								ER 16, 2020		_	_				-
Form	990 <u>÷</u> T-	į t	xempt U					ss Income	ıax	Re	eturr	1	ОМВ	No 1545	5-0047
	۵	Far as	londer voor 2010 er ell	•	nd proxy tax u	ınder	se			P	112		2	201	0
	Maria .	Forca	lendar year 2019 or oti			or instru	etic	and ending ons and the latest infor	mation			-		.0	J
	ment of the Treasury I Revenue Service	l ▶			-			de public if your organ			01(c)(3)	. I	Open to	Public In	spection for tions Only
A	Check box if address changed		Name of organiza				_	and see instructions)				DEmployer identification number (Employees' trust, see instructions)			
B Ex	empt under section	Print	HCA HEAL	THC	ARE FOUND	ATIC	N					6	1-13	2305	563
X	501(c)(30)	Or	Number, street, a	nd room	or suite no. If a P.O.	. box, se	e in	structions.					ated busi		ıvıty code
	408(e) 220(e) Type P.O. BOX 570								,		•				
	Use of town, state or province, country, and ZIP or foreign postal code Solity or town, state or province, country, and ZIP or foreign postal code NASHVILLE, TN 37202 525990 Color of the country of all assets at end of year F Group exemption number (See instructions.) F Group exemption number (See instructions.) G Check organization type X 501(c) corporation 501(c) trust 401(a) trust														
C Boo	k value of all assets nd of year		F Group exemption	on numb	er (See instructions.	.) 🕨		····							
U 5-4	71,268,0	71.	G Check organiza	tion type	X 501(c)	corporat	tion	501(c) trust		<u> </u>	401(a)			Oth	er trust
	er the number of the deep the or business here				_	1					r first) un				
						a Parte I	l and	. If only one III, complete a Schedu						ie,	
	iness, then complete			; pi cviou	s sentence, complet	io raito i	I all	in, complete a schedu	16 141 101	caci	auuilion	ai ii au	5 01		
				v in an a	ffiliated group or a p	parent-su	ıbsı	diary controlled group?			ightharpoonup	□ Ye	es Z	X No	
	Yes," enter the name a			-									_		
	books are in care of							Telep	none nu	mbe	r ▶ 6	15-	344-	-239	0
Pa	t I Unrelated	d Trac	de or Busine	ss Inc	ome		\Box	(A) Income		(B) I	xpenses			(C) Ne	et
	Gross receipts or sale						i			ì—	E \ - 1				<u> </u>
	Less returns and allov				c Balance		-+	<u> </u>		┞-	"RF	CE	IVE	<u>D</u>	1
	Cost of goods sold (S				• •	2	\rightarrow	·	61 gr	-					7
	Gross profit. Subtract					4	\rightarrow		11 /2	C251	NO.	∨ 2	} 202	n 16	$\rightarrow \downarrow $
	Capital gain net incom Net gain (loss) (Form		·	ch Form	A707\	41	-		÷,	Н	· 1c -	•			δ <u>/</u>
	Capital loss deduction			cii i ciiii	4/3//	40	-	<u></u>			. <u>'O</u> ()	12.)[:	VI L	〒/	-
	Income (loss) from a			ation (at	tach statement)	5	\rightarrow				MENT		\	/ _	
	Rent income (Schedu				,	6	<u>, </u>					-			
	Unrelated debt-finance		ne (Schedule E)			7	7								
8	Interest, annuities, roy	yaltıes, a	nd rents from a co	ntrolled o	organization (Schedule	e F) 8	3					<i>></i>			
9	Investment income of	f a sectio	on 501(c)(7), (9), o	r (17) or	ganızatıon (Schedule	e G) 9)				<u>/_</u>				
	Exploited exempt activ		, ,			10	\rightarrow			_					
	Advertising income (S		•			1	\rightarrow		11.09						
	Other income (See ins)		1:	-	0.		'ca'll					
Pai	Total. Combine lines			whor	0 (Can instruction	10	_	tions on deductions						—	
	(Deductions	must t	e directly conne	cted wi	th the unrelated b				,				·		
14	Compensation of off	icers, di	rectors, and trustee	es (Sche	dule K)							14			
15	Salaries and wages											15	ļ		
16	Repairs and mainten	iance										16 17	-		
17 18	Bad debts Interest (attach sche	dula) (c	ne instructions)									18	ļ		
19	Taxes and licenses	uule) (S	ee msu ucuons)									19	 -		
20	Depreciation (attach	Form 45	562)					20				1			
21	Less depreciation cla		*	Isewhere	e on return			21a				21b			
22	Depletion								•			22			
23	Contributions to defe	erred co	mpensation plans									23			
24	Employee benefit pro	ograms										24			· · . <u>- </u>
25	Excess exempt expe											25			
26	Excess readership co											26	<u> </u>		
27	Other deductions (at											27	 -		
28	Total deductions A				land dod C. I	- 4 ma = 4 l	. 00	l from line 10				28	-		0.
29	Unrelated business t											29	<u> </u>		
30	Deduction for net op (see instructions)	erating l	oss arising in tax y	ears deg	mining on or after Ja	muary I,	, 20	10				30			0.
31	Unrelated business t	axable ıı	ncome. Subtract lin	e 30 fro	m line 29							31	 		0.

Form **990-T** (2019)

Form 990-7	(20 6) HCA HEALTHCARE FOUNDATION	61-1230563 Page 2
Part II	I Total Unrelated Business Taxable Income	
32 To	otal of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32 0.
	nounts paid for disallowed fringes	33
34 Ch	naritable contributions (see instructions for limitation rules)	34 0.
35 To	stal unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35
	eduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36 0.
	otal of unrelated business taxable income before specific deduction, Subtract line 36 from line 35	87
	ecific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38 1,000.
-	related business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	1
	ter the smaller of zero or line 37	39 0.
Part I\	/ Tax Computation	
40 Or	ganizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40 0.
41 Tr	usts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from;	
	Tax rate schedule or Schedule D (Form 1041)	41
42 Pr	oxy tax. See instructions	42
43 Aft	ternative minimum tax (trusts only)	43
	x on Noncompliant Facility Income. See instructions	44
	stal. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45 0.
Part V		
	reign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a	
	her credits (see instructions) 46b	
	neral business credit. Attach Form 3800 46c	
	edit for prior year minimum tax (attach Form 8801 or 8827)	
	tal credits. Add lines 46a through 46d	46e
	btract line 46e from line 45	47 0.
	her taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48
49 To	tal tax. Add lines 47 and 48 (see instructions)	49 0.
50 20	19 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50 0.
51 a Pa	yments: A 2018 overpayment credited to 2019	
b 20	19 estimated tax payments 51b	
c Ta	x deposited with Form 8868	ļ
d Fo	reign organizations: Tax paid or withheld at source (see instructions) 51d	' !
	ckup withholding (see instructions) 51e	
	edit for small employer health insurance premiums (attach Form 8941) 51f	
	her credits, adjustments, and payments: Form 2439	
• 🗀	Form 4136 Other Total > 51g	
52 To	tal payments. Add lines 51a through 51g	52
	timated tax penalty (see instructions). Check if Form 2220 is attached	53
	x due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54
	erpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55
Part V		56
	any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	Yes No
	er a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	1.00
	CEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country] [
		-x -
he:		$\frac{1}{X}$
	ring the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	 ^ -
	Yes," see instructions for other forms the organization may have to file.	
59 En	ter the amount of tax-exempt interest received or accrued during the tax year > \$	
C:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	riedge and belief, it is true,
Sign	Ma Ma	y the IRS discuss this return with
Here		preparer shown below (see
	Signature of officer Date Title Inst	tructions)? X Yes No
-	Print/Type preparer's name Preparer's signature Date Check if	PTIN
Paid	TEDRA K. ARMSTRONG, self-employed	
Prepar	CPA (Just 09) 11-9-2020	P00499556
•	South Silver & EMC CDAC DITC	83-1514211
Use O	3100 WEST END AVENUE, SUITE 700	
		15-292-3011
923711 01-2	· · · · · · · · · · · · · · · · · · ·	Form 990-T (2019)
J, , , O !-2		1 3/11/ 000 1 (2013)

Schedule A - Cost of Good	s Sold. Enter n	nethod of inven	tory valuation N/A	-			
1 Inventory at beginning of year	6 Inventory at end of year		6				
2 Purchases		7 Cost of goods sold. Su	ne 6	4.1			
3 Cost of labor	3		from line 5. Enter here a				
4 a Additional section 263A costs	line 2						
(attach schedule)	8 Do the rules of section 263A (with respect to Yes No						
b Other costs (attach schedule)	4b		property produced or a	cauired	for resale) apply to		200
5 Total. Add lines 1 through 4b	5		the organization?				X
Schedule C - Rent Income	(From Real F	Property and	d Personal Property	Lease	ed With Real Pro	perty)
(see instructions)							
1. Description of property							
(1)							
(2)							
(3)							
(4)							
	2. Rent received				3(a) Deductions directly	, connect	ad with the Income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	` 'of rent for p	and personal property (if the percenta personal property exceeds 50% or if at is based on profit or income)	ige	columns 2(a) ar	nd 2(b) (at	tach schedule)
(1)							
(2)							
(3)				-			
(4)							
Total -	0.	Total	-	0 :-			=
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		er •		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Del	bt-Financed	Income (see	instructions)		<u> </u>		
			2. Gross Income from		3. Deductions directly cor to debt-finance	nected w	ith or allocable rty
1. Description of debt-fi	nanced property		or altocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)		· · · · · · · · · · · · · · · · · · ·					
(2)	· · · · · · · · · · · · · · · · · · ·						
(3)							,
(4)				-		-	
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or all debt-finan	idjusted basis ocable to ced property schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deductions olumn 6 x total of columns 3(a) and 3(b))
(1)			%				
(2)			%			<u> </u>	
(3)			%				
(4)			%				
					nter here and on page 1, Part I, line 7, column (A)		iter here and on page 1, art I, line 7, column (B)
Totals			▶		0		0.
Total dividends-received deductions in	ncluded in column	8				$\overline{\Box}$	0.
						-	Form 990-T (2019)

			Exempt	Controlled O	rganızatı	ons					
§. Name of controlled organiza	ident	mployer ification imber	3. Net uni (loss) (see	nrelated income ee instructions) 4.1		ments made includ		Part of column 4 that is cluded in the controlling anization's gross income		6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organ	ızatıons										
7. Taxable Income	8. Net unrelated inco (see instruction		9. Total	of specified payr made	nents	10. Part of column the controllingross	nn 9 that is ir ng organizati income	icluded 1 on's	1. Ded with i	uctions directly connecte ncome in column 10	
(1)											
(2)											
(3)						-	-				
(4)											
						Enter here and	ons 5 and 10 on page 1, P olumn (A)		Enter he	l columns 6 and 11 re and on page 1, Part I, ne 8, column (B)	
Totals Schedule G - Investme	ent Income of a	Section	501(c)(7) (9) or	(17) Or	ganization		0.		0	
	tructions)		. 551(5)(.,, (5), 6.	(11) 01					<u> </u>	
1 Desc	cription of income			2. Amount of	income	 Deduction directly connect (attach schedule) 	cted	4. Set-asid		5. Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)											
(3)											
(4)								,			
				Enter here and o Part I, line 9, co		, 'e .	A _L t	ا السور ، ا		Enter here and on page Part I, line 9, column (B	
Totals			•		0.	×4 .				0	
Schedule I - Exploited (see instri	•	y Incom	e, Othe	r Than Ad	vertisi	ng Income)				
Description of exploited activity	2. Gross unrelated business income from trade or business	directly of with proof unit	penses connected oduction related s income	4. Net incomfrom unrelated business (cominus columingain, computer	trade or lumn 2 n 3) If a e cols 5	5. Gross inco from activity the is not unrelate business inco	hat ed	6. Expense attributable column 5	to	7. Excess exempt expenses (column 6 minus column 5,	
(1)	 			through	7			oo.a	ı	but not more than column 4)	
				through	7					but not more than	
(2)	 	 		through	7					but not more than	
(2)				through	7					but not more than	
(3)				through	7					but not more than	
(3) (4)	Enter here and on page 1, Part I, line 10, col (A)	page line 10	re and on I, Part I, col (B)		7	N.				Enter here and on page 1, Part II, line 25	
(3) (4) Totals	page 1, Part I, line 10, col (A)	page 10	I, Part I, , col (B)		7					but not more than column 4) Enter here and on page 1,	
(3) (4) Totals Schedule J - Advertisi	page 1, Part I, line 10, col (A)	page line 10 instruction	1, Part I, , col (B) 0 •							but not more than column 4) Enter here and on page 1, Part II, line 25	
(3) (4) Totals Schedule J - Advertisi	page 1, Part I, line 10, col (A) O aing income (see	page line 10 instruction	1, Part I, , col (B) 0 •	solidated	Basis					Enter here and on page 1, Part II, line 25	
(3) (4) Totals Schedule J - Advertisi	page 1, Part I, line 10, col (A) O aing income (see	page line 10.	1, Part I, , col (B) 0 •	4 Advert	Basis Ising gain ol 2 minus in, comput	5. Circulati		6. Readershi		Enter here and on page 1, Part II, line 25	
(3) (4) Totals Schedule J - Advertisi Part I Income From 1. Name of periodical (1)	page 1, Part I, line 10, col (A) ing Income (see Periodicals Re	page line 10.	1, Part I, col (B) 0 . 1s) n a Con 3. Direct	4 Advertor (loss) (cc col 3) if a ge	Basis Ising gain ol 2 minus in, comput	5. Circulati		6. Readershi		Enter here and on page 1, Part II, line 25 7. Excess readership costs (column 6 minus column 5, but not more	
(3) (4) Totals Schedule J - Advertisi Part I Income From 1. Name of periodical (1) (2)	page 1, Part I, line 10, col (A) ing Income (see Periodicals Re	page line 10.	1, Part I, col (B) 0 . 1s) n a Con 3. Direct	4 Advertor (loss) (cc col 3) if a ge	Basis Ising gain ol 2 minus in, comput	5. Circulati		6. Readershi		Enter here and on page 1, Part II, line 25 7. Excess readership costs (column 6 minus column 5, but not more	
(3) (4) Totals Schedule J - Advertisi Part I Income From 1. Name of periodical (1) (2)	page 1, Part I, line 10, col (A) ing Income (see Periodicals Re	page line 10.	1, Part I, col (B) 0 . 1s) n a Con 3. Direct	4 Advertor (loss) (cc col 3) if a ge	Basis Ising gain ol 2 minus in, comput	5. Circulati		6. Readershi		Enter here and on page 1, Part II, line 25 7. Excess readership costs (column 6 minus column 5, but not more	
(3) (4) Totals Schedule J - Advertisi Part I Income From	page 1, Part I, line 10, col (A) ing Income (see Periodicals Re	page line 10.	1, Part I, col (B) 0 . 1s) n a Con 3. Direct	4 Advertor (loss) (cc col 3) if a ge	Basis Ising gain ol 2 minus in, comput	5. Circulati		6. Readershi		Enter here and on page 1, Part II, line 25 7. Excess readership costs (column 6 minus column 5, but not more	
(3) (4) Totals Schedule J - Advertisi Part I Income From 1. Name of periodical (1) (2) (3)	page 1, Part I, line 10, col (A) ing Income (see Periodicals Re	page line 10.	1, Part I, col (B) 0 . 1s) n a Con 3. Direct	4 Advertor (loss) (ccol 3) If a gccols 5 th	Basis Ising gain ol 2 minus in, comput	5. Circulati		6. Readershi		Enter here and on page 1, Part II, line 25 7. Excess readership costs (column 6 minus column 5, but not more	

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 periodica	ıl	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		0.	0.				0.
		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 26
Totals, Part II (lines 1-5)	>	0.	0.	***	# # # PK T T	<u>†</u>	0.

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

1 Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
_(1)		%	
_(2)		%	
_(3)		%	
_(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2019)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

DEBT-FINANCED ACTIVITY CONDUCTED BY LIMITED PARTNERSHIP INVESTEES

TO FORM 990-T, PAGE 1

FORM 990-T	N	ET OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/15	5,848.	0.	5,848.	5,848.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	5,848.	5,848.

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н	LΑ	HEAL	₋IHU⊬	ME	FUL	JINDA	NUIL

62-1230563

FORÍM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
DESCRIPTION		AMOUNT
PRIOR YEAR DISALLOV	(831,010)	
LOSS LIMITED BY PAS	831,010	
TOTAL TO FORM 9	90-T, PAGE 1, LINE 5	0