c) Total income. Add totals of c						Enter here and or		1,		
here and on page 1, Part I, line 6						Part I, line 6, colu				
Schedule E - Unrelated D	ebt-Financ	ed Income (se	e instruction	ons)						
			2. Gross i	income from or	3 [Deductions directly co debt-finan			le to	
1 Description of de	ot-financed prop	erty	allocable to	o debt-financed	(a) Straigh	ht line depreciation	(b) Other deductions			
			pr	operty		ich schedule)	(attach schedule)			
(1)										
(2)										
(3)										
(4)										
4 Amount of average	5 Average	adjusted basis								
acquisition debt on or		allocable to		Column divided		income reportable		. Allocable dec umn 6 x total c		ns
allocable to debt-financed debt-financed property property (attach schedule) (attach schedule)				olumn 5	(columi	n 2 x column 6)	,	3(a) and 3(
(1)	 `		<u> </u>	<u></u> %						—
(2)				/ 0						
(3)		. =	 	/ %						—
			 							—
(4)	<u> </u>				Enter here	e and on page 1,	Enter	here and o	n nac	<u> </u>
						e 7, column (A)		I, line 7, co		
						- 1,		.,	(-,
Totals				▶						
Total dividends-received deduct	ions included	ın column 8		<u></u>		<u> ▶ </u>				
								Form 9	90-T	(2016)

Schedule F - Interest, Annu	, riojanica		pt Contr							
1 Name of controlled organization	2. Employer identification numb	iei į	et unrelated s) (see instr			5 Part of column 4 th included in the control organization's gross in		olling	6 Deductions directly connected with income in column 5	
(1)										
(2)										
(3)										
(4)							<u>L</u>			
Nonexempt Controlled Organiz		 -				40	Part of column	O that is	44	Deductions directly
7 Taxable Income	8 Net unrelated in (loss) (see instruc	,		of specific nents made		inc	uded in the control of the control o	ontrolling		nected with income in column 10
(1)									ļ	
(2)										
(3)										
(4)						Δ,	ld columns 5	and 10	Α.	Id columns 6 and 11
Totals	come of a Sec	tion 501(c	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;), or (17	▶) Orga	Pa	er here and on rt I, line 8, colu on (see ins	imn (A)		er here and on page 1, rt I, line 8, column (B)
1 Description of income	2 Amount of	income	,	3 Deduction of the contract of	nected		4 Set-asides (attach schedule)			5 Total deductions and set-asides (col 3 plus col 4)
(1)			ļ							
(2)										
(3)			<u> </u>							
(4)										
Totals ▶ Schedule I - Exploited Exe	Enter here and Part I, line 9, c	olumn (A)	er Than	Adverti	sing In	come	(see instri	uctions)		Enter here and on page (Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelate business inc	with 2 of d	Net incon om unrelat r business minus col If a gain, co cols 5 thro	ed tradé (column umn 3) ompute	from	ross income activity that of unrelated ness income	6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								1		
(2)				···						
(3)								1		
(4)		~				-				1
	Enter here and on page 1, Part I, line 10, col (A)	Enter here at page 1, Pa line 10, col	ırtı,		- <u>-</u> -			·!		Enter here and on page 1, Part II, line 26
Schedule J - Advertising In Part I Income From Per			annolida	tod Boo						
Part income From Fer	duicais Report	eu on a Co	Jiisoliua	ieu Das	15					
1 Name of periodical	2 Gross advertising income	3 Directadvertising of	costs	4 Advert gain or (los 2 minus co a gain, coi cols 5 thro	s) (col ol 3) If npute		Circulation	6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)									_	7
(3)										7
(4)										
Totals (carry to Part II, line (5))				·						Form 990-T (2016

HENDRICK	TICAIDEN ME	TWORK		73-20	OUTUS Page 3
		rate Basis (For	each periodical	listed in Part II	, fill in columns
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)
			T		
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
n of Officers, D	irectors, and Tr	ustees (see insti	ructions)		
1 Name		2 Title			
			%		
			%		
			%		
			%		
art II, line 14			.		
	indicals Reportine basis 2 Gross advertising income Enter here and on page 1, Part I, line 11, col (A)	indicals Reported on a Sepa Ine-by-line basis.) 2 Gross advertising Income 2 Gross advertising Sincome 3 Direct advertising costs Enter here and on page 1, Part I, Inne 11, col (A) Inne 11, col (B) n of Officers, Directors, and Tr	Enter here and on page 1, Part I, line 11, col (A) To Officers, Directors, and Trustees (see institute of the color of th	indicals Reported on a Separate Basis (For each periodical ine-by-line basis.) 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 Enter here and on page 1, Part I, line 11, col (A) Inne 11, col (B) To Officers, Directors, and Trustees (see instructions) 2 Title 3 Percent of time devoted to business % % % % %	indicals Reported on a Separate Basis (For each periodical listed in Part II ine-by-line basis.) 2 Gross advertising income 3 Direct advertising costs 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 Finter here and on page 1, Part I, line 11, col (B) Enter here and on page 1, Part I, line 11, col (B) 7 Title 3 Percent of time devoted to business 4 Compensation unrelated 9/6 9/6

Form 990-T (2016)