**Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e)) For calendar year 2017 or other tax year beginning 10/01, 2017, and ending ► Go to www.irs.gov/Form990T for instructions and the latest information. 1509 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). Employer identification number Check box if name changed and see instructions ) Check box if 4 (Employees' trust, see instructions.) address changed CABELL HUNTINGTON HOSPITAL, INC. B Exempt under section Print 55-0675666 Number, street, and room or suite no. If a P O. box, see instructions X 501( C ) (Q3\_) or E Unrelated business activity codes 220(e) 408(e) Type (See instructions ) 1340 HAL GREER BOULEVARD 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) 900099 HUNTINGTON, WV 25701 621500 C Book value of all assets at end of year Group exemption number (See instructions ) ▶ 938, 146, 326. G Check organization type \( \nabla \) X | 501(c) corporation 501(c) trust 401(a) trust Other trust H Describe the organization's primary unrelated business activity Yes X No 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 Telephone number ▶ 304-526-2000 The books are in care of ▶ DAVID M. WARD, SENIOR VP/CFO Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1,345,715. 1a Gross receipts or sales 219,794 · c Balance ▶ 1,125,921. b Less returns and allowances **^2** Cost of goods sold (Schedule A, line 7)...... 2 1,125,921. 1,125,921. 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 33,813. 33,813. ATCH 1 Income (loss) from partnerships and S corporations (attach statement) Unrelated debt-financed income (Schedule E) . . . . . . Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) . . . . . . Advertising income (Schedule J) . . . . . . . . . . . . . . . . 11 11 29,146. 29,146. ATCH 2 Other income (See instructions, attach schedule) . . . . . 1,188,880. 1,188,880. Total. Combine lines 3 through 12..... 13 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, Part II deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K)....... 14 994,916. 15 15 Salaries and wages . . . . 134. 16 Repairs and maintenance 16 17 17 18 18 Interest (attach schedule) 5,665. 19 19 hitation files 1 .2019. 20 20 Charitable contributions (See instructions for 21 Depreciation (attach Form 4562). . . . . 21 22b 22 Less depreciation claimed on Schedule A and else €23 23 ₹24 Contributions to deferred compensation plans . . . . . 24 502. €25 25 Employee benefit programs . . . . €26 26 27 27 60,282. 28 1,061,499. 29 127,381. Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 Net operating loss deduction (limited to the amount on line 30) . . . . . . . . . . . . . . . . . . 31 127,381. Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 1,000. Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) . . . . . . 33 Unrelated business taxable income. Subtract line 33 from line 32 If line 33 is greater than line 32

For Paperwork Reduction Act Notice, see instructions.

enter the smaller of zero or line 32,

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35 Organizations Taxable as Corporations. See instructions for tax computation Controlled group members (sections 1561 and 1561 check here ► X see instructions and a Enter your share of the \$50,000, \$25,000, and \$9,925,000 (saable income brackets (in that order) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Par	t III Tax Computation	-								
members (sections 1561 and 1563) check here ▶ ★ See instructions and a -Enter your stare of the \$50,000, \$25,000, \$39,025,000 (a) \$ 65,844.  b Enter organization's share of (1) Additional 5% tax (not more than \$11,750).  c Income tax on the amount on line 34.  28,4412.  36 Trusts Taxable at Trust Rates. See instructions for tax computation income tax on the amount on line 34.  37 Tax on the common tax and the amount on line 34.  38 Alternative minimum tax.  38 Alternative minimum tax.  39 Tax on Nor-Compliant Facility income. See instructions.  39 Tax on Nor-Compliant Facility income. See instructions.  40 Total. Add lines 37, 38 and 38 to line 35c or 36, whichever applies.  41 Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116).  41b b Other credits (see instructions).  41 Foreign tax credit (corporations attach Form 8801 or 8827).  41d Tax and Payments.  42 Total tax Add lines 42 and 43.  43 Other taxes check from ∫ Form 1255 ∫ Form 8817 ∫ Form 8886 ∫ Other (etitach scheoology).  44 Total tax. Add lines 42 and 43.  45 a Payments. A 2016 overpayment credited to 2017.  46 Total tax Add lines 43 as paid or withheld at source (see instructions).  45 a Payments. A 2016 overpayment credited to 2017.  46 Total tax Add lines 48 through 41d  47 Total tax Add lines 48 through 45g.  48 Tax deposted with Form 8886.  49 Overpayment. If line 46 is larger than the lotal of lines 44 and 47, enter amount overpead.  49 Overpayments. If line 46 is larger than the lotal of lines 44 and 47, enter amount overpead.  49 Overpayments. If line 46 is larger than the lotal of lines 44 and 47, enter amount overpead.  40 Total payments. Add lines 45 at brough 45g.  41 Estimated tax powerities.  42 Estimated tax powerities.  43 Other taxes remail employer health in surrance premiums (Attach Form 8941).  45 Estimated tax powerities.  46 Total tax deposited with Form 15 Form 2220 is attached.  47 Total by the deposition of payments.  48 Total payments. Add lines 45 at brough 45g.  49 Overpayment. If line 46 is larger											
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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 94.  28, 412.  ATCH. 4.  386 28, 412.  ATCH. 4.  386 28, 412.  ATCH. 4.  386 386 386 386 386 386 386 386 386 386											
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FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here    X	31			103 110							
During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			-	-							
During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		· · · · · · · · · · · · · · · · · · ·	loreign country	x							
If YES, see instructions for other forms the organization may have to file  53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge    Print/Type preparer's name   Preparer's signature   Preparer's signature											
Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true. Correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge    Nay the IRS discuss this return with the preparer shown below (see instructions)? X Yes No   No	52		gn trust/								
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    May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No   No	52	· · · · · · · · · · · · · · · · · · ·									
Sign Here    Signature of officer   Signature   Signa	<del>55</del>		est of my knowledge	and belief, it is							
Here    Signature of officer   Date   Title   With the preparer shown below (see instructions)? X Yes   No	Sign	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge									
Signature of officer  Date  Title  (see instructions)? X Yes No  Print/Type preparer's name  WADE S C NEWELL, CPA  Preparer  Firm's name  SOMERVILLE & COMPANY PLLC  Pate AUG 1 4 2019  Check if self-employed self-employed self-employed Firm's EIN ▶55-0372924											
Paid Print/Type preparer's name WADE S C NEWELL, CPA Preparer Firm's name  Preparer's signature WADE S C NEWELL, CPA Preparer Firm's name  Preparer's signature AUG 1 4 2019 Check if self-employed self-employed Firm's EIN ▶55-0372924			·								
Preparer   Firm's name   SOMERVILLE & COMPANY PLLC   Firm's EIN ▶55-0372924		······································	, <sub>If</sub> PTIN								
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Form **990-T** (2017)

Form 990-T (2017)

Total dividends-received deductions included in column 8.

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CABELL HUNTINGTON HOSPITAL, INC.

Schedule F - Interest, Ann	· · ·			ntrolled Or							
Name of controlled organization	2. Employer identification number		3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5		
(1)											
(2)											
(3)											
(4)			•								
Nonexempt Controlled Organi	zations		·			40 Do	t of column	O that is	44	L Doductions directly	
7. Taxable Income	8. Net unrelated in (loss) (see instruc			Total of specification of the contract of the		ınclud	ed in the co ation's gros	controlling conn		I. Deductions directly inected with income in column 10	
(1)											
(2)											
(3)											
(4)							columns 5 a			Id columns 6 and 11	
Totals	ncome of a Sec	 ction 50	 1(c)(7),	(9), or (17		Part I	nere and on line 8, colu (see ins	mn (A)		er here and on page 1, rt I, line 8, column (B)	
1. Description of income	2. Amount of	ncome		3. Deduction directly cortain (attach sch	nected			t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)		_						•			
(2)											
(3) (4)									-		
Totals ▶ Schedule I - Exploited Exc	Enter here and Part I, line 9, c	olumn (A)	ther Th	an Advert	sing In	come (s	ee instru	ctions)		Enter here and on page 1 Part I, line 9, column (B)	
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Exp dire connect product unre business	ctly ed with tion of lated	4 Net incor from unrelat or business 2 minus col If a gain, c cols 5 thro	ed trade (column umn 3) ompute	from ac	s income tivity that nrelated s income	6. Expe attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)	<del> </del> -										
(2)											
(3)								·-			
(4)											
	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1, line 10,	Part I,							Enter here and on page 1, Part II, line 26	
Totals ▶ Schedule J - Advertising In Part I Income From Per	· · · · · · · · · · · · · · · · · · ·		Consoli	dated Bas	eie						
Name of periodical	2. Gross advertising	4. Advertising gain or (loss) (col gain or solution advertising costs advertising costs  4. Advertising gain or (loss) (col gain or solution advertising costs		7 Excess readership costs (column 6 minus column 5, but							
	income			a gain, co cols 5 thro						not more than column 4)	
1)				ļ						4	
2)										4	
3)	<u> </u>									$\dashv$	
4)	ļ									-	
otals (carry to Part II, line (5))	1									1	

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

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns

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)		=			<u> </u>	
4)	<u> </u>					
otals from Part I	1		[			
ı	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
rotals, Part II (lines 1-5) ▶						
Schedule K - Compensation	on of Officers, D	Directors, and Tr	ustees (see instr	ructions)		
1. Name		2. Title		3. Percent of time devoted to business	4. Compensation	on attributable to business
1)				%		
2)				%		
3)				%		
4)		1		%		

Form **990-T** (2017)

55-0675666 ATTACHMENT 4

### FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLENDED TAX RATE

	UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34).	126,381.
2	TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX	
	COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP	33,968.
3	TAX ON LINE 1 FIGURED USING THE 21% RATE	26,540.
4	MULTIPLY LINE 2 BY THE NUMBER OF DAYS 92	
Ī	IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018	3,125,056.
5	MULTIPLY LINE 3 BY THE NUMBER OF DAYS 273	
	IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017	7,245,420.
6	DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365	
	IN THE CORPORATION'S TAX YEAR	8,562.
7	DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365	
-	IN THE CORPORATION'S TAX YEAR	19,850.
8	ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR	28,412.

# Form **4626**

Department of the Treasury Internal Revenue Service

#### **Alternative Minimum Tax - Corporations**

Attach to the corporation's tax return.

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

OMB No 1545-0123

**2017** 

Employer identification number Name CABELL HUNTINGTON HOSPITAL, INC. 55-0675666 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) NONE Adjustments and preferences: 2a 2c 2d 2e 2g h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) . . . . . . . Tax shelter farm activities (personal service corporations only)........... 2i Passive activities (closely held corporations and personal service corporations only) . . . . . . . . . 2k 21 2n 126,381. Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20 . . . . . . . Adjusted current earnings (ACE) adjustment: 126,381. a ACE from line 10 of the ACE worksheet in the instructions..... **b** Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference 4b 4c c Multiply line 4b by 75% (0.75) Enter the result as a positive amount . . . d Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments See instructions Note: You must enter an 4d ACE adjustment If line 4b is zero or more, enter the amount from line 4c 4e • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount 126,381. Combine lines 3 and 4e If zero or less, stop here, the corporation does not owe any AMT. . . 5 Alternative tax net operating loss deduction. See instructions . . . . . . . . . Alternative minimum taxable income. Subtract line 6 from line 5 If the corporation held a residual 126,381. 7 Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c) Subtract \$150,000 from line 7. If completing this line for a member of a 8a 126,381. controlled group, see instructions. If zero or less, enter -0- . . . . . . . . . Exemption Subtract line 8b from \$40,000 If completing this line for a member of a controlled group, 118,405. 9 7,976. 402. 10 10 11 11 402. 12 12 13 8,562. 13 Alternative minimum tax. Subtract line 13 from line 12 If zero or less, enter -0- Enter here and on 14 Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return . . . . NONE Form **4626** (2017) For Paperwork Reduction Act Notice, see separate instructions.

## Adjusted Current Earnings (ACE) Worksheet

Keep for Your Records

See ACE Worksheet Instructions.

A ACE depreciation adjustment  a AMT depreciation  (1) Post-1993 property  (2) Post-1993 property  (2) Post-1993 property  (3) Pre-1994 mACRS property  (4) Pre-1990 magnal ACRS property  (5) Property described in sections 1861(1) through 2b(6)  (6) Other property  (7) Total ACE depreciation adjustments Subtract line 2kTy) from line 2a.  a Tax-exempt interest income  a Tax-exempt interest income  b Death benefits from life insurance contracts  c All other distributions from life insurance contracts  c All other distributions from life insurance contracts  d Inside buildup of undistributed income in life insurances  c All other distributions from life insurance contracts  c All other distributions from life insurance contracts  d Inside buildup of undistributed income in life insurances  c All other distributions from life insurance contracts  a 3a d  e Other items (see Regulations sections 1 56(g)-1(c)(6)(e) through (vx) for a partial list).  f Total increase to ACE from inclusion in ACE of items included in EAP Add lines 3a through 3e.  3 a list and a line	1		Pre-adjustment AMTI Enter the amount from line 3 of Form	4626		1	126,381.
a AMT deprecation. b ACE deprecation (1) Post-1993 property (2) Post-1993 property (3) Pest-1993 property (4) Pre-1990 original ACRS property (4) Pre-1990 original ACRS property (4) Pre-1990 original ACRS property (5) Property described in sections 168(f)(1) through (4) Pre-1990 original ACRS property (6) Other property (7) Total ACE deprecation Add lines 2b(1) through 2b(5) (7) Total ACE deprecation adjustment Subtract line 2b(7) from line 2a. 2c Inclusion in ACE of items included in earnings and profits (E&P) a Tax-exempt interest income b Death benefits from life insurance contracts c All other distributions from life insurance contracts c All other distributions from life insurance contracts c All other distributions from life insurance contracts 3d d inside buildup of undistributed income in life insurance contracts 3d d inside buildup of undistributed income in life insurance contracts 3d c Other items (see Regulations sections 1 56(g)-1(c)(6)(iii) through (ix) for a partial isit). 3e Total increase to ACE from inclusion in ACE of items included in E&P Add lines 3a through 3e a Cartain dividends received.  Dividende pand on certain preferred stock of public utilities that are deductible under section 247 (as affected by P. L. 113-295, Div. A, section 221(a)(41)(A), Dec 19, 2014, 49, 49, 40, 40, 40, 40, 40, 40, 40, 40, 40, 40	2		ACE depreciation adjustment				
b ACE deprecation (1) Post-1989, pre-1994 property (2) Post-1989, pre-1994 property (3) Pre-1990 MACRS property (4) Pre-1990 organia ACRS property (5) Property described in sections 168(f)(1) through (4) Pre-1990 organia ACRS property (6) Drier property (7) Total ACE deprecation Add lines 2(t) through 2b(5) (7) Total ACE deprecation Add lines 2(t) through 2b(6) (8) Drier property (9) A Adjusted current sensitions  a Tax-evempt interest income  b Death benefits from life insurance contracts (including surrenders) 3 a b load inside benefits from life insurance contracts (including surrenders) 3 d linide benefits from life insurance contracts (all other distributions from life insurance contracts (all other distributions from life insurance contracts (all other distributions from life insurance contracts (b) Undersolve them in the insurance contracts (all other distributions from life insurance contracts (b) Undersolve them in the insurance contracts (c) Undersolve them in the insurance companies for qualified foreign contracts (c) Undersolve them in the insurance companies for qualified foreign contracts (c) Undersolve them in the insurance companies for qualified foreign contracts (c) Undersolve them in the insurance companies for qualified foreign contracts (c) Undersolve them in the insurance companies for qualified fo		а	•		2a		
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(2) Post-1989 nACRS property		Ī		)(1)			
(3) Pre-1990 MACRS property (4) Pre-1990 onginal ACRS property. (2b(4) (					! !		
(4) Pre-1990 original ACRS property. (5) Property described in sections 168(f)(1) through (4)						i	
(5) Property described in sections 168(f)(1) through (4)							
(4) 2b(5) (6) Other property (2b(6)) (7) Total ACE depreciation Add lines 2b(1) through 2b(6)				/\*/			
(6) Other property 2 2b(5) (7) Total ACE depreciation Add lines 2b(1) through 2b(6) 2b(7) (7) Total ACE depreciation adjustment Subtract line 2b(7) from line 2a. 2c Inclusion in ACE of items included in earnings and profits (E&P) a Tax-exempt interest income			(,, ,	· (E)			•
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c All other distributions from life insurance contracts (including surrenders)						<b>!</b>	
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128 Stat 4043)		þ	Dividends paid on certain preferred stock of public utilities t	that are deductible under			
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b Circulation expenditures	5		Other adjustments based on rules for figuring E&P				
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f Total other E&P adjustments Combine lines 5a through 5e		d	LIFO inventory adjustments		5d		
f Total other E&P adjustments Combine lines 5a through 5e		е	Installment sales		5e		
Disallowance of loss on exchange of debt pools  Acquisition expenses of life insurance companies for qualified foreign contracts  Depletion  Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property  Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9 Enter the result here and on line 4a of						5f	
Acquisition expenses of life insurance companies for qualified foreign contracts	6					6	
Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property						7	
Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property			·	-		8	
Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9 Enter the result here and on line 4a of						9	
			•	_		10	126,381.

Δ	ጥጥ	Δ(	H	MF	NT	1	

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

PREMIER HEALTHCARE ALLIANCE, L.P.

33,813.

INCOME (LOSS) FROM PARTNERSHIPS

33,813.

ATTACHMENT 3

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

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION UNDER SECTION 199

OUTSIDE SERVICES OFFICE EXPENSES 58,481. 1,801.

PART II - LINE 28 - OTHER DEDUCTIONS

60,282.

#### FEDERAL FOOTNOTES

FORM 990-T, PAGE 1, PART 1, LINE 1A

LABORATORY INCOME

UNRELATED BUSINESS INCOME - GROSS RECEIPTS 1,345,715 UNRELATED BUSINESS INCOME - ORDINARY INCOME 70,087

FORM 990-T, PAGE 1, PART 1, LINE 5

PREMIER PURCHASING PARTNERS, L.P.

UNRELATED BUSINESS INCOME - GROSS RECEIPTS 33,813 UNRELATED BUSINESS INCOME - ORDINARY INCOME 33,813