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Form **990-T**

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

OMB No 1545-0687

For calendar year 2016 or other tax year beginning 10/01, 2016, and ending 9/30, 2017

**2016**

Department of the Treasury  
Internal Revenue Service

Information about Form 990-T and its instructions is available at [www.irs.gov/form990](http://www.irs.gov/form990).  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

<b>A</b> <input type="checkbox"/> Check box if address changed	<b>Print or Type</b> <b>Danbury Hospital</b> <b>24 Hospital Avenue</b> <b>Danbury, CT 06810-6099</b>	<input type="checkbox"/> Check box if name changed and see instructions	<b>D</b> Employer identification number (Employees' trust, see instructions) <b>06-0646597</b>
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		<b>E</b> Unrelated business activity codes (See instructions.) <b>621500 531190</b>	
<b>C</b> Book value of all assets at end of year <b>771,223,240.</b>	<b>F</b> Group exemption number (See instructions.)		
<b>G</b> Check organization type. <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

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

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**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? ☒ Yes ☐ No

If 'Yes,' enter the name and identifying number of the parent corporation **See Statement 1**

**J** The books are in care of **Karen Darcy** Telephone number **(203) 739-4593**

Part I: Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales ..	16,773,505.			
b Less returns and allowances ..	11,733,997. c Balance ▶	1c 5,039,508.		
2 Cost of goods sold (Schedule A, line 7) ..		2		
3 Gross profit. Subtract line 2 from line 1c ..		3 5,039,508.		5,039,508.
4 a 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) ..	St 2	5 618,468.		618,468.
6 Rent income (Schedule C) ..		6		
7 Unrelated debt-financed income (Schedule E) ..		7 933,431.	174,193.	759,238.
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) ..				
	See Statement 3	12 366,798.		366,798.
13 Total. Combine lines 3 through 12 ..		13 6,958,205.	174,193.	6,784,012.

**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	
16 Repairs and maintenance ..	16	
17 Bad debts ..	17	
18 Interest (attach schedule) ..	18	
19 Taxes and licenses ..	19	
20 Charitable contributions (See instructions for limitation rules) ..	20	
21 Depreciation (attach Form 4562) ..	21	22,912.
22 Less depreciation claimed on Schedule A and elsewhere on return ..	22a	22,912.
23 Depletion ..	23	
24 Contributions to deferred compensation plans ..	24	
25 Employee benefit programs ..	25	
26 Excess exempt expenses (Schedule I) ..	26	
27 Excess readership costs (Schedule J) ..	27	
28 Other deductions (attach schedule) ..	28	6,574,701.
29 Total deductions. Add lines 14 through 28 ..	29	6,574,701.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 ..	30	209,311.
31 Net operating loss deduction (limited to the amount on line 30) ..	31	209,311.
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 ..	32	0.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) ..	33	
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	0.

BAA For Paperwork Reduction Act Notice, see Instructions.

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**Part III Tax Computation**

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ (2) \$ (3) \$ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) ..... \$ (2) Additional 3% tax (not more than \$100,000) ..... \$ c Income tax on the amount on line 34 .....		35c	0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....		36	
37 Proxy tax. See instructions .....		37	
38 Alternative minimum tax .....		38	4,186.
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	4,186.

**Part IV Tax and Payments**

41 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....		41 a	
b Other credits (see instructions) .....		41 b	
c General business credit. Attach Form 3800 (see instructions) .....		41 c	
d Credit for prior year minimum tax (attach Form 8801 or 8827) .....		41 d	
e Total credits. Add lines 41a through 41d .....		41 e	0.
42 Subtract line 41e from line 40 .....		42	4,186.
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) .....		43	
44 Total tax. Add lines 42 and 43 .....		44	4,186.
45 a Payments: A 2015 overpayment credited to 2016 .....		45 a	
b 2016 estimated tax payments .....		45 b	
c Tax deposited with Form 8868 .....		45 c	
d Foreign organizations: Tax paid or withheld at source (see instructions) .....		45 d	
e Backup withholding (see instructions) .....		45 e	
f Credit for small employer health insurance premiums (Attach Form 8941) .....		45 f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total ...		45 g	
46 Total payments. Add lines 45a through 45g .....		46	0.
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached. <input type="checkbox"/> .....		47	
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed .....		48	4,186.
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid .....		49	
50 Enter the amount of line 49 you want: Credited to 2017 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> .....		50	

**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 <u>Cayman Islands</u>	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 \$ 0.		

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 <u>Mike A. Cincotta</u> Date <u>8/16/18</u> Title <u>SVP/CFO</u>	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Paid Preparer Use Only	Print/Type preparer's name <u>Mike A. Cincotta</u>	Preparer's signature <u>Mike A. Cincotta</u>	Date <u>8/04/18</u>	Check <input type="checkbox"/> If self-employed	PTIN <u>P01595811</u>
	Firm's name <u>ERNST &amp; YOUNG US LLP</u>	Firm's EIN <u>34-6565596</u>			
	Firm's address <u>200 Clarendon St.</u>				
	<u>Boston, MA 02116-5072</u>	Phone no. <u>617-2662000</u>			

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation **FIFO**

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

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

1 Description of property		
(1)		
(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)		
Total	Total	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) .....

**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 See St 6	
			(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)
(1) Rental of Hospital Space		933,431.	22,912.	151,281.
(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)		100.0000 %	933,431.	174,193.
(2)		%		
(3)		%		
(4)		%		
Totals .....			933,431.	174,193.
Total dividends-received deductions included in column 8 .....				

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

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**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 (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Enter here and on page 1, Part I, line 9, column (A).				Enter here and on page 1, Part I, line 9, column (B).

**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 columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Enter here and on page 1, Part I, line 10, column (A).		Enter here and on page 1, Part I, line 10, column (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 (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						
Totals (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 (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
Totals, Part II (lines 1-5)..... ▶	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (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
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14..... ▶			

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## Federal Statements

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Danbury Hospital

06-0646597

8/12/18

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Statement 1  
Form 990-T, Line I  
Name & I.D. Number of Parent Corporation

Western Connecticut Health Network, Inc. 22-2594977

Statement 2  
Form 990-T, Part I, Line 5  
Income (Loss) from Partnerships and S Corporations

Name	Gross Income	Deductions	Income (Loss)
UBTI From CT Laboratory Partnership	\$ 614,698.	\$ 0.	\$ 614,698.
UBIT From Partnership Returns	3,770.	0.	3,770.
		Total	<u>\$ 618,468.</u>

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

O/S Billing & Collection Revenue.....	\$ 366,798.
Total	<u>\$ 366,798.</u>

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

DIRECT LAB EXPENSES.....	\$ 2,385,134.
INDIRECT LAB EXPENSES.....	2,308,895.
O/S BILLING & COLLECTION EXPENSE.....	1,880,672.
Total	<u>\$ 6,574,701.</u>

Statement 5  
Form 990-T, Part II, Line 31  
Net Operating Loss Deduction

Loss Year Ending	Original Loss	Loss Previously Used	Loss Available
9/30/99	\$ 1,770,954.	\$ 1,460,234.	\$ 310,720.
9/30/01	173,633.	0.	173,633.
9/30/02	2,279,022.	0.	2,279,022.
9/30/03	3,304,119.	0.	3,304,119.
9/30/04	4,846,737.	0.	4,846,737.
9/30/05	4,081,949.	0.	4,081,949.
9/30/06	3,777,206.	0.	3,777,206.
9/30/07	2,554,000.	0.	2,554,000.
9/30/08	2,446,795.	0.	2,446,795.
9/30/09	4,273,838.	0.	4,273,838.

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Danbury Hospital

06-0646597

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Statement 5 (continued)  
Form 990-T, Part II, Line 31  
Net Operating Loss Deduction

Loss Year Ending	Original Loss	Loss Previously Used	Loss Available
9/30/10	\$ 4,123,724.	\$ 0.	\$ 4,123,724.
9/30/11	3,233,803.	0.	3,233,803.
9/30/12	3,720,736.	0.	3,720,736.
9/30/13	3,755,534.	0.	3,755,534.
9/30/14	648,569.	0.	648,569.
9/30/15	371,649.	0.	371,649.
Net Operating Loss Available .....			\$ 43,902,034.
Taxable Income .....			\$ 209,311.
Net Operating Loss Deduction (Limited to Taxable Income).....			<u>\$ 209,311.</u>

Statement 6  
Form 990-T, Schedule E, Line 3b  
Other Deductions Allocable to Debt-Financed Property

Rental of Hospital Space	
Rental Expense-Taxable Entities .....	\$ 151,281.
Total	<u>\$ 151,281.</u>

**DANBURY HOSPITAL**  
**YEAR ENDED 9/30/17**  
**Schedule E Attachment**

**EIN: 06-0646597**

**Form 990T, Schedule E, Line #3a**

	<u>DaVita Gold Garage</u>	<u>Walgreens Stroock Bldg.</u>	<u>Total</u>
Depreciation Expense for FYE2017	\$ 344,720	\$ 262,814	
Percentage Related to Applicable Space	<u>5.70%</u> 19,664	<u>1.24%</u> 3,247	
Allocation for Number of months rented	<u>100.00%</u>	<u>100.00%</u>	
Depreciation Reflected In Schedule E	<u>\$ 19,664</u>	<u>\$ 3,247</u>	<u>\$ 22,912</u>

**Form 990T, Schedule E, Line #3b**

**Davita & Walgreens Rent Expense**

**Property Taxes**

Legal Expense

Maintenance

Operating and Utilities Expense

-  
-  
151,281  
151,281

BSI Rental Expense

DRA Rental Expense

-  
-  
\$ 151,281



Form **4626****Alternative Minimum Tax - Corporations**

OMB No 1545-0123

Department of the Treasury  
Internal Revenue Service

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at [www.irs.gov/form4626](http://www.irs.gov/form4626).**2016**

Name

Danbury Hospital

Employer identification number

06-0646597

*Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).*

<b>1</b>	Taxable income or (loss) before net operating loss deduction . . . . .	<b>1</b>	209,311.
<b>2</b>	Adjustments and preferences:		
<b>a</b>	Depreciation of post-1986 property . . . . .	<b>2a</b>	
<b>b</b>	Amortization of certified pollution control facilities . . . . .	<b>2b</b>	
<b>c</b>	Amortization of mining exploration and development costs . . . . .	<b>2c</b>	
<b>d</b>	Amortization of circulation expenditures (personal holding companies only) . . . . .	<b>2d</b>	
<b>e</b>	Adjusted gain or loss . . . . .	<b>2e</b>	
<b>f</b>	Long-term contracts . . . . .	<b>2f</b>	
<b>g</b>	Merchant marine capital construction funds . . . . .	<b>2g</b>	
<b>h</b>	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) . . . . .	<b>2h</b>	
<b>i</b>	Tax shelter farm activities (personal service corporations only) . . . . .	<b>2i</b>	
<b>j</b>	Passive activities (closely held corporations and personal service corporations only) . . . . .	<b>2j</b>	
<b>k</b>	Loss limitations . . . . .	<b>2k</b>	
<b>l</b>	Depletion . . . . .	<b>2l</b>	
<b>m</b>	Tax-exempt interest income from specified private activity bonds . . . . .	<b>2m</b>	
<b>n</b>	Intangible drilling costs . . . . .	<b>2n</b>	
<b>o</b>	Other adjustments and preferences . . . . .	<b>2o</b>	
<b>3</b>	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o . . . . .	<b>3</b>	209,311.
<b>4</b>	Adjusted current earnings (ACE) adjustment:		
<b>a</b>	ACE from line 10 of the ACE worksheet in the instructions . . . . .	<b>4a</b>	209,311.
<b>b</b>	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions . . . . .	<b>4b</b>	
<b>c</b>	Multiply line 4b by 75% (0.75). Enter the result as a positive amount . . . . .	<b>4c</b>	
<b>d</b>	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. <i>Note: You must enter an amount on line 4d (even if line 4b is positive)</i> . . . . .	<b>4d</b>	
<b>e</b>	ACE adjustment. • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount } . . . . .	<b>4e</b>	
<b>5</b>	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT. . . . .	<b>5</b>	209,311.
<b>6</b>	Alternative tax net operating loss deduction. See instructions. <b>See Statement 4</b> . . . . .	<b>6</b>	188,380.
<b>7</b>	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions . . . . .	<b>7</b>	20,931.
<b>8</b>	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c)		
<b>a</b>	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0- . . . . .	<b>8a</b>	
<b>b</b>	Multiply line 8a by 25% (0.25) . . . . .	<b>8b</b>	
<b>c</b>	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0- . . . . .	<b>8c</b>	0.
<b>9</b>	Subtract line 8c from line 7. If zero or less, enter -0- . . . . .	<b>9</b>	20,931.
<b>10</b>	Multiply line 9 by 20% (0.20) . . . . .	<b>10</b>	4,186.
<b>11</b>	Alternative minimum tax foreign tax credit (AMTFTC). See instructions . . . . .	<b>11</b>	
<b>12</b>	Tentative minimum tax. Subtract line 11 from line 10. . . . .	<b>12</b>	4,186.
<b>13</b>	Regular tax liability before applying all credits except the foreign tax credit . . . . .	<b>13</b>	
<b>14</b>	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return . . . . .	<b>14</b>	4,186.

For Paperwork Reduction Act Notice, see separate instructions.

Form **4626** (2016)

2016

## Federal Statements

Page 1

Client 1010SCHO

Danbury Hospital

06-0646597

8/12/18

10:42AM

Statement 4  
Form 4626, Line 6  
Alternative Tax Net Operating Loss Deduction

Carryover Generated From Year End	9/30/10	\$ 3,999,191.
Amount Utilized in 2013	155.	
Amount Utilized in 2015	1,314,211.	
Total Utilization		\$ 1,314,366.
Available for Carryover to 2016		2,684,825.
Alternative Tax Net Operating Losses Available in 2016		\$ 2,684,825.
Disallowed ATNOL Deduction Due to Limitation		-2,496,445.
Total Alternative Tax Net Operating Loss Deduction		\$ 188,380.