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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
HOUSTON HOSPITALS INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1601 WATSON BOULEVARD

City or town, state or province, country, and ZIP or foreign postal code
WARNER ROBINS, GA 31093

D Employer identification number

71-1045290

E Telephone number

(478) 542-7959

G Gross receipts \$ 426,718,332

F Name and address of principal officer:
CHARLES BRISCOE
1601 WATSON BOULEVARD
WARNER ROBINS, GA 31093

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.HHC.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2009

M State of legal domicile: GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO IMPROVE THE HEALTHCARE OF THE COMMUNITIES WE SERVE BY PROVIDING PATIENT-FOCUSED, HIGH-QUALITY, COST-EFFECTIVE SERVICES WHILE PROMOTING HEALTH AND WELLNESS.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 7

4 Number of independent voting members of the governing body (Part VI, line 1b) 6

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 3,019

6 Total number of volunteers (estimate if necessary) 125

7a Total unrelated business revenue from Part VIII, column (C), line 12 0

7b Net unrelated business taxable income from Form 990-T, line 39 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 45,420

9 Program service revenue (Part VIII, line 2g) 231,623,977

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 17,676,677

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -335,346

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 249,010,728

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 162,163

14 Benefits paid to or for members (Part IX, column (A), line 4) 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 130,214,653

16a Professional fundraising fees (Part IX, column (A), line 11e) 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 115,145,151

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 245,521,967

19 Revenue less expenses. Subtract line 18 from line 12 3,488,761

Expenses

20 Total assets (Part X, line 16) 373,234,474

21 Total liabilities (Part X, line 26) 129,736,609

22 Net assets or fund balances. Subtract line 21 from line 20 243,497,865

Net Assets or Fund Balances

Beginning of Current Year

End of Year

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer
SEAN WHILDEN CFO
Type or print name and title

2020-09-24
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ WARREN AVERETT LLC
Firm's address ▶ 2500 ACTON ROAD
BIRMINGHAM, AL 35243

Preparer's signature
Date 2020-09-24
Check ☐ if self-employed
PTIN P00989558
Firm's EIN ▶ 45-4084437
Phone no. (205) 979-4100

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

TO IMPROVE THE HEALTHCARE OF THE COMMUNITIES WE SERVE BY PROVIDING PATIENT-FOCUSED, HIGH-QUALITY, COST-EFFECTIVE SERVICES WHILE PROMOTING HEALTH AND WELLNESS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code:) (Expenses \$ 229,218,796 including grants of \$ 161,454) (Revenue \$ 244,023,202)
	See Additional Data

4b	(Code:) (Expenses \$ 1,157,463 including grants of \$) (Revenue \$ 320,522)
	See Additional Data

4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses ▶ 230,376,259
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	Yes
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	334
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 3,019			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No	
b If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No	

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	7	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	6	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ GA

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ▶ SEAN WHILDEN 1601 WATSON BOULEVARD WARNER ROBBINS, GA 31093 (478) 542-7959

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FRED GRAHAM CHAIRMAN	6.00 3.00	X						0	0	0
(2) LARRY WARNOCK DIRECTOR	11.00 4.00	X						0	0	0
(3) ED DYSON DIRECTOR	3.00 0.00	X						0	0	0
(4) SHAWN CARPENTER DIRECTOR	3.00 0.00	X						0	0	0
(5) TOMMY STALNAKER VICE CHAIRMAN	3.00 0.00	X						0	0	0
(6) ROBERT TUGGLE DIRECTOR	3.00 0.00	X						0	0	0
(7) VIRGLE MCEVER III DIRECTOR	3.00 0.00	X						0	0	0
(8) CARY MARTIN CEO (TERM ENDING 2019)	45.00 5.00			X				484,450	0	10,814
(9) SEAN WHILDEN CFO	45.00 5.00			X				267,042	0	16,105
(10) CHARLES BRISCOE PRESIDENT & CEO (TERM BEG. 2019)	45.00 5.00			X				350,883	0	35,307
(11) LARRY STEWART MD CMO	45.00 0.00			X				280,459	0	19,270
(12) CHRIS BEASLEY CIO	45.00 5.00			X				157,708	0	22,777
(13) SHELLISA HOUSTON-MARTIN CNO	45.00 0.00			X				164,937	0	5,481
(14) STEPHEN MACHEN ADMINISTRATOR HMC	45.00 0.00				X			192,076	0	14,884
(15) J DAVID CAMPBELL ADMINISTRATOR PH	45.00 0.00				X			173,812	0	14,385
(16) MICHAEL O'HARA VP HUMAN RESOURCES	45.00 5.00				X			192,760	0	23,529
(17) NATTLIE ROGERS DIRECTOR - PHARMACY	45.00 0.00					X		208,405	0	14,766

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SHAMIKA CLINTON ASST. DIR. OF PHARMACY	45.00 0.00					X		181,586	0	12,807
(19) PAIGE DAWSON PHARMACIST	45.00 0.00					X		171,476	0	9,639
(20) LATOYA JACKSON PHYSICIAN	45.00 0.00					X		250,897	0	9,430
(21) JUAN VALAZQUEZ PHYSICIAN	45.00 0.00					X		302,197	0	32,576
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,378,688	0	241,770

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **71**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
IN COMPASS HEALTH INC 318 MAXWELL RD STE 500 ALPHARETTA, GA 30009	HOSPITALISTS	3,516,238
VELOCITY H'CARE COLLABORATIVE 2490 RIVERSIDE DRIVE MACON, GA 31204	CODING SERVICE	1,492,147
ADVANCED ICU CARE INC PO BOX 671773 DALLAS, TX 75267	CRITICAL CARE CONSULTANT	1,194,350
BIO-MEDICAL APPLICATIONS OF GA INC 16343 COLLECTION CENTER DR CHICAGO, IL 60693	DIALYSIS SERVICE	1,120,572
CROWN HEALTHCARE LAUNDRY 60 GRIDER ST BUFFALO, NY 14215	LAUNDRY SERVICE	901,367

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **142**

Form 990 (2019)		Page 9						
Part VIII		Statement of Revenue						
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>								
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	38,989				
	g	Noncash contributions included in lines 1a - 1f: \$	1g					
	h Total. Add lines 1a-1f ▶		38,989					
Program Service Revenue	2a NET PATIENT REVENUE		Business Code					
			621300	240,813,753	240,813,753			
	b GA PHYSICIAN WORKFORCE		621110	930,729	930,729			
	c EMPLOYEE PHARMACY		446110	202,518	202,518			
	d							
	e							
	f All other program service revenue.			1,039,788	1,039,788			
g Total. Add lines 2a-2f. ▶		242,986,788						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		5,015,671			5,015,671		
	4 Income from investment of tax-exempt bond proceeds ▶							
	5 Royalties ▶							
	6a Gross rents	(i) Real	(ii) Personal					
		6a	282,237					
		b Less: rental expenses	6b				656,024	
		c Rental income or (loss)	6c				-373,787	
	d Net rental income or (loss) ▶		-373,787			-373,787		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		7a	176,766,311				271,400	
		b Less: cost or other basis and sales expenses	7b				162,581,398	309,656
		c Gain or (loss)	7c				14,184,913	-38,256
	d Net gain or (loss) ▶		14,146,657			14,146,657		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a					
	b Less: direct expenses		8b					
	c Net income or (loss) from fundraising events ▶							
	9a Gross income from gaming activities. See Part IV, line 19		9a					
	b Less: direct expenses		9b					
	c Net income or (loss) from gaming activities ▶							
	10a Gross sales of inventory, less returns and allowances		10a					
b Less: cost of goods sold		10b						
c Net income or (loss) from sales of inventory ▶								
Miscellaneous Revenue		Business Code						
11a ALLOCATION OF OVERHEAD		621300	1,356,936	1,356,936				
b								
c								
d All other revenue								
e Total. Add lines 11a-11d ▶		1,356,936						
12 Total revenue. See instructions ▶		263,171,254		244,343,724	0	18,788,541		

Form 990 (2019)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	161,454	161,454		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,038,194	634,473	1,403,721	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	103,574,459	96,449,891	7,124,568	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,137,139	3,011,524	125,615	
9 Other employee benefits	13,760,444	13,760,444		
10 Payroll taxes	8,828,606	8,173,551	655,055	
11 Fees for services (non-employees):				
a Management				
b Legal	694,880		694,880	
c Accounting	113,008		113,008	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	33,608,965	29,498,334	4,110,631	
12 Advertising and promotion	389,909	70,452	319,457	
13 Office expenses	3,120,161	2,967,595	152,566	
14 Information technology	7,135,535	3,332,113	3,803,422	
15 Royalties				
16 Occupancy	821,603	820,584	1,019	
17 Travel	200,131	96,511	103,620	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,595,729	2,595,729		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,041,337	15,041,337		
23 Insurance	1,553,887	1,370,800	183,087	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES & PHAR	38,459,039	38,395,239	63,800	
b EQUIPMENT MAINTENANCE	8,094,225	7,432,309	661,916	
c UTILITIES	3,319,780	3,319,060	720	
d PROVIDER TAX	3,158,310		3,158,310	
e All other expenses	3,244,859	3,244,859		
25 Total functional expenses. Add lines 1 through 24e	253,051,654	230,376,259	22,675,395	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		9,696,404	1	5,431,659	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		26,345,838	4	23,070,423	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net		254,515	7	303,910	
	8	Inventories for sale or use		3,336,398	8	3,302,416	
	9	Prepaid expenses and deferred charges		2,895,198	9	3,040,179	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	295,272,984			
	b	Less: accumulated depreciation	10b	188,947,407	112,718,217	10c	106,325,577
	11	Investments—publicly traded securities		209,929,081	11	227,274,687	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11		996,316	13	1,142,215	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		7,062,507	15	5,188,409	
16	Total assets. Add lines 1 through 15 (must equal line 34)		373,234,474	16	375,079,475		
Liabilities	17	Accounts payable and accrued expenses		33,076,905	17	26,988,716	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		73,381,629	20	64,781,142	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		23,278,075	25	20,128,962	
26	Total liabilities. Add lines 17 through 25		129,736,609	26	111,898,820		
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		243,497,865	27	263,180,655	
	28	Net assets with donor restrictions			28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		243,497,865	32	263,180,655	
33	Total liabilities and net assets/fund balances		373,234,474	33	375,079,475		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	263,171,254
2	Total expenses (must equal Part IX, column (A), line 25)	2	253,051,654
3	Revenue less expenses. Subtract line 2 from line 1	3	10,119,600
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	243,497,865
5	Net unrealized gains (losses) on investments	5	11,864,665
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,301,475
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	263,180,655

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Software ID:
Software Version:
EIN: 71-1045290
Name: HOUSTON HOSPITALS INC

Form 990 (2019)

Form 990, Part III, Line 4a:

THE HOSPITALS' PRIMARY PROGRAM ACTIVITY IS THE PROVISION OF PATIENT CARE. THE HOSPITALS PROVIDED NURSING CARE IN THE AREAS OF MEDICAL, POST-SURGICAL, PSYCHIATRIC, CRITICAL CARE, INTERMEDIATE CARE, LABOR AND DELIVERY, POST PARTUM, NURSERY, PEDIATRICS, AND WOUND OSTOMY CARE. THE UTILIZATION DATA INCLUDES 14,653 ADULT AND PEDIATRIC ADMISSIONS, 67,159PATIENT DAYS, 1,891 BIRTHS, AND 76,306 EMERGENCY ROOM VISITS. THE HOSPITALS ALSO PROVIDED SURGICAL SERVICES TO 16,330 PATIENTS WHICH INCLUDED 2,335 INPATIENTS, 5,906 OUTPATIENTS, AND 8,089 ENDOSCOPY PATIENTS.

Form 990, Part III, Line 4b:

EDUCARE, THE COMMUNITY EDUCATION DEPARTMENT OF HOUSTON HOSPITALS PROVIDED HEALTH FAIRS, SENIOR CARE LUNCHEONS, BLOOD PRESSURE SCREENINGS, AND EXERCISE CLASSES. EDUCARE ALSO PROVIDED EDUCATION CLASSES AND SUPPORT GROUPS FOR THE FOLLOWING HEALTH ISSUES AND TOPICS: ALZHEIMERS, ARTHRITIS, BREAST CANCER, BREASTFEEDING, CARDIAC HEALTH, CHILDBIRTH, COOKING, DIABETES, DIET, DIVORCE, HYPERTENSION, LUPUS, MULTIPLE SCLEROSIS, PREGNANCY, SIBLINGS, STRESS MANAGEMENT, TOBACCO CESSATION, WALKING, AND WEIGHT LOSS.

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HOUSTON HOSPITALS INC

Employer identification number
71-1045290

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><input type="checkbox"/></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 71-1045290

Name: HOUSTON HOSPITALS INC

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization HOUSTON HOSPITALS INC	Employer identification number 71-1045290
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	\$
3	Volunteer hours for political campaign activities (see instructions)	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.	\$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		17,215
j	Total. Add lines 1c through 1i			17,215
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1:	A PORTION OF DUES PAID TO MEMBERSHIP ORGANIZATIONS (SUCH AS THE GEORGIA HOSPITAL ASSOCIATION) IS ALLOCATED TO LOBBYING.

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HOUSTON HOSPITALS INC

Employer identification number
71-1045290

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D Schedule D (Form 990) 2019

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . ☐ Yes ☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

	Yes	No
3a(i)		
3a(ii)		
3b		

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,483,719		8,483,719
b Buildings		177,334,698	106,903,517	70,431,181
c Leasehold improvements				
d Equipment		102,064,160	79,435,650	22,628,510
e Other		7,390,407	2,608,240	4,782,167
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				106,325,577

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	20,128,962

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2019

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 71-1045290
Name: HOUSTON HOSPITALS INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	NOTE: HOUSTON HOSPITALS, INC. IS PART OF THE HOUSTON HEALTHCARE SYSTEM, INC. THE FOLLOWING IS A FOOTNOTE FROM THE COMBINED FINANCIAL STATEMENTS: THE SYSTEM APPLIES ACCOUNTING POLICIES THAT PRESCRIBE WHEN TO RECOGNIZE AND HOW TO MEASURE THE COMBINED FINANCIAL STATEMENT EFFECTS OF INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON ITS INCOME TAX RETURNS. THESE RULES REQUIRE MANAGEMENT TO EVALUATE THE LIKELIHOOD THAT, UPON EXAMINATION BY THE RELEVANT TAXING JURISDICTIONS, THOSE INCOME TAX POSITIONS WOULD BE SUSTAINED. BASED ON THAT EVALUATION, THE SYSTEM ONLY RECOGNIZES THE MAXIMUM BENEFIT OF EACH INCOME TAX POSITION THAT IS MORE THAN 50% LIKELY OF BEING SUSTAINED. TO THE EXTENT THAT ALL OR A PORTION OF THE BENEFITS OF AN INCOME TAX POSITION ARE NOT RECOGNIZED, A LIABILITY WOULD BE RECOGNIZED FOR THE UNRECOGNIZED BENEFITS, ALONG WITH ANY INTEREST AND PENALTIES THAT WOULD RESULT FROM DISALLOWANCE OF THIS POSITION. SHOULD ANY SUCH PENALTIES AND INTEREST BE INCURRED, THEY WOULD BE RECOGNIZED AS OPERATING EXPENSE. BASED ON THE RESULTS OF MANAGEMENT'S EVALUATION, NO LIABILITY IS RECOGNIZED IN THE ACCOMPANYING COMBINED BALANCE SHEET FOR UNRECOGNIZED INCOME TAX POSITIONS. FURTHER, NO INTEREST OR PENALTIES HAVE BEEN ACCRUED OR CHARGED TO EXPENSE AS OF DECEMBER 31, 2019 AND 2018 OR FOR THE YEARS THEN ENDED. THE SYSTEM'S TAX RETURNS ARE SUBJECT TO POSSIBLE EXAMINATION BY THE TAXING AUTHORITIES. FOR FEDERAL INCOME TAX PURPOSES, THE TAX RETURNS ESSENTIALLY REMAIN OPEN FOR POSSIBLE EXAMINATION FOR A PERIOD OF THREE YEARS AFTER THE RESPECTIVE FILING DEADLINE OF THESE RETURNS.

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
HOUSTON HOSPITALS INC

Employer identification number
71-1045290

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>12500.0000000000 %</u> b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.	3a	Yes
		3b	Yes
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes
b	If "Yes," did the organization make it available to the public?	6b	Yes
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		0	12,296,488	4,538,808	7,757,680	3.070 %
b Medicaid (from Worksheet 3, column a)		18,459	34,759,466	27,922,479	6,836,987	2.700 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		0	0	0		
d Total Financial Assistance and Means-Tested Government Programs		18,459	47,055,954	32,461,287	14,594,667	5.770 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	50	27,366	1,412,941	133,155	1,279,786	0.510 %
f Health professions education (from Worksheet 5)	6	2,185	2,470,178	2,454,692	15,486	0.010 %
g Subsidized health services (from Worksheet 6)	2	1,289	4,604,552	0	4,604,552	1.820 %
h Research (from Worksheet 7)	0	0	0	0		
i Cash and in-kind contributions for community benefit (from Worksheet 8)	4	2,019	504,168	0	504,168	0.200 %
j Total. Other Benefits	62	32,859	8,991,839	2,587,847	6,403,992	2.540 %
k Total. Add lines 7d and 7j	62	51,318	56,047,793	35,049,134	20,998,659	8.310 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	0	0	0	0		
2 Economic development	1	16	9,056	0	9,056	0 %
3 Community support	1	0	56,094	0	56,094	0.020 %
4 Environmental improvements	1	0	1,363	0	1,363	0 %
5 Leadership development and training for community members	0	0	0	0		
6 Coalition building	0	0	0	0		
7 Community health improvement advocacy	0	0	0	0		
8 Workforce development	1	0	107,233	0	107,233	0.040 %
9 Other	0	0	0	0		
10 Total	4	16	173,746		173,746	0.060 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	16,964,754	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	69,546,059
6 Enter Medicare allowable costs of care relating to payments on line 5	6	74,187,512
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-4,641,453
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
<input type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input checked="" type="checkbox"/> Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

2

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital
See Additional Data Table									

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
FACILITY REPORTING GROUP A

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>17</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.HHC.ORG</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): _____	10	No
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

FACILITY REPORTING GROUP A			Yes	No
Name of hospital facility or letter of facility reporting group				
Did the hospital facility have in place during the tax year a written financial assistance policy that:				
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP: <div><div>a</div><div><input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 125.000000000000% and FPG family income limit for eligibility for discounted care of 300.000000000000%</div><div>b</div><div><input type="checkbox"/> Income level other than FPG (describe in Section C)</div><div>c</div><div><input type="checkbox"/> Asset level</div><div>d</div><div><input checked="" type="checkbox"/> Medical indigency</div><div>e</div><div><input type="checkbox"/> Insurance status</div><div>f</div><div><input type="checkbox"/> Underinsurance discount</div><div>g</div><div><input type="checkbox"/> Residency</div><div>h</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	13	Yes	
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): <div><div>a</div><div><input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div><div>b</div><div><input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div><div>c</div><div><input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</div><div>d</div><div><input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div><div>e</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	15	Yes	
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): <div><div>a</div><div><input checked="" type="checkbox"/> The FAP was widely available on a website (list url): WWW.HHC.ORG</div><div>b</div><div><input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): WWW.HHC.ORG</div><div>c</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): WWW.HHC.ORG</div><div>d</div><div><input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>e</div><div><input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>f</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>g</div><div><input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</div><div>h</div><div><input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div><div>i</div><div><input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</div><div>j</div><div><input checked="" type="checkbox"/> Other (describe in Section C)</div></div>	16	Yes	

Part V Facility Information (continued)**Billing and Collections**

FACILITY REPORTING GROUP A

Name of hospital facility or letter of facility reporting group _____

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

FACILITY REPORTING GROUP A

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? **8**

Name and address	Type of Facility (describe)
1 1 - THE SURGERY CENTER 1647 WATSON BOULEVARD WARNER ROBINS, GA 31093	HOSPITAL-BASED OUTPATIENT SURGERY CENTER
2 2 - HOUSTON LAKE MED-STOP 2510 HIGHWAY 127 KATHLEEN, GA 31047	HOSPITAL-BASED URGENT CARE FACILITY
3 3 - HOUSTON LAKE REHAB 2510 HIGHWAY 127 KATHLEEN, GA 31047	HOSPITAL-BASED OUTPATIENT REHAB FACILITY
4 4 - PAVILION MED-STOP 233 N HOUSTON ROAD SUITE 140 WARNER ROBINS, GA 31093	HOSPITAL-BASED URGENT CARE FACILITY
5 5 - PAVILION REHAB 233 N HOUSTON ROAD SUITE 140 WARNER ROBINS, GA 31093	HOSPITAL-BASED OUTPATIENT REHAB FACILITY
6 6 - PAVILION DIAGNOSTIC CENTER 233 N HOUSTON ROAD SUITE 140 WARNER ROBINS, GA 31093	HOSPITAL-BASED OUTPATIENT IMAGING CENTER
7 7 - LAKE JOY MED-STOP 1118 HIGHWAY 96 WEST KATHLEEN, GA 31047	HOSPITAL-BASED URGENT CARE FACILITY
8 8 - HOUSTON HEALTHCARE IMAGING SERVICES 114 SUTHERLIN DRIVE WARNER ROBINS, GA 31088	HOSPITAL-BASED OUTPATIENT IMAGING CENTER
9	
10	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A:	THE ORGANIZATION PREPARED A WRITTEN REPORT IN 2017 THAT DESCRIBES HOUSTON HEALTHCARE'S PROGRAMS AND SERVICES THAT PROMOTE THE HEALTH OF THE COMMUNITY. THIS REPORT IS AVAILABLE ON THE WEBSITE AND WAS DISTRIBUTED TO THE PUBLIC.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7:	<p>HOUSTON HEALTHCARE PROVIDES THE FACILITY (FREE STANDING BUILDING) FOR THE HOUSTON COUNTY VOLUNTEER MEDICAL CLINIC. THIS CLINIC IS AN INTEGRAL PART OF OUR COMMUNITY HEALTHCARE SYSTEM AND PROVIDES FREE MEDICAL AND PHARMACEUTICAL HELP FOR THOSE CITIZENS OF HOUSTON COUNTY THAT HAVE AN EMPLOYED FAMILY MEMBER IN THEIR HOUSEHOLD BUT DO NOT HAVE HEALTH INSURANCE. THE TOTAL INCOME FOR THE HOUSEHOLD MUST BE LESS THAN 200% OF THE IDENTIFIED POVERTY LEVEL. IN ADDITION TO PROVIDING THE BUILDING, HOUSTON HEALTHCARE STAFF MEMBERS INCLUDING THE PERRY HOSPITAL ADMINISTRATOR SERVE ON THE BOARD OF TRUSTEES FOR THE FREE HEALTH CLINIC. HOUSTON HEALTHCARE ALSO PROVIDES THE SECRETARY FOR THE BOARD WHO TAKES MINUTES, AND COORDINATES MEETING PLANS AS WELL AS OTHER COMMUNICATION FOR THE BOARD MEETINGS. IN ADDITION, HOUSTON HEALTHCARE PROVIDES CHRONIC DISEASE MANAGEMENT CLASSES, DIAGNOSTIC TESTING, SERVES AS A REFERRAL SOURCE FOR PATIENTS SEEN AT THE FREE CLINIC AND ASSISTS WITH OBTAINING GRANTS AND OTHER FUNDING. WORKSHEET 2 FROM THE SCHEDULE H INSTRUCTIONS WAS USED TO DETERMINE THE CCR; LINE 7A WAS CALCULATED BY APPLYING THE COST-TO-CHARGE RATIO TO THE TOTAL CHARITY CARE CHARGES; LINE 7B WAS CALCULATED USING WORKSHEET 3 AND THE COST-TO-CHARGE RATIO; LINE 7C: N/A; LINE 7E IS A COMPILATION OF COST RELATED TO THE PROGRAMS AND ACTIVITIES REPORTED IN WORKSHEET 4. LABOR COST PLUS ANY SUPPLIES PURCHASED LESS ANY REVENUE GENERATED BY THE ACTIVITY; LINE 7F COSTS ARE TRACKED BY OUR COMMUNITY BENEFIT CBISA SOFTWARE; LINE 7G IS A SUMMARY OF PAYMENTS MADE TO BEHAVIORAL HEALTH PHYSICIANS FOR SEEING OUR UNINSURED AND MEDICAID BEHAVIORAL HEALTH POPULATION (AS REPORTED ON WORKSHEET 6); LINE 7H: N/A; LINE 7I IS A SUMMARY OF CASH PAYMENTS REPORTED ON WORKSHEET 8.</p>

Form and Line Reference	Explanation
<p>PART II, COMMUNITY BUILDING ACTIVITIES:</p>	<p>HOUSTON HEALTHCARE STAFF PROVIDE AND PARTICIPATE IN NUMEROUS COMMUNITY BUILDING ACTIVITIES . SOME EXAMPLES INCLUDE: SERVING ON THE REGIONAL AND PERRY CHAMBER OF COMMERCE BOARDS, WITH FOCUS ON EDUCATION, BUSINESS DEVELOPMENT AND COMMUNITY AND GOVERNMENT AFFAIRS. HOUSTON HEALTHCARE ALSO WORKS DILIGENTLY TO RECRUIT NEEDED PHYSICIANS TO THE AREA. EACH YEAR STAFF MEMBERS PROMOTE AND RAISE FUNDS FOR THE UNITED WAY OF CENTRAL GEORGIA, MARCH OF DIMES AND AMERICAN CANCER SOCIETY.COMMUNITY PHYSICAL IMPROVEMENTS- HOUSTON HEALTHCARE PURCHASED THE OLD HOUSTON MALL IN 2012, RENOVATED AND CONVERTED IT TO THE HOUSTON HEALTH PAVILION. THE HOUSTON HEALTH PAVILLION HAS PROVIDED MUCH NEEDED SPACE FOR HEALTH RELATED SERVICES, COMMUNITY EDUCATION, SUPPORT GROUPS, AND OTHER TRAINING. THE DIRECTOR OF COMMUNITY EDUCATION SERVES AS A BOARD MEMBER OF THE WORRALL FOUNDATION WHICH HAS THE GOAL OF PURCHASING LAND TO CREATE ADDITIONAL OUTDOOR PARKS IN THE AREA IN ORDER TO ENCOURAGE FAMILIES TO BECOME MORE PHYSICALLY ACTIVE. THE NEWEST PARK COMPLETED IN 2016 IS HERITAGE PARK IN PERRY, GEORGIA. THERE ARE ALSO PLANS FOR MORE PARKS AND FITNESS TRAILS IN THE NEAR FUTURE.ECONOMIC DEVELOPMENT- HOUSTON HEALTHCARE WORKS DIRECTLY WITH THE WARNER ROBINS HOUSING AUTHORITY WHO PROVIDES LOWER COST HOUSING FOR RESIDENTS WITH LIMITED INCOMES, BY PROVIDING HEALTH RELATED CLASSES FOR THE RESIDENTS. HOUSTON HEALTHCARE STAFF ALSO SERVE ON THE HUMAN NEEDS COALITION THAT ADDRESSES THE ISSUE OF THE HOMELESS, AND COLLABORATES WITH COMMUNITY PARTNERS AND THE VETERAN CENTER TO IMPROVE NEIGHBORHOOD HOUSING.COMMUNITY SUPPORT: - DISASTER READINESS PREPAREDNESS PROVIDED BY HOUSTON HEALTHCARE IS OVER AND ABOVE LICENSURE REQUIREMENTS AND INCLUDES COMMUNICATION AWARENESS EVENTS AND GENERAL EDUCATION. THIS INCLUDES THE AREAS (AMATEUR RADIO EMERGENCY SERVICES) PROGRAM, WHICH PROVIDES SUPPORT TO THE GENERAL PUBLIC AND OTHER HEALTHCARE PARTNERS IN THE AREA OF EMERGENCY COMMUNICATION IN THE EVENT OF A COMMUNITY DISASTER AS WELL AS DETECTION OF SEVERE WEATHER CONDITIONS THROUGH THE USE OF COMMUNICATION WEATHER SPOTTERS TRAINED BY THE NATIONAL WEATHER SERVICE VIA AMATEUR RADIO OPERATORS WITHIN THE COMMUNITY. THIS IS PROVIDED AND INSTALLED WITHIN HOUSTON HEALTHCARE- AS A FREE ACCESS COMMUNICATION USE REPORTER FOR PUBLIC USE.LEADERSHIP DEVELOPMENT AND TRAINING- HOUSTON HEALTHCARE PARTICIPATES IN ROBINS REGIONAL LEADERSHIP AND PERRY LEADERSHIP PROGRAMS ALONG WITH THE YOUTH LEADERSHIP PROGRAMS. HOUSTON HEALTHCARE STAFF SERVE ON REGIONAL AND CITY CHAMBER OF COMMERCE BOARDS, WHICH FOCUS ON BUSINESS DEVELOPMENT, EDUCATION, AS WELL AS COMMUNITY AND GOVERNMENT AFFAIRS. HOUSTON HEALTHCARE HAS VOLUNTEER CHAPLAINS FOR HOUSTON MEDICAL CENTER AND PERRY HOSPITAL WHO ARE COMMUNITY MEMBERS. COALITION BUILDING- COALITIONS INITIATED AND LED BY HOUSTON HEALTHCARE: 1. FAITH COMMUNITY NURSES- THIS COALITION IS MADE UP OF VOLUNTEER REGISTERED NURSES SERVING CHURCHES IN THE CENTRAL GEORGIA AREA. HOUSTON HEALTHCARE PROVIDES AN ORIENTATION PROGRAM AS WELL AS MONTHLY MEETINGS AND TRAINING FOR THIS GROUP. THE FAITH COMMUNITY NURSES PROVIDE HEALTH EDUCATION, HEALTH SCREENINGS, AS WELL AS LINKING PERSONS TO HEALTH RESOURCES. THIS GROUP SERVES AREA CHURCHES AND THEIR SURROUNDING NEIGHBORHOODS. IN ADDITION, THE GROUP ADDRESSES SOCIAL CONCERNS SUCH AS PROVIDING FOOD BANKS, CLOTHING CLOSETS, SOUP KITCHENS, ETC. HOUSTON HEALTHCARE SERVES AS THE RESOURCE CENTER AND PARTNER FOR THESE ACTIVITIES.2. CENTRAL GEORGIA PERINATAL COALITION -THIS HOUSTON HEALTHCARE LED COALITION INCLUDES PUBLIC HEALTH, SCHOOL COUNSELORS, RAINBOW HOUSE, DISTRICT PUBLIC HEALTH, LOCAL OB/GYN REPRESENTATIVES AND OTHERS. IT SEEKS TO PROVIDE OPTIMAL SERVICES FOR PREGNANT WOMEN AND DECREASE RATES OF PRE-TERM BIRTHS, AND OTHER POOR BIRTH OUTCOMES. THE COALITION ADDRESSES ACCESS TO CARE FOR ALL PREGNANT WOMEN, FOCUSES AND PROVIDES ADDITIONAL SERVICES/RESOURCES FOR WOMEN WHO ARE LOWER INCOME AND UNINSURED, AS WELL AS FOR WOMEN WHO HAVE A MEDICAL CONDITION THAT COMPLICATES THEIR PREGNANCY. HOUSTON HEALTHCARE STAFF MEMBERS ALSO SERVE ON NUMEROUS COMMUNITY COALITIONS WITH EXAMPLES THAT INCLUDE:*KID'S JOURNEY/FAMILY CONNECTIONS BOARD OF TRUSTEES AND COALITION- HOUSTON HEALTHCARE STAFF SERVE AS MEMBERS OF THE BOARD OF TRUSTEES TO IMPROVE THE HEALTH OF CHILDREN AND FAMILIES. THIS COALITION HAS TWO STRATEGY TEAMS: 1) HEALTH OF CHILDREN AND FAMILIES 2) PREVENTION OF ABUSE AND NEGLECT 3) YOUTH SUCCESS IN SCHOOLS*RAINBOW HOUSE BOARD OF TRUSTEES- ONE HOUSTON HEALTHCARE STAFF SERVES ON THIS BOARD WHICH PROVIDES EDUCATION AND ACTIVITIES TO PREVENT CHILD ABUSE.*SUICIDE PREVENTION BOARD AND COALITION- TWO HOUSTON HEALTHCARE STAFF PERSONS SERVE ON THIS BOARD WHICH FOCUSES ON SUICIDE PREVENTION, COMMUNITY EDUCATION AND ASSISTANCE WITH OTHER BEHAVIORAL HEALTH ISSUES. A TOP PRIORITY IS SUICIDE PREVENTION AND COMMUNITY EDUCATION.*SAFE KIDS COALITION- HOUSTON HEALTHCARE PARTNERS WITH SAFE KIDS TO PREVENT INJURIES AND PROMOTE SAFE PRACTICES FOR CHILDREN AND HAS ONE STAFF MEMBER</p>

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	<p>EMBER SERVING ON THIS COALITION. THE COALITION WORKS COLLABORATIVELY TO IDENTIFY NEEDS AND PLAN ACTIVITIES. (DISTRIBUTION/ FITTING OF BIKE HELMETS, DISTRIBUTION OF SMOKE DETECTORS, CAR SEAT SAFETY, POISON PREVENTION AND WATER SAFETY) THE COALITION WORKS CLOSELY WITH THE DEPARTMENT OF FAMILY & CHILDREN SERVICES AND PUBLIC HEALTH AND PROVIDE SAFETY EDUCATION T O LOCAL SCHOOLS AND CHILD CARE CENTERS.*HUMAN NEEDS COALITION- THIS COALITION ADDRESSES TH E ISSUE OF PERSONS WHO ARE HOMELESS. HOUSTON HEALTHCARE STAFF SERVE ON THE COALITION ALONG WITH LOCAL CHURCHES, VETERANS ASSOCIATION, HOUSING AUTHORITY, FOOD BANKS AND OTHERS.*CHIP (COMMUNITY HEALTH IMPROVEMENT PLAN)-THE GEORGIA DEPARTMENT OF PUBLIC HEALTH'S NORTH CENTR AL HEALTH DISTRICT LEADS THIS GROUP WHICH INCLUDES 13 COUNTIES IN THE NORTH CENTRAL AREA O F GEORGIA. A REPRESENTATIVE FROM HOUSTON HEALTHCARE SERVES ON THE PLANNING AND IMPLEMENTAT ION OF THE HEALTH IMPROVEMENT INITIATIVE FOR CHIP.WORKFORCE DEVELOPMENT- RECRUITMENT OF PH YSICIANS AND OTHER HEALTH PROFESSIONALS TO MEDICAL SHORTAGE AREAS AND COLLABORATION WITH E EDUCATIONAL INSTITUTIONS TO TRAIN AND RECRUIT HEALTH PROFESSIONALS NEEDED IN THE COMMUNITY OTHER THAN THE HEALTH PROFESSIONS EDUCATION ACTIVITIES REPORTED IN PART 1, LINE 7.DUE TO P HYSICIAN SHORTAGES IN SPECIALTY AREAS AND PRIMARY CARE, RECRUITMENT EFFORTS WERE INCREASED IN 2018. EXAMPLES OF TARGETED AREAS INCLUDE OTOLARYNGOLOGY, UROLOGY, PSYCHIATRY, FAMILY M EDICINE RESIDENCY FACULTY AND PRIMARY CARE. HOUSTON HEALTHCARE MADE DONATIONS TO ASSIST WI TH COSTS OF INSTRUCTORS FOR HEALTH PROFESSIONAL TRAINING AT CENTRAL GEORGIA TECHNICAL COLL EGE AND MIDDLE GEORGIA STATE COLLEGE AND SERVES AS A CLINICAL SITE FOR SEVERAL HEALTH PROF ESSIONS TO INCLUDE NURSING, PHARMACY, RADIOLOGY, RESPIRATORY THERAPY AND PHYSICAL THERAPY. HOUSTON HEALTHCARE OFFERS A FAMILY MEDICINE RESIDENCY PROGRAM, WHICH PROVIDES CLINICAL AS WELL AS HANDS-ON PATIENT TRAINING TO PHYSICIANS ENTERING THE FIELD OF FAMILY MEDICINE, WH ILE HELPING TO FULFILL A NEED FOR PRIMARY CARE PHYSICIANS IN THE MIDDLE GEORGIA AREA AND I MPROVE ACCESS TO HEALTHCARE FOR THE COMMUNITY WE SERVE.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2:	BAD DEBT IS TREATED AS A DEDUCTION FROM REVENUE AND INCLUDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS. BAD DEBT IS NOT INCLUDED IN TOTAL EXPENSES FOR BOOK OR TAX PURPOSES.THE ALLOWANCE FOR BAD DEBTS IS CALCULATED ON OUTSTANDING ACCOUNTS RECEIVABLE (NET OF PAYMENTS AND DISCOUNTS) AND CONSIDERS HISTORICAL COLLECTION RATES, THE INSURED STATUS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3:	HOUSTON HOSPITALS USES PRESUMPTIVE ELIGIBILITY TO IDENTIFY PATIENTS ELIGIBLE FOR FREE CARE; THEREFORE, WE ESTIMATED \$0.00 OF THE BAD DEBT EXPENSE IS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	SECTION B, LINES 5-7 ARE CALCULATED USING WORKSHEET A, PROVIDED IN THE SCHEDULE H INSTRUCTIONS, AND THE 2019 AS-FILED MEDICARE COST REPORTS. 100% OF THE HOSPITAL'S MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFITS SINCE THE ORGANIZATION PROVIDES HEALTHCARE ACCESS FOR MEDICARE PATIENTS AND ACCEPTS PAYMENT BELOW COST BENEFITING OUR COMMUNITY LARGELY MADE UP OF MEDICARE BENEFICIARIES.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B:	THE BAD DEBT COLLECTION PRACTICES POLICY FOR HOUSTON HOSPITALS STATES THAT COLLECTIONS ARE CEASED UPON THE PATIENT'S APPROVAL FOR INDIGENT OR CHARITY CARE. THE PATIENT LIABILITY BILLING AND COLLECTION POLICY PROVIDED THE GUIDELINE FOR THE COLLECTION OF PATIENT LIABILITY. COLLECTION EFFORT SHOULD ONLY BE CONDUCTED FOR THE PATIENT LIABILITY. THE POLICY DEFINES THE PATIENT LIABILITY AS THE AMOUNT OWED BY THE PATIENT AND /OR GUARANTOR AFTER APPLICATION OF ALL INSURANCE BENEFITS AND FINANCIAL ASSISTANCE POLICY DISCOUNTS. IF THE PERSON IS A 100% SELF-PAY PATIENT AND DOES NOT QUALIFY FOR FINANCIAL ASSISTANCE, THEN IT IS THE ENTIRE BALANCE LESS ANY DISCOUNTS. THE FINANCIAL ASSISTANCE POLICY PROVIDES GUIDELINES TO QUALIFY FOR FREE OR DISCOUNTED FINANCIAL ASSISTANCE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	<p>IN ADDITION TO THE CHNA - COMPLETED IN LATE 2017, OTHER METHODS UTILIZED IN OBTAINING HEALTH NEEDS OF THE COMMUNITY INCLUDED: *KEY INFORMANT SURVEY GROUP- THE FOCUS GROUP PARTICIPANTS INCLUDED KEY INFORMANTS-INCLUDING PHYSICIANS, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND BUSINESS AND COMMUNITY LEADERS. A LIST OF RECOMMENDED PARTICIPANTS FOR THE FOCUS GROUP WAS PROVIDED BY HOUSTON HEALTHCARE, WITH POTENTIAL PARTICIPANTS CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS THE COMMUNITY OVERALL. PARTICIPANTS INCLUDED A REPRESENTATIVE OF PUBLIC HEALTH, AS WELL AS SEVERAL INDIVIDUALS WHO WORK WITH LOW-INCOME, MINORITY AND OTHER MEDICALLY UNDERSERVED POPULATIONS.*COMMUNITY HEALTH SURVEY- THIS SURVEY WAS BASED LARGELY ON THE CENTERS FOR DISEASE CONTROL AND PREVENTION BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM AS WELL AS OTHER PUBLIC HEALTH SURVEYS AND CUSTOMIZED QUESTIONS ADDRESSING GAPS IN INDICATOR DATA RELATIVE TO HEALTH PROMOTION AND DISEASE PREVENTION OBJECTIVES. THE FINAL SURVEY INSTRUMENT WAS DEVELOPED BY HOUSTON HEALTHCARE AND PRC. THE STUDY AREA FOR THE SURVEY INCLUDED EACH OF THE ZIP CODES DEFINING HOUSTON COUNTY AND INCLUDED A RANDOM SAMPLE OF 200 INDIVIDUALS AGE 18 AND OLDER IN HOUSTON COUNTY. *COMMUNITY COALITIONS INPUT -SEVERAL COALITIONS WERE ASKED FOR THEIR INPUT IN IDENTIFYING COMMUNITY HEALTH NEEDS. FEEDBACK FROM COALITIONS WAS CONSIDERED IMPORTANT BECAUSE THIS INFORMATION WAS FROM PEOPLE WORKING DIRECTLY WITH A CERTAIN POPULATION. IT WAS NOTED THAT THE NUMBER ONE PRIORITY WAS DIFFERENT, DEPENDING ON WHICH GROUP OR COALITION PROVIDED INFORMATION BUT OVERALL THE SAME CONCERNS WERE SHARED. EACH COALITION WAS ASKED TO LIST THE TOP FIVE HEALTH NEEDS. COALITIONS PARTICIPATING IN THE DISCUSSIONS INCLUDED: 1-PERINATAL COALITION, 2-FAITH COMMUNITY NURSES, 3-KID'S JOURNEY/FAMILY CONNECTIONS COALITION, 4-SAFE KIDS COALITION, 5-COMMUNITY BENEFIT WORK TEAM. RESOURCES FROM OTHER ORGANIZATIONS WERE REVIEWED TO PREVENT DUPLICATION OF SERVICES AND ENHANCE RESOURCES. RESOURCES OF OTHER ORGANIZATIONS WERE ALSO REVIEWED TO ENSURE IDENTIFIED NEEDS WERE MET. REVIEW OF OTHER COMMUNITY SURVEYS OR ASSESSMENTS -WERE CONDUCTED WITH SOMEEXAMPLES INCLUDING:*GA KIDS COUNT DATA 2016 SNAPSHOT BIRTH TO 21- GA FAMILY CONNECTION PARTNERSHIP*2016 GA DEPARTMENT OF PUBLIC HEALTH, NORTH CENTRAL HEALTH DISTRICT, HOUSTON COUNTY, HEALTH IMPROVEMENT PLAN 2016-2020*2015 COUNTY HEALTH RANKINGS AND ROADMAPS- ROBERT WOOD JOHNSON FOUNDATION*MARCH OF DIMES 2016 PREMATURE BIRTH RATE FOR GEORGIA*HEALTHY PEOPLE 2020*SENIOR CARE SURVEY NOVEMBER 2017*COMMUNITY EDUCATION SURVEYS 2017REVIEW/EVALUATION OF PAST YEAR COMMUNITY BENEFIT OUTCOMES ALSO CONTRIBUTED TO THE TOTAL ASSESSMENT. OUR PROCESS INCLUDES THE COMPLETION OF THE COMMUNITY HEALTH NEEDS ASSESSMENT WITH PRIORITIES, AND IMPLEMENTATION PLAN FOR THE NEXT THREE YEARS. IN ORDER TO EVALUATE OUR PROGRESS, HOUSTON HEALTHCARE HAS DEVELOPED AN ANNUAL WORK PLAN WITH GOALS, OBJECTIVES, EXPECTED OUTCOMES AND ACTUAL OUTCOMES. THERE ALSO IS A THREE YEAR SCORE CARD THAT COMPARES LONGER TERM OUTCOMES.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3:	INFORMATION REGARDING THE INDIGENT CARE TRUST FUND IS AVAILABLE AT EACH OF OUR REGISTRATION AREAS AND DISPLAYED WITH SIGNAGE AND CARDS. WE ALSO INFORM OUR PATIENTS AND FAMILIES OF OUR FINANCIAL ASSISTANCE POLICY DURING THE INPATIENT AND OUTPATIENT ADMISSION PROCESS. OUR SYSTEM WEBSITE PROVIDES INFORMATION ON OUR PATIENT FINANCIAL SERVICES, WHICH INCLUDES BILLING, INSURANCE, AND OUR INDIGENT AND CHARITY CARE GUIDELINES AND POLICY. THE FIRST BILLING STATEMENT SENT OUT TO PATIENTS ALSO ADDRESSES THIS PROCESS WITH SPECIFIC INSTRUCTIONS. THESE CARDS WITH FINANCIAL INFORMATION ARE AVAILABLE AT COMMUNITY EVENTS, HEALTH FAIRS AND EDUCATION SEMINARS. THE CARDS AND SIGNAGE ARE PROVIDED IN ENGLISH AND SPANISH.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>GEOGRAPHIC SERVICE AREA- HOUSTON HEALTHCARE SERVES THE MEDICAL NEEDS OF RESIDENTS IN THE CENTRAL GEORGIA AREA WITH THE PRIMARY SERVICE AREA BEING HOUSTON AND PEACH COUNTIES. RESIDENTS IN SURROUNDING COUNTIES ALSO TURN TO HOUSTON HEALTHCARE FOR THEIR MEDICAL SERVICES, WITH THESE COUNTIES INCLUDING BLECKLEY, CRAWFORD, DODGE, DOOLY, MACON, PULASKI, TAYLOR, TWIGGS AND BIBB COUNTY. THESE AREAS ARE CONSIDERED OUR SECONDARY SERVICE AREA. ALL HOUSTON HEALTHCARE FACILITIES ARE LOCATED IN HOUSTON COUNTY AND ARE GOVERNED BY TWO BOARDS OF TRUSTEES. THE EXECUTIVE TEAM ALSO OVERSEES ALL OPERATION AND ACTIVITIES FOR THE HOUSTON HEALTHCARE SYSTEM. DEMOGRAPHICS- MEETING DIVERSE HEALTH NEEDS OF HOUSTON COUNTY RESIDENTS IS AN ONGOING CHALLENGE. HOUSTON COUNTY HAS A YOUNGER POPULATION THAN THE STATE AND THE NATION IN THAT THE MEDIAN AGE IS 35.1. BETWEEN 2000 AND 2010, ACCORDING TO THE US CENSUS, THE POPULATION OF HOUSTON COUNTY INCREASED BY 26.3 % WITH THE NUMBER OF HISPANIC RESIDENTS INCREASING BY 158.2 %. HOUSTON HEALTHCARE'S DIVERSE POPULATION SERVED INCLUDES: 63.3% CAUCASIAN, 28.6 % AFRICAN AMERICAN, 6.1% HISPANIC AND 2% OTHER. (US CENSUS BUREAU AMERICAN COMMUNITY SURVEY 5 YEAR ESTIMATES 2008-2012) WITH OVER 2,400 EMPLOYEES, HOUSTON HEALTHCARE REMAINS THE 3RD LARGEST EMPLOYER IN HOUSTON COUNTY. ROBINS AIR FORCE BASE IS THE LARGEST WITH OVER 21,377 CONTRACTORS, CIVIL SERVICE AND MILITARY STAFF, FOLLOWED BY HOUSTON COUNTY BOARD OF EDUCATION WITH 4,564 TEACHERS AND STAFF. PERDUE FARMS, WITH OVER 1,820 POULTRY WORKERS, MANY OF WHOM ARE HISPANIC, IS THE 4TH LARGEST AND FRITO-LAY, PRODUCER OF SNACK FOOD WITH OVER 1,300 WORKERS IS THE 5TH LARGEST. (HOUSTON DEVELOPMENT AUTHORITY)POPULATION OF HOUSTON COUNTY IS ESTIMATED BY THE CENSUS REPORT AT 140,699 IN 2014 WHICH INCLUDES PERRY WITH A POPULATION OF 13,839 AND WARNER ROBINS WITH A POPULATION OF 66,558. PERRY'S MEDIAN HOUSEHOLD INCOME IS \$49,976 PER YEAR WITH 20.5 % OF INDIVIDUALS LIVING BELOW THE FEDERAL POVERTY LEVEL; WARNER ROBIN'S MEDIAN HOUSEHOLD INCOME IS \$45,183 PER YEAR WITH 21.9 % OF INDIVIDUALS LIVING BELOW POVERTY LEVEL. THE LATEST CENSUS ESTIMATE SHOWS 31.9 % OF HOUSTON COUNTY RESIDENTS LIVE BELOW 200% OF THE FEDERAL POVERTY LEVEL. (COMMUNITY COMMONS, RETRIEVED JULY 2014/US CENSUS BUREAU AMERICAN COMMUNITY SURVEY 5 YEAR ESTIMATES 2008-2012)THE THREE LEADING CAUSES OF DEATH INCLUDE CARDIOVASCULAR DISEASE, CANCER AND STROKE. THEREARE ALSO AN INCREASING NUMBER OF PERSONS WITH DIABETES. THE PRC COMMUNITY HEALTH NEEDS ASSESSMENT REPORTS THAT AN AVERAGE OF 14% OF PERSONS IN HOUSTON COUNTY ARE DIAGNOSED WITH DIABETES. GEORGIA ALSO CONTINUES WITH HIGHER RATES OF PRE-TERM BIRTHS (LESS THAN 37 WEEKS) AND LOW BIRTH NEWBORNS THAN THE AVERAGE FOR THE US.HOUSTON COUNTY'S OVERALL RATE OF TOBACCO USAGE IS LOWER THAN THE STATE AVERAGE BUT REMAINS HIGH AMONG THE LOWER INCOME POPULATION. THE OBESITY RATE IN CENTRAL GEORGIA RESIDENTS IS 30.3 PERCENT. THESE FACTS DEMONSTRATE THE NEED FOR EDUCATION ON LIFESTYLE CHANGES RELATED TO NUTRITION, EXERCISE AND TOBACCO AVOIDANCE. THESE STATS AND OTHERS PROMPTED OUR DEDICATION TO IMPROVING THE COMMUNITY WE SERVE BY ESTABLISHING AN IMPLEMENTATION PLAN THAT INCLUDES PRIORITY AREAS, MEASURABLE GOALS AND OBJECTIVES ALONG WITH COLLABORATION AMONG HOUSTON HEALTHCARE LEADERSHIP AND OTHER COMMUNITY LEADERS.OTHER HOSPITALS SERVING THE COMMUNITY- THERE ARE NO OTHER HOSPITALS WITHIN HOUSTON COUNTY BESIDES HOUSTON HEALTHCARE; HOWEVER SOME COMMUNITY MEMBERS UTILIZE HOSPITALS OUTSIDE OF OUR COUNTY.NUMBER OF FEDERALLY DESIGNATED MEDICALLY UNDERSERVED AREAS - IN OUR SERVICE AREA, CRAWFORD, PEACH, TWIGGS AND MACON COUNTIES ARE UNDERSERVED BY PRIMARY HEALTH PROFESSIONALS, ACCORDING TO THE STATE OFFICE OF RURAL HEALTH, GENERALLY MEANING MORE THAN 3,000 PEOPLE PER DOCTOR. BIBB AND HOUSTON COUNTIES CONTINUE TO HAVE POCKETS OF UNDERSERVED POPULATIONS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>HOUSTON HEALTHCARE BOARD MEMBERS ARE ACTIVE COMMUNITY MEMBERS. THEY ARE EMPLOYED OR RETIRED FROM VARIOUS COMMUNITY ORGANIZATIONS SUCH AS LOCAL SCHOOLS, LOCAL AND STATE GOVERNMENT, PHYSICIAN PRACTICES, LAW FIRMS AND INSURANCE AGENCIES. THEIR EDUCATION, EXPERIENCE AND COMMUNITY INVOLVEMENT ENABLE OUR ORGANIZATION TO PROVIDE MUCH NEEDED SERVICES AND BENEFITS TO MEET COMMUNITY NEEDS. AN OPEN MEDICAL STAFF ENABLES THE ORGANIZATION TO PROVIDE THE SERVICES NEEDED BY THE COMMUNITY AND ALLOWS NEEDED ACCESS TO THE INDIGENT, AS WELL AS MEDICARE, MEDICAID AND CHAMPUS TRICARE POPULATIONS. HOUSTON HEALTHCARE SUPPORTS THE VOLUNTEER MEDICAL CLINIC BY PROVIDING A BUILDING FOR THE FREE CLINIC AS WELL AS ACCEPTING REFERRALS FROM THE CLINIC FOR REQUIRED SERVICES SUCH AS LAB AND RADIOLOGY. ADVOCACY INITIATIVES ARE ONGOING TO IMPROVE HEALTH AND INCREASE ACCESS THROUGH LOCAL PARTNERSHIPS WITH OTHERS IN THE COMMUNITY INCLUDING PUBLIC HEALTH AND RAFB. HOUSTON HEALTHCARE COLLABORATES WITH ROBINS AIR FORCE BASE THROUGH RELAY HEALTH (ACCESS MEDICAL RECORDS), MENTAL HEALTH COLLABORATION EFFORTS TO IMPROVE TRANSITION OF CARE, PHYSICIAN GRAND ROUNDS, EDUCATIONAL TRAINING CLASSES AND MOU FOR PHYSICAL THERAPY TECHNICIANS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6:	HOUSTON HEALTHCARE IS NOT AFFILIATED WITH ANY OTHER HEALTH CARE SYSTEM.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	GA

Additional Data

Software ID:
Software Version:
EIN: 71-1045290
Name: HOUSTON HOSPITALS INC

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 2		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	HOUSTON MEDICAL CENTER 1601 WATSON BOULEVARD WARNER ROBINS, GA 31093 WWW.HHC.ORG 076-656	X	X		X			X			A
2	PERRY HOSPITAL 1120 MORNINGSIDE DRIVE PERRY, GA 31069 WWW.HHC.ORG 076-655	X	X					X			A

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP A
FACILITY REPORTING GROUP A CONSISTS OF:	- FACILITY 1: HOUSTON MEDICAL CENTER, - FACILITY 2: PERRY HOSPITAL

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY REPORTING GROUP A PART V, SECTION B, LINE 5:	PROFESSIONAL RESEARCH CONSULTANTS (PRC) A NATIONALLY RECOGNIZED HEALTHCARE CONSULTING FIRM CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT FOR HOUSTON HEALTHCARE IN 2017, FROM WHICH THE 2018, 2019 AND 2020 PLANS WERE DEVELOPED. THIS 2017 CHNA BY PRC INCORPORATED QUALITATIVE AND QUANTITATIVE DATA SOURCES. QUALITATIVE DATA INCLUDED RESEARCH GATHERED FROM AN ONLINE KEY INFORMANT SURVEY GROUP, WITH PARTICIPANTS FROM PUBLIC HEALTH, ALONG WITH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND BUSINESS AND COMMUNITY LEADERS. THE ASSESSMENT ALSO INCORPORATED COMMUNITY TELEPHONE INTERVIEWS OF 200 INDIVIDUALS AGE 18 AND OLDER. INFORMATION CAME FROM LOCAL SURVEYS, PARTICIPANTS AT COMMUNITY EVENTS AS WELL AS INPUT FROM VARIOUS COALITIONS. SEVERAL PRESENTATIONS OF THE CHNA WERE GIVEN WHICH INCLUDED DISCUSSION OF PRIORITY AREAS.
FACILITY REPORTING GROUP A PART V, SECTION B, LINE 6A:	HOUSTON HEALTHCARE INCLUDES BOTH HOUSTON MEDICAL CENTER AND PERRY HOSPITAL, WITH BOTH FACILITIES UNDER THE SAME BOARD AND LEADERSHIP. BOTH HOSPITAL FACILITIES ARE LOCATED IN HOUSTON COUNTY AND SERVE THE SAME POPULATIONS. RESIDENTS CAN, AND OFTEN DO, UTILIZE BOTH FACILITIES ALONG WITH THE OTHER RESOURCES PROVIDED THROUGH HOUSTON HEALTHCARE.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY REPORTING GROUP A PART V, SECTION B, LINE 7D:	A COPY OF THE CHNA WAS SHARED INTERNALLY WITH EXECUTIVE LEADERSHIP AND BOARDS AND IS POSTED ON THE HOUSTON HEALTHCARE WEBSITE. (WWW.HHC.ORG) PRESENTATIONS ON THE CHNA WERE GIVEN TO EXECUTIVE LEADERSHIP, THE COMMUNITY BENEFIT WORK GROUP, OTHER STAFF, COMMUNITY COALITIONS AND COMMUNITY GROUPS. PRESENTATIONS REGARDING COMMUNITY EDUCATION SERVICES AND THE COMMUNITY BENEFIT PROGRAM WERE MADE TO THE COUNTY LEADERSHIP PROGRAM- LEADERSHIP WARNER ROBINS. THIS GROUP REPRESENTS VARIOUS INDUSTRIES AND ORGANIZATIONS THROUGHOUT HOUSTON COUNTY AND IS SEEN AS A LEADER IN OUR COMMUNITY. IN ADDITION, AN ARTICLE ABOUT THE CHNA WAS PLACED IN HOUSTON HEALTHCARE'S EXTERNAL PUBLICATION, "HOUSECALLS", WHICH WAS MAILED OUT TO OVER 25,000 HOUSEHOLDS IN MIDDLE GEORGIA.
FACILITY REPORTING GROUP A PART V, SECTION B, LINE 11:	THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT WAS COMPLETED IN 2017 BY PRC. THE RELATED IMPLEMENTATION STRATEGY PLAN WENT INTO EFFECT IN TAX YEAR 2018, CONTINUING FOR 2019 AND 2020 AND INCLUDES AN ANNUAL WORK PLAN WITH GOALS, OBJECTIVES, EXPECTED OUTCOMES AS WELL AS ACTUAL OUTCOMES FOR THE YEAR. A THREE YEAR SCORE CARD WAS CREATED TO MEASURE LONG TERM PROGRESS IN MEETING THE GOALS AND OBJECTIVES. THE 2017 PRC ASSESSMENT (CHNA) INCLUDED A LIST OF "AREAS OF OPPORTUNITY OR IDENTIFIED HEALTH NEEDS. THE FOCUS AREAS FOR HOUSTON HEALTHCARE'S 2018 IMPLEMENTATION PLAN ADDRESSED THESE NEEDS AND ALL WERE ADDRESSED DIRECTLY BY HOUSTON HEALTHCARE INITIATIVES WITH THE EXCEPTION OF THE FOLLOWING FOUR NEEDS: (1) BEHAVIORAL HEALTH AND SUBSTANCE ABUSE- IS ADDRESSED IN PARTNERSHIP WITH PHOENIX BEHAVIORAL CENTER AND THE SUICIDE PREVENTION COALITION OF HOUSTON COUNTY AS WELL AS OTHERS WHO LEAD THESE EFFORTS. (2) SEXUALLY TRANSMITTED DISEASES-TREATMENT AND PREVENTION EDUCATION ARE LED BY HOUSTON COUNTY HEALTH DEPARTMENT ALONG WITH DISTRICT PUBLIC HEALTH. (3) TRANSPORTATION TO HEALTHCARE SERVICES- IS PROVIDED BY PRIVATE COMPANIES, CHURCHES, LOGISTICARE FOR MEDICAID RECIPIENTS, PERRY VOLUNTEER OUTREACH, AND THE AMERICAN CANCER SOCIETY FOR PERSONS DIAGNOSED WITH CANCER. WARNER ROBINS ADDED A PUBLIC TRANSPORTATION SERVICE IN JANUARY 2016 THAT IS STILL IN PLACE. (4) ACCIDENT PREVENTION/SAFETY- EFFORTS ON CHILD SAFETY ARE LED BY HOUSTON COUNTY SAFEKIDS. CLASSES FOR ADULTS ARE PROVIDED BY AARP.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY REPORTING GROUP A PART V, SECTION B, LINE 16J:	ALTHOUGH THE ORGANIZATION'S WRITTEN POLICY DOES NOT INDICATE THE MEASURES TAKEN TO PUBLICIZE THE FACILITY'S POLICY WITHIN THE COMMUNITY SERVED, IT DOES PUBLICIZE AS REQUIRED BY THE STATE'S INDIGENT CARE TRUST FUND (ICTF) POLICY. THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY IS POSTED ON THE FACILITY'S WEBSITE ALONG WITH THE INDIGENT AND CHARITY CARE GUIDELINES. A NOTICE IS PRINTED ON THE PATIENTS' BILLS, IN COMMUNITY NEWSPAPERS TWICE A YEAR, POSTED ON THE WALLS AT ALL ADMISSION AREAS, CARDS ARE AVAILABLE ON THE COUNTERS IN BOTH ENGLISH AND SPANISH, AND THE POLICY AND INDIGENT APPLICATIONS ARE AVAILABLE UPON REQUEST. HOUSTON HEALTHCARE INFORMS AND EDUCATES THE COMMUNITY ABOUT THE AVAILABILITY AND ELIGIBILITY FOR FINANCIAL ASSISTANCE BY PROVIDING THESE CARDS AT COMMUNITY EVENTS, HEALTH FAIRS AND EDUCATION SEMINARS. THE CARDS AND SIGNAGE ARE PROVIDED IN ENGLISH AND SPANISH. INFORMATION IS ALSO GIVEN OUT REGARDING AVAILABILITY AND ELIGIBILITY FOR FINANCIAL SERVICES IN ENGLISH AND SPANISH AT NUMEROUS COMMUNITY EVENTS SUCH AS HEALTH FAIRS.
FACILITY REPORTING GROUP A PART V, SECTION B, LINE 20E:	DURING 2015 HOUSTON HOSPITALS BEGAN USING PRESUMPTIVE ELIGIBILITY TO IDENTIFY PATIENTS ELIGIBLE FOR FREE CARE. THE FINANCIAL ASSISTANCE POLICY DETAILS PRESUMPTIVE ELIGIBILITY AS FOLLOWS: PRIOR TO THE ISSUANCE OF THE FIRST POST DISCHARGE BILLING STATEMENT, ALL UNINSURED PATIENT ACCOUNTS WILL BE REVIEWED USING PREDICTIVE ANALYTICS TO ESTIMATE THE HOUSEHOLD INCOME OF THE PATIENT/GUARANTOR. IF THE ESTIMATED HOUSEHOLD INCOME IS EQUAL TO, OR LESS THAN OR EQUAL TO, 125% OF FEDERAL POVERTY GUIDELINES, THE PATIENT SHALL NOT BE REQUIRED TO PAY FOR THEIR CARE. PRESUMPTIVE ELIGIBILITY DETERMINATIONS ARE BASED UPON PUBLICLY AVAILABLE INFORMATION FROM CREDIT BUREAUS, US CENSUS DATA, US POSTAL SERVICE, INSURANCE DATABASES, STATE AND LOCAL PUBLIC RECORDS, TELEPHONE COMPANY DATABASES AND THE WHITE PAGES.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
HOUSTON HOSPITALS INC

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
71-1045290

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MIDDLE GEORGIA STATE UNIVERSITY FOUNDATION 100 UNIVERSITY PARKWAY MACON, GA 31206	23-7066010	501(C)(3)	75,000		N/A	N/A	NURSING EDUCATION
(2) CENTRAL GEORGIA TECHNICAL COLLEGE FOUNDATION 3300 MACON TECH DRIVE MACON, GA 31206	58-1923671	501(C)(3)	75,000		N/A	N/A	NURSING EDUCATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2

3 Enter total number of other organizations listed in the line 1 table 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	THE ORGANIZATION HAS GUIDELINES IN PLACE THAT ARE USED IN REVIEWING THE ELIGIBILITY AND APPROPRIATENESS OF GRANTEEES AND CONTRIBUTION RECIPIENTS. GRANTS ARE NOT MADE TO INDIVIDUALS OR POLITICAL ORGANIZATIONS, BUT TO CHARITIES AND RELATED ORGANIZATIONS THAT COMPLEMENT AND/OR FURTHER THE MISSION OF HOUSTON HEALTHCARE AND REFLECT POSITIVELY ON OUR ORGANIZATION. EACH GRANT IS MADE ON AN ANNUAL BASIS. ALL GRANTS REQUIRE WRITTEN DOCUMENTATION OF APPROVAL.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization HOUSTON HOSPITALS INC		Employer identification number 71-1045290

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 71-1045290
Name: HOUSTON HOSPITALS INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1CARY MARTIN CEO (TERM ENDING 2019)	(i)	287,454	0	196,996	5,600	6,677	496,727	0
	(ii)	0	0	0	0	0	0	0
1SEAN WHILDEN CFO	(i)	261,042	0	6,000	5,347	11,478	283,867	0
	(ii)	0	0	0	0	0	0	0
2CHARLES BRISCOE PRESIDENT & CEO (TERM BEG. 2019)	(i)	342,944	0	7,939	5,430	30,597	386,910	0
	(ii)	0	0	0	0	0	0	0
3LARRY STEWART MD CMO	(i)	277,459	0	3,000	0	22,787	303,246	0
	(ii)	0	0	0	0	0	0	0
4CHRIS BEASLEY CIO	(i)	157,708	0	0	3,235	20,036	180,979	0
	(ii)	0	0	0	0	0	0	0
5SHELLISA HOUSTON-MARTIN CNO	(i)	164,937	0	0	3,375	2,452	170,764	0
	(ii)	0	0	0	0	0	0	0
6STEPHEN MACHEN ADMINISTRATOR HMC	(i)	192,076	0	0	3,647	16,263	211,986	0
	(ii)	0	0	0	0	0	0	0
7J DAVID CAMPBELL ADMINISTRATOR PH	(i)	167,812	0	6,000	3,185	15,494	192,491	0
	(ii)	0	0	0	0	0	0	0
8MICHAEL O'HARA VP HUMAN RESOURCES	(i)	186,760	0	6,000	3,431	24,613	220,804	0
	(ii)	0	0	0	0	0	0	0
9NATTIE ROGERS DIRECTOR - PHARMACY	(i)	208,405	0	0	2,604	12,474	223,483	0
	(ii)	0	0	0	0	0	0	0
10SHAMIKA CLINTON ASST. DIR. OF PHARMACY	(i)	181,586	0	0	2,592	10,483	194,661	0
	(ii)	0	0	0	0	0	0	0
11PAIGE DAWSON PHARMACIST	(i)	171,476	0	0	3,118	7,585	182,179	0
	(ii)	0	0	0	0	0	0	0
12LATOYA JACKSON PHYSICIAN	(i)	250,897	0	0	5,069	4,841	260,807	0
	(ii)	0	0	0	0	0	0	0
13JUAN VALAZQUEZ PHYSICIAN	(i)	229,697	72,500	0	4,927	28,369	335,493	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
HOUSTON HOSPITALS INC

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Employer identification number

71-1045290

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	HOSPITAL AUTHORITY OF HOUSTON COUNTY	58-0833515	442042DL8	11-01-2016	17,792,249	REFUNDING SERIES '13 BONDS		X		X		X
B	HOSPITAL AUTHORITY OF HOUSTON COUNTY	58-0833515	442042DM6	11-01-2016	62,733,826	ADVANCE REFUNDING SERIES '07 BONDS		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue		17,753,184		62,606,460				
4	Gross proceeds in reserve funds		381,567						
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows				62,449,287				
7	Issuance costs from proceeds		72,000		281,000				
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2016		2016					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X				
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X	X					
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0.050 %		0.050 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5	0.050 %		0.050 %					
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X					
b Exception to rebate?		X		X				
c No rebate due?		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:	DURING 2016, '07 BONDS SERIES WAS CALLED AND PAID OFF. THERE WAS NO ARBITRAGE REBATE DUE BASED ON THE REBATE COMPUTATION PERFORMED ON 8/23/17 AND FINAL 10/1/17.

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HOUSTON HOSPITALS INC

Employer identification number
71-1045290

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BRIAN GRAHAM	FAMILY MEMBER OF BOARD MEMBER	57,537	EMPLOYMENT		No
(2) AMY DAWSON	FAMILY MEMBER OF BOARD MEMBER	46,794	EMPLOYMENT		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation
SCHEDULE L, PART V	ALL TRANSACTIONS ARE AT FAIR MARKET VALUE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
HOUSTON HOSPITALS INC

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

71-1045290

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE BOARD OF DIRECTORS OF HOUSTON HEALTHCARE SYSTEM, INC., A RELATED 501(C)(3) ORGANIZATION, APPOINTS THE BOARD OF DIRECTORS OF HOUSTON HOSPITALS, INC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF DIRECTORS OF HOUSTON HEALTHCARE SYSTEM, INC., A RELATED 501(C)(3) ORGANIZATION, APPOINTS THE BOARD OF DIRECTORS OF HOUSTON HOSPITALS, INC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	CERTAIN ACTIONS OF THE BOARD OF DIRECTORS OF HOUSTON HOSPITALS, INC. MUST BE APPROVED BY THE BOARD OF DIRECTORS OF HOUSTON HEALTHCARE SYSTEM, INC., A RELATED 501(C)(3) ORGANIZATION .

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A DRAFT OF THE FORM 990 IS PREPARED BY THE ORGANIZATION AND PROVIDED TO AN INDEPENDENT TAX ACCOUNTANT FOR REVIEW AND PREPARATION OF THE COMPLETE RETURN. AFTER REVIEW AND COMMENTS FROM THE OFFICERS, THE RETURN IS FINALIZED. PRIOR TO FILING, A COPY OF THE FINALIZED RETURN IS PROVIDED TO THE ORGANIZATION'S BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST STATEMENT DISCLOSING ANY POTENTIAL CONFLICTS. THE STATEMENTS ARE REVIEWED BY MANAGEMENT FOR DISCLOSURES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>A COMPREHENSIVE REVIEW OF THE CEO'S TOTAL COMPENSATION IS CONDUCTED BY THE BENEFITS AND COMPENSATION COMMITTEE OF HOUSTON HEALTHCARE SYSTEM, INC. MINUTES REFLECTING THE DELIBERATIONS OF THE COMMITTEE ARE RECORDED AND FILED. THE COMMITTEE IS COMPRISED OF THREE MEMBERS OF THE BOARD OF DIRECTORS. IN CONSIDERING AN ADJUSTMENT TO THE COMPENSATION PACKAGE FOR THE CEO, VARIOUS STUDIES ARE CONSIDERED AND FACTORED INTO THE FINAL DECISION, INCLUDING THE GEORGIA VHA EXECUTIVE COMPENSATION SURVEY-CEO, THE GEORGIA HOSPITAL ASSOCIATION SURVEY OF EXECUTIVE COMPENSATION, AND AN EXECUTIVE SALARY SURVEY OF GEORGIA HOSPITAL EXECUTIVES CONDUCTED ANNUALLY BY HR ADVANTAGE, A COMPENSATION CONSULTANT WITH NATION-WIDE REACH. ALL OF THE ENTITIES AND INDIVIDUALS PROVIDE COMPENSATION DATA INDEPENDENT OF THE OTHERS. SUBSEQUENT TO THE REVIEW, A RECOMMENDATION REGARDING THE CEO'S COMPENSATION IS REVIEWED AND MODIFIED/ APPROVED BY THE BOARD OF DIRECTORS OF HOUSTON HOSPITALS, INC. A SIMILAR PROCESS IS EMPLOYED FOR THE CFO. THE REVIEWS ARE PERFORMED ON AN ANNUAL BASIS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND ANNUAL FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER FEES: PROGRAM SERVICE EXPENSES 29,498,334. MANAGEMENT AND GENERAL EXPENSES 4,110,631 . FUNDRAISING EXPENSES 0. TOTAL EXPENSES 33,608,965.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN PENSION OBLIGATION -2,301,475.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	THERE HAS BEEN NO CHANGE IN EITHER THE OVERSIGHT OR SELECTION PROCESS.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HOUSTON HOSPITALS INC

Employer identification number
71-1045290

Part I

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)HOUSTON HEALTHCARE SYSTEM INC PO BOX 2886 WARNER ROBINS, GA 31099 71-1045299	PARENT	GA	501(C)(3)	LINE 12C, III-FI	N/A		No
(2)HOUSTON HEALTHCARE EMS INC PO BOX 2886 WARNER ROBINS, GA 31099 26-3941348	AMBULANCE SERVICE	GA	501(C)(3)	LINE 10	HOUSTON HEALTHCARE SYSTEM INC		No
(3)HOUSTON HEALTHCARE PROPERTIES INC PO BOX 2886 WARNER ROBINS, GA 31099 27-0174397	REAL ESTATE MANAGEMENT	GA	501(C)(2)		HOUSTON HEALTHCARE SYSTEM INC		No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) PATIENT SELECT LLC 1601 WATSON BOULEVARD WARNER ROBINS, GA 31093 58-2345231	MSO	GA	HOUSTON HEALTHCARE SYSTEM INC	N/A				No			No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) HOUSTON HEALTH VENTURES INC 1601 WATSON BOULEVARD WARNER ROBINS, GA 31093 27-2814306	PATIENT SERVICES	GA	HOUSTON HEALTHCARE SYSTEM INC	C					No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	Yes
s Other transfer of cash or property from related organization(s)	1s	Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)HOUSTON HEALTHCARE EMS INC	R	845,524	CASH
(2)HOUSTON HEALTHCARE PROPERTIES INC	R	47,387	CASH
(3)HOUSTON HEALTHCARE PROPERTIES INC	K	572,564	CASH
(4)HOUSTON HEALTHCARE SYSTEM INC	R	7,410,097	CASH
(5)HOUSTON HEALTH VENTURES INC	S	1,701	CASH

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation