

Form 990-T

Department of the Treasury
Internal Revenue ServiceExempt 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 OCT 1, 2016, and ending SEP 30, 2017

2016

Open to Public Inspection for
501(c)(3) Organizations Only► Information about Form 990-T and its instructions is available at 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).

A Check box if address changed

B Exempt under section

 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)Name of organization (Check box if name changed and see instructions.)

CARILION TAZEWELL COMMUNITY HOSPITAL

Print

or

Type

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

PO BOX 12385

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

ROANOKE, VA 24025-2385

D Employer identification number
(Employees' trust, see instructions)

54-6074580

E Unrelated business activity codes
(See instructions)C Book value of all assets
at end of year

7,374,279.

F Group exemption number (See instructions.)

G Check organization type ► 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ► See Statement 2

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. ► See Statement 1 Cari 54-19077

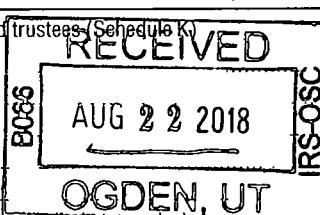
J The books are in care of ► The Corporation, Attn: H. Kirk Telephone number ► 540-224-5102-

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				
3				
4a				
4b				
4c				
5				
6				
7				
8				
9				
10				
11				
12				
13	Total. Combine lines 3 through 12	0.		

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)	
22	Less depreciation claimed on Schedule A and elsewhere on return	22b
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
29	Total deductions. Add lines 14 through 28	29 0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30 0.
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 0.
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 0.

Part III Tax Computation

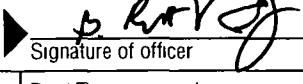
35	Organizations Taxable as Corporations	See instructions for tax computation.		
	Controlled group members (sections 1561 and 1563) check here ► <input checked="" type="checkbox"/> See instructions and:			
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
(1)	\$ <input type="text"/>	(2)	\$ <input type="text"/>	
(3)	\$ <input type="text"/>			
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) <input type="text"/> \$ <input type="text"/>			
	(2) Additional 3% tax (not more than \$100,000) <input type="text"/> \$ <input type="text"/>			
c	Income tax on the amount on line 34			
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)			
37	Proxy tax. See instructions			
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			
			35c	0.
			36	
			37	
			38	
			39	
			40	0.

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	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	0.	
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	0.	
45a	Payments: A 2015 overpayment credited to 2016	45a		
b	2016 estimated tax payments	45b		
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: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____	45g		
	Total ►			
46	Total payments. Add lines 45a through 45g	46		
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	0.	
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	0.	
50	Enter the amount of line 49 you want: Credited to 2017 estimated tax ►	50		
	Refunded			

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 ► _____	Yes	No
		<input type="checkbox"/>	<input checked="" type="checkbox"/>
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.	Yes	No
		<input type="checkbox"/>	<input checked="" type="checkbox"/>
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		
		8/14/18	Assistant Treasurer
	Signature of officer	Date	Title
	May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no.	