g						70	
,				ω cen	1 4 2020	SO ,	Λ
		xempt Organization	_	. [8] SEP	1 4 2020	الم مراضل	
Form 990-T	E	kempt Organization	Bus	siness Incom	e Tax Re	turing y	OMB No 1545-0687
Form 330-1		(and proxy tax	k un	der section 603	3(e)) 117	// _ /	
•	For cale	dilid proxy tax ndar year 2018 or other tax year begin	ıning _	07/01 , 2018, and e	nding V ,06/30), 20 1 9.	201 8
Department of the Treasury	1	►Go to www.irs.gov/Form990	T for i	nstructions and the lat	est information.		
Internal Revenue Service	▶ Do	not enter SSN numbers on this form					Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address change	.	Name of organization (Check b	ox if na	me changed and see instruc	tions)		oyer identification number oyees' trust, see instructions)
	1	-				(2,	yees was, see insudending)
B Exempt under section	1	COMMUNITY CARE NETW			··		
X 501(C 3)	Print	Number, street, and room or suite no	if a P.O	. box, see instructions		45-4	158203
408(e) 220(c	Type						ated business activity code
408A530(a		901 MACARTHUR BOULE	VARD				50 0 CHOH5.)
529(a)	_	City or town, state or province, countr	y, and a	ZIP or foreign postal code			
C Book value of all assets at end of year		MUNSTER, IN 46321				5182	10
•		up exemption number (See instruct	ions)	>			
26,142,619.		ck organization type 🕨 🕺 501			1(c) trust	401(a)	trust Other trust
H Enter the number of	of the orga	nization's unrelated trades or busine	sses	≥ 2	Desc	ribe the only	(or first) unrelated
trade or business hi	ere PRO	FESSIONAL SERVICES		If only or	ne, complete Pa	rts I-V If more	e than one, describe the
first in the blank sp	ace at the	end of the previous sentence, co	mplete	Parts I and II, complete	a Schedule M foi	each addition	nal
trade or business, t							
I During the lax year	, was the	corporation a subsidiary in an affil	ated g	roup or a parent-subsidia	ry controlled grou		▶ Yes X No
		identifying number of the parent co	rporati				
J The books are in ca	re of ►MA	ARY ANN SHACKLETT		Teleph	none number ►	219-934-	-8250
		or Business Income	·	(A) Income	(B) Ex	penses	(C) Net
1a Gross receipts or	sales	96,571.					/ .
b Less returns and allow		c Balance >	1c	96,571	·		
2 Cost of goods se	old (Sched	ule A, line 7)	2				
 Gross profit. Su 	btract line	2 from line 1c	3	96,571	·		96,571.
		tlach Schedule D)	4a			•	
b Net gain (loss) (F	orm 4797,	Part II, line 17) (attach Form 4797)	4b				<u> </u>
c Capital loss ded	uction for t	rusts	4c				
5 Income (loss) from a	partnership or	an S corporation (attach statement)	5			<u>/·</u>	
6 Rent income (Sc	hedule C)		6				
7 Unrelated debt-f	inanced in	come (Schedule E)	7				
8 Interest, annuitles, ro	yalties, and re	nts from a controlled organization (Schedule F)	8				
9 Investment Income of	a section 50	t(c)(7), (9), or (17) organization (Schedule G)	9				
10 Exploited exemp	t activity in	ncome (Schedule I)	10				
11 Advertising incor	ne (Sched	ule J)	11		<u> </u>		
12 Other income (S	ee instruc	tions; attach schedule)	12		<u> </u>	. 4	
		ough 12		96/571	•		96,571.
		Taken Elsewhere (See instr) (Except fo	or contributions,
deduction	ns must	be directly connected with the	ne un	related business in	come.)		
		directors, and trustees (Schedule K)					
15 Salaries and wag	es			. /		15	79,313.
16 Repairs and mail	ntenance ,		٠٠,/			16	
		see instructions),					
		<i></i>					
		ee instructions for limitation rules)				20	
		4562)			2,3	13.	
		on Schadule A and elsewhere on re				22b	2,313.
		. /					-
		ompensation plans					
25 Employee benefi	l programs					25	18,147.
		ichedule I)					
27 Excess readershi	p costs (So	chedule J)				27	
28 Other deductions	(attach so	chedule)			ATCH.	1 28	22,996.
29 Total deductions	. Add lines	s 14 through 28				29	122,769.
30 Janrelated busine	ss taxabl	e income before net operating	loss o	deduction. Subtract lin	e 29 from line	13 30	-26,198.
		loss arising in tax years beginnin					7 7
		Income Subtract line 31 from line	<u> 30</u>	<u> </u>	<u> </u>	32	-26,198.
For Paperwork Reduct	ion Act N	otice, see instructions.					Form 990-T (2018)

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Form	990-7 (2					Page 2
Pai	t !#	Total Unrelated Business Taxable Income				
33	fotal o	of unrelated business taxable income computed from all unrelated trades or businesses (see	1 1			
	instruct	ions)	33			
34	Amoun	ts paid for disallowed fringes	34			
35	Deduct	ion for net operating loss arising in tax years beginning before January 1, 2018 (see	{			
		ions), , , , , , , , , , , , , , , , , , ,	35			
36	Total o	of unrelated business taxable income before specific deduction. Subtract line 35 from the sum				
	of lines	33 and 34	36			
37	Specific	deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		1,0	000.
38		ed business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,				
	enter th	e smaller of zero or line 36	38			0.
Pai	t IV	Tax Computation				
39	Organia	cations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39			
40	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income tax on				
	the amo	ount on line 38 from: Tax rate schedule or Schedule D (Form 1041)	40			
41	Proxy t	ax. See instructions	41			
42	Alterna	tive minimum tax (trusts only)	42			
43		Noncompliant Facility Income. See instructions				
44		dd lincs 41, 42, and 43 to line 39 or 40, whichever applies				
Par		Tax and Payments				
		tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a				
		redits (see instructions)	i 1			
		business credit Attach Form 3800 (see instructions)				
		or prior year minimum tax (attach Form 8801 or 8827)				
			45e			
46		tit line 45e from line 44				
		xes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)				
47						0.
48		x. Add lines 46 and 47 (see instructions)				
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			
	•	nts A 2017 overpayment credited to 2018				
		stimated tax payments				
		osited with Form 8868				
		organizations: Tax paid or withheld at source (see Instructions)				
е		withholding (see instructions)				
f		or small employer health insurance premiums (attach Form 8941) 50f	1			
g	Other ci	edits, adjustments, and payments. Form 2439				
	F	orm 4136 Other Total ▶ 50g				
51	Total p	ayments. Add lines 50a through 50g	51			
52	Estimat	ed lax penalty (see instructions). Check if Form 2220 is attached	52			
53	Tax due	e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
54	Overpa	yment. If line 51 ic larger than the total of lines 48, 49, and 52, enter amount everpaid	54		~	
55_	Enter the	amount of line 54 you want: Credited to 2019 estimated tax Refunded	55			
Par	t VI	Statements Regarding Cortain Activities and Other Information (see instructions	3)			
56	At any	time during the 2018 calendar year, did the organization have an interest in or a signature or		authority	Yes	No
	over a	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	y have	to file		
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign	country	- 1	
	here 🕨			1		X
57	During	the tax year, did the organization receive a distribution from, or was it the granter of, or transferor to, a foreign	an trust?			X
		see instructions for other forms the organization may have to file.		· · · · · ·		
58		ne amount of tax-exempt interest received or accrued during the tax year > \$		ľ		
	U	nder penallies of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the be	est of my	knowledge an	id beli	ef, it is
Sigi	, m	pe, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge				
Her				RS discuss t		
61	1	The state of the s	n the p instruction	reparer sho	wn b	1
		Print/Type preparer's name Preparer's signature Date		PTIN	1.	1.0
Paid		DEN DIMONIFERDO Check			206	6
	arer	Seli-er	mployed	P0036		
	Only			34-6565		
		Firm's address ▶ 111 MONUMENT CIRCLE, SUITE 4000, INDIANAPOLIS, IN 46204 Phone	no. 31	7-681-7		
104			_	Farm .991	u- T (.2018b

Form 990-T (2018)									Page 3		
Schedule A - Cost of G	oods Sold. Er	iter metho	d of invent	tory valuation	▶						
1 Inventory at beginning of	year 1			6 Invento	y at end of ye	ar	6				
2 Purchases						old. Subtract line					
3 Cost of labor	3			6 from	line 5 Er	nter here and in					
4a Additional section 263A co	osts			Part I, li	ne 2		7	_			
(attach schedule)	4a					section 263A (o Yes	No		
b Other costs (attach schedu				property	produced	or acquired fo	r resale) app	ly			
5 Total. Add lines 1 through	4b . 5			to the o	ganization?	<u> </u>			X		
Schedule C - Rent Income	e (From Real P	roperty a	nd Perso	nal Proper	y Leased V	With Real Prope	rty)				
(see instructions)											
Description of property											
(1)											
(2)											
(3)											
(4)				···	· · · · · · · · · · · · · · · · · · ·						
	2. Rent recei	ved or accru	ed								
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real are percentage of rent 50% or if the rent			age of rent fo		rty exceeds	3(a) Deductions d in columns 2	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)											
(2)											
(3)											
(4)											
Total		Total									
(c) Total Income. Add totals of control of the here and on page 1, Part I, line 6						(b) Total deduction Enter here and or Part I, line 6, column	n page 1,				
Schedule E - Unrelated D	ebt-Financed I	ncome (se	e instructi	ions)							
1. Description of del	ort-financed property			income from or to debt-financed			ed property				
			Р	roperty		ht line depreciation ich schedule)	(b) Other deductions (attach schedule)				
(1)			1		 		·				
(2)											
(3)											
(4)											
4. Amount of average 5. Average adjusted basis acquisition debt on or of or allocable to debt-singuised property			4	Column divided column 5		income reportable n 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))				
(1)				9	6						
(2)				9							
(3)				9	6						
(4)				9	6						
			,			e and on page 1, e 7, column (A).	Enter here an Part I, line 7,				
Totals											

Form 990-T (2018)

Schedule F-Interest, Ann	uities, Royaities			t Controlled Or			ations	(50	nstructi	ons)	
Name of controlled organization	2 Employer identification number			unrelated Income (see instructions)			ied inc	5. Part of column 4 that included in the controllin organization's gross incor		gnilla	6. Deductions directly connected with income in column 5
(1)											
(2)							_				
(3)											ļ <u>.</u>
(4)					L						<u> </u>
Nonexempt Controlled Organi			1			10	Dart of a		O that is		t. Deductions dimethy
7. Taxable Income	8. Net unrelated in (loss) (see instruc			9. Total of specific payments made		inc	uded in	the co	9 that is ntrolling s income		Deductions directly nected with income in column 10
(1)			 							<u> </u>	··
(2)			┼							<u> </u>	
(3)	· 		 - -							 -	
(4)			J			 	ld colum		-140	 	dd columns 6 and 11
Totals	ncome of a Sec	ction 50)1(c)(7), (9), or (17		Eni Pa	er here a rt I, line i	ind on B, colu	page 1, mn (A)	Ent	ter here and on page 1, rt I, line 8, column (B)
1. Description of income	2. Amount of	f Income		3. Deduc directly cor (attach sch	nected		(;		t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)											
(2)											
(3)											
(4)	Enter here and										Enter here and on page 1,
Totals	Part I, line 9, c		Other	Than Adverti	ising Ir	como	(see i	nstru	ctions)		Part I, line 9, column (B)
1. Description of exploited activity	2. Gross unrelated business income from trade or business	dir connec produ	rpenses rectly cled wil iction o elated ss incom	or business 2 minus col If a gain, co	ed trade (column umn 3) ompute	from is n	ross inco activity of unrelat ness inco	ihat led	6. Expenses attribulable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)											
	Enter here and on page 1, Part I, line 10, col (A)	Enter he page 1 line 10	1, Part I	.			=		<u> </u>		Enter here and on page 1, Part II, line 26.
Totals ▶ Schedule J- Advertising In				J							
			Car	colidated Pa-	ic						
Part I Income From Per	odicais Report	eo on a	con	Suluated Bas	15						
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs		gain or (los 2 minus co a gain, cor	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))											
											Form 990-T (2018)

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 ▶						
:	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)			<u> </u>			
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)	<u> </u>	
1 Name		2 1	Title	3. Percent of	4. Compensation	on attributable to

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
1)		%	
2)		%	
)		%	
)		%	
otal. Enter here and on page 1, Part II, line 14			

Form 990-T (2018)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning ___07/01_, 2018, and ending

► Go to www.irs.gov/Form990T for instructions and the latest information.

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

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Name of organization Employer Identification number COMMUNITY CARE NETWORK, INC. 45-4158203 Unrelated business activity code (see instructions) ▶ 518210 Describe the unrelated trade or business MANAGEMENT FEES

Pa	Unrelated Trade or Business Income	{	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 40,500.				
b	Less returns and allowances C Balance	1c	40,500.		
2	Cost of goods sold (Schedule A, line 7)			_	
3	Gross profit. Subtract line 2 from line 1c	3	40,500.		40,500
4a	Capital gain net income (attach Schedule D)	4a			
ь	Net gain (loss) (Form 4797, Part II, linc 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)				
7	Unrelated debt-financed income (Schedule E)				
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)				
11	Advertising income (Schedule J)				
12	Other income (See instructions; attach schedule)				
13	Total. Combine lines 3 through 12	13	40,500.		40,500.

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			32,400.
16	Repairs and maintenance			
17	Bad debts			
18	Interest (attach schedule) (see instructions).			
19	Taxes and licenses			
20	Charitable contributions (See instructions for limitation rules)			
21	Depreciation (attach Form 4562)			
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	l	_
23	Depletion	23_		
24	Contributions to deferred compensation plans			
25	Employee benefit programs		}	8,100.
26	Excess exempt expenses (Schedule I).			
27	Excess readership costs (Schedule J)			
28	Other deductions (attach schedule)			
29	Total deductions. Add lines 14 through 28.			40,500.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see			
	instructions)	31		
32	Unrelated business taxable income Subtract line 31 from line 30			

For Paperwork Reduction Act Notice, see Instructions.

Schedule M (Form 990-T) 2018

ATTACHMENT 1

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

OUTSIDE SERVICES OTHER

16,404. 6,592.

PART II - LINE 28 - OTHER DEDUCTIONS

22,996.