

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

2016

For calendar year 2016 or other tax year beginning _____, 2016, and ending _____, 20_____.

Department of the Treasury
Internal Revenue Service

► Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

A Check box if address changed

B Exempt under section
 501(C)(3)
 408(e) 220(e)
 408A 530(a)
 529(a)

Print or Type

Name of organization (Check box if name changed and see instructions.)
 JOINT COMMISSION RESOURCES, INC.

Number, street, and room or suite no. If a P.O. box, see instructions.
 1515 WEST 22ND STREET, 1300W

City or town, state or province, country, and ZIP or foreign postal code
 OAK BROOK, IL 60523

D Employer identification number
(Employees' trust, see instructions.)
 36-3521721

E Unrelated business activity codes
(See instructions.)
 541800

C Book value of all assets at end of year
 51,796,402

F Group exemption number (See instructions.) ►

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

H Describe the organization's primary unrelated business activity. ► ADVERTISING

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsubsidiary controlled group? . . . ► Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ► THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS 36-2229255

J The books are in care of ► PAIGE RODGERS Telephone number ► (630) 792-5685

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	0			
b Less returns and allowances	0			
c Balance ►		0		
2 Cost of goods sold (Schedule A, line 7)		0		
3 Gross profit. Subtract line 2 from line 1c		0		0
4a Capital gain net income (attach Schedule D)		0		0
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		0		0
c Capital loss deduction for trusts		0		0
5 Income (loss) from partnerships and S corporations (attach statement)		0		0
6 Rent income (Schedule C)		0	0	0
7 Unrelated debt-financed income (Schedule E)		0	0	0
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		0	0	0
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		0	0	0
10 Exploited exempt activity income (Schedule I)		0	0	0
11 Advertising income (Schedule J)		0	0	0
12 Other income (See instructions; attach schedule)		0		0
13 Total. Combine lines 3 through 12		0	0	0

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
14 Compensation of officers, directors, and trustees (Schedule K)				0
15 Salaries and wages				0
16 Repairs and maintenance				0
17 Bad debts				0
18 Interest (attach schedule)				0
19 Taxes and licenses				0
20 Charitable contributions (See instructions for limitation rules)				0
21 Depreciation (attach Form 4562)		0		
22 Less depreciation claimed on Schedule A and elsewhere on return		0		0
23 Depletion				0
24 Contributions to deferred compensation plans				0
25 Employee benefit programs				0
26 Excess exempt expenses (Schedule I)				0
27 Excess readership costs (Schedule J)				0
28 Other deductions (attach schedule)				0
29 Total deductions. Add lines 14 through 28				0
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13				0
31 Net operating loss deduction (limited to the amount on line 30)				0
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30				0
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)				0
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32				0

Part III Tax Computation

Table with 4 columns: Line number, Description, Amount, and Total. Rows include 35 Organizations Taxable as Corporations, 36 Trusts Taxable at Trust Rates, 37 Proxy tax, 38 Alternative minimum tax, 39 Tax on Non-Compliant Facility Income, and 40 Total.

Part IV Tax and Payments

Table with 4 columns: Line number, Description, Amount, and Total. Rows include 41a Foreign tax credit, 42 Subtract line 41e from line 40, 43 Other taxes, 44 Total tax, 45a Payments: A 2015 overpayment credited to 2016, 46 Total payments, 47 Estimated tax penalty, 48 Tax due, 49 Overpayment, and 50 Enter the amount of line 49 you want.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows include 51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account... 52 During the tax year, did the organization receive a distribution from... 53 Enter the amount of tax-exempt interest received or accrued during the tax year.

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: [Signature], Date: 10/6/2017, Title: PRESIDENT & CEO.

Table with 5 columns: Paid Preparer Use Only, Print/Type preparer's name, Preparer's signature, Date, and PTIN. Rows include JOHN WOODHULL, CROWE HORWATH LLP, 225 WEST WACKER DRIVE, SUITE 2600, CHICAGO, IL 60606-1224, 10/30/2017, P01305268.