30/A		•	<u> </u>				()	0/10			
	大きのですっている	i i	-					OOP	ı	OMB No 1545-0047	
	QQA_T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))							2019		
Form	1-066										
_		For cal		ax year beginning $07/01/$					L		
	artment of the Treasury nal Revenue Service	▶ Do		rs. <i>gov/Form990T</i> for instru s on this form as it may be						n to Public Inspection ford	
	Check box if	P D0	Name of organization	(Check box if name chan			organizai	D Employer ide			
B	address changed Exempt under section	1	Harrie of Organization	(Check box it thanks didn	igea ana	occ mondebono /		(Employees' tru			
	X 501(C)(3)	Print	Floyd Hea	lthcare Mana	aeme	ent, In	c.				
ŀ	408(e) 220(e)	or		or suite no. If a P.O. box, see instru	_			_ <u>58</u> -19	73	570	
-	408A 530(a)	Type	i	r McCall Blv				E Unrelated but			
<u> </u>	529(a)	,,,,		vince, country, and ZIP or foreign	ons)	•					
C	Book value of all assets	1	Rome		GA	30162-0	233	62150	0	•	
-	at end of year	F G	roup exemption numb	oer (See instructions)							
	474,932,938	G C	heck organization typ	e ▶ X 501(c) corpo	oration	501(c) trust	401(a) trust	t	Other trust	
н	Enter the number of the	e organi	zation's unrelated trad	les or businesses 🕨	1	Describe the	only (or t	first) unrelated trad	de or	business here	
-	<u>Referral</u>	Lab	services	<u> </u>					If or	nly one, complete	
1	Parts I-V If more than	onė, des	scribe the first in the b	plank space at the end of	the pre	vious sentend	e, compl	lete Parts I and II,	, com	plete a	
:	Schedule M for each ad	dditional	trade or business, the	en complete Parts III-V							
				in an affiliated group or a	a parei	nt-subsidiary c	ontrolled	group?	!	▶ ∐ Yes X No	
	If "Yes," enter the name	e and ide	entifying number of the	e parent corporation							
	<u> </u>	<i>(</i>) <i>(</i>	Il a mi a a Cala	<u> </u>					7.	06-509-6074	
W	The books are in care o		le or Business I			(A) Incor		(B) Expenses		(C) Net	
1a	Gross receipts or sale		3,215,566		T .	(A) IIICO	122	CAPTARTERS OF	(4) (2)	Section Control of the Control of th	
b	Less returns and allo				1c	479	9,129				
2	Cost of goods sold (S] C Dalalice	2	1,	7/127		52.33		
3	Gross profit Subtract				3	479	9,129	Mr		479,129	
4a	Capital gain net incon				4a	1	,	144 - 194 - 194 A	(30) (1)		
b	. •	•	I, line 17) (attach Form 4	1797)	4b	1					
c	Capital loss deduction		• •		4c			2 × 2 × 4 × 2 × 2	95.1		
5	•		p and S corporation (attach					37.9-4 		
	statement)				5	/					
6	Rent income (Schedu	ıle C)			6						
7	Unrelated debt-finance	ed incor	ne (Schedule E)		7						
8	Interest, annuities, royalti	ies, and i	ents from controlled orga	anization (Schedule F)	8/	Í					
9	Investment income of a	section 50)1(c)(7), (9), or (17) orga	inization (Schedule G)	/ 9						
10	Exploited exempt acti	vity inco	me (Schedule I)		10						
11	Advertising income (S	Schedule	: J)		11			NOTE OF THE PROPERTY OF THE PR	V 10		
12	Other income (See in	struction	is, attach schedule)		12			APAMEEUN			
13	Total. Combine lines				13		9 <u>,129</u>			479,129	
ER			the unrelated bu		s for	imitations of	on ded	uctions) (Dea	uctio	ons must be directly	
14	Compensation of office			,					14		
15	Salanes and wages	, unc							15		
16	Repairs and maintena	ance		==051\/5	= D	I			16		
17	Bad debts			RECEIVE		78/		Γ	17		
18	Interest (attach sched	iule) (se	e instructions)	1	_	IŠI			18		
19	Taxes and licenses			E MAR 0 8 2	021	RS-0.			19	3,038	
20	Depreciation (attach F			101		_ <u> ~ 2</u>	0				
21	Less depreciation clai	med on	Schedule A and else		1.17	21	a	:	21b	0	
22	Depletion			OGDEN.	, 0 1				22		
23	Contributions to defer	τeć com	pensation plans					L	23		
24	Employee benefit pro	_						L	24	 	
25	Excess exempt exper							Ļ	25		
26	Excess readership co	,	•			_			26		
27	Other deductions (atta					See S	tater	ment 1	27	277,886	
28	Total deductions. A							<u> </u>	28	280,924	
29				rating loss deduction Sub			e 13	<u> </u>	29	198,205	
30		rating lo	ss ansing in tax years	beginning on or after Jai	nuary 1	, 2018 (see			_		
	-instructions)							<u> </u>	30	100 005	
<u>31</u>	·		come Subtract line 30						31	198, 205	
DAA	For Paperwork Red	uction 🖊	Act Notice, see instr	ructions.						Form 990-T (2019)	

	990-T (2019) Floyd Healthcare Management, Inc	<u>. 58-1973570</u>		Page 2								
₩P.	irtilli, Total Unrelated Business Taxable income											
32	Notal of unrelated business taxable income computed from all unrelated trades or b	ousinesses (see										
	instructions)		32	198,205								
33	Amounts paid for disallowed fringes		33	200,200								
34	Chantable contributions (see instructions for limitation rules)		34									
35	Total unrelated business taxable income before pre-2018 NOLs and specific deductions. Subtract line											
33	·	100 205										
	34 from the sum of lines 32 and 33	040 /	-	198,205								
36	Deductions for net operating loss arising in tax years beginning before January 1, 2	018 (see	1 # 1									
	instructions)		7 36	100 005								
37	Total of unrelated business taxable income before specific deduction. Subtract line	36 from line 35	37	198,205								
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		38	1,000								
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greatly	eater than line 37,	<u>- </u>									
	enter the smaller of zero or line 37		39	197,205								
Pa	rttliv Tax Computation		,									
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)		40	41,413								
41	Trusts Taxable at Trust Rates. See instructions for tax computation income tax of	on	` I									
	the amount on line 39 from Tax rate schedule or Schedule D (Form	1 1041)	▶ 41									
42	Proxy tax. See instructions		▶ 42									
43	Alternative minimum tax (trusts only)		43									
144 1	Tax on Noncompliant Facility Income. See instructions		44									
45	Total/ Add lines 42, 43, and 44 to line 40 or 41, whichever applies		457	41,413								
1	irt V1 Tax and Payments		1 1040	41,415								
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	46a	25.55.12									
46a		<u> </u>	—— [秦]									
b	Other credits (see instructions)	46b										
C	General business credit Attach Form 3800 (see instructions)	46c										
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d										
e	Total credits. Add lines 46a through 46d		46e									
47	Subtract line 46e from line 45		47	41,413								
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (att	L sch)	48									
49	Total tax. Add lines 47 and 48 (see instructions)		U 49	41,413								
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) lir	ne 3	50									
51a	Payments A 2018 overpayment credited to 2019	\\51a^1\ 30,	796									
b	2019 estimated tax payments	\$1b 11,	312									
С	Tax deposited with Form 8868		339									
d	Foreign organizations Tax paid or withheld at source (see instructions)	4 51d	1									
e	Backup withholding (see instructions)	51e										
f	Credit for small employer health insurance premiums (attach Form 8941)	51f										
	Other credits, adjustments, and payments Form 2439	011										
g		51.0										
		51g		16 117								
52	Total payments. Add lines 51a through 51g		► 52 53	46,447								
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached											
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		54	5 024								
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount	•	55	5,034								
56^		034 Refunde										
<u>′≅Rà</u>	it.VII Statements Regarding Certain Activities and Other Inf											
57	At any time during the 2019 calendar year, did the organization have an interest in cover a financial account (bank, securities, or other) in a foreign country? If "YES," the	or a signature or other auth	onty	Yes No								
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter	the name of the foreign co	o file									
	here	the name of the loleigh co	ши	X								
58	Dunng the tax year, did the organization receive a distribution from, or was it the gra-	entor of or transferor to a	foreian taist?	X								
-	If "YES," see instructions for other forms the organization may have to file	antor or, or transieror to, a	loreign trast									
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			# 1								
Sig	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statution, occurrent, and complete Declaration of preparer (other than taxpayer) is based on all information of which pr		ledge and belief, it	May the IRS discuss this return								
	The correct, and complete declaration of prepare (other trial taxpayer) is based on all illiotination of which pri	, ,		May the IRS discuss this return with the preparer shown below (see instructions)?								
Her	The transfer of the transfer o	<u> </u>		X Yes								
	Signature of officer Date Title	 1 :										
_	Print/Type preparer's name Preparer's signature Tacqueline G. Atkins Tacqueline Atkins	Date	Check	If PTIN								
Paid	odequeline o Mexino	ins, CPA 3/	7/21 self-emp									
•	arer Firm's name ▶ Draffin & Tucker LLP		Firm's EIN	<u> 58-0914992</u>								
Use	•											
	Firm's address ▶ Albany, GA 31708-1309		Phone no	<u>229-883-7878</u>								
				Form 990-T (2019)								

	990-T (2019) Floyd H						<u>58-1</u>	<u>973570</u>			Pa	age 3	
<u>Sch</u>	edule A - Cost of Good	<u>ls Sold. En</u>	ter me	thod of i	ıver	ntory valuation >				,			
1						Inventory at end of	-		6	ļ			
2	Purchases 2					7 Cost of goods sold. Subtract							
3	Cost of labor 3					line 6 from line 5 E	-						
4a	Additional sec 263A costs			1		ın Part I, line 2	Į	_ 7	1				
	(attach schedule)	4a			8	Do the rules of sect	tion 263/			Yes	No		
b Other costs (attach schedule) 4b					property produced or acquired for resale) apply								
_5	5 Total. Add lines 1 through 4b 5 to the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)												
Sch	edule C – Rent Income	(From Rea	l Prop	erty and	l Pe	rsonal Property	/ Leas	ed With Real P	rop	erty)			
_(se	e instructions)									<u> </u>			
	contion of property							_		_ .			
<u>(1)</u>	N/A												
(2)													
(3)	-												
<u>(4)</u>		2 Rent recer						T		•••			
			T acc					2 / 3 2 -4 -4					
	(a) From personal property (if the percent for personal property is more than 10%		١,			personal property (if the r personal property exceed	connected with the 2(b) (attach schedu						
	more than 50%)	70 Dat No.	1 '	•		based on profit or income		11 6001110 2/1	u, u,	2(5) (4.1.24) 54.104	,		
(1)													
(1)										- •			
(3)													
(4)										· · · · · ·			
Total			Total					(b) Total deduction	16	•			
(c) T	otal income. Add totals of colur	mns 2(a) and 2	2(b) Ent	er				Enter here and on pa		ī			
here and on page 1, Part I, line 6, column (A)						.		Part I, line 6, column					
Sch	edule E - Unrelated De	bt-Finance	d Inco	me (see	ınstı	ructions)							
					^	income from or		3 Deductions directly co			to		
	1 Description of debt-finance	ed property		1		to debt-financed		debt-finar	nced	property			
	·			1	ş	property	(a) S	traight line depreciation		(b) Other deductions			
							ļ	(attach schedule)	(attach schedulo)				
<u>(1)</u>	<u>N/A</u>								+	<u> </u>			
(2)							<u> </u>		+				
(3)						<u></u> .			+				
(4)		Average adjusted	hans				-		+			—–	
	acquisition debt on or	of or allocable t	0		6 Column 4 divided 7			ross income reportable		 Allocable deductions (column 6 x total of columns 		ns	
allocable to debt-financed debt-financed property property (attach schedule) (attach schedule)						column 5	(c	olumn 2 x column 6)	-	3(a) and 3(
	property (allean salesale)	(Bilbar Sarioson				%	 		╁				
(1) (2)						%			+-				
(3)			·						╈				
(4)						%			\top				
(4)				1			Enter	here and on page 1,	. [Enter here and o	on pac	ie 1,	
								I, line 7, column (A)		Part I, line 7, co			
Total	s					•			\perp				
Total	dividends-received deduction	ns included in	column	8				•					
										Form 9 9	90-T	(2019)	

Form 990-T (2019) Floyd	Healthca	re	Manag	emer	nt, Inc		5	8-1	9735	70		Page 4		
Schedule F - Interest, Ani	nuities, Roya	<u>alti</u>	es, and R	<u>ents f</u>	From Cont	rol	<u>led</u>	Org	<u>anizati</u>	ons (see ir	structio	ns)		
	i			Exem	Exempt Controlled Organizations									
1 Name of controlled			mployer ation number	3 Net u	nrelated income		4 Tot	tal of sp	ecified	5 Part of column	n 4 that is	6 Deductions directly		
organization	lide	lulice	auori number	(loss) (s	see instructions)		pay	ments r	nade	included in the	controlling	connected with income		
										organization's gross income		ın column 5		
(1) N/A														
(2)														
(3)			-											
(4)									ĺ	-				
Nonexempt Controlled Organiz	ations		.											
Trongacine Controlled Cigaria									-		Ī .			
7 Taxable Income	1		unrelated income	.	•	9 Total of specified				umn 9 that is ie controlling	1	11 Deductions directly connected with income in		
r razase mesme	(Ic	oss) (see instructions)	payments made				ı		gross income		column 10		
(1)				+						-				
(1)														
				-										
(3)				_	_									
(4)								 	Add columns	s 5 and 10	Ac	ld columns 6 and 11		
								Er	iter here and	d on page 1,	Ente	er here and on page 1,		
								P	art I, line 8	column (A)	Pai	t I, line 8, column (8)		
Totals		_	-41 504	/ - \ / 7 \	(0) (47	_	<u> </u>		4: /					
Schedule G - Investment	ncome or a	36	ection 501	(C)(7),				anıza	tion (se	ee instruction	ns)			
4 December of recome					3 Deductions directly connecte (attach schedule					Set-asides		5 Total deductions		
1 Description of income			2 Amount of in	come						ach schedule)		and set-asides (col 3 plus col 4)		
					(2002)				,					
(1) N/A		┞			ļ									
(2)		<u> </u>		_								,		
(3)		<u> </u>							ļ					
(4)														
			iter here and oi					e		En	ter here and on page 1,			
			art I, line 9, col	umn (A)							Pa	art I, line 9, column (B)		
Totals		<u> </u>			March 198	22				10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Schedule I - Exploited Exc	empt Activit	y lı	ncome, Ot	ther T	<u>han Adver</u>	tis	<u>ing</u>	Inco	me (se	e instruction	ns)			
	2 Gross	3 Exper				4 Net income (loss)		5 Gr	oss income			7 Excess exempt		
4 December of evaluated naturals	unrelated		directly		from unrelated tra or business (colur			from activity that			enses	expenses (column 6 minus		
1 Description of exploited activity	business incom from trade or	е	production	n of		2 minus column 3)			t unrelated	I	able to mn 5	column 5, but not		
	business		unrelate business in		If a gain, compute cols 5 through 7		- 1	busin	ess income			more than		
			Dusiness in	wille	cois 5 trirougi						column 4)			
(1) N/A			<u> </u>		-		+							
			 				\top							
(2)			 				+			-				
(3)			1				+			:				
(4)	Enter here and o	n	Enter here a	nd on	SOUTH STATE	388X.	26.5°32'3	Language of the Contract of th	S. 17. 17. 17. 18. 18.		95 an	Enter here and		
page 1, Par												on page 1,		
line 10, col (A											Star 4	Part II, line 25		
Totals •			<u> </u>		AS MANAGEMENT	3.00		: Zi	St. in Ell			<u></u>		
Schedule J – Advertising I					11 -1 - 4 - 1	_								
Rartil Income From I	eriodicals	Kep	ported on	a Co	<u>nsolidated</u>	Ba	asis	<u> </u>				1		
	2 Gross advertising income		1			Advertising						7 Excess readership		
4. Name of papadical			3 December		gain or (loss) (2 minus col 3			5 C	irculation		dership	costs (cotumn 6 minus column 5, but		
1 Name of penodical			advertising	costs	a gain, compu	rte		11	ncome	ω	sts	not more than		
					cols 5 through	7						column 4)		
(1) N/A					14		»L							
(2)														
(3)														
(4)												. 10		

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

Form 990-T (2019) Floyd Healthcare Management, Inc. 58-1973570 Page 5 Income From Periodicals Reported on a Separate Basis (For each penodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 4 Advertising gain or (loss) (col 7 Excess readership costs (column 6 2 Gross 3 Direct 5 Circulation 6 Readership advertising 2 minus col 3) If minus column 5, but 1 Name of penodical advertising costs costs ıncome not more than a gain, compute cols 5 through 7 column 4) (1) N/A (2) (3) (4) Totals from Part I ▶ Enter here and Enter here and on Enter here and on page 1, Part I, line 11, col (A) page 1, Part I, on page 1, Part II, line 26 line 11, col (B) Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of time devoted to 4 Compensation attributable to unrelated business business (1) N/A % (2) % (3) % (4) Total. Enter here and on page 1, Part II, line 14