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Form **990-T**

Department of the Treasury
Internal Revenue Service

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2018 or other tax year beginning 10/01, 2018, and ending 12/31, 20 18.

▶ 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).

OMB No 1545-0687

2018

Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ Check box if address changed

B Exempt under section
☑ 501(C)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

C Book value of all assets at end of year 1,250,784,600

Print or Type

Name of organization (☐ Check box if name changed and see instructions)
MEDICAL CENTER OF CENTRAL GEORGIA, INC

Number, street, and room or suite no If a P O box, see instructions
691 CHERRY STREET, 400

City or town, state or province, country, and ZIP or foreign postal code
MACON, GA 31201

D Employer identification number (Employees' trust, see instructions)
58-2149128

E Unrelated business activity code (See instructions)
621500

F Group exemption number (See instructions.) ▶

G Check organization type ▶ ☑ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

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H Enter the number of the organization's unrelated trades or businesses. ▶ 2 Describe the only (or first) unrelated trade or business here ▶ LABORATORY. If only one, complete Parts I–V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III–V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☑ Yes ☐ No
If "Yes," enter the name and identifying number of the parent corporation. ▶ NAVICENT HEALTH, INC 58-2149127

J The books are in care of ▶ CHRIS WILDE Telephone number ▶ (478) 633-1452

Part I Unrelated Trade or Business Income

				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	14,372,578				
b	Less returns and allowances	13,169,328	c Balance ▶ 1c	1,203,250		
2	Cost of goods sold (Schedule A, line 7)		2	0		
3	Gross profit. Subtract line 2 from line 1c		3	1,203,250		1,203,250
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
c	Capital loss deduction for trusts		4c	0		0
5	Income (loss) from a partnership or an S corporation (attach statement)		5	0		0
6	Rent income (Schedule C)		6	0	0	0
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	1,203,250	0	1,203,250

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			14	0
15	Salaries and wages			15	529,957
16	Repairs and maintenance			16	10,150
17	Bad debts			17	0
18	Interest (attach schedule) (see instructions)			18	0
19	Taxes and licenses			19	0
20	Charitable contributions (See instructions for limitation rules)			20	0
21	Depreciation (attach Form 4562)	21	0		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	0	22b	0
23	Depletion			23	0
24	Contributions to deferred compensation plans			24	0
25	Employee benefit programs			25	83,117
26	Excess exempt expenses (Schedule I)			26	0
27	Excess readership costs (Schedule J)			27	0
28	Other deductions (attach schedule)			28	997,135
29	**Total deductions.** Add lines 14 through 28			29	1,620,359
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	(417,109)
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			31	
32	Unrelated business taxable income. Subtract line 31 from line 30			32	(417,109)

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Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	0
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	0
37	Specific deduction (Generally $1,000, but see line 37 instructions for exceptions)	37	0
38	**Unrelated business taxable income.** Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	0

Part IV Tax Computation

39	**Organizations Taxable as Corporations.** Multiply line 38 by 21% (0.21) ▶	39	0
40	**Trusts Taxable at Trust Rates.** See instructions for tax computation Income tax on the amount on line 38 from ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	40	
41	**Proxy tax.** See instructions ▶	41	
42	Alternative minimum tax (trusts only)	42	
43	**Tax on Noncompliant Facility Income.** See instructions	43	
44	**Total.** Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a				
b	Other credits (see instructions)	45b				
c	General business credit Attach Form 3800 (see instructions)	45c				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d				
e	**Total credits.** Add lines 45a through 45d				45e	0
46	Subtract line 45e from line 44				46	0
47	Other taxes Check if from ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)				47	0
48	**Total tax.** Add lines 46 and 47 (see instructions)				48	0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2				49	
50a	Payments. A 2017 overpayment credited to 2018	50a				
b	2018 estimated tax payments	50b	0			
c	Tax deposited with Form 8868	50c				
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d				
e	Backup withholding (see instructions)	50e				
f	Credit for small employer health insurance premiums (attach Form 8941)	50f				
g	Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other 0 Total ▶	50g	0			
51	**Total payments.** Add lines 50a through 50g				51	0
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐				52	
53	**Tax due.** If line 51 is less than the total of lines 48, 49, and 52, enter amount owed ▶				53	0
54	**Overpayment.** If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid ▶				54	0
55	Enter the amount of line 54 you want **Credited to 2019 estimated tax** ▶ 0 **Refunded** ▶				55	0

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority 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 here ▶		
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

Signature of officer | Date 11/13/19 | Title EXECUTIVE VICE PRESIDENT/CFO

May the IRS discuss this return with the preparer shown below (see instructions)? ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name W EDWARD PHILLIPS	Preparer's signature W Edward Phillips	Date 11/12/19	Check ☐ if self-employed	PTIN P00451499
Firm's name ▶ DRAFFIN & TUCKER, LLP			Firm's EIN ▶ 58-0914992
Firm's address ▶ PO BOX 71309, ALBANY, GA 31708-1309			Phone no (229) 883-7878

Form 990-T (2018)

Schedule A—Cost of Goods Sold. Enter method of inventory valuation ▶

1	Inventory at beginning of year	1	0		6	Inventory at end of year . . .	6	0	
2	Purchases	2	0		7	**Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2	7	0	
3	Cost of labor	3	0						
4a	Additional section 263A costs (attach schedule)	4a	0		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes	No ✓
b	Other costs (attach schedule)	4b	0						
5	**Total.** Add lines 1 through 4b	5	0						

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)

(2)

(3)

(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) *From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)*	(b) *From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)*	
(1)		
(2)		
(3)		
(4)		
Total 0	Total 0	
(c) Total income. Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A) . . . ▶ 0		**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶ 0

Schedule E—Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals . . . . ▶			0	0
Total dividends-received deductions included in column 8 . . ▶				0

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	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 Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals ▶			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) 0	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B) 0

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶	Enter here and on page 1, Part I, line 9, column (A) 0			Enter here and on page 1, Part I, line 9, column (B) 0

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business 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. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals ▶	Enter here and on page 1, Part I, line 10, col (A) 0	Enter here and on page 1, Part I, line 10, col (B) 0				Enter here and on page 1, Part II, line 26 0

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated 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 (carry to Part II, line (5)) ▶	0	0	0			0

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 27
Totals, Part II (lines 1–5) . ▶	0	0				0

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

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 . . . . . ▶			0

SCHEDULE M (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning 10/01, 2018, and ending 12/31, 20 18.

▶ 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).

OMB No 1545-0687

2018

Open to Public Inspection for 501(c)(3) Organizations Only

Name of the organization: MEDICAL CENTER OF CENTRAL GEORGIA, INC

Employer identification number: 58-2149128

Unrelated business activity code (see instructions) ▶ 561110

Describe the unrelated trade or business ▶ MANAGEMENT

Part I Unrelated Trade or Business Income

				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	0				
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
c	Capital loss deduction for trusts		4c	0		0
5	Income (loss) from a partnership or an S corporation (attach statement)		5	0		0
6	Rent income (Schedule C)		6	0	0	0
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	31,136		31,136
13	**Total.** Combine lines 3 through 12		13	31,136	0	31,136

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			14	0
15	Salaries and wages			15	0
16	Repairs and maintenance			16	0
17	Bad debts			17	0
18	Interest (attach schedule) (see instructions)			18	0
19	Taxes and licenses			19	0
20	Charitable contributions (See instructions for limitation rules)			20	0
21	Depreciation (attach Form 4562)	21	0		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	0	22b	0
23	Depletion			23	0
24	Contributions to deferred compensation plans			24	0
25	Employee benefit programs			25	0
26	Excess exempt expenses (Schedule I)			26	0
27	Excess readership costs (Schedule J)			27	0
28	Other deductions (attach schedule)			28	31,136
29	**Total deductions.** Add lines 14 through 28			29	31,136
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	0
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			31	0
32	Unrelated business taxable income Subtract line 31 from line 30			32	0

For Paperwork Reduction Act Notice, see instructions. Cat No 71329Y Schedule M (Form 990-T) 2018

Form 990T Part I, Line 12	Other Income

Description	Amount
SUPPORT	
(1) SUPPORT AND MANAGEMENT	14,259
(2) TRANSCRIPTION/OTHER	16,877
Total	**31,136**
Total for Part I, Line 12	**31,136**

Form 990T Part II, Line 28	Other Deductions

Description	Amount
LAB'REFERENCE	
(1) LAB EXPENSE ALLOCATION	462,596
(2) OFFICE/OTHER EXPENSES	729
(3) MEDICAL SUPPLIES	495,424
(4) PROFESSIONAL FEES	4,915
(5) TELEPHONE	1,612
(6) CONTRACT SERVICES	31,859
(7)	
Total	**997,135**
SUPPORT	
(8) SUPPORT SERVICES	14,259
(9) TRANSCRIPTION AND OTHER SERVICES	16,877
Total	**31,136**
Total for All Activities	**1,028,271**

Form 990T Part III, Line 35	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
2002	3,067,785		3,067,785		0	2022
2003	1,259,379		682,939		576,440	2023
2004	1,472,834		0		1,472,834	2024
2009	108,292		0		108,292	2029
2015	1,806,603		0		1,806,603	2035
2016	2,313,935		0		2,313,935	2036
Totals	**10,028,828**	**0**	**3,750,724**	**0**	**6,278,104**	

Form 990T Part IV, Line 42	Alternative Minimum Tax

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	AMT NOL Expires
2001	1,704,566		1,704,566		0	2021
2002	3,067,785		3,067,785		0	2022
2003	1,259,379		281,575		977,804	2023
2004	1,472,834		0		1,472,834	2024
2015	1,806,603		0		1,806,603	2035
Totals	**9,311,167**	**0**	**5,053,926**	**0**	**4,257,241**	