	_					ì	V Da		
260 m	990-T	E	empt Organization (and proxy tax	und	er section 6	033(e))		ОМВ	No 1545-0687
$y_{j}$	<i>)</i>	For cale	ndar year 2017 or other tax year begin		10/01 , 2017, a			2	<b>017</b>
	tment of the Treasury		► Go to www irs gov/Form990					Open to P	ublic Inspection for
A	al Revenue Service	D <sub>0</sub>	not enter SSN numbers on this form a	,	be made public if you e changed and see in:				ublic Inspection for Organizations Only cation number
<b>^</b> _	Check box if address changed		Name of organization ( Check bo	X II Name	e changed and see ins	structions )		loyees' trust, se	
B Ev	empt under section	-	CONWAY HOSPITAL INC						
X	501( <b>(2)</b> (3)	Print	Number, street, and room or suite no 1	ia P O h	nov see instructions		57-0	314381	
<u>^</u>	408(e) 220(e)	or	Transcit, street, and room or solic no		oox, see madadions				ss activity codes
	408(e) 220(e) 408A 530(a)	1.760	300 SINGLETON RIDGE	ROAD	•			instructions )	,
-	529(a)		City or town, state or province, country	_		e	$\dashv$		
C Bo	ok value of all assets	1	CONWAY, SC 29526	•			5259	90	722210
	end of year	F Gro	up exemption number (See instructi	ons ) ▶	,		1 0207		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5:	18,162,163		ck organization type > X 501	-		501(c) trust	401(a)	) trust	Other trust
			rimary unrelated business activity						
			corporation a subsidiary in an affili			idiary controlled gro	oup?	<b>▶</b> X	Yes No
			identifying number of the parent cor		\/\	LXX 12-	99990	19 <u> </u>	
J TI	he books are in care	e of ▶ I	BRIAN ARGO		Te	lephone number	843-347	-8037	
Pai	tl Unrelated	Trade (	or Business Income		(A) Income	(B) E	xpenses		(C) Net
1 a	Gross receipts or	sales	34,286						]
b	Less returns and allowa	nces	c Balance ▶	1c	34,2	86			ţ
2	Cost of goods sol	d (Sched	ule A, line 7)	2					
3			2 from line 1c	3	34,2	86			34,286
4 a	Capital gain net ii	ncome (a	ttach Schedule D)	4a					
b			Part II, line 17) (attach Form 4797)	4b					
С	Capital loss dedu	ction for t	rusts	4c					
5	· · · · · ·		ps and S corporations (attach statement)	5	13,7	92 ATCH	<u> </u>	<del>                                     </del>	13,792
6	·	· · · · · · · · · · · · · · · · · · ·		-6					
7			come (Schedule E)	7				_	
8			nts from controlled organizations (Schedule F)	8					
9			1(c)(7), (9), or (17) organization (Schedule G)	9					
10	•	-	ncome (Schedule I)	10					
11 12			lule J)	11				-	
13			ough 12	13	48,0	7.8		<del></del>	48,078
	rt II Deduction	ns Not	Taken Elsewhere (See ınstr				(Excent	for contril	
			be directly connected with the				, (Except	ioi coman	outions,
14			directors, and trustees (Schedule K)				14	7	
15	Salaries and wage	es.		- 1	RECEN	/ED:::I	15	1	9,438
16	Renairs and main	tenance		- 1	<del></del>		16		•
17	Bad debts		• • • • • • • • • • • • • • • • • • • •			20+0: . [8]	17		
18	Interest (attach so	hedule)	• • • • • • • • • • • • • • • • • • • •	<u> </u> 6	AUG Z.I	2019: 10	18		
19			· · · · · · · · · · · · · · · · · · ·				19	_	
20	Charitable contrib	outions (S	See instructions for limitation rules)		· · OGDEN	Į,∪Ţ↓.	20		
21	Depreciation (atta	ch Form	4562)	<del> -</del>	21				
22	Less depreciation	claimed	on Schedule A and elsewhere on re	turn .	22a		22b	<u> </u>	
23									
24	Contributions to c	leferred o	compensation plans				24		
			·						3,108
25			Schedule I)						
26			abadula IV						21 210
26 27	Excess readership		chedule J)		7 m m 7\	CHMENT 2	28		21,740
26 27 28	Excess readership Other deductions	(attach s	chedule)						
26 27 28 29	Excess readership Other deductions Total deductions	(attach s Add line	chedule)				29	_	34,286
26 27 28 29 30	Excess readership Other deductions Total deductions Unrelated busine	(attach s Add line ss taxab	chedule)	loss de	eduction Subtrac	line 29 from li	29 ne 13 30		34,286 13,792
26 27 28 29 30 31	Excess readership Other deductions Total deductions Unrelated busine Net operating loss	(attach s Add line ss taxab s deducti	chedule)	loss de	eduction Subtract	line 29 from li	29 ne 13 30 31		34,286
26 27 28 29 30 31	Excess readership Other deductions Total deductions Unrelated busines Net operating loss Unrelated busines	(attach s Add line ss taxab s deducti ss taxable	chedule)	loss de	eduction Subtract	ine 29 from li	29 ne 13 30 31 32		34,286 13,792
26 27 28 29 30 31 32	Excess readership Other deductions Total deductions Unrelated busines Net operating loss Unrelated busines Specific deduction	(attach s Add line ss taxab s deductions ss taxable n (Gener	chedule)	loss de ) Subtra	eduction Subtract ct line 31 from line exceptions)	line 29 from li	29 ne 13 30 31 32 / 33		34,286 13,792
26 27 28 29 30 31	Excess readership Other deductions Total deductions Unrelated busines Net operating loss Unrelated busines Specific deduction Unrelated busines	(attach s Add line ss taxab s deducti ss taxable n (Gener	chedule)	loss de ) Subtrations for	eduction Subtract ct line 31 from line exceptions) 32 If line 33 i	line 29 from li	29 ne 13 30 31 32 33		34,286 13,792

Form	990-T (20	)			Page 2
Par	t III	ax Computation			
35		tions Taxable as Corporations. See instructions for tax computation Controlled group			
	membe	(sections 1561 and 1563) check here ▶  See instructions and			
а	Enter y	r share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)			
	<u>\$</u>   کلاک				
b	Enter o	inization's share of (1) Additional 5% tax (not more than \$11,750),	l		
	(2) Add	nal 3% tax (not more than \$100,000)	i		
С		x on the amount on line 34	35c		
36	Trusts	Taxable at Trust Rates. See instructions for tax computation Income tax on			
		to think 34 from Tax rate demodale or Tax and a sense and 5 (1 or 1 o	36		
37			37		
38		F	38		
39		······································	39		
40			40		
		ax and Payments			
		x credit (corporations attach Form 1118, trusts attach Form 1116)			
		dits (see instructions)			
c	Genera	usiness credit Attach Form 3800 (see instructions)			
d		prior year minimum tax (attach Form 8801 or 8827)	11e		
е 42			42		
43			43		
44	Total to		44		0
	Daymer	A 2016 overpayment credited to 2017	<del>                                     </del>		
		nated tax payments	'		
c		ited with Form 8868			
d	Foreign	ganizations Tax paid or withheld at source (see instructions)			
e		thholding (see instructions)			
f		small employer health insurance premiums (Attach Form 8941)			
g		dits and payments Form 2439			
_	F	n 4136 Other Total ▶ 45g			
46	Total p		46		
47	Estimat	tax penalty (see instructions) Check if Form 2220 is attached	47		
48	Tax due	fline 46 is less than the total of lines 44 and 47, enter amount owed	48		
49	Overpa	ent. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49		
50		mount of line 49 you want Credited to 2018 estimated tax Refunded			
Par		tatements Regarding Certain Activities and Other Information (see instructions)			
51		me during the 2017 calendar year, did the organization have an interest in or a signature or c			s No
		nancial account (bank, securities, or other) in a foreign country? If YES, the organization may			
		orm 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the fo	oreign cour	itry	.,
	here ►			_	x
52	•	tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	ı trust?	$\cdots$	
		instructions for other forms the organization may have to file			
53		amount of tax-exempt interest received or accrued during the tax year ▶ \$  r penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the bes	t of my know	ledge and t	pelief, it is
Sigi	to	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			
Her			the IRS dis		
			the prepare nstructions)?		No
		rmil/Type préparer's name Preparer's signature Date	I PT	TIN	
Paid		ICHELE N MELCHIOR  Digitally signed by Melchior, Michele 8/13/2019  Check L Michele 8/13/2019	۔ ا	004880	)37
	arer	The state of the s	IN ▶36-6		
Use	Only	ırm's address ▶ 201 S COLLEGE ST , STE 2500, CHARLOTTE, NC 28244 Phone n		632-35	

% %

% %

Enter here and on page 1,

Part I, line 7, column (A)

Form **990-T** (2017)

Enter here and on page 1,

Part I, line 7, column (B)

(1)

(2) (3)

(4)

Total dividends-received deductions included in column 8.

Schedule F - Interest, Annu	ines, reyames			ntrolled Org			uuoi	13 (300	matrucite	,,,,,	
Name of controlled organization	2 Employer identification numb		3 Net unrelate (loss) (see ins			of specified		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 Organiz	zations										
7 Taxable Income	8 Net unrelated in (loss) (see instruc	1		Total of specific ayments made		ind	luded	f column in the co on's gross	ntrolling		Deductions directly nnected with income in column 10
(1)											
(2)											
(3)											
(4)								ımns 5 a			dd columns 6 and 11
Totals	come of a Sec	 ction 501(c	 :)(7),	(9), or (17		Pŧ	art I, lin	e and on e 8, colur ee inst	nn (A)		ter here and on page 1, rt I, line 8, column (B)
1 Description of income	2 Amount of	income		3 Deductive directly cortain (attach sch	nected				-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)			1						·		
(2)			<del> </del>							_	
(3)			ļ	-							
(4)	Enter here and	<del></del>									Enter here and on page 1
Totals ▶ Schedule I - Exploited Exe	Part I, line 9, c	olumn (A)	er Tha	an Adverti	sing In	come	e (see	nstru	ctions)		Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected production unrelated business inc	es with n of	4. Net incon from unrelat or business 2 minus col If a gain, co cols 5 thro	ne (loss) ed trade (column umn 3) ompute	5 G from	Gross in activit iot unre iness in	come y that lated	6 Expe attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				<b></b>							
(2)											
(3)		· <del>-</del>									
(4)	·										
	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Par line 10, col	rtI,				-				Enter here and on page 1, Part II, line 26
Schedule J - Advertising In Part I Income From Peri			nsoli	idated Bas	is						
1 Name of periodical	2 Gross advertising income	3 Direct advertising o	l	4 Advert gain or (los 2 minus co a gain, cor cols 5 thro	ising s) (col sl 3) If mpute	5	Circula		6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				<u> </u>							-
(1)				-							$\dashv$
(2)										_	
(3) (4)							_				
Totals (carry to Part II, line (5))											
											Form <b>990-T</b> (2017)

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

Schedule K - Compensation of Officers,  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 (2017)

## FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS PREMIER PURCHASING PARTNERS, L P. 13,792 INCOME (LOSS) FROM PARTNERSHIPS 13,792

ATTACHMENT	2	

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

SUPPLIES ADMINISTRATIVE EXPENSE FUEL AND GAS 14,840 6,896

PART II - LINE 28 - OTHER DEDUCTIONS

21,740