

Extended to August 15, 2019

Form 990-T

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

OMB No 1545-0687

For calendar year 2017 or other tax year beginning OCT 1, 2017, and ending SEP 30, 2018

2017

Department of the Treasury Internal Revenue Service

Go to 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).

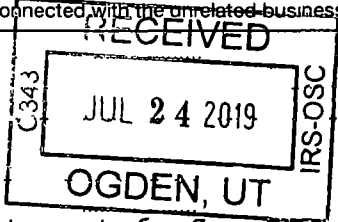
Open to Public Inspection for 501(c)(3) Organizations Only

Form 990-T header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type.

Part I 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? J The books are in care of Scott Sloane, Senior VP, CFO.

Table for Part II Unrelated Trade or Business Income. Columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), Income (loss) from partnerships and S corporations, Rent income, Unrelated debt-financed income, Interest, annuities, royalties, and rents from controlled organizations, Investment income, Exploited exempt activity income, Advertising income, Other income, Total.

Table for Part III Deductions Not Taken Elsewhere. Rows include Compensation of officers, directors, and trustees; Salaries and wages; Repairs and maintenance; Bad debts; Interest; Taxes and licenses; Charitable contributions; Depreciation; Less depreciation claimed on Schedule A and elsewhere on return; Depletion; Contributions to deferred compensation plans; Employee benefit programs; Excess exempt expenses; Excess readership costs; Other deductions; Total deductions; Unrelated business taxable income before net operating loss deduction; Net operating loss deduction; Unrelated business taxable income before specific deduction; Specific deduction; Unrelated business taxable income.



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 here **Yes** **No**

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**

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 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.

Sign Here *Nicholas E. Porto* 7/10/19 **Senior VP, CFO, & Treasurer**
 Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? **Yes** **No**

Paid Preparer Use Only
 Print/Type preparer's name: **Nicholas E. Porto** Preparer's signature: *Nicholas E. Porto* Date: **06/18/19** Check if self-employed PTIN: **P01310283**
 Firm's name: **Baker Newman & Noyes** Firm's EIN: **01-0494526**
 Firm's address: **P.O. Box 507, Portland, ME 04112** Phone no.: **(207) 879-2100**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1	0.	6	Inventory at end of year	6	0.
2	Purchases	2	436,388.	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	450,340.
3	Cost of labor	3				Yes	No
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b	13,952.				X
5	Total. Add lines 1 through 4b	5	450,340.				

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		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(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)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ► 0.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ► 0.

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)				
(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)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A) 0.	Enter here and on page 1, Part I, line 7, column (B) 0.
Total dividends-received deductions included in column 8			0.	0.

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			0.	0.

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)				
(2)				
(3)				
(4)				
Totals		0.		0.

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)						
(2)						
(3)						
(4)						
Totals		0.	0.			0.

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)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

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)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

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)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return.

▶ Go to www.irs.gov/Form4626 for instructions and the latest information.

2017

Name Concord Hospital, Inc.		Employer identification number 22-2594672
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).		
1	Taxable income or (loss) before net operating loss deduction	1 -690,254.
2	Adjustments and preferences:	
	a Depreciation of post-1986 property	2a
	b Amortization of certified pollution control facilities	2b
	c Amortization of mining exploration and development costs	2c
	d Amortization of circulation expenditures (personal holding companies only)	2d
	e Adjusted gain or loss	2e
	f Long-term contracts	2f
	g Merchant marine capital construction funds	2g
	h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h
	i Tax shelter farm activities (personal service corporations only)	2i
	j Passive activities (closely held corporations and personal service corporations only)	2j
	k Loss limitations	2k
	l Depletion	2l
	m Tax-exempt interest income from specified private activity bonds	2m
	n Intangible drilling costs	2n
	o Other adjustments and preferences	2o
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	3 -690,254.
4	Adjusted current earnings (ACE) adjustment:	
	a ACE from line 10 of the ACE worksheet in the instructions	4a -676,302.
	b Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	4b 13,952.
	c Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c 10,464.
	d 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. Note: You must enter an amount on line 4d (even if line 4b is positive) See Statement 13	4d 16,919.
	e 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	4e 10,464.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	5 -679,790.
6	Alternative tax net operating loss deduction. See instructions Statement 12	6
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):	
	a 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-	8a
	b Multiply line 8a by 25% (0.25)	8b
	c 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-	8c
9	Subtract line 8c from line 7. If zero or less, enter -0-	9
10	Multiply line 9 by 20% (0.20)	10
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	11
12	Tentative minimum tax. Subtract line 11 from line 10	12
13	Regular tax liability before applying all credits except the foreign tax credit	13
14	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	14

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2017)

* See also **Statement 10**
Statement 11

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

1 Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		1	-690,254.
2 ACE depreciation adjustment			
a AMT depreciation	2a	13,952.	
b ACE depreciation:			
(1) Post-1993 property	2b(1)		
(2) Post-1989, pre-1994 property	2b(2)		
(3) Pre-1990 MACRS property	2b(3)		
(4) Pre-1990 original ACRS property	2b(4)		
(5) Property described in sections 168(f)(1) through (4)	2b(5)		
(6) Other property	2b(6)		
(7) Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)		
c ACE depreciation adjustment. Subtract line 2b(7) from line 2a		2c	13,952.
3 Inclusion in ACE of items included in earnings and profits (E&P):			
a Tax-exempt interest income	3a		
b Death benefits from life insurance contracts	3b		
c All other distributions from life insurance contracts (including surrenders)	3c		
d Inside buildup of undistributed income in life insurance contracts	3d		
e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e		
f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e		3f	
4 Disallowance of items not deductible from E&P:			
a Certain dividends received	4a		
b Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P L 113-295, Div A, section 221(a)(4)(A), Dec 19, 2014, 128 Stat 4043)	4b		
c Dividends paid to an ESOP that are deductible under section 404(k)	4c		
d Nonpatronage dividends that are paid and deductible under section 1382(c)	4d		
e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e		
f Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e		4f	
5 Other adjustments based on rules for figuring E&P:			
a Intangible drilling costs	5a		
b Circulation expenditures	5b		
c Organizational expenditures	5c		
d LIFO inventory adjustments	5d		
e Installment sales	5e		
f Total other E&P adjustments. Combine lines 5a through 5e		5f	
6 Disallowance of loss on exchange of debt pools		6	
7 Acquisition expenses of life insurance companies for qualified foreign contracts		7	
8 Depletion		8	
9 Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property		9	
10 Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626		10	-676,302.

Form 990-T	Description of Organization's Primary Unrelated Business Activity	Statement	1
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Food Services, Off-Premises Housekeeping and Maintenance, Off-Premises Meals, EAP Services, and Partnership Income

To Form 990-T, Page 1

Form 990-T	Other Income	Statement	2
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Description	Amount
Parking Fringe Benefits subject to 512(a)(7)	126,677.
Total to Form 990-T, Page 1, line 12	126,677.

Form 990-T	Contributions	Statement	3
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Description/Kind of Property	Method Used to Determine FMV	Amount
Public Charities	N/A	80,000.
Total to Form 990-T, Page 1, line 20		80,000.

Form 990-T	Other Deductions	Statement	4
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Description	Amount
Supplies	185,607.
Purchased Services	183,408.
Other Expenses	12,756.
Allocated Courier	7,850.
Allocated Admin & General	669,875.
Allocated Occupancy	358,569.
Total to Form 990-T, Page 1, line 28	1,418,065.

Concord Hospital, Inc.

22-2594672

Form 990-T Parent Corporation's Name and Identifying Number Statement 5

Corporation's Name

Identifying No

Capital Region Health Care Corp.

02-0222123

Form 990-T

Contributions Summary

Statement 6

Qualified Contributions Subject to 100% Limit

Carryover of Prior Years Unused Contributions

For Tax Year 2012	
For Tax Year 2013	
For Tax Year 2014	
For Tax Year 2015	
For Tax Year 2016	294,700

Total Carryover	294,700
Total Current Year 10% Contributions	80,000

Total Contributions Available	374,700
Taxable Income Limitation as Adjusted	0

Excess 10% Contributions	374,700
Excess 100% Contributions	0
Total Excess Contributions	374,700

Allowable Contributions Deduction		0
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Total Contribution Deduction		0
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Form 990-T Net Operating Loss Deduction Statement 7

Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
09/30/98	135,119.	0.	135,119.	135,119.
09/30/99	341,642.	0.	341,642.	341,642.
09/30/00	639,659.	0.	639,659.	639,659.
09/30/01	589,802.	0.	589,802.	589,802.
09/30/02	550,202.	0.	550,202.	550,202.
09/30/03	993,158.	0.	993,158.	993,158.
09/30/04	1,014,655.	0.	1,014,655.	1,014,655.
09/30/05	1,097,871.	0.	1,097,871.	1,097,871.
09/30/06	600,651.	0.	600,651.	600,651.
09/30/07	599,470.	0.	599,470.	599,470.
09/30/08	720,250.	0.	720,250.	720,250.
09/30/09	626,533.	0.	626,533.	626,533.
09/30/10	530,962.	0.	530,962.	530,962.
09/30/11	678,884.	0.	678,884.	678,884.
09/30/12	749,658.	0.	749,658.	749,658.
09/30/13	601,618.	0.	601,618.	601,618.
09/30/14	379,292.	0.	379,292.	379,292.
09/30/15	620,049.	0.	620,049.	620,049.
09/30/16	676,172.	0.	676,172.	676,172.
09/30/17	898,151.	0.	898,151.	898,151.
NOL Carryover Available This Year			13,043,798.	13,043,798.

Form 990-T Income (Loss) from Partnerships Statement 8

Partnership Name	Gross Income	Deductions	Net Income or (Loss)
Yankee Alliance	18,724.	0.	18,724.
Davidson Kempner Institutional	-2,519.	0.	-2,519.
Total to Form 990-T, Page 1, line 5	16,205.	0.	16,205.

Form 990-T	Cost of Goods Sold - Other Costs	Statement	9
<u>Description</u>		<u>Amount</u>	
Depreciation		13,952.	
Total to Form 990-T, Schedule A, line 4b		13,952.	

Form 4626

AMT Contribution Limitation

Statement 10

1) Regular taxable income before NOL, charitable contributions, and Domestic Production Activities Deduction (DPAD)	-690,254
2) Add: Other AMT adjustment and preference items other than ACE, charitable contributions and DPAD	0
<hr/>	
3) Preadjustment AMTI before ACE, charitable deductions, NOL and DPAD	-690,254
4) ACE adjustment items	13,952
<hr/>	
5) ACE without charitable contributions (line 3 plus line 4)	-676,302
6) Line 5 less line 3 (enter excess as a negative amount)	13,952
7) Multiply line 6 by 75%. Enter result as a positive amount	10,464
8) Enter excess of the corporation's prior year net increases in AMTI due to ACE	
9) ACE adjustment: If line 6 is positive or zero enter the amount from line 7 here as a positive amount If line 6 is negative, enter the smaller of line 7 or line 8 here as a negative amount	10,464
<hr/>	
10) AMTI without charitable contributions, NOL and DPAD (line 3 plus line 9)	-679,790
11) Contribution limitation to calculate 90% AMTI limitation for NOL(line 10 plus special deductions not previously included in the ACE adjustment on line 9 above, multiplied by 10%).	0
12) Total available contributions	374,700
<hr/>	
13) Contribution deduction to calculate 90% AMTI limitation for NOL (lesser of line 11 or line 12)	0
<hr/>	
14) AMTI for purposes of 90% NOL Limitation (line 10 less line 13)	-679,790
15) NOL limitation (90% of line 14).	-611,811
16) Total NOL available	3,158,363
<hr/>	
17) AMT NOL (lesser of line 15 or line 16)	0
<hr/>	
18) AMTI for charitable deduction limitation (line 10 plus special deductions less AMT NOL on line 17)	-679,790
19) 10% of line 18	0
<hr/>	
20) AMT charitable deduction (lesser of Line 12 or line 19)	0
21) Regular contribution deduction	0
<hr/>	
22) AMT contribution adjustment (line 21 less line 20)	0
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Form 4626

AMT Contributions

Statement 11

Carryover of Prior Years Unused Contributions

For Tax Year 2012

For Tax Year 2013

For Tax Year 2014

For Tax Year 2015

For Tax Year 2016

294,700

Total Carryover

294,700

Current Year Contributions

80,000

Total Contributions

374,700

10% of Taxable Income as Adjusted

0

Excess Contributions

374,700

Allowable Contributions

0

Form 4626 Alternative Minimum Tax NOL Deduction Statement 12

Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining
09/30/13	601,618.	0.	601,618.
09/30/14	379,292.	0.	379,292.
09/30/15	620,049.	0.	620,049.
09/30/16	667,401.	0.	667,401.
09/30/17	890,003.	0.	890,003.
AMT NOL Carryover Available this Year			3,158,363.

Net Positive ACE Adjustment From Prior Years Statement 13

Tax Year	Original	Previously Applied	Remaining	Available This Year
09/30/16	8,771.	0.	8,771.	8,771.
09/30/17	8,148.	0.	8,148.	8,148.
Available for Credit			16,919.	16,919.