€1 - ±	EXTE	NDED TO NOVI	MBE	R 16, 2020_			
Fam 990-T	Exempt Organ	nization Bus	ines	ss Income T	ax Return	ON	MB No 1545-0047
	-	nd proxy tax und	er se		1912	,	2019
	For calendar year 2019 or other tax year		etructio	, and ending ns and the latest informa	tion	-	2013
Department of the Treasury Internal Revenue Service	Do not enter SSN numbe	rs on this form as it may	be mad	le public if your organiza	tion is a 501(c)(3).	Open 501(c	to Public Inspection fo (3) Organizations Only
Check box if address changed	Name of organization (Check box if name c	hanged	and see instructions.)		D Employer ((Employees (nstructions	
3 Exempt under section	Print HOUSTON HEA	LTHCARE SYS	TEM,	INC.		71-	1045299
X 501(c)(3)	Number, street, and room		x, see in	structions.		E Unrelated b (See instruc	ousiness activity code stions)
408(e) 220(e)	Type 1601 WATSON						
408A530(a) 529(a)	City or town, state or pro	NS, GA 310		n postal code		90009	9
Book value of all assets at end of year	F Group exemption num		<u> </u>	504(-) 41	404/5\	A	Other truet
at end of year 2,848,5	83 . G Check organization typ		poration 1		401(a)		Other trust
	organization's unrelated trades or t SEE STATEMENT		<u> </u>		the only (or first) un complete Parts I-V.		n one
	plank space at the end of the previous		rts I and				i one,
business, then complete		as sentence, complete i c	-	in, complete a constant	W TOT GOOD GOOD GOOD	., ., 4,000 01	
	the corporation a subsidiary in an	affiliated group or a parei	nt-subsi	diary controlled group?		X Yes	No
If "Yes," enter the name	and identifying number of the parer	it corporation.		<u> </u>	1/2 1/1	<u> 1999</u>	<u> </u>
The books are in care of	► SEAN WHILDEN				one number > 4		
Part Unrelate	d Trade or Business Inc	ome	,	(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sal	es						_
b Less returns and allo		c Balance	1c				_/
2 Cost of goods sold (•		2				
3 Gross profit. Subtrac			3			-/	
4a Capital gain net inco	•	a 4707\	4a 4b			/	
c Capital loss deduction	n 4797, Part II, line 17) (attach Forn n for trusts	14/5/)	4c			<u> </u>	-
•	i partnership or an S corporation (a	ttach statement)	5	25,594.	STMT 2	2	25,594
6 Rent income (Sched		,	6				
•	ced income (Schedule E)		7				
	yalties, and rents from a controlled	organization (Schedule F)	8				
9 Investment income of	f a section 501(c)(7), (9), or (17) o	rganization (Schedule G)	9				
Exploited exempt act	ivity income (Schedule I)		10				
1 Advertising income (•		11	/			
	istructions; attach schedule)		12	25 504			25 504
13 Total Combine line		<u> </u>	/3	25,594.			25,594
Part I Deduction	ons Not Taken Elsewher s must be directly connected w	th the unrelated busin	ness inc	come.)			
4 Compensation of o	ficers, directors, and trustees (Scne	edule K)			<u>_</u>	14	
5 Salaries and wages						15	·-··
6 Repairs and mainte	nance .		TIC	(7,0)		16	
7 Bad debts		4	<u> </u>			17	
•	edule) (see instructions)	•				18	
19 Taxes and licenses	Form 4550)			l an l		19	
Depreciation (attack	laimed on Scheddle A and elsewher	e on return	a	20 <u>20</u> 21a		21b	
 Less depreciation c Depletion 	iaimou on ochegule A dilu eisewilei	e on return 097	-1.	LU 16181	.	22	
•	ferred compensation plans					23	
4 Employee benefit p	/	_				24	
25 Excess exempt exp	7					25	
6 Excess readership						26	
						27	
?7 Other deductions (a						28	(
,	Add lines 14 through 27						
Total deductions. A Unrelated business	Add lines 14 through 27 taxable income before net operating					29	
Total deductions. 29 Unrelated business Go Deduction for net o	Add lines 14 through 27					29	25,594
Total deductions. Unrelated business Deduction for net of (see instructions)	Add lines 14 through 27 taxable income before net operating	ginning on or after Janua			i		

	4	· · ·	
		P-T (2949) HOUSTON HEALTHCARE SYSTEM, INC.	71-1045299 Page 2
	Part		25 504
	32 ′	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	25,594.
	33	Amounts paid for disallowed fringes	34 0.
	34	Charitable contributions (see instructions for limitation rules)	
		Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35 25,594.
		Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	37 25,594.
		Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35. Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions).	38 1,000.
	38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) Unrelated business taxable income Subtract line 38 from line 37 If line 38 is greater than line 37,	1 2/0001
_	39	enter the smaller of zero or line 37	24,594.
(//	Part	IV \ Tax Computation	<u> </u>
ソ	40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	4) 5,165.
	41	Trusts 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	Proxy tax. See instructions	42
		. Alternative minimum tax (trusts only)	43
	44	Tax on Noncompliant Facility Income. See instructions	44
A.	45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	5,165.
W	Part	Y\\Tax and Payments	
Ί	46a	Foreign tex credit (corporations attach Form 1118; trusts attach Form 1116)	***
	b	Other credits (see instructions)	
	C	General business credit. Attach Form 3800	
	d	Credit for prior year minimum tax (attach Form 8801 or 8827)	
	е	Total credits. Add lines 46a through 46d	46e 5 1 6 5
	47	Subtract line 46e from line 45	5,165.
	48	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	49 5,165.
	49	Total tax. Add lines 47 and 48 (see instructions)	5,165. 50 0.
	50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 Payments: A 2018 overpayment credited to 2019 10, 965.	30
		100 10 205	
		2019 estimated tax payments Tax deposited with Form 8868	
		Foreign organizations; Tax paid or withheld at source (see instructions)	
	-	Backup withholding (see instructions)	
		Credit for small employer health insurance premiums (attach Form 8941)	
		Other credits, adjustments, and payments: Form 2439	
	•	Form 4136 Other Total 51g	
	52	Total payments. Add lines 51a through 51g	52 27,360.
	53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53
-	54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54
	55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	56 22,195.
II	_58^		56 0.
`	Parl		
	57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	Yes No
		over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	
		FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	- x
	••	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	$\frac{x}{x}$
	58	If "Yes," see instructions for other forms the organization may have to file.	-
	59	Enter the amount of tax-exempt interest received or accrued during the tax year \$	1 1 1
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge correct, and complete Declaration/pt.prepager (other than taxpayer) is based op/all information of which preparer has any knowledge	ge and belief, it is true,
	Sign		
	Here		y the IRS discuss this return with preparer shown below (see
		Sugnature of officer Date Title inst	ructions)? X Yes No
		Print/Type preparer's name Preparer's signature Date Check if	PTIN
	Paic	self- employed	
		parer MEGAN RANDOLPH 09/24/20	P00989558
		Only Firm's name WARREN AVERETT, LLC Firm's EIN	45-4084437
		2500 ACTON ROAD	05 050 4400
			05-979-4100
	923711	01-27-20	Form 990-T (2019)

Form 990-T (2019) HOUSTON H	EALTHCAR	E SYSTEM	, INC.		71-1045	5299	Page 3
Schedule A - Cost of Goods	Sold. Enter	method of invent	tory valuation N/A		<u> </u>		
1 Inventory at beginning of year	1	mound or account	6 Inventory at end of year			6	
2 Purchases	2		7 Cost of goods sold. S	ine 6			
3 Cost of labor	3		from line 5. Enter here				
4a Additional section 263A costs			line 2		7		
(attach schedule)	4a		8 Do the rules of section	with respect to	Yes	No	
b Other costs (attach schedule)	4b		property produced or a	for resale) apply to		_	
5 Total. Add lines 1 through 4b	5.		the organization?				
Schedule C - Rent Income ((see instructions)	(From Real I	Property and	Personal Property L	_ease	d With Real Prope	erty)	
Description of property			-				
(1)				•			
(2)							
(3)						_	
(4)							
	2. Rent receive	ed or accrued					
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	nd personal property (if the percenta ersonal property exceeds 50% or if t is based on profit or income)	ige	3(a) Deductions directly columns 2(a) an	connected with the income d 2(b) (attach schedule)	ın
(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		ter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Det		Income (see	instructions)				
		•	2. Gross income from		3. Deductions directly conn to debt-finance		
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deduction (attach schedule	ons e)
(1)							
(2)							
(3)							
(4)		•					
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable dedu (column 6 x total of c 3(a) and 3(b)	enmulo
(1)			%				
(2)			%				
(3)			%				
(4)			%				
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on pa Part I, line 7, column	

Form 990-T (2019)

0.

0.

0.

Totals

Total dividends-received deductions included in column 8

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)	<u> </u>					
Totals (carry to Part II, line (5))	0.	0.				0.
	•				**	- 000 T (0010

	(2010) ILOUBIUM ILLIANDIA BIBLIANDIA	
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	•	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.	<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 pag	e 1, Part II, line 14			•	0.

Form **990-T** (2019)

FORM 990-T	DESCRIPTION	OF	ORGANIZATION'S	PRIMARY	UNRELATE
			BUSINESS ACTIVI'	ΓY	

STATEMENT 1

HEALTHCARE RELATED PARTNERSHIP INVESTMENT ACTIVITIES

TO FORM 990-T, PAGE 1

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION		NET INCOME OR (LOSS)
	CT, LLC - ORDINARY BUSINESS INCOME (LOSS) CT, LLC - OTHER INCOME (LOSS)	27,053. -1,459.
TOTAL INCLUD	ED ON FORM 990-T, PAGE 1, LINE 5	25,594.
FORM 990-T	PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER	STATEMENT 3
CORPORATION'	S NAME	IDENTIFYING NO
HOUSTON HEAL	THCARE SYSTEM, INC.	71-1045299