CHANGE OF ACCOUNTING PERIOD 990-T **Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e)) For calendar year 2017 or other tax year beginning JUL 1, 2017 and ending SEP 30 ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). D Employer identification number (Employees' trust, see Name of organization (Check box if name changed and see instructions.) Check box if address changed THE HEALTH CARE AUTHORITY OF THE CITY OF B Exempt under section Print ANNISTON 63-6000090 X 501(c)(3 03 01 Unrelated business activity codes Number, street, and room or suite no. If a P.O. box, see instructions. (See instructions) Type 408(e) 220(e) P.O. BOX 2208 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 329(a) ANNISTON, AL 36202 541380 C Book value of all assets F Group exemption number (See instructions.) 225,842,758. G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust H Describe the organization's primary unrelated business activity. ▶ REFERENCE LAB SERVICES X No I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. J The books are in care of ▶ KIM CAMPBELL, DIRECTOR - ACCOUNT Telephone number \triangleright 256-235-5678 Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 51,921. 1a Gross receipts or sales 51,921 b Less returns and allowances c Balance 1¢ THE WAS TO SERVE 2 Cost of goods sold (Schedule A, line 7) 2 Gross profit. Subtract line 2 from line 1c 3 51,921 REPORTED TEXAS 79578 to 78157 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b TOTAL COLUMN c Capital loss deduction for trusts 4c Income (loss) from partnerships and S corporations (attach statement) 5 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 11 Other income (See instructions; attach schedule) 12 12 51,921. 51. 921 Total. Combine lines 3 through 12 13 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) 5,924. 15 Salaries and wages 15 16 Repairs and maintenance 16 AUG 2 0 2018 17 Bad debts 17 18 Interest (attach schedule) 18 OGDEN. UT 1,506. 19 Taxes and licenses 19 SEE STATEMENT 2 2,833. 20 Charitable contributions (See instructions for limitation rules) 20 3,034. 21 Depreciation (attach Form 4562) 21 22 3,034. Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 23 Depletion 2 23 **24** Contributions to deferred compensation plans 24 712. 25 Employee benefit programs 25 26 Excess exempt expenses (Schedule I) 26 27 Excess readership costs (Schedule J) 27 28 Other deductions (attach schedule) SEE STATEMENT 1 28 11,420. 25,429. 29 Total deductions. Add lines 14 through 28 29 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 26,492. 30 31 Net operating loss deduction (limited to the amount on line 30) 31 26,492. Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 1,000. 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 33

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

25,492. Form 990-T (2017)

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or

34

line 32

THE HEALTH CARE AUTHORITY OF THE CITY OF

Form 990-T			63-60	<u>00090</u>	Page 2			
Part I	Tax Computation							
35	Organizations Taxable as Corporations. See instructions for tax computation.							
	Controlled group members (sections 1561 and 1563) check here See instructions and:							
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):							
	(1) \$ (2) \$ (3) \$	i						
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	3,824.			
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on	line 34 from:			<u> </u>			
	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	3,824.			
Part I				1 40	3,024.			
		41a		\top				
				⊣ ∣				
C	- u `	41b		┥ ┃				
		41c 41d		┥				
	Total credits. Add lines 41a through 41d	410 [1410				
42	Subtract line 41e from line 40			41e	3,824.			
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Othor (-)	tach schedule)	42	3,024.			
44	Total tax. Add lines 42 and 43	Ollier (at	tach schedule)	43	3,824.			
	1	45.		44	3,024.			
	F	45a		-				
	Tax deposited with Form 8868	45b		-				
	_ ` `	45c		┥ ┃				
	5	45d 45e		⊣				
	Credit for small employer health insurance premiums (Attach Form 8941)	⊣						
	Other credits and payments: Form 2439	45f		-				
y		45-						
46	Total payments. Add lines 45a through 45g Total Payments. Add lines 45a through 45g Total payments. Add lines 45a through 45g	45g		10				
				46	64.			
	47 Estimated tax penalty (see instructions). Check if Form 2220 is attached 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 48 STATEMENT 3							
	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed STAT: Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	EMENT 3		48	3,888.			
	Enter the amount of line 49 you want Credited to 2018 estimated tax	ا م	- de d	49				
Part V		/see instruct		50				
	At any time during the 2017 calendar year, did the organization have an interest in or a signature or		10113)	 -	Vec No			
٠.	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization m	•			Yes No			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts, If YES, enter the name of the for	,						
	here	eigh country			X			
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tran	eferar to a fore	an truct?		$-\mid \frac{x}{x}\mid$			
	If YES, see instructions for other forms the organization may have to file.	isicioi to, a loi ei	yıı trust*		A			
	Enter the amount of tax-exempt interest received or accrued during the tax year \bullet\$\$							
	Under penalties of pourly, I declare that I have examined this return, including accompanying schedules and state	ments, and to the be	est of my know	edge and belief	. it is true.			
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer his	as any knowledge	· •		· · ·			
Here	sheet oslythoix CEO			•	cuss this return with			
	Signature of officer Date Title			the preparer sho instructions)?	X Yes No			
	Print/Type preparer's name Preparer's signature Date	1.0	heck	ıf PTIN	22 103 110			
Date	1 repairs 3 signature							
Paid	rer AMY BIBBY Lug Bibby 8	113/18 5	elf- employe		445891			
Prepa			Firm's EIN		0747981			
Use O	500 RIDGEFIELD COURT	+	IIIII S CIN		01-11301			
	Firm's address ASHEVILLE, NC 28806		Phone no.	(828)	254-2254			
			none no.		orm 990-T (2017			

Page 3

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory v	aluation ► N/A					
1 Inventory at beginning of year	1	-	6	Inventory at end of yea	ır		6		
2 Purchases	2		7 Cost of goods sold. Subtract line 6			ıne 6			
3 Cost of labor	3		from line 5. Enter here and in Part I,					}	
4a Additional section 263A costs			line 2				7	1	
(attach schedule)	4a		8 Do the rules of section 263A (with respect to					Yes	No
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to						
5 Total, Add lines 1 through 4b	5		1	the organization?	•	, , , ,			
Schedule C - Rent Income (see instructions)	(From Real	Property and	Per	sonal Property L	ease	d With Real Prop	erty)	
1. Description of property									
(1)									
(2)									
(3)									
(4)		 -							
	2. Rent receiv	ed or accrued				Ţ			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for p	ersonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ai	conne nd 2(b)	cted with the income ii (attach schedule)	1
(1)									
(2)									
(3)									
(4)		<u> </u>				l			
Total	0.	Total			Ö.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	.▶			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstru	ictions)					
			١,	2. Gross income from		Deductions directly con to debt-finance	nected	with or allocable perty	
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1)			T^-				\top		
(2)			┼		\top	· · · · · · · · · · · · · · · · · · ·	\top		
(3)			t^{-}		\vdash		╅		
(4)			T				+		
4. Amount of average acquisition debt-on or ellocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property h schedule)	-	Column 4 divided by column 5		7. Gross income- reportable (column 2 x column 6)		8 Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)	 		\vdash	%	\vdash		+		
(2)	 		1		 		+		
(3)	 		t		 		+		
(4)	 		+				+		
	1		ــــــــــــــــــــــــــــــــــــــ			nter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals				_	1	0		·	0.
Total dividends-received deductions	ncluded in colum	n 8		-	L		:+-		0.
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Form 990-T (2017) ANNIST(Schedule F - Interest, A	<u>nnuitie</u>	s Rovalt	ies, an	d Rents	From Co	ntrolle	d Organiza	tions	63-60	structions	
	111111111111111111111111111111111111111	, 110,	100,		Controlled O			THO	(200 1110	Jucaona	<u>,, </u>
1. Name of controlled organization	nc	2. Emp identific numb	cation	3. Net unr	related income e instructions)	4. Tot	tal of specified ments made	ınclude	of column 4 ed in the contra ation's gross i	rolling	6. Deductions directly connected with income in column 5
(1)				 				 		$\neg +$	
(2)		Ĺ									
(3)		<u> </u>		<u> </u>				Γ_		\perp	
(4)		 _						<u></u>			
Nonexempt Controlled Organiz 7 Taxable Income		ru elated income	e (loss)	T o Total	of specified paying	mante	10. Part of colum	mn @ that	re included	11 Dec	fuctions directly connected
,		see instructions)		9. 75	made	16ma	in the controlling organizati gross income		zation's with		income in column 10
(1)				<u> </u>							
(2)											
(3)				↓			<u> </u>				
(4)				<u> </u>			 			<u> </u>	
							Add colun Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 ere and on page 1, Part I, line 8 column (B)
Totals							<u></u> _		0.		0.
Schedule G - Investmer		ne of a S	ection	501(c)(7	/), (9), or (17) Orç	ganization				
(see instru	uctions)										
	iption of incor	me			2. Amount of	income	3. Deduction directly connected (attach scheduler)	ected	4. Set-	-asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)					├		ļ				
(2)					 		 				
(4)					 			$\overline{}$			
					Enter here and e Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals					<u> </u>	0.					0.
Schedule I - Exploited E	•	Activity	Income	e, Other	Than Adv	rertisin	ig Income				
Description of exploited activity	2. G unrelated income trade or b	ie from	directly of with pro of unr	xpenses connected roduction velated ss income	4. Net incomfrom unrelated business (cominus columinas columinas columinas chrough	d trade or olumn 2 in 3) If a e-cols-5—	5. Gross inco from activity to is not unrelate———————————————————————————————————	that ted	attribut	penses table to ımn.5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)					 	——					
(2)					 						
(3)											
(4)											
	Enter her page 1, line 10,	i, Part I, col (A)	page 1	ere and on 1, Part I,), col (B)							Enter here and on page 1, Part II, line 26
Totals ► Schedule J - Advertisin	a Incor	0.		0.							0.
Partil Income From P					solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct vertising costs	or (loss) (coso) (coso) (coso) (fags	tising gain of 2 minus jain, comput hrough 7			6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)	$-\!\!\!+\!\!\!\!-$		$+\!\!-\!\!\!-$				₽				
(4)									1	U	

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Totals (carry to Part II, line (5))

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Form 990-T (2017) ANNISTON					63-600009	O Page 5
Part III Income From Peri	odicals Reporte	ed on a Separ	ate Basis (For ea	ch periodical list	ed in Part II. fill in	
columns 2 through 7 or			,	•	•	
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. Crculation 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.
-	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (8)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.				0.
Schedule K - Compensation	on of Officers, I	Directors, and	Trustees (see in	structions)	·····	<u> </u>
1. Name			2. Title	3. Perd time dev busir	roted to	pensation attributable related business
(1)	_				%	

Form 990-T (2017)

▶

0.

Total. Enter here and on page 1, Part II, line 14

Form 4626 Department of the Treasury

Alternative Minimum Tax - Corporations

Attach to the corporation's tax return.

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

2017

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	Nam	THE HEALTH CARE AUTHORITY OF THE CITY OF					Employer identification number
trom the alternative minimum tax (AMT) under section 55(e). 1 Taxable income or (less) before net operating loss deduction 2 Adjustmetia and preferences: 2 Deprecation to post-1986 property 3 Amortization of certified pollution control facilities 4 Amortization of minimum epiperation and development costs 5 Amortization of internation expenditures (personal holding companies only) 2 di 4 Adjusted on minimum epiperation and development costs 5 Adjusted on minimum epiperation and development costs 6 Amortization of recruitation expenditures (personal sortines only) 1 (Long-tern contracts 9 di 9 Merchant manne capital construction funds 8 Section 83(9)) deduction (fillue Cross, Blue Sheld, and similar type organizations only) 1 Tax shelter form activities (personal service corporations only) 2 di 1 Tax shelter form activities (personal service corporations only) 3 di 1 Tax shelter form activities (personal service corporations only) 4 Loss limitations 7 di 1 Tax shelter form activities (personal service corporations only) 8 di cost limitations 9 di companie de service (personal service corporations only) 9 Pesseve activities (closely hind corporations and personal service corporations only) 1 di cost limitations 1 di companie de service de service corporations only) 2 di cost limitations 2 di companie limitations 2 di companie limitation de service de service corporations only) 2 di companie limitation de service de service corporation service corporations only 2 di companie limitation de service de servic		ANNISTON					63-6000090 _
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b Amortzation of certified pollution control facilities c Amortzation of mining exploration and development costs d Amortzation of unung exploration and development costs d Amortzation of unuslation expendures (personal holding companies only) e Agusted gain or loss 1 Long-term contracts 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		•				20	
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i Tax shelter farm activities (personal service corporations only) j Passive activities (closely held corporations and personal service corporations only) l Class inclinations l Depletion m Tax-exempt interest income from specified private activity bonds n Intangible drilling costs of their adjustments and preferences of their adjustments we minimum taxable income (AMTI). Combine lines 1 through 20 Adjusted current earnings (ACE) adjustment: a ACE from line 10 of the ACE worksheet in the instructions b Subtract in 18 of from line 4.1 line 3 exceeds line 4a, enter the difference as a negative amount. See instructions of Multiply line 4b by 75% (0.75). Enter the sum and their an amount on line 4d (even if line 4b is positive) of thine 4b is excess, if any, of the corporations total increases in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive) Alternative instructions. Note: You must enter an amount on line 4d (even if line 4b is positive) Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions. The Tom 10 of the ACE worksheet in the instructions of the corporation held and enter -0 on line 8c): STMT 7 SEC . 443 (D) (1) Exemption phase-aut (film 4r is \$310,000 or more, skip lines 8a and 8b and enter -0 on line 8c): Subtract line 8b from \$3 or 16 is \$3 or 10,000 or more, skip lines 8a and 8b and enter -0 on line 8c): Exemption phase-aut (film 4r is \$310,000 or more, skip lines 8a and 8b and enter -0 on line 8c): Exemption phase-aut (film 4r is \$310,000 or more, skip lines 8a and 8b and enter -0 on line 8c): Exemption phase-aut (film 6r is \$30 or 10,000 or	,	•					<u> </u>
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JWA For Paperwork Reduction Act Notice, see separate instructions.	JWA	For Paperwork Reduction Act Notice, see separate instructions.	<u>'</u>			1 14	Form 4626 (2017)

* SEE ALSO

STATEMENT 6

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FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
OCCUPANCY LAB SUPPLIES DUES & SUBSCRIPTIONS OFFICE EXPENSE CONTRACT LABOR TAX PREPARATION FEES		1,651. 6,098. 127. 320. 1,724. 1,500.
TOTAL TO FORM 990-T, PAGE 1,	LINE 28	11,420.