			ED THROUG								
_ 	E	kempt Orgar	nization	Bus	siness Ir der sectio	ncome T	Tax Retui	'n	ОМВ	No 1545-0687	
TOIM OOO I	For cale	ndar year 2018 or othe	proxy laz rtax vear begin	nina	10/01,20	018. and endir	$\frac{9}{19}$ $\frac{9}{19}$ $\frac{9}{30}$ 2	019.	2	1Ω	
Department of the Treasury		▶ Go to www.irs.	* * * *						<u> </u>		
Internal Revenue Service	▶ Do	not enter SSN number	•					:)(3)	Open to F 501(c)(3)	Public Inspection for Organizations Only	
A Check box if	-	Name of organization	(Check b	ox if na	me changed and	see instructions	s)			cation number	
address change	d							(Emplo	oyees' trust, se	ee instructions)	
B Exempt under section		CABELL HUNT	rington H	IOSP:	ITAL, INC	·					
X 501(C)(Q3-)	Print	Number, street, and re	oom or suite no	lf a P O	box, see instruc	tions		55-0	55-0675666		
408(e) 220(e) Type								ated busine	ess activity code	
408A 530(1340 HAL G	REER BOUI	EVA	RD			(300 11	istructions)		
529(a)		City or town, state or	•	-	ZIP or foreign pos	stal code					
C Book value of all assets at end of year	·	HUNTINGTON,	WV 2570)1				6215	00 90	0099	
·		up exemption number						1			
		eck organization type				501(c)	trust	401(a)	trust	Other trust	
H Enter the number	of the orga	inization's unrelated tr	ades or busine	esses	<u> </u>			•	(or first) u		
trade or business h						• •	complete Parts I			, describe the	
		e end of the previous	sentence, co	mplete	Parts I and II,	complete a So	chedule M for eac	ch addition	nal		
trade or business,		_		-44						Yes X No	
		corporation a subsid				it-subsidiary c	controlled group?			Yes LX No	
J The books are in ca		Identifying number o				Telephon	e number ▶ 30	4-526	-2000	 .	
Part I Unrelate				**/	(A) In		(B) Expen		1	(C) Net	
		1,085,935		1			(= / =		 	<u> </u>	
b Less returns and allo		173,403	• c Balance ▶	1c	9	12,532.					
		lule A, line 7)	_	2							
•	•	2 from line 1c		3	9	12,532.				912,532.	
4a Capital gain net	income (a	attach Schedule D)		4a		,					
		Part II, line 17) (attach		4b							
c Capital loss ded	luction for	trusts		4c							
5 Income (loss) from a	partnership o	r an S corporation (attach sta	atement)	5		59,443.	ATCH 1			59,443.	
6 Rent income (Se	chedule C)			6	_						
7 Unrelated debt-	financed ir	come (Schedule E)		7		-					
_	-	ents from a controlled organi							-		
		11(c)(7), (9), or (17) organiz		9							
	•	ncome (Schedule I)		10					<u> </u>		
		ctions, attach schedule									
		ough 12			9	71,975.				971,975.	
Part II Deduction	ons Not	Taken Elsewher	e (See inst	ructio	ns for limit	ations on d	eductions.) (E	xcept f	or contri	butions,	
deductio	ns must	be directly conn	ected with t	he ur	related bus	siness inco	me.)				
14 Compensation	of officers,	directors, and trustee	s (Schedole K)	SIV/F	D						
15 Salaries and wa	ges	(see instructions).	1 (LOC					. 15		809,166.	
16 Repairs and ma	intenance			4. 50	r2n · 1001 ·		. .	. 16		72.	
17 Bad debts			Auu 3	٠٠. ٢٠				17			
18 Interest (attach	schedule)	(see instructions).			~; ~ ;~;			18		4,910.	
19 Taxes and licens	es		· · OGDI	Ξ!N ₂	<u>.U I</u>].			. 19		4,910.	
		See instructions for the						. 20			
		4562)						 22b			
							•				
		compensation plans									
		s								386.	
		Schedule I)									
		chedule J)									
		schedule)					. ATCH. 2	28		51,479.	
29 Total deduction	s. Add line	s 14 through 28						/O <u>29</u>		866,013.	
		le income before r							1	105,962.	
		ig loss arising in tax						/ t 🗀	 	105 000	
		e income Subtract li		30 .	<u> </u>	<u></u>		32	<u> </u>	105,962.	
For Paperwork Reduce 8X2740 1,000 2926II PI		vouce, see instruction	15.	77 1	0_0 GE	,	9372-00	00		m 990-T (2018)	
292011 P.	.23			νŢ	8-8.6F	3	5512-00	0	1	スー	

For	rm 990-T (2	2018)		, Page 2
_	art III	Total Unrelated Business Taxable Income		
		of unrelated business taxable income computed from all unrelated trades or businesses (see		
(33		ctions),	22	105,962.
			33	103, 302.
34		nts paid for disallowed fringes	34	
35	Deduc	ction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instruc	ctions),	35	
36	Total	of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of line	s 33 and 34	36	105,962.
37	Specif	fic deduction (Generally \$1,000, but see line 37 instructions for exceptions) $\dots \dots \dots \dots 39$	37	1,000.
38		ated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line $36_{1/2}$		
30		the smaller of zero or line 36		104,962.
			30 1	101/302.
_	art IV		1 - 1 -	22,042.
39	Organ	izations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	
40	Trusts	s Taxable at Trust Rates. See instructions for tax computation income tax on		
	the arr	nount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxv	tax. See instructions	41	
42		ative minimum tax (trusts only).	42	
43	Tayou	n Noncompliant Facility Income. See instructions	43	
44		Add lines 41, 42, and 43 to line 39 or 40, whichever applies	\rightarrow	22,042.
_			44	22,042.
	art V	Tax and Payments	_	
45	a Foreig	ın tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	1 1	
	b Other	credits (see instructions)] []	
	c Gener	ral business credit Attach Form 3800 (see instructions)] []	
	d Credit	for prior year minimum tax (attach Form 8801 or 8827)] {	
	e Total	credits. Add lines 45a through 45d	45e	
46		act line 45e from line 44	46	22,042.
47		axes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	·
			48	22,042.
48		tax. Add lines 46 and 47 (see instructions)	\ 	22/012.
49		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	<u> </u>
50	a Payme	ents A 2017 overpayment credited to 2018	- 1 1	
	b 2018 e	estimated tax payments	4 1 1	
	c Tax de	posited with Form 8868	<u> </u>	
	d Foreia	in organizations Tax paid or withheld at source (see instructions)		
		p withholding (see instructions)	1	
		for small employer health insurance premiums (attach Form 8941)	1	
		credits, adjustments, and payments Form 2439	1 1 1	
		Form 4136 Other Total ▶ 50g	1 .)	33,000.
51	-	payments. Add lines 50a through 50g	51	33,000.
52	Estima	ated tax penalty (see instructions) Check if Form 2220 is attached	52	
53	Tax du	ue. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	<u>√53</u>	
54	Overp	ayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	10,958.
∮ '5,5	Enter th	he amount of line 54 you want Credited to 2019 estimated tax > 10,958. Refunded		
~, _	art VI	Statements Regarding Certain Activities and Other Information (see Instruction		
				thority Yes No
56		y time during the 2018 calendar year, did the organization have an interest in or a signature or		
		a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m		1 1
	FinCEN	N Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign c	1 1
	here			X
57	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?.	X
		," see instructions for other forms the organization may have to file	•	
58		the amount of tax-exempt interest received or accrued during the tax year > \$		
50		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the t	est of my kr	owledge and belief, it is
e:	t t	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
	gn 📘		•	discuss this return
He	ere 🖊		•	parer shown below
		· · · · · · · · · · · · · · · · · · ·	e instructions)	
_		Print/Type preparer's name Preparer's signature Date Chec	k∐ ıf	PTIN
Pa		LUDE C O MONTHE CON MADE C NEWELL CON MICH 1 2 0000	mployed	P01051041
	eparer	Firm's name ► SOMERVILLE & COMPANY PLLC	EIN ► 5	5-0372924
Us	se Only	Firm's address ▶ 501 5TH AVENUE, HUNTINGTON, WV 25701 Phone	204	-525-0301
_		1 Thursday		Form 990-T (2018)
ICA				(2010)

JSA

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Form 990-T (2018)								Page 3	
Schedule A - Cost of G	oods Sold. Er	nter method	d of inventory valuation	•					
1 Inventory at beginning of	year 1		6 Inventory	at end of yea	ar	6			
2 Purchases			-		ld. Subtract line			_	
3 Cost of labor			6 from	line 5 En	iter here and in				
4a Additional section 263A c			Part i, line	2		7			
(attach schedule)	4a				section 263A (w	ith re	spect to Ye	es No	
b Other costs (attach schedu					or acquired for				
5 Total. Add lines 1 through	, · 							х	
Schedule C - Rent Incom	e (From Real P	roperty a	nd Personal Property	Leased V	Vith Real Proper	ty)			
(see instructions)	•		. ,		•	• /			
1. Description of property			· .						
(1)									
(2)									
(3)					-				
(4)									
. ,	2. Rent recei	ved or accrue	ed						
(a) From personal property (if the	nerrentane of rent	(b) F	rom real and personal property	/if the	3(a) Deductions di	ectly co	nnected with the	income	
for personal property is more th		percenta	age of rent for personal propert	y exceeds			b) (attach schedul		
more than 50%)	50% or	if the rent is based on profit or	r income)	i				
(1)									
(2)					-				
(3)									
(4)									
Total		Total							
(c) Total income. Add totals of c	olumns 2(a) and 2(b) Enter			(b) Total deduction Enter here and on				
here and on page 1, Part I, line 6			•		Part I, line 6, colum				
Schedule E - Unrelated D			e instructions)						
		,	2. Gross income from or	3. [Deductions directly con)	
1. Description of de	bt-financed property		allocable to debt-financed	(a) Straigh	debt-finance		ty) Other deduction		
			property		(attach schedule)		(attach schedule)		
(1)							<u> </u>		
(2)							<u> </u>		
(3)									
(4)									
4. Amount of average	5. Average adju		6. Column		9 Alles		Allocable deduction	and and and and	
acquisition debt on or allocable to debt-financed	of or alloca debt-financed		4 divided		income reportable n 2 x column 6)		nn 6 x total of col		
property (attach schedule)	(attach sche		by column 5	(column	1 2 x coldillin o)		3(a) and 3(b))		
(1)			%						
(2)			%						
(3)		-	%						
(4)	_	-	%						
					e and on page 1,	Enter	here and on pa	age 1,	
				Part I, lin	e 7, column (A)	Part	I, line 7, column	ı (B)	
Totals									
Total dividends seeding 3-3-3-									

Schedule F-Interest, Ann	uities, Royaltie	s, and F	Rents	Fro	m Contro	lled Or	ganiz	zatio	ons (see	instruction	ons)	
•		E	xemp	t Co	ntrolled Org	ganızatı	ons					
Name of controlled organization	2. Employer identification number	per			ated income instructions)	4 Total payme	of spec		ıncluded	f column 4 to in the control on's gross in	olling	6. Deductions directly connected with income in column 5
(1)	· · · · · · · · · · · · · · · · · · ·									-		
(2)		- "					-					_
(3)												
(4)							_					
Nonexempt Controlled Organi	zations											
7. Taxable Income	8. Net unrelated i (loss) (see instruc				Total of specific ayments made		ind	clude	of column d in the co ition's gros	ntrolling		Deductions directly nnected with income in column 10
(1)												
(2)									-			
(3)												
(4)						_						
Totals	ncome of a Se	 ction 50	 01(c)	···· (7),	 (9), or (17	▶) Orga	Er Pa	nter he art I, I	olumns 5 a ere and on line 8, colui	page 1, nn (A)	En	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)
1. Description of income	2. Amount o		1	•	3 Deduc directly cor (attach sch	tions inected			4 Se	l-asides schedule)		5. Total deductions and set-asides (col 3 plus col 4)
(1)												
(2)												
(3)												
(4)	Enter here and Part I, line 9, c					_						Enter here and on page 1 Part I, line 9, column (B)
Totals ▶ Schedule I – Exploited Exc	empt Activity In	come,	Othe	r Th	an Adverti	sing Ir	com	e (se	ee instru	ctions)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	dıı conne prodı	ectly ected w ection of related ss inco	ith of	4. Net incomfrom unrelated or business 2 minus collected from the coll	ed tradé (column umn 3) ompute	from	acti	income vity that irelated income	6 Expe attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)												
(2)	<u> </u>											
(3)												
(4)											-	
	Enter here and on page 1, Part I, line 10, col (A)		ere and 1, Part), col (I,								Enter here and on page 1, Part II, line 26
Totals ▶ Schedule J- Advertising In	acomo (coo instr	untions)			L		_			<u> </u>		
Part I Income From Per				acoli	idated Bas	·ic						
Fait IIICome From Fer	Toulcais Report	led on a	a COI	ISUII	uateu bas	913	l					
1. Name of periodical	2. Gross advertising income	3. I adverti	Direct sing co	sts	4. Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col ol 3) If npute	5.	Circu	ulation me	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)												
(2)					ĺ					_		
(3)					1				-			\neg
(4)					1							
								-				
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 ▶		١				
	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) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total, Enter here and on page 1, Part II, line 14		•	

Form **990-T** (2018)

ATTACHMENT 1

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

PREMIER HEALTHCARE ALLIANCE, L.P.

59,443.

INCOME (LOSS) FROM PARTNERSHIPS

59,443.

9372-00

ATTACHMENT 2

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

OUTSIDE SERVICES OFFICE EXPENSES

50,189. 1,290.

PART II - LINE 28 - OTHER DEDUCTIONS

51,479.

FEDERAL FOOTNOTES

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

LABORATORY INCOME

UNRELATED BUSINESS INCOME - GROSS RECEIPTS 1,085,935 UNRELATED BUSINESS INCOME - ORDINARY INCOME 46,519

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

PREMIER PURCHASING PARTNERS, L.P.

UNRELATED BUSINESS INCOME - GROSS RECEIPTS 59,443 UNRELATED BUSINESS INCOME - ORDINARY INCOME 59,443