For Paperwork Reduction Act Notice, see instructions. HEALTH SERVICES OF CENTRAL GEORGIA, INC.

Form **990-T** (2019)

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	0-1 (2019)			Page 2
Part	H T	otal Unrelated Business Taxable Income		
32		f unrelated business taxable income computed from all unrelated trades or businesses (see		
	ınstruct	tions)	32	6,657
33	Amoun	ts paid for disallowed fringes	33	
34		ble contributions (see instructions for limitation rules)	34	0
35	Total u	nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line		
	34 from	n the sum of lines 32 and 33	2 35	6,657
36	Deduct	ion for net operating loss arising in tax years beginning before January 1, 2018 (see,		
	instruct	tions)	D36	6,657
37		f unrelated business taxable income before specific deduction. Subtract line 36 from line 35 .	37	0
38		c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	0
39		ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		
		ne smaller of zero or line 37	39	0
Part !		ax Computation	1 00 1	
40 [zations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0
41		Taxable at Trust Rates. See instructions for tax computation. Income tax on		
••		punt on line 39 from: Tax rate schedule or Schedule D (Form 1041)	41	
42		ax. See instructions	42	
43			43	
43 44		tive minimum tax (trusts only)	44	
45		Noncompliant Facility Income. See instructions	45	0
	rotal. A	Add lines 42, 43, and 44 to line 40 or 41, whichever applies	1 45 [
			1	
	_	` \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-	
		` \ \ \	-	
C		business credit. Attach Form 3800 (see instructions)	-	
		or prior year minimum tax (attach Form 8801 or 8827)	1 70	•
		redits. Add lines 46a through 46d	46e	0
47		et line 46e from line 45	47	0
48		kes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	0
49		ax. Add lines 47 and 48 (see instructions)	49	0
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
51a	-	nts: A 2018 overpayment credited to 2019	- 	
		stimated tax payments	<u> </u>	
С	Tax dep	posited with Form 8868		
d	Foreign	organizations: Tax paid or withheld at source (see instructions) . 51d		
е	Backup	withholding (see instructions)		
f	Credit f	or small employer health insurance premiums (attach Form 8941)		
g	Other c	redits, adjustments, and payments. Form 2439		
	☐ Forn	n 4136 Other 0 Total ▶ 51g 0		
52	Total p	ayments. Add lines 51a through 51g	52	0
53	Estimat	ed tax penalty (see instructions). Check if Form 2220 is attached ▶ □	53	
54	Tax du	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	0
55	Overpa	yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	0
56	Enter the	e amount of line 55 you want	56	0
Part \	/I St	atements Regarding Certain Activities and Other Information (see instructions)	1	
57	At any t	time during the 2019 calendar year, did the organization have an interest in or a signature or oth	er auth	nority Yes No
		inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may		
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fore	ign co	untry
	here ▶			
58	During th	ne tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust	? . V
	_	see instructions for other forms the organization may have to file.	_	
59		e amount of tax-exempt interest received or accrued during the tax year ▶ \$		0
	Under	penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best	of my kn	owledge and belief, it is
Sign	true, co	orrect, 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
Here		LI - 10 - 20 EXECUTIVE VICE PRESIDENT/CFO	with the	preparer shown below
•	Signatu		(see instri	uctions)? ☑Yes ☐ No
	<u> </u>	Protective executive and Properties conductive		PTIN
Paid	1		ck LJ i employed	T 505.51.00
Prepa	- 1	PRAFFINA THOUSE HAD	's EIN ►	58-0914992
Use (Only ∤	DO DOY 74000 ALBANY OA 04700 4000		(229) 883-7878
TH SE	RVICES	Firm's address ► PO BOX 71309, ALBANY, GA 31708-1309 Phon OF CENTRAL GEORGIA, INC. 2 11/8/2020 2:17:	se no.	Form 990-T (2019)
				. 5 500 1 (2019)

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Sche	dule A-Cost of Good	ds Sold. Er	nter	method of inv	ven	tory va	aluation 🕨							
1	Inventory at beginning of	of year	1		0	6	Inventory a	at end of	year		6			0
2	Purchases	· -	2		0	7	Cost of g	oods so	ld. Subtract	line				
3	Cost of labor		3		0		6 from line	5. Enter	here and in	Part				
4a	Additional section 263	BA costs					I, line 2				7			0
	(attach schedule)		4a		0	8	Do the rul	les of se	ection 263A	(with	respe	ct to	Yes	No
b	Other costs (attach sch-	edule)	4b		0		property p	roduced	or acquired	for re	sale) a	apply		چې زمار پره
	Total. Add lines 1 throu		5		0				?			_ ·		
Sched	ule C-Rent Income	(From Re	al P	roperty and	Pei	rsona	Property	Leased	With Real	Prop	erty)			
(see	instructions)													
1. Descri	ption of property													
(1) OFF	ICE SPACE & EQUIP											•		
(2)							-							
(3)										-				
(4)														
		2. Rent receiv	ed or	accrued										
	n personal property (if the perc			(b) From real and				3(a	i) Deductions dir in columns 2(a					е
for p	ersonal property is more than 1 more than 50%)	10% but not		ercentage of rent fo 50% or if the rent is					## OOIGH## 2/c	, and 2	(5) (41.44	0000	,	
(1)							2,40	00					3	3,635
(2)														
(3)														
(4)														
Total		0	Tot	al			2,40	0 /b) To	tal deduction					
(c) Tota	I income. Add totals of co	lumns 2(a) an	id 2(b). Enter					here and on p					
here an	d on page 1, Part I, line 6, c	column (A) .		>			2,40		, line 6, columi				3	3,635
Sched	dule E—Unrelated De	ebt-Financ	ed I	ncome (see ji	nstr	uctions	s)	r						
							come from or	3. De	eductions directl debt-f		ected wit d properf		able to)
	 Description of deb 	ot-financed prop	perty		allo		debt-financed perty	(a) Straig	ght line deprecia			Other ded	uctions	3
								(att	ach schedule)		(at	tach sch	edule)	
(1)														
(2)														
(3)														
(4)														
	4. Amount of average acquisition debt on or			usted basis able to			olumn	7. Gross	income reporta	ble		cable de		
all	ocable to debt-financed	debt-fin	anced	d property			vided Ilumn 5		nn 2 × column 6		•	6 × total 3(a) and 3		mns
pr	operty (attach schedule)	(atta	ch sch	nedule)		-, -,						.,,		
(1)							%							
(2)							%							
(3)							%							
(4)							%							
									re and on pag ne 7, column (ere and of line 7, co		
							_	, "	,					` '
Totals	· · · · · · · · · · · · · · · · · · ·					•	▶	L		_ 0				0
i otal di	vidends-received deducti	ions included	in co	iumn 8 .	•			•		<u> </u>		- 04	10 T	0
												Form 99	7U- I	(2019)

Schedule F-Interest, Ann	uities, Royalties	and Rer	its From	Controlled Org	j <mark>anizations</mark> (se	e ınstruc	tions)	
		Exempt	Controlled	Organizations				
Name of controlled organization	2. Employer identification number	1	elated income instructions)	4. Total of specified payments made	5. Part of colum included in the corganization's great	controlling	conne	eductions directly ected with income in column 5
(1)								
(2)		T						
(3)		<u> </u>						
(4)							×	
Nonexempt Controlled Organiz	ations	<u> </u>						
7. Taxable Income	8. Net unrelated i (loss) (see instruc			otal of specified yments made	10. Part of column included in the corganization's gro	controlling	connec	eductions directly cted with income in column 10
(1)								
(2)								
(3)	=							
(4)							<u> </u>	
					Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter h	columns 6 and 11 tere and on page 1, line 8, column (B)
Totals				▶		0	1	0
Schedule G-Investment I	ncome of a Sec	tion 501(zation (see inst	tructions		
1. Description of income	2. Amount	of income	direc	Deductions ctly connected ach schedule)	4. Set-aside (attach schedi		and s	otal deductions et-asides (col. 3 olus col. 4)
(1)								
(2)								
(3)								
(4)								
	Enter here and Part I, line 9,		1	3				re and on page 1, ne 9, column (B)
Totals	>		0	1, 1, 1				0
Schedule I—Exploited Exe	mpt Activity Inc	ome, Ot	her Than	Advertising In	come (see inst	ructions))	T-
Description of exploited activi	2. Gross unrelated ty business ind from trade business	ome pro	Expenses directly nected with iduction of inrelated ness income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)	•							
(2)								
(3)								
(4)								
	Enter here an page 1, Par line 10, col	t I, pag (A) line	here and on le 1, Part I, 10, col (B)		The Company	, ,		Enter here and on page 1, Part II, line 25
Totals	P	0	0	***************************************				0
Schedule J-Advertising			. 0	-1-4- J D - 1				
Part I Income From P	eriodicals Repo	rted on a	Consoli	1		г		
1. Name of periodical	2. Gross advertisin income	a 3	3. Direct rtising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Reac		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)						ļ		
(4)								
Totals (carry to Part II, line (5))	•	0	0	0		<u></u>	F	0 Form 990-T (2019)

Page 5

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership gain or (loss) (col 2 minus col 3) If costs (column 6 2. Gross 6. Readership 3. Direct 5. Circulation minus column 5, but 1. Name of periodical advertising advertising costs costs not more than ıncome a gain, compute column 4). cols 5 through 7 (1) (2) (3) (4) () Totals from Part I Enter here and on Enter here and on Enter here and page 1, Part I, on page 1, page 1, Part I, Part II, line 26 line 11, col (A) line 11, col (B) 0 Totals, Part II (lines 1-5) Schedule K-Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of 4. Compensation attributable to 1. Name 2. Title time devoted to business unrelated business (1) % % (2) (3) % (4) % 0 Total. Enter here and on page 1, Part II, line 14

Form **990-T** (2019)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

Department of the Treasury

For calendar year 2019 or other tax year beginning , 2019, and ending , 20

▶ Go to www.irs.gov/Form990T for instructions and the latest information. ▶ 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

Name o	of the organization	Employer identification number					
HEAL	TH SERVICES OF CENTRAL GEORGIA, INC	58-2307485					
Uı	nrelated Business Activity Code (see instructions) ► 53242	20	-				
_ De	escribe the unrelated trade or business >		_				
Par	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net		
1a	Gross receipts or sales 0	T					
b	Less returns and allowances 0 c Balance ▶	1c	0				
2	Cost of goods sold (Schedule A, line 7)	2	0				
3	Gross profit. Subtract line 2 from line 1c	3	0		0		
4a	Capital gain net income (attach Schedule D)	4a	0		0		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	0		0		
С	Capital loss deduction for trusts	4c	0		0		
5	Income (loss) from a partnership or an S corporation (attach			1			
	statement)	5	0		0		
6	Rent income (Schedule C)	6	2,400	3,635	(1,235)		
7	Unrelated debt-financed income (Schedule E)	7	0	0	0		
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Schedule F)	8	0	0	0		
9	Investment income of a section 501(c)(7), (9), or (17)						
	organization (Schedule G)	9	0	0	0		
10	Exploited exempt activity income (Schedule I)	10	0	0	0		
11	Advertising income (Schedule J)	11	0	0	0		
12	Other income (See instructions; attach schedule)	12	0		0		
13	Total. Combine lines 3 through 12	13	2,400	3,635	(1,235)		
Part		r lımita	ations on deduction	ons.) (Deductions m	ust be directly		
14	Compensation of officers, directors, and trustees (Schedule K)			14	0		
15	Salaries and wages			15	0		
16	Repairs and maintenance				0		
17	Bad debts				0		
18	Interest (attach schedule) (see instructions)				0		
19	Taxes and licenses				0		
20	Depreciation (attach Form 4562)			o 📆			
21	Less depreciation claimed on Schedule A and elsewhere on re			0 21b	ʻl ol		
22	Depletion			22	0		
23	Contributions to deferred compensation plans			23	0		
24	Employee benefit programs				0		
25	Excess exempt expenses (Schedule I)				0		
26	Excess readership costs (Schedule J)				0		

For Paperwork Reduction Act Notice, see instructions.

Other deductions (attach schedule) .

Unrelated business taxable income. Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

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Cat No 71329Y

Schedule M (Form 990-T) 2019

0

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(1,235)

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Form 990T Part II, Line 27 Other Deductions	
Description	Amount
BILLING FEES	
(1) BILLING FEE ALLOCATED EXPENSES	10,317

Form 990T Part III, Line 36 Deduction for net operating loss arising in tax years beginning before January 1, 2018

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2011	29,036		14,831	6,657	7,548	2031
2012	1,860		0		1,860	2032
2013	8,822		0		8,822	2033
2014	3,918		0		3,918	2034
2015	7,449		0		7,449	2035
Totals	51.085	0	14.831	6,657	29,597	

Schedule C, Line 3(a)	Deductions directly connected with the income in columns 2(a) and 2(b)
Schedule C, Lille S(a)	Beddelland directly confidence with the mostle in column 2(a) and 2(b)

RENT RECEIVED, FURNITURE & SPACE		
(1) OFFICE SPACE & EQUIP	Description	Amount
	RENT EXPENSE	3,635
Total for Schedule C, Line 3(a), Deductions dire connected with the income in columns 2(a) and		3,635