efi	le GRAPHIC pri	nt - DC	NOT PROCESS As Filed Data -	DLN	: 93393315012411
	990-T		Exempt Organization Business Income Tax Returi	า	OMB No. 1545-0047
Forr	- 33U-I		(and proxy tax under section 6033(e))		2020
		For	r calendar year 2020 or other tax year beginning 01-01-2020 and ending 12-31-2020)	2020
_		'	· · · · · · · · · · · · · · · · · · ·		Open to Public
	rtment of the Treasury nal Revenue Service	►Do	► Go to www.irs.gov/Form990T for instructions and the latest information. not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	Inspection for 501(c)(3) Organizations Only
A	Check box if address changed.	- Print	Name of organization (\square Check box if name changed and see instructions.) COMMUNITY HEALTH NETWORK INC		nployer identification number 83617
	Exempt under section 501(c3)	E Group exemption number (see instructions)			
	408(e) 220(e) 408A 530(a)	F 🗌	Check box if an amended return.		
L] 529(a)	C Boo	k value of all assets at end of year ▶ 4,686,757,579		
G	Check organization t			icable r	reinsurance entity
H	Check if filing only to	o ▶ [Claim credit from Form 8941 Claim a refund shown on Form 2439		
I	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a $501(c)(2)$ titleholding corporation		▶ □
			d Schedules A (Form 990-T)		
	= : :		corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group	?	. ► 🗌 Yes 🗹 No
	· · · · · · · · · · · · · · · · · · ·		identifying number of the parent corporation ▶		
L	The books are in car		RIAN MCCONNELL Telephoi 180 CLEARVISTA PARKWAY SUITE 200	ne num	ber ► (317) 355-4212
			NDIANAPOLIS, IN 46256		
P	art I Total Un	relate	d Business Taxable Income		
1	Total of unrelated instructions)		s taxable income computed from all unrelated trades or businesses (see	1	577,482
2	Reserved .			2	
3	Add lines 1 and 2	2		3	577,482
4		•	see instructions for limitation rules)	4	49,039
5			axable income before net operating losses. Subtract line 4 from line 3	5	528,443
6			ng loss. See instructions 🐕 🕟 🕟 🕟 🔻 🔻	6	86,095
7	Total of unrelated Subtract line 6 from		ss taxable income before specific deduction and section 199A deduction.	7	442,348
8	Specific deduction	n (gener	ally \$1,000, but see instructions for exceptions)	8	1,000
9	•		luction. See instructions	9	,
10	Total deduction	ı s. Add li	nes 8 and 9	10	1,000
11		ıess tax	able income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter		
				11	441,348
	rt III Tax Con	•			
1	-		as corporations. Multiply Part I, line 11 by 21% (0.21)	1	92,683
2	Part I, line 11 fro	ım: 🗆	rates. See instructions for tax computation. Income tax on the amount on Tax rate schedule or ☐ Schedule D (Form 1041)	2	
3	Proxy tax. See in		.	3	
4	Other tax amount			4	
5	Alternative minim		` ''	5	
6		•	acility income. See instructions	6	03.603
7 For I			h 6 to line 1 or 2, whichever applies	7	92,683 Form 990-T (2020)
	apermonk Reduction		de, dee medadono.		101111 330-1 (2020)

orm	990-T (2	020)								F	Page 2
Part	31111	Tax and Payments									
1a	Foreign	tax credit (corporations attach Form 1118	; trusts attach Fo	rm 1116)	1a						
b	Other cr	edits (see instructions)			1b						
С	General	business credit. Attach Form 3800 (see in	structions)		1c						
d	Credit fo	or prior year minimum tax (attach Form 88	301 or 8827) .		1 d						
е		redits. Add lines 1a through 1d						1e	<u></u>		
2		cline 1e from Part II, line 7	<u>.</u>					2	ļ	9	2,683
3	Other ta	xes. Check if from: \square Form 4255 \square Other (attach sta		Form 869	7 L • •	J Form 8866 • • • • •		3			
4	Total ta	x. Add lines 2 and 3 (see instructions). [Check if include	es tax previ	ously o	deferred under	_	4		9	2,683
5	2020 ne	t 965 tax liability paid from Form 965-A o	r Form 965-B, Pa	rt II, colum	n (k),	line 4		5			0
6a	Paymen	ts: A 2019 overpayment credited to 2020			6a		50,000				
b	2020 es	timated tax payments. Check if section 64	3(g) election app	lies ▶ 🗌	6b						
c	Tax dep	osited with Form 8868			6 c						
d	Foreign	organizations: Tax paid or withheld at sou	rce (see instructi	ons) .	6d						
е	Backup	withholding (see instructions)			6e						
f	Credit fo	or small employer health insurance premiu	ms (attach Form	8941) .	6f						
g		edits, adjustments, and payments:	orm 2439	 Total ▶	6g						
7	Total p	ayments. Add lines 6a through 6g						7		5	0,000
8	Estimate	ed tax penalty (see instructions). Check if	Form 2220 is atta	ached 🐒			. ▶ ☑	8			
9		e. If line 7 is smaller than the total of lines			wed		>	9		4	2,683
10	Overpa	yment. If line 7 is larger than the total of	lines 4, 5, and 8,	enter amo	unt ov	erpaid	>	10			
11	Enter th	e amount of line 10 you want: Credited t	o 2021 estimate	ed tax▶		Re	funded▶	11			
Par	t IV	Statements Regarding Certain Act	tivities and Ot	her Info	rmati	on (see insti	ructions)				
1	financial Report o	ime during the 2020 calendar year, did th account (bank, securities, or other) in a f of Foreign Bank and Financial Accounts. If	oreign country? I "Yes," enter the r	f "Yes," the name of the	organ foreig	ization may ha	ave to file Fi		Form 114,	Yes	No
2		he tax year, did the organization receive a				antor of, or tra	ansferor to,	a foreio		100	No
	_	see instructions for other forms the organ		•	,	,	,	•	´ F		
3	Enter th	e amount of tax-exempt interest received	or accrued during	the tax ye	ear		▶ \$				
4a	Did the	organization change its method of accoun	ting? (see instruct	tions) .							No
4b	If 4a is	'Yes," has the organization described the	change on Form 9	90, 990-EZ	z, 990-	PF, or Form 1:	128? If "No,	' expla	in in Part V		
Par	t V S	Supplemental Information									
Provid	de the ex	planation required by Part IV, line 4b. Also	provide any othe	er addtiona	l inforr	nation. See in	structions.				
Sig	belie	er penalties of perjury, I declare that I have exar of, it is true, correct, and complete. Declaration o									e and
He	1 4	JASON FAHRLANDER	2021-11-11	EVP COO				with th	e IRS discuss th	vn bel <u>ov</u>	w I
		Signature of officer	Date	Title				(see in	structions)? 🗹	Yes L	No
Paid		Print/Type preparer's name CASSE TATE	Preparer's signature	•		Date 2021-11-11	Check it	1.01.	N 271193		
Pre	parer	Firm's name KSM BUSINESS SERVICE	S INC				Firm's EIN ▶	_	!3203		
use	Only	Firm's address ► PO BOX 40857					Phone no. (3	17) 580	-2000		
		INDIANAPOLIS, IN 4624	0								
		•							Form 9	90-T ((2020)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

Name: COMMUNITY HEALTH NETWORK INC

DLN: 93393315012411

EIN: 35-0983617

Total gross receipts

Partnership or S Corporation name	Share of gross income	Share of deductions	Gain or loss
MICHIGAN SURGERY INVESTMENT LLC	513,636	0	513,636

Total share of gross income: 513,636

Total share of deductions: 0

Total gain or loss: 513,636

Partnership or S Corporation name

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

Name: COMMUNITY HEALTH NETWORK INC.

Share of gross income

33,131

EIN: 35-0983617

Total gross receipts

UNITED HOSPITAL SERVICES LLC

Total share of gross income: 33,131

Total share of deductions: 0

Total gain or loss: 33,131

DLN: 93393315012411

Gain or loss

Share of deductions

33,131

Name: COMMUNITY HEALTH NETWORK INC.

EIN: 35-0983617

Total gross receipts

KLH CAPITAL FUND IV LP

Partnership or S Corporation name

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

Share of gross income

30,715

Share of deductions



DLN: 93393315012411



Total share of gross income: 30,715

Total share of deductions: 0

Total gain or loss: 30,715

TY 2020 OtherDeductionSchedule

Name: COMMUNITY HEALTH NETWORK INC

EIN: 35-0983617

Form 4562 amount:

Form 8873 amount:

Management fees (nonemployees):

Legal fee amount:

Accounting amount:

Lobbying amount:

Investment management amount:

Advertising and promotion amount:

Insurance amount:

Occupancy amount:

Travel amount:

Information technology amount:

Office expenses amount:

Other type of deduction Other type deduction amount

CBI EXPENSES 1,039,977

TY 2020 OtherDeductionSchedule

Name: COMMUNITY HEALTH NETWORK INC

EIN: 35-0983617

Form 4562 amount:

Form 8873 amount:

Management fees (nonemployees):

Legal fee amount:

Accounting amount:

Lobbying amount:

Investment management amount:

Advertising and promotion amount:

Insurance amount:

Occupancy amount:

Travel amount:

Information technology amount:

Office expenses amount:

 Other type of deduction
 Other type deduction amount

 INTEREST EXPENSE
 12,378,043

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93393315012411

TY 2020 OtherDeductionSchedule

Name: COMMUNITY HEALTH NETWORK INC

EIN: 35-0983617

Form 4562 amount:

Form 8873 amount:

Management fees (non-

employees):

Legal fee amount:

Accounting amount:

Lobbying amount:

Investment management amount:

Advertising and promotion

amount:

Insurance amount:

Occupancy amount:

Travel amount:

Information technology amount:

Office expenses amount:

Other type of deduction	Other type deduction amount
INFORMATION TECHNOLOGY	2,469,156
OFFICE	147,579
OTHER PROFESSIONAL FEES	243,517

TY 2020 OtherIncomeSchedule3		

Name: COMMUNITY HEALTH NETWORK INC.

DLN: 93393315012411

EIN: 35-0983617

Form Number or IRC Section Number	Other income description	Other income amount
	TECHNOLOGY INCOME	1,039,977

Total Other Income Amount: 1,039,977

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Name: COMMUNITY HEALTH NETWORK INC

EIN: 35-0983617

Form Number or IRC Section Number	Other income description	Other income amount
	INVESTMENT INCOME EARNED ON TAXABLE BOND PROCEEDS	4,249,888

DLN: 93393315012411

Total Other Income Amount: 4,249,888

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Name: COMMUNITY HEALTH NETWORK INC

DLN: 93393315012411

EIN: 35-0983617

Form Number or IRC Section Number

REID HOSPITAL RECORD MGMT

Other income description

4,329,650

Total Other Income Amount: 4,329,650

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efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93393315012411

TY 2020 Pre2018NOLSchedule

Name: COMMUNITY HEALTH NETWORK INC

EIN: 35-0983617

Pre-2018 NOL carried forward

from prior year: 86,095

Pre-2018 NOL Included in NOL

deduction: 86,095

Pre-2018 NOL Activities Included on Schedule A

Activity code	Post-2017 Carried Over to Subsequent Tax Years
541519	0
900003	0
900099	0
533110	0
900003	0
900003	0

Total Pre-2018 NOL Activities
Included on Schedule A: 0

Total Pre-2018 NOLs Applied: 86,095

Balance remaining after total Pre-

fter total Pre-**2018 applied:** 442,348

Pre-2018 NOL Expiring Current

Year: 0

Pre-2018 Carried Over to Subsequent Tax Years: 0

efile GRAPHIC print - DO NOT PROCESS						DLN:	93393315012411	
SCI	HEDULE A	Unrelated Bus	iness	Taxable I	ncon	ne		OMB No. 1545-0047
(Fo	rm 990-T)	From an Unrel						2020
	tment of the Treasury al Revenue Service	► Go to www.irs.gov/Form9907 ► Do not enter SSN numbers on this form a					(3).	Open to Public Inspection for 501(c)(3) Organizations Only
	Name of the organization COMMUNITY HEALTH NETWORK INC 35-0983617					ation	number	
c l	Jnrelated business ac	ctivity code (see instructions) ► 541519	D Sequ	ence:	1	of		6
E [Describe the unrelate	ed trade or business ▶ TECHNOLOGY INCO	ME					
Pa	rt I Unrelated	Trade or Business Income		(A) Incom	ie	(B) Expense	s	(C) Net
1a	Gross receipts or sa	ales						
b	Less returns and allow	wances c Balance	• ► <u>1c</u>					
2	Cost of goods sold	(Part III, line 8)						
3		act line 2 from line 1c	. 3					
4a		come (attach Sch D (Form 1041 or Form tions)	. 4a					
b	Net gain (loss) (For	rm 4797) (attach Form 4797) (see instruction	ns) 4b					
c	Capital loss deducti	ion for trusts	4c					
5	` ,	a partnership or an S corporation (attach	. 5					
6	Rent income (Part I	IV)	. 6		0		0	
7	Unrelated debt-fina	anced income (Part V)	. 7		0		0	
8		royalties, and rents from a controlled VI)	. 8		0		0	
9	Investment income organizations (Part	of section 501(c)(7), (9), or (17)	. 9		0		0	
10		ictivity income (Part VIII)						
11	Advertising income	(Part IX)	. 11		0		0	
12	Other income (see	instructions; attach statement)	. 12	1,0	39,977			1,039,977
13	Total. Combine line	es 3 through 12	. 13	1,0	39,977		0	1,039,977
Pai		ns Not Taken Elsewhere (See instruming with the unrelated business income	uctions 1	for limitations o	n deduc	ctions) Deductio	ns m	ust be directly
1	Compensation of of	fficers, directors, and trustees (Part X) .					1	0
2	Salaries and wages						2	
3	Repairs and mainte	enance					3	
4	Bad debts						4	
5		atement) (see instructions)					5	
6							6	
7		h Form 4562) (see instructions)		7				
8	•	laimed in Part III and elsewhere on return		8a			8b	
9							9	
10		ferred compensation plans					10	
11		programs					11	
12 13		enses (Part VIII)					12	0
14		attach statement) 🕏					14	1,039,977
15	·						15	1,039,977
16		income before net operating loss deductio					16	0
17		pperating loss (see instructions)					17	0

Unrelated business taxable income. Subtract line 17 from line 16 . . For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

18

Sche	dule A (Form 990-T) 2020				Page 2
Par	Cost of Goods Sold Enter m	ethod of inventory va	aluation >		_
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)		4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6				
9	Do the rules of section 263A (with respect to pro-	· · · · · · · · · · · · · · · · · · ·			∐ Yes ☐ No
Par	`	-			
1	Description of property (property street address	, city, state, ZIP code).	Check if a dual-use (see	instructions)	
	A				
	B L				
	c ⊔				
	D D	A	В	С	
2	Rent received or accrued	A	В		<u> </u>
_	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)				
С	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D.				
	, ,				
3	Total rents received or accrued. Add line 2c colu	mns A through D. Enter	here and on Part I, line	6, column (A) . ► _	0
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement) .				
5	Total deductions. Add line 4 columns A throug	h D. Enter here and on	Part I, line 6, column (B)		0
Day	t V Unrelated Debt-Financed Incom	a (see instructions)			
	Description of debt-financed property (property		to ZID and a) Charle if a	d	
1	A □	street address, city, sta	te, ZIP code). Check if a	dual-use (see instruction	15)
	в				
	c □				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-				
	financed property				
3	Deductions directly connected with or allocable to debt-financed property				
	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or				
•	allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income. (add line 7, columns A th	rough D). Enter here and	d on Part I, line 7, colum	n (A) ▶ _	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colum	ns A through D. Enter h	ere and on Part I, line 7,	column (B) · · ► _	0
11	Total dividends-received deductions include	d in line 10	<u></u>	<u></u> ▶ _	0
				Schedule A	(Form 990-T) 2020

Schedule Part VI	A (Form 990-T) 2020 Interest, Annuit	ios Dovo	ltice and De	mto from	m Combuol	lad Over	tio	/soo instrusti	2001	Page 3
Part V.	Interest, Annuit	ies, Roya	Titles, and Ke	ents troi	n Control			ed Organization		
				2 Not	unrelated		of specified	5. Part of colu		6. Deductions directly
1. N	lame of controlled organi	ization	2. Employer identification number	incom	unrelated le (loss) ltructions)		nts made	that is included in the control organization gross incorporations	ded lling n's	connected with income in column 5
(1)								_		
(2)										
(3)										
(4)										
			Non	exempt C	ontrolled Or	ganization:	S			
7	. Taxable income	inco	et unrelated ome (loss) instructions)		Total of spe payments m		that is in controlling	of column 9 cluded in the organization's s income		Deductions directly connected with ncome in column 10
(1)										
(2)										
(3)										
(4)										
Totals . Part VI	I Investment Income	me of a		(c)(7), (9), or (1 7 3. Deduc	7) Organ	ization (setly 4	column (A) 0 ee instructions Set-asides ach statement)	5)	5. Total deductions and set-asides
					1	statement			(add columns 3 and 4)
(1)										
(2)										
(3)										
(4)			Add amounts in c Enter here and c line 9, colum	on Part I, n (A)						add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	<u></u>			0						0
Part VI	<u> </u>	-	ty Income, (Other Th	an Adver	tising In	icome (see	instructions)		
1 Des	scription of exploited acti	vitiy:								
2 Gro	ss unrelated business in	come from	trade or busine	ss. Enter l	here and on	Part I, line	e 10, column	(A)	2	
	penses directly connected umn (B)								3	
	income (loss) from unress 5 through 7		or business. Su			_	ain, complete		4	
5 Gro	ss income from activity t	that is not u	unrelated busine	ess incom	e				5	
6 Exp	enses attributable to inc	ome entere	d on line 5					[6	
	ess exempt expenses. S								7	

	dule A (Form 990-T) 2020				Page 4
	Advertising Income				
1	Name(s) of periodical(s). Check box if reporting $\mathbf{A} \square$	two or more periodical	s on a consolidated basi	S.	
	в 🗆				
	c 🗆				
	D 🗆				
Enter	amounts for each periodical listed above in the c	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (B)		0
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the grea	ater of the columns tota	l or zero here and on Pa	ort II, line 13 ►	0
Pai	rt X Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
	1. Name	:	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)					
(2) (3)					
(4)					
	l. Enter here and on Part II, line 1				0
Par	t XI Supplemental Information (see i	nstructions)			
	``				
				Schedul	e A (Form 990-T) 2020

efil	e GRAPHIC prin	t - DO NOT PROCESS	As Filed [Data -	rta - DLN: 93393315012411							
SC	HEDULE A	Unrela	ated Bus	siness	Ta	xable Ir	ncon	ne			OMB No. 1545-0047	
(Fo	rm 990-T)					de or Bu					2020	
											2020	
	tment of the Treasury	► Go to www.irs.go ► Do not enter SSN numbers								(3).	Open to Public Inspection for	
	al Revenue Service										501(c)(3) Organizations Only	
	Name of the organiza MUNITY HEALTH NE							ıployer id 83617	entific	ation	number	
c (Inrelated business a	ctivity code (see instructions)	\ ► 900003	D Segu	ence.		2		of		6	
	omerated pasmess a	envity code (See mondenons)		1 3094		'						
E [Describe the unrelate	ed trade or business ▶ MICHI	GAN SURGE	RY INVEST	TMEN	Т						
Pa	rt I Unrelated	Trade or Business Inco	ome			(A) Income		(B) E	cpense	s	(C) Net	
1a	Gross receipts or s	ales										
b	Less returns and allow	wances	c Balanc	:e ▶ 1c								
2		(Part III, line 8)										
3	-	act line 2 from line 1c										
4a		come (attach Sch D (Form 10										
	1120)) (see instruc	ctions)		. 4a			0				0	
b	Net gain (loss) (Fo	rm 4797) (attach Form 4797)) (see instruction	ons) 4b								
	Capital loss deduct			4c								
5	` ,	a partnership or an S corpor	*	I .	9	E41	2 626				F12 626	
•	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			729	51.	3,636 0			0	513,636	
6 7	`	anced income (Part V)		· —	+		0			0		
8		royalties, and rents from a c		· -	+		- 0			0		
0		VI)		. 8			o			0		
9	Investment income	e of section 501(c)(7), (9), or	(17)									
		(VII)					0			0		
10		activity income (Part VIII) .			+							
11	-	(Part IX)			+		0			0		
12	•	instructions; attach statemen	•									
13		es 3 through 12					3,636			0	513,636	
Pai		ns Not Taken Elsewher		ructions	for li	mitations on	deduc	ctions) De	eductio	ns m	ust be directly	
_		with the unrelated busine								۱.		
1	•	fficers, directors, and trustee	s (Part X) .							1	0	
2	Salaries and wages									2		
3 4	Repairs and mainted Bad debts									3 4		
5		atement) (see instructions)					• •			5		
6		· · · · · · · · · · · · ·								6		
7		th Form 4562) (see instructio					ı		•			
8		laimed in Part III and elsewh	-	1 .		8a				8b		
9	Depletion						٠			9		
10	Contributions to de	ferred compensation plans .								10		
11	Employee benefit p	programs								11		
12	Excess exempt exp	penses (Part VIII)								12		
13	Excess readership	costs (Part IX)								13	0	
14	Other deductions (attach statement)								14		
15		=								15	0	
16	Unrelated business	income before net operating	loss deduction	on Subtra	act lin	e 15 from Part	t T line	13 colum	n (C)	16	513 636	

17 17 Deduction for net operating loss (see instructions)

Unrelated business taxable income. Subtract line 17 from line 16 18 513,636

Sche	dule A (Form 990-T) 2020				Page 2
Par	Cost of Goods Sold Enter m	ethod of inventory va	aluation >		_
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)		4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6				
9	Do the rules of section 263A (with respect to pro-	· · · · ·			∐ Yes ☐ No
Par	`	-			
1	Description of property (property street address	, city, state, ZIP code).	Check if a dual-use (see	instructions)	
	A				
	B L				
	c ⊔				
	D D	A	В	С	
2	Rent received or accrued	A	В		<u> </u>
_	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)				
С	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D.				
	, ,				
3	Total rents received or accrued. Add line 2c colu	mns A through D. Enter	here and on Part I, line	6, column (A) . ► _	0
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement) .				
5	Total deductions. Add line 4 columns A throug	h D. Enter here and on	Part I, line 6, column (B)		0
Day	t V Unrelated Debt-Financed Incom	a (see instructions)			
	Description of debt-financed property (property		to ZID and a) Charle if a	d	
1	A □	street address, city, sta	te, ZIP code). Check if a	dual-use (see instruction	15)
	в				
	c □				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-				
	financed property				
3	Deductions directly connected with or allocable to debt-financed property				
	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or				
•	allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income. (add line 7, columns A th	rough D). Enter here and	d on Part I, line 7, colum	n (A) ▶ _	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colum	ns A through D. Enter h	ere and on Part I, line 7,	column (B) · · ► _	0
11	Total dividends-received deductions include	d in line 10	<u></u>	<u></u> ▶ _	0
				Schedule A	(Form 990-T) 2020

Schedule Part VI	A (Form 990-T) 2020 Interest, Annuit	ios Dovo	ltice and De	mto from	m Combuol	lad Over	tio	/soo instrusti	2001	Page 3
Part V.	Interest, Annuit	ies, Roya	Titles, and Ke	ents troi	n Control			ed Organization		
				2 Not	unrelated		of specified	5. Part of colu		6. Deductions directly
1. N	lame of controlled organi	ization	2. Employer identification number	incom	unrelated le (loss) ltructions)		nts made	that is included in the control organization gross incorporations	ded lling n's	connected with income in column 5
(1)								_		
(2)										
(3)										
(4)										
			Non	exempt C	ontrolled Or	ganization:	S			
7	. Taxable income	inco	et unrelated ome (loss) instructions)		Total of spe payments m		that is in controlling	of column 9 cluded in the organization's s income		Deductions directly connected with ncome in column 10
(1)										
(2)										
(3)										
(4)										
Totals . Part VI	I Investment Income	me of a		(c)(7), (9), or (1 7 3. Deduc	7) Organ	ization (setly 4	column (A) 0 ee instructions Set-asides ach statement)	5)	5. Total deductions and set-asides
					1	statement			(add columns 3 and 4)
(1)										
(2)										
(3)										
(4)			Add amounts in c Enter here and c line 9, colum	on Part I, n (A)						add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	<u></u>			0						0
Part VI	<u> </u>	-	ty Income, (Other Th	an Adver	tising In	icome (see	instructions)		
1 Des	scription of exploited acti	vitiy:								
2 Gro	ss unrelated business in	come from	trade or busine	ss. Enter l	here and on	Part I, line	e 10, column	(A)	2	
	penses directly connected umn (B)								3	
	income (loss) from unress 5 through 7		or business. Su			_	ain, complete		4	
5 Gro	ss income from activity t	that is not u	unrelated busine	ess incom	e				5	
6 Exp	enses attributable to inc	ome entere	d on line 5					[6	
	ess exempt expenses. S								7	

	dule A (Form 990-T) 2020				Page 4
	Advertising Income				
1	Name(s) of periodical(s). Check box if reporting $\mathbf{A} \square$	two or more periodical	s on a consolidated basi	S.	
	в 🗆				
	c 🗆				
	D 🗆				
Enter	amounts for each periodical listed above in the c	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (B)		0
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the grea	ater of the columns tota	l or zero here and on Pa	ort II, line 13 ►	0
Pai	rt X Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
	1. Name	:	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)					
(2) (3)					
(4)					
	l. Enter here and on Part II, line 1				0
Par	t XI Supplemental Information (see i	nstructions)			
	``				
				Schedul	e A (Form 990-T) 2020

efile GRAPHIC print - DO NOT PROCESS As Filed Data -											DLN:	93393315012411
SCI	HEDULE A	Unrela	ated Bus	siness	Tax	able Ir		OMB No. 1545-0047				
(Fo	rm 990-T)		n Unrel						matic	n		2020
	ment of the Treasury al Revenue Service				structions and the latest information. be made public if your organization is a 501(c)(3).							Open to Public Inspection for 501(c)(3) Organizations Only
	lame of the organiza MUNITY HEALTH NET							n ploy 983617		ntific	ation	number
c (Inrelated business ac	ctivity code (see instructions) ▶ 900099	D Sequ	Sequence: 3 of					6		
E [Describe the unrelate	d trade or business > TAXA	BLE BOND IS:	SUED								
Pa	rt I Unrelated	Trade or Business Inc	ome		(A) Income	•	(E	B) Exp	ense	es	(C) Net
1a	Gross receipts or sa	ales										
b	Less returns and allov	vances	c Balanc	:e ▶ 1 c								
2	Cost of goods sold	(Part III, line 8)		. 2								
3	Gross Profit. Subtra	act line 2 from line 1c		. 3								
4a		ome (attach Sch D (Form 10 tions)		. 4a								
b	Net gain (loss) (For	m 4797) (attach Form 4797) (see instruction	ons) 4b								
С	Capital loss deducti	on for trusts		4c								
5	, ,	a partnership or an S corpo										
6	Rent income (Part I	(V)		. 6			0				0	
7	Unrelated debt-fina	nced income (Part V)		. 7			0				0	
8		royalties, and rents from a (/I)		. 8			0				0	
9	Investment income organizations (Part	of section 501(c)(7), (9), o	(17)	. 9			0				0	
10	Exploited exempt a	ctivity income (Part VIII) .										
11	Advertising income	(Part IX)					0				0	
12	•	instructions; attach stateme	•		9	4,24	9,888					4,249,888
13	Total. Combine line	es 3 through 12		. 13		4,24	9,888				0	4,249,888
Pai		ns Not Taken Elsewher with the unrelated busin		ructions	for limi	tations on	dedu	ctions) Dec	luctio	ons m	ust be directly
1	Compensation of of	ficers, directors, and trustee	es (Part X) .								1	0
2	Salaries and wages										2	
3	Repairs and mainte	nance									3	
4										•	4	
5	•	tement) (see instructions)							٠.	•	5	_
6										•	6	
7		h Form 4562) (see instruction	-			7					ا ہے ا	
8	•	laimed in Part III and elsewh				8a					8b 9	
9		ferred compensation plans .							٠.	•	$\overline{}$	
10 11		rerred compensation plans . rograms								•	10	
12		enses (Part VIII)							٠.	•	12	
13		costs (Part IX)							٠.	•	13	0
14	•								٠.	•	14	12,378,043
15										•	15	12,378,043
	. Jean academonisi	, aa mies I anough IT			• •		• •				<u> </u>	12,370,043

Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 -8,128,155 16 17

18

Sche	dule A (Form 990-T) 2020				Page 2
Par	Cost of Goods Sold Enter m	ethod of inventory va	aluation >		_
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)		4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6				
9	Do the rules of section 263A (with respect to pro-	· · · · ·			∐ Yes ☐ No
Par	`	-			
1	Description of property (property street address	, city, state, ZIP code).	Check if a dual-use (see	instructions)	
	A				
	B L				
	c ⊔				
	D D	A	В	С	
2	Rent received or accrued	A	В		<u> </u>
_	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)				
С	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D.				
	, ,				
3	Total rents received or accrued. Add line 2c colu	mns A through D. Enter	here and on Part I, line	6, column (A) . ► _	0
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement) .				
5	Total deductions. Add line 4 columns A throug	h D. Enter here and on	Part I, line 6, column (B)		0
Day	t V Unrelated Debt-Financed Incom	a (see instructions)			
	Description of debt-financed property (property		to ZID and a) Charle if a	d	
1	A □	street address, city, sta	te, ZIP code). Check if a	dual-use (see instruction	15)
	в				
	c □				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-				
	financed property				
3	Deductions directly connected with or allocable to debt-financed property				
	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or				
•	allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income. (add line 7, columns A th	rough D). Enter here and	d on Part I, line 7, colum	n (A) ▶ _	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colum	ns A through D. Enter h	ere and on Part I, line 7,	column (B) · · ► _	0
11	Total dividends-received deductions include	d in line 10	<u></u>	<u></u> ▶ _	0
				Schedule A	(Form 990-T) 2020

Schedule Part VI	A (Form 990-T) 2020 Interest, Annuit	ios Dovo	ltice and De	mto from	m Combuol	lad Over	tio	/soo instrusti	2001	Page 3
Part V.	Interest, Annuit	ies, Roya	Titles, and Ke	ents troi	n Control			ed Organization		
				2 Not	unrelated		of specified	5. Part of colu		6. Deductions directly
1. N	lame of controlled organi	ization	2. Employer identification number	incom	unrelated le (loss) ltructions)		nts made	that is included in the control organization gross incorporations	ded lling n's	connected with income in column 5
(1)								_		
(2)										
(3)										
(4)										
			Non	exempt C	ontrolled Or	ganization:	S			
7	. Taxable income	inco	et unrelated ome (loss) instructions)		Total of spe payments m		that is in controlling	of column 9 cluded in the organization's s income		Deductions directly connected with ncome in column 10
(1)										
(2)										
(3)										
(4)										
Totals . Part VI	I Investment Income	me of a		(c)(7), (9), or (1 7 3. Deduc	7) Organ	ization (setly 4	column (A) 0 ee instructions Set-asides ach statement)	5)	5. Total deductions and set-asides
					1	statement			(add columns 3 and 4)
(1)										
(2)										
(3)										
(4)			Add amounts in c Enter here and c line 9, colum	on Part I, n (A)						add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	<u></u>			0						0
Part VI	<u> </u>	-	ty Income, (Other Th	an Adver	tising In	icome (see	instructions)		
1 Des	scription of exploited acti	vitiy:								
2 Gro	ss unrelated business in	come from	trade or busine	ss. Enter l	here and on	Part I, line	e 10, column	(A)	2	
	penses directly connected umn (B)								3	
	income (loss) from unress 5 through 7		or business. Su			_	ain, complete		4	
5 Gro	ss income from activity t	that is not u	unrelated busine	ess incom	e				5	
6 Exp	enses attributable to inc	ome entere	d on line 5					[6	
	ess exempt expenses. S								7	

	dule A (Form 990-T) 2020				Page 4
	Advertising Income				
1	Name(s) of periodical(s). Check box if reporting $\mathbf{A} \square$	two or more periodical	s on a consolidated basi	S.	
	в 🗆				
	c 🗆				
	D 🗆				
Enter	amounts for each periodical listed above in the c	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (B)		0
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the grea	ater of the columns tota	l or zero here and on Pa	ort II, line 13 ►	0
Pai	rt X Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
	1. Name	:	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)					
(2) (3)					
(4)					
	l. Enter here and on Part II, line 1				0
Par	t XI Supplemental Information (see i	nstructions)			
	``				
				Schedul	e A (Form 990-T) 2020

efil	e GRAPHIC prin	t - DO NOT PROCESS As Filed Da	ta -				DLN:	93393315012411
SCI	HEDULE A	Unrelated Busi	ness	Taxable Ir	ne		OMB No. 1545-0047	
(Fo	orm 990-T)	From an Unrela						2020
	tment of the Treasury al Revenue Service	► Go to www.irs.gov/Form990T ► Do not enter SSN numbers on this form as					3).	Open to Public Inspection for 501(c)(3) Organizations Only
	Name of the organiza MUNITY HEALTH NE					nployer identific 83617	ation	number
c (Jnrelated business a	ctivity code (see instructions) ► 533110) Seque	ence:	4	of		6
E [Describe the unrelate	ed trade or business ▶ EPIC SOFTWARE LEA	SING					
Pa	rt I Unrelated	Trade or Business Income		(A) Income	:	(B) Expense	s	(C) Net
1a	Gross receipts or s	ales						
b	Less returns and allow	wances c Balance	▶ <u>1c</u>					
2	Cost of goods sold	(Part III, line 8)	. 2					
3	Gross Profit. Subtra	act line 2 from line 1c	. 3					
4a		come (attach Sch D (Form 1041 or Form ctions)	1					
	Net gain (loss) (Fo Capital loss deduct	rm 4797) (attach Form 4797) (see instruction	s) 4b 4c					
		a partnership or an S corporation (attach	40					
3	` '	· · · · · · · · · · · · · · · · · · ·	. 5					
6	Rent income (Part	IV)	. 6		0		0	
7	Unrelated debt-fina	anced income (Part V)	. 7		0		0	
8		royalties, and rents from a controlled	. 8		0		0	
9	organizations (Part	e of section 501(c)(7), (9), or (17)			0		0	
10		activity income (Part VIII)						
11	-	(Part IX)		M1	0		0	
12	•	instructions; attach statement)		 	9,650			4,329,650
13		es 3 through 12		<u> </u>	9,650		0	4,329,650
Pai		ns Not Taken Elsewhere (See instru with the unrelated business income	ctions f	or limitations on	dedu	ctions) Deductio	ns m	ust be directly
1	Compensation of o	fficers, directors, and trustees (Part X)					1	0
2	Salaries and wages						2	1,787,292
3	Repairs and mainte	enance					3	
4							4	
5	•	atement) (see instructions)					5	
6 7		th Form 4562) (see instructions)					6	
8		laimed in Part III and elsewhere on return		8a			8b	
9	·		•				9	
10		eferred compensation plans					10	
11		programs					11	
12		penses (Part VIII)					12	
13		costs (Part IX)					13	0
14		attach statement) 🐕					14	2,860,252
15	Total deductions	Add lines 1 through 14					15	4,647,544
16	Unrelated business	income before net operating loss deduction	. Subtra	ct line 15 from Part	t I, line	e 13, column (C)	16	-317,894
17	Deduction for net of	operating loss (see instructions)					17	0

Deduction for net operating loss (see instructions) **Unrelated business taxable income.** Subtract line 17 from line 16

_17 18

Sche	dule A (Form 990-T) 2020				Page 2
Par	Cost of Goods Sold Enter m	ethod of inventory va	aluation >		_
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)		4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6				
9	Do the rules of section 263A (with respect to pro-	· · · · ·			∐ Yes ☐ No
Par	`	-			
1	Description of property (property street address	, city, state, ZIP code).	Check if a dual-use (see	instructions)	
	A				
	B L				
	c ⊔				
	D D	A	В	С	
2	Rent received or accrued	A	В		<u> </u>
_	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)				
С	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D.				
	, ,				
3	Total rents received or accrued. Add line 2c colu	mns A through D. Enter	here and on Part I, line	6, column (A) . ► _	0
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement) .				
5	Total deductions. Add line 4 columns A throug	h D. Enter here and on	Part I, line 6, column (B)		0
Day	t V Unrelated Debt-Financed Incom	a (see instructions)			
	Description of debt-financed property (property		to ZID and a) Charle if a	d	
1	A □	street address, city, sta	te, ZIP code). Check if a	dual-use (see instruction	15)
	в				
	c □				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-				
	financed property				
3	Deductions directly connected with or allocable to debt-financed property				
	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or				
•	allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income. (add line 7, columns A th	rough D). Enter here and	d on Part I, line 7, colum	n (A) ▶ _	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colum	ns A through D. Enter h	ere and on Part I, line 7,	column (B) · · ► _	0
11	Total dividends-received deductions include	d in line 10	<u></u>	<u></u> ▶ _	0
				Schedule A	(Form 990-T) 2020

	t VI Interest, Annuit	ios Boys	ltics and De	nto fro	m Combuol	lad Over	-i-stises	/soo instrusti	2001	Page 3
Раг	interest, Annuit	ies, Roya	Titles, and Re	ents troi	n Control			ed Organization		
			-	2 Not	unrolated	1		5. Part of colu		6. Deductions directly
	1. Name of controlled organization		2. Employer identification number			4. Total of specified payments made		that is included in the controlling organization's gross income		connected with income in column 5
(1)										
(2)										
(3)										
(4)										
			Non	exempt C	ontrolled Or	ganization:	s			
	7. Taxable income	inco	et unrelated ome (loss) instructions)	I .	9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income			Deductions directly connected with ncome in column 10
(1)										
(2)										
(3)										
(4)										
Γotal Part	s	ome of a		(c)(7), ((9), or (1) 3. Deduc	7) Organ	iization (se	column (A) 0 ee instructions Set-asides ach statement)	5)	5. Total deductions and set-asides
					1	statement			(add columns 3 and 4)
(1)										
(2)										
(3)										
(4)			Add amounts in o Enter here and o line 9, colum	on Part I,						add amounts in column 5. Enter here and on Part I, line 9, column (B)
Total				0						0
Part	Exploited Exen	npt Activi	ty Income, (Other Th	ıan Adver	tising In	i come (see	instructions)		
1	Description of exploited acti	ivitiy:								
2	Gross unrelated business in	come from	trade or busine	ss. Enter	here and on	Part I, line	e 10, column	(A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)									
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7								4	
5	Gross income from activity	that is not u	unrelated busin	ess incom	e				5	
6	Expenses attributable to income entered on line 5								6	
7	·								7	

	dule A (Form 990-T) 2020				Page 4
	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting A	two or more periodical	s on a consolidated basi	S.	
	в 🗆				
	c 🗆				
	D 🗆				
Enter	amounts for each periodical listed above in the c	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (B)		0
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the grea	ater of the columns tota	l or zero here and on Pa	rt II, line 13 ▶	0
Pai	rt X Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
	1. Name	:	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)					
(2) (3)					
(4)					
	I. Enter here and on Part II, line 1				0
Par	t XI Supplemental Information (see i	nstructions)			
	,				
				Schedul	e A (Form 990-T) 2020

efile GRAPHIC print - DO NOT PROCESS										DLN:	93393315012411			
SC	HEDULE A	Unrela	ated Bus	sines	SS	Taxa	ble In	cor	ne					OMB No. 1545-0047
(Fo	orm 990-T)		an Unrel											2020
	tment of the Treasury al Revenue Service	►Go to <i>www.irs.ge</i> ►Do not enter SSN number											(3).	Open to Public Inspection for 501(c)(3) Organizations Only
	Name of the organiza MUNITY HEALTH NET							B En 35-09			ide	ntifi	cation	number
c ı	Jnrelated business a	ctivity code (see instructions) ▶ 900003	D Se	que	nce:		5				of		6
E [Describe the unrelate	ed trade or business ▶ UNITI	ED HOSPITAL	SERVIC	CES	LLC								
Pa	rt I Unrelated	Trade or Business Inc	ome			(A) Income	:		(B)	Ex	ens	es	(C) Net
1a	Gross receipts or sa	ales												
b	Less returns and allow	wances	c Baland	ce ▶ 1	Lc									
2	Cost of goods sold	(Part III, line 8)	·	. $ ag{}$	2									
3	Gross Profit. Subtra	act line 2 from line 1c		. [3									
4a		come (attach Sch D (Form 10 ctions)		. 4	1a									
b	Net gain (loss) (For	rm 4797) (attach Form 4797) (see instruction	ons)	1b									
C	Capital loss deduct	ion for trusts		4	4c									
5	` '	a partnership or an S corpo	•		5	⊕ ∑	33	3,131						33,13
6	Rent income (Part :	IV)		· L	6			0					0	
7	Unrelated debt-fina	anced income (Part V)		· L	7			0					0	
8		royalties, and rents from a VI)			8			0					0	
9	Investment income organizations (Part	e of section 501(c)(7), (9), o	r (17)	. [9			0					0	
10	Exploited exempt a	activity income (Part VIII) .		. 1	LO									
11	Advertising income	(Part IX)		. 1	L1_			0					0	
12	•	instructions; attach stateme	•		L2									
13	Total. Combine line	es 3 through 12		. 1	L3		33	3,131					0	33,13
Pai		ns Not Taken Elsewher with the unrelated busin		ruction	s fo	or limita	tions on	dedu	ctio	ns)	Ded	lucti	ons m	ust be directly
1	Compensation of of	fficers, directors, and trustee	es (Part X) .										1	1
2	Salaries and wages												2	
3	Repairs and mainte	enance											3	
4	Bad debts												4	
5	•	atement) (see instructions)											5	
6													6	
7	Depreciation (attac	th Form 4562) (see instruction	ons)				. 7							
8	•	laimed in Part III and elsewh					. 8a						8b	
9	•									•			9	
10		ferred compensation plans .											10	
11		programs											11	
12		enses (Part VIII)											12	
13	•	costs (Part IX)											13	
14	Other deductions (•											14	
15		Add lines 1 through 14											15	
16	Unrelated business	income before net operating	g Ioss deductio	on. Sub	trac	t line 15:	trom Part	: I, line	e 13	, col	umr	1 (C)	16	33,13

17 Deduction for net operating loss (see instructions) 17 Unrelated business taxable income. Subtract line 17 from line 16

18 33,131

Sche	dule A (Form 990-T) 2020				Page 2					
Par	Cost of Goods Sold Enter m	ethod of inventory va	aluation >		_					
1	Inventory at beginning of year			1						
2	Purchases			2						
3	Cost of labor			3						
4	Additional section 263A costs (attach statement)		4						
5	Other costs (attach statement)			5						
6	Total. Add lines 1 through 5			6						
7	Inventory at end of year									
8	Cost of goods sold. Subtract line 7 from line 6									
9	Do the rules of section 263A (with respect to pro-	· · · · ·			∐ Yes ☐ No					
Par	`	-								
1	Description of property (property street address	, city, state, ZIP code).	Check if a dual-use (see	instructions)						
	A									
	B L									
	c ⊔									
	D D	A	В	С						
2	Rent received or accrued	A	В		<u> </u>					
_	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)									
С	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D.									
	, ,									
3	3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) . •									
4	Deductions directly connected with the income									
	in lines 2(a) and 2(b) (attach statement) .									
5	Total deductions. Add line 4 columns A throug	h D. Enter here and on	Part I, line 6, column (B)		0					
Da	t V Unrelated Debt-Financed Incom	• (coo instructions)								
	Description of debt-financed property (property		to ZID and a) Charle if a	d						
1	A □	street address, city, sta	te, ZIP code). Check if a	dual-use (see instruction	15)					
	в									
	c □									
	D									
		Α	В	С	D					
2	Gross income from or allocable to debt-									
	financed property									
3	Deductions directly connected with or allocable to debt-financed property									
	Straight line depreciation (attach statement)									
b	Other deductions (attach statement)									
С	Total deductions (add lines 3a and 3b, columns A through D)									
4	Amount of average acquisition debt on or									
•	allocable to debt-financed property (attach statement)									
5	Average adjusted basis of or allocable to debt-									
	financed property (attach statement)									
6	Divide line 4 by line 5	%	%	%	%					
7	Gross income reportable. Multiply line 2 by line 6									
8	Total gross income. (add line 7, columns A th	rough D). Enter here and	d on Part I, line 7, colum	n (A) ▶ _	0					
9	Allocable deductions. Multiply line 3c by line 6									
10	Total allocable deductions. Add line 9, colum	ns A through D. Enter h	ere and on Part I, line 7,	column (B) ► _	0					
11	Total dividends-received deductions include	d in line 10	<u></u>	<u></u> ▶ _	0					
_				Schedule A	(Form 990-T) 2020					

	t VI Interest, Annuit	ios Boys	ltics and De	nto fro	m Combuol	lad Over	-i-stises	/soo instrusti	2001	Page 3
Раг	interest, Annuit	ies, Roya	Titles, and Re	ents troi	n Control			ed Organization		
			-	2 Not	unrolated	1		5. Part of colu		6. Deductions directly
	1. Name of controlled organization		2. Employer identification number			4. Total of specified payments made		that is included in the controlling organization's gross income		connected with income in column 5
(1)										
(2)										
(3)										
(4)										
			Non	exempt C	ontrolled Or	ganization:	s			
	7. Taxable income	inco	et unrelated ome (loss) instructions)	I .	9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income			Deductions directly connected with ncome in column 10
(1)										
(2)										
(3)										
(4)										
Γotal Part	s	ome of a		(c)(7), ((9), or (1) 3. Deduc	7) Organ	iization (se	column (A) 0 ee instructions Set-asides ach statement)	5)	5. Total deductions and set-asides
					1	statement			(add columns 3 and 4)
(1)										
(2)										
(3)										
(4)			Add amounts in o Enter here and o line 9, colum	on Part I,						add amounts in column 5. Enter here and on Part I, line 9, column (B)
Total				0						0
Part	Exploited Exen	npt Activi	ty Income, (Other Th	ıan Adver	tising In	i come (see	instructions)		
1	Description of exploited acti	ivitiy:								
2	Gross unrelated business in	come from	trade or busine	ss. Enter	here and on	Part I, line	e 10, column	(A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)									
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7								4	
5	Gross income from activity	that is not u	unrelated busin	ess incom	e				5	
6	Expenses attributable to income entered on line 5								6	
7	·								7	

	dule A (Form 990-T) 2020				Page 4
	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting A	two or more periodical	s on a consolidated basi	S.	
	в 🗆				
	c 🗆				
	D 🗆				
Enter	amounts for each periodical listed above in the c	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (B)		0
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the grea	ater of the columns tota	l or zero here and on Pa	rt II, line 13 ▶	0
Pai	rt X Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
	1. Name	:	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)					
(2) (3)					
(4)					
	I. Enter here and on Part II, line 1				0
Par	t XI Supplemental Information (see i	nstructions)			
	,				
				Schedul	e A (Form 990-T) 2020

efil	e GRAPHIC print	t - DO NOT PROCESS As Filed Da	ata -				DL	N: 9339	3315012411
SC	HEDULE A	Unrelated Bus	iness	T	axable Inc	om	ie	ОМВ	No. 1545-0047
(Fo	rm 990-T)	From an Unrela						7	020
	tment of the Treasury	►Go to www.irs.gov/Form9907 ►Do not enter SSN numbers on this form a						Open to F	ublic Inspection for Organizations Only
	Name of the organiza MUNITY HEALTH NE						ployer identificati 3617	on numbe	er
c (Jnrelated business a	ctivity code (see instructions) ▶ 900003) Sequ	ence	e: 6	5	of		6
E [Describe the unrelate	ed trade or business ► KLH CAPITAL FUND	IV, LP						
Pa	rt I Unrelated	Trade or Business Income			(A) Income		(B) Expenses		(C) Net
1a	Gross receipts or sa	ales							
b	Less returns and allow	vances c Balance	▶ 1 c						
2	Cost of goods sold	(Part III, line 8)	. 2						
3	Gross Profit. Subtra	act line 2 from line 1c	. 3						
4a		come (attach Sch D (Form 1041 or Form							
_		ctions)	<u> </u>	+		_			
	• , , ,	rm 4797) (attach Form 4797) (see instruction	′ 	+		_			
	Capital loss deduct		4c	+		_		+	
5	` ,	a partnership or an S corporation (attach	. 5	9	J 30,7:	15			30,715
6	·	IV)		† ~		0		0	
7	Unrelated debt-fina	anced income (Part V)	. 7			0		0	
8		royalties, and rents from a controlled VI)	. 8			0		0	
9	Investment income organizations (Part	of section 501(c)(7), (9), or (17)	. 9			0		0	
10		ctivity income (Part VIII)		+-					
11	-	(Part IX)		+-		0		0	
12	•	instructions; attach statement)		-					
13		es 3 through 12		_	30,7:			0	30,715
Pai		ns Not Taken Elsewhere (See instru with the unrelated business income	ctions f	for I	imitations on de	duct	tions) Deductions	must be	directly
1	Compensation of o	fficers, directors, and trustees (Part X) .					1		0
2	Salaries and wages							2	
3	Repairs and mainte	enance					<u> 3</u>	_	
4				•		•	4	_	
5		atement) (see instructions)		•		•	· · · · · · · —	5	
6				•		•	· · · · · •	5	
7		h Form 4562) (see instructions) laimed in Part III and elsewhere on return		•	7			ь	
8 9		ialmed in Part III and elsewhere on return	•	•	8a				
10		ferred compensation plans					· · · · · ⊢	0	
11		programs						1	
12		enses (Part VIII)						2	
13		costs (Part IX)					_	3	0
14	Other deductions (a	,						4	
15	,	,						5	0
16		income before net operating loss deduction						6	30,715
17		pperating loss (see instructions)						7	0

Cat. No. 740360

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Schedule A (Form 990-T) 2020

Unrelated business taxable income. Subtract line 17 from line 16 .

For Paperwork Reduction Act Notice, see instructions.

Sche	dule A (Form 990-T) 2020				Page 2					
Par	Cost of Goods Sold Enter m	ethod of inventory va	aluation >		_					
1	Inventory at beginning of year			1						
2	Purchases			2						
3	Cost of labor			3						
4	Additional section 263A costs (attach statement)		4						
5	Other costs (attach statement)			5						
6	Total. Add lines 1 through 5			6						
7	Inventory at end of year									
8	Cost of goods sold. Subtract line 7 from line 6									
9	Do the rules of section 263A (with respect to pro-	· · · · ·			∐ Yes ☐ No					
Par	`	-								
1	Description of property (property street address	, city, state, ZIP code).	Check if a dual-use (see	instructions)						
	A									
	B L									
	c ⊔									
	D D	A	В	С						
2	Rent received or accrued	A	В		<u> </u>					
_	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)									
С	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D.									
	, ,									
3	3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) . •									
4	Deductions directly connected with the income									
	in lines 2(a) and 2(b) (attach statement) .									
5	Total deductions. Add line 4 columns A throug	h D. Enter here and on	Part I, line 6, column (B)		0					
Da	t V Unrelated Debt-Financed Incom	• (coo instructions)								
	Description of debt-financed property (property		to ZID and a) Charle if a	d						
1	A □	street address, city, sta	te, ZIP code). Check if a	dual-use (see instruction	15)					
	в									
	c □									
	D									
		Α	В	С	D					
2	Gross income from or allocable to debt-									
	financed property									
3	Deductions directly connected with or allocable to debt-financed property									
	Straight line depreciation (attach statement)									
b	Other deductions (attach statement)									
С	Total deductions (add lines 3a and 3b, columns A through D)									
4	Amount of average acquisition debt on or									
•	allocable to debt-financed property (attach statement)									
5	Average adjusted basis of or allocable to debt-									
	financed property (attach statement)									
6	Divide line 4 by line 5	%	%	%	%					
7	Gross income reportable. Multiply line 2 by line 6									
8	Total gross income. (add line 7, columns A th	rough D). Enter here and	d on Part I, line 7, colum	n (A) ▶ _	0					
9	Allocable deductions. Multiply line 3c by line 6									
10	Total allocable deductions. Add line 9, colum	ns A through D. Enter h	ere and on Part I, line 7,	column (B) ► _	0					
11	Total dividends-received deductions include	d in line 10	<u></u>	<u></u> ▶ _	0					
_				Schedule A	(Form 990-T) 2020					

	t VI Interest, Annuit	ios Boys	ltics and De	nto fro	m Combuol	lad Over	-i-stises	/soo instrusti	2001	Page 3
Раг	interest, Annuit	ies, Roya	Titles, and Re	ents troi	n Control			ed Organization		
			-	2 Not	unrolated	1		5. Part of colu		6. Deductions directly
	1. Name of controlled organization		2. Employer identification number			4. Total of specified payments made		that is included in the controlling organization's gross income		connected with income in column 5
(1)										
(2)										
(3)										
(4)										
			Non	exempt C	ontrolled Or	ganization:	s			
	7. Taxable income	inco	et unrelated ome (loss) instructions)	I .	9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income			Deductions directly connected with ncome in column 10
(1)										
(2)										
(3)										
(4)										
Γotal Part	s	ome of a		(c)(7), ((9), or (1) 3. Deduc	7) Organ	iization (se	column (A) 0 ee instructions Set-asides ach statement)	5)	5. Total deductions and set-asides
					1	statement			(add columns 3 and 4)
(1)										
(2)										
(3)										
(4)			Add amounts in o Enter here and o line 9, colum	on Part I,						add amounts in column 5. Enter here and on Part I, line 9, column (B)
Total				0						0
Part	Exploited Exen	npt Activi	ty Income, (Other Th	ıan Adver	tising In	i come (see	instructions)		
1	Description of exploited acti	ivitiy:								
2	Gross unrelated business in	come from	trade or busine	ss. Enter	here and on	Part I, line	e 10, column	(A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)									
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7								4	
5	Gross income from activity	that is not u	unrelated busin	ess incom	e				5	
6	Expenses attributable to income entered on line 5								6	
7	·								7	

	dule A (Form 990-T) 2020				Page 4
	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting A	two or more periodical	s on a consolidated basi	S.	
	в 🗆				
	c 🗆				
	D 🗆				
Enter	amounts for each periodical listed above in the c	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (B)		0
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the grea	ater of the columns tota	l or zero here and on Pa	rt II, line 13 ▶	0
Pai	rt X Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
	1. Name	:	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)					
(2) (3)					
(4)					
	I. Enter here and on Part II, line 1				0
Par	t XI Supplemental Information (see i	nstructions)			
	,				
				Schedul	e A (Form 990-T) 2020