

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

OMB No 1545-0687

**2017**

For calendar year 2017 or other tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

Go to [www.irs.gov/Form990T](http://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).

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

Department of the Treasury  
Internal Revenue Service

<b>A</b> <input type="checkbox"/> Check box if address changed  <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)	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>COMMUNITY HOSPITAL ASSOCIATION OF MCCOOK</b>	<b>D</b> Employer identification number (Employees' trust, see instructions) <b>47-0533373</b>
		Number, street, and room or suite no. If a P.O. box, see instructions. <b>1301 EAST H STREET, P.O. BOX 1328</b>	<b>E</b> Unrelated business activity codes (See instructions)
		City or town, state or province, country, and ZIP or foreign postal code <b>MCCOOK, NE 69001</b>	<b>561499 812930</b>
<b>C</b> Book value of all assets at end of year <b>60,808,299.</b>		<b>F</b> Group exemption number (See instructions) <b>▶</b> <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	

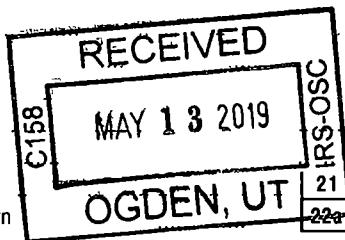
**H** Describe the organization's primary unrelated business activity. **▶ SEE STATEMENT 1**

**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. **▶**

**J** The books are in care of **▶ SEAN WOLFE** Telephone number **▶ (308) 344-8306**

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)		5	-2,113.		
6	Rent income (Schedule C)		6			
7	Unrelated debt-financed income (Schedule E)		7			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. 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>STATEMENT 3</b>		12	1,615.		
13	<b>Total.</b> Combine lines 3 through 12		13	-498.		-498.

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	Less depreciation claimed on Schedule A and elsewhere on return		22a		
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	<b>Total deductions.</b> Add lines 14 through 28		29	0.	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	-498.	
31	Net operating loss deduction (limited to the amount on line 30) <b>SEE STATEMENT 4</b>		31		
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	-498.	
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33	1,000.	
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	-498.	



**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 0.

**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 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: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)

43

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

44 0.

**45a** Payments: A 2016 overpayment credited to 2017

45a

**b** 2017 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:☐ Form 2439☐ Form 4136 ☐ Other

Total

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 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 2018 estimated tax**

Refunded

50

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)**51** At any time during the 2017 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 hereYes 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.Yes No  
X**53** Enter the amount of tax-exempt interest received or accrued during the tax year \$

Yes No

**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 5/6/19

CHIEF FINANCIAL  
OFFICERMay the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

WENDY R. COOLEY

Wendy Cooley

5/3/19

P01523804

Firm's name SEIM JOHNSON, LLP

Firm's EIN 47-6097913

Firm's address 18081 BURT STREET, SUITE 2000

Phone no. (402) 330-2660

Firm's address OMAHA, NE 68022-4722

Form 990-T (2017)

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FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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PARTNERSHIP INTERESTS

PARKING LOTS &amp; GARAGES - EMPLOYEE USE

TO FORM 990-T, PAGE 1

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FOOTNOTESSTATEMENT 2

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NOL CARRYOVER FROM FYE 06/30/00

NOL CARRYOVER FROM FYE 06/30/01

NOL CARRYOVER FROM FYE 06/30/02

NOL CARRYOVER FROM FYE 06/30/03

TOTAL

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FORM 990-T	OTHER INCOME	STATEMENT	3
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DESCRIPTION	AMOUNT
DISALLOWED FRINGE BENEFITS - EMPLOYEE PARKING	1,615.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	1,615.

FORM 990-T	NET OPERATING LOSS DEDUCTION	STATEMENT	4
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TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/00	7,582.	7,582.	0.	0.
06/30/01	55,917.	3,416.	52,501.	52,501.
06/30/02	58,411.	0.	58,411.	58,411.
06/30/03	61,346.	0.	61,346.	61,346.
06/30/15	74.	0.	74.	74.
06/30/16	313.	0.	313.	313.
NOL CARRYOVER AVAILABLE THIS YEAR			172,645.	172,645.

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	5
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PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)
MCCOOK COMMUNITY BUILDERS, LLC	-650.	0.	-650.
COMMUNITY HOLDINGS, LLC	-1,463.	0.	-1,463.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-2,113.	0.	-2,113.