CAN	
NNEU NO	
OV 1 2	
2019	

 		AMENDED RETURN	Т	ov Dotum	B	OMB No 1545-0687
Form 990-T		Exempt Organization Business Inco (and proxy tax under section 603	ome i	ax Return	114	OIVIB 140 1545-0887
•	For ca	lendar year 2017 or other tax year beginning OCT 1, 2017 and en		30 201	8	<i>2</i> በ17
,	10.00	Go to www.irs.gov/Form990T for instructions and the lat			<u> </u>	LUII
Departmer of the Treasury Internal Revenue Service	~ ▶	Do not enter SSN numbers on this form as it may be made public if yo			50	pen to Public Inspection for 1(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name changed and see instru	ıctıons.)			er identification number yees' trust, see ions)
B Exempt under section	Print	BAPTIST HEALTH MEDICAL GROUP, IN	NC		46	-2597739
X 501(c)(3)	Or	Number, street, and room or suite no. If a P.O box, see instructions.				ed business activity codes structions)
408(e) 220(e)	Туре	6855 RED ROAD, SUITE 600				
408A530(a)		City or town, state or province, country, and ZIP or foreign postal code			0000	
529(a) C Book value of all assets	<u> </u>	CORAL GABLES, FL 33143 F Group exemption number (See instructions)			9000	
at end of year	9.4		1(c) trust	401(a)	trust	Other trust
H Describe the organization	n's prim	ary unrelated business activity. QUALIFIED TRANSPO				NEFITS
		poration a subsidiary in an affiliated group or a parent-subsidiary controlle			X Yes	No
		tifying number of the parent corporation. SEE STATEME	ENT 2			
		FINANCE DEPARTMENT		ne number 🕨 7		
Part I Unrelated	d Trac	de or Business Income (A) Inco	ome	(B) Expenses		(C) Net
1a Gross receipts or sale						
b Less returns and allow		c Balance		 		
2 Cost of goods sold (S3 Gross profit Subtract		1		ī		<u>_</u>
3 Gross profit Subtract 4a Capital gain net incon						
· -		Part II, line 17) (attach Form 4797)				· · · · · · · · · · · · · · · · · · ·
c Capital loss deduction		· · · · · · · · · · · · · · · · · · ·			,	
5 Income (loss) from pa	artnersh	ips and S corporations (attach statement) 5				
6 Rent income (Schedu	le C)	6				
7 Unrelated debt-finance						
		and rents from controlled organizations (Sch. F) 8				
		on 501(c)(7), (9), or (17) organization (Schedule G) 9 me (Schedule I) 10				
10 Exploited exempt acti11 Advertising income (\$\frac{5}{2}\$	•	(55.102151)				
		· ·/	,850.	_		29,850.
13 Total. Combine lines		· · · · · · · · · · · · · · · · · · ·	,850.			29,850.
		ot Taken Elsewhere (See instructions for limitations on ded				
(Except for a	contribi	utions, deductions must be directly connected with the unrelated	business	income)		
· ·	icers, di	rectors, and trustees (Schedule K)			14	
15 Salaries and wages					15	
16 Repairs and mainten	ance				16 17	
17 Bad debts18 Interest (attach sche	dule)	DEOE!\/ED			18	
19 Taxes and licenses	,	RECEIVED			19	
	ons (Se	e instructions for limitation rules 000 000 000 000 000 000 000 000 000 0			20	
21 Depreciation (attach	Form 4	e instructions for limitation rules 562) OCT 2 2 2019	21			_
22 Less depreciation cla	aimed o	n Schedule A and elsewhere on ret <u>urn</u>	22a		22b	
23 Depletion		OGDEN, UT			23	
24 Contributions to defi		mpensation plans			24	
25 Employee benefit pro	-	shadula IX			25 26	
26 Excess exempt expe27 Excess readership content					27	
27 Excess readership c28 Other deductions (at	•				28	
29 Total deductions. A					29	0.
		ncome before net operating loss deduction. Subtract line 29 from line 13			30	29,850.
		(limited to the amount on line 30)			31	
		ncome before specific deduction. Subtract line 31 from line 30			32	29,850.
		y \$1,000, but see line 33 instructions for exceptions)			33	1,000.
	taxable	income. Subtract line 33 from line 32. If line 33 is greater than line 32, et	nter the sma	aller of zero or	,	28,850.
line 32	or Dono	work Reduction Act Notice, see instructions.			34	Form 990-T (2017)

Part II	Tax Computation		
35	Organizations Taxable as Corporations. See instructions for tax computation		
	Controlled group members (sections 1561 and 1563) check here 🕨 🗶 See instructions and.		
å	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)		
	(1) \$ (2) \$ (3) \$ 28,850.		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$		
	(2) Additional 3% tax (not more than \$100,000) \$		
	Income tax on the amount on line 34 SEE STATEMENT 3	35c	7,004.
36	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 34 from:		
[Tax rate schedule or Schedule D (Form 1041)	36	
37	Proxy tax. See instructions	37	
38	Alternative minimum tax	38	
39	Tax on Non-Compliant Facility Income. See instructions	39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	7,004.
Part IV	/ Tax and Payments	*************************************	
41a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a		
	Other credits (see instructions) 41b	1	
	General business credit. Attach Form 3800 41c	1	
d (Credit for prior year minimum tax (attach Form 8801 or 8827)	1	
e	Total credits Add lines 41a through 41d	41e	
42	Subtract line 41e from line 40	42	7,004.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	43	····
44	Total tax Add lines 42 and 43	44	7,004.
45 a l	Payments: A 2016 overpayment credited to 2017 45a 9, 724.		
	2017 estimated tax payments 45b 8,000.	†	
c -	Tax deposited with Form 8868 45c 5,000.	1	
	Foreign organizations, Tax paid or withheld at source (see instructions) 45d	1	
	Backup withholding (see instructions) 45e	1	
	Credit for small employer health insurance premiums (Attach Form 8941) 45f	1	
	Other credits and payments: Form 2439]	
, j	Form 4136 ☐ Other Total ► 45g		
46	Total payments Add lines 45a through 45g	46	22,724.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	47	<u> </u>
	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	
	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	15,720.
	Enter the amount of line 49 you want. Credited to 2018 estimated tax.	50	0.
Part V	Statements Regarding Certain Activities and Other Information (see instructions)	L	
51 A	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority		Yes No
C	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file		
	INCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country		
ŀ	nere 🕨		x
52 E	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		Х
	f YES, see instructions for other forms the organization may have to file.		
53 E	nter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		1 1
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know	vledge and belief,	it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
Here		ly the IRS discuss preparer shown b	
			Yes No
	Print/Type preparer's name Preparer's signature Date Check if	PTIN	
D-:-I	self- employed		
Paid		P0064	8526
Prepar	E DELOTEME MAY IID		65772
Use Or	201 N. FRANKLIN STREET, SUITE 3600		
	Firm's address ► TAMPA, FL 33602-5818 Phone no. 8	13-273-	8355
			990-T (0017)

723711 01-22-18

Schedule A - Cost of Good	s Sold. Enter method	d of inventory v	aluation N/A				
1 Inventory at beginning of year	1	6	Inventory at end of year	ır		6	
2 Purchases	2	7	Cost of goods sold. Su	ubtract I	ine 6	,	
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,		
4a Additional section 263A costs			line 2			7	
(attach schedule)	4a	8	Do the rules of section	with respect to	Yes No		
b Other costs (attach schedule)	4b		property produced or a	acquired	l for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?			X	
Schedule C - Rent Income (see instructions)	(From Real Prope	erty and Pe	rsonal Property	Leas	ed With Real Prop	perty)	
1. Description of property							
(1)			· ·				
(2)							
(3)							
(4)							
	2. Rent received or accru				3/a\Deductions directly	connected with the income in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for personal	conal property (if the percenta property exceeds 50% or if sed on profit or income)	age		d 2(b) (attach schedule)	
(1)							
(2)							
(3)			-				
(4)							
Total	0 Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.	
Schedule E - Unrelated Det	ot-Financed Incor	me (see instru	ictions)				
			Gross income from		Deductions directly conn to debt-finance	ected with or allocable ed property	
1 Description of debt-fir	nanced property	<u> </u>	or allocable to debt- financed property	(a) Straight line depreciation		(b) Other deductions (attach schedule)	
		ļ	aooc proporty		(attach schedule)	(attach schedule)	
(1)			_				
(2)				<u> </u>			
(3)							
(4)							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted of or allocable to debt-financed prop (attach schedule	o perty	by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)			%				
(2)			%				
(3)			%				
(4)			%				
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (8)	
Totals			•		0.		
Total dividends-received deductions in	cluded in column 8				>	0.	
						Form 990-T (2017)	

			Exempt	Controlled O	rganızatı	ons				
1 Name of controlled organizat	ıdent	mployer trication umber	3. Net uni (loss) (see	related income e instructions)	4. Tota payn	al of specified nents made	includ	rt of column 4 led in the contra ation's gross i	rolling	6. Deductions directly connected with income in column 5
1)		<u> </u>	 						+	
2)			 							
3)								·		
(4)										
onexempt Controlled Organi	zations						l .			-
7. Taxable income	8. Net unrelated inc	ome (loss)	9 Total	of specified pay	ments	10 Part of colur	nn 9 tha	t is included	11 De	eductions directly connecte
, taxasa maana	(see instruction		3 , va	made		in the controlli		nization's		h income in column 10
1)										
2)										
3)										
4)							·			
.,			1			Add colum Enter here and line 8, c	on pag	e 1, Part I,		dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)
otals					▶			0.		0
chedule G - Investme	ent Income of a	Section	n 501(c)(7), (9), or	(17) Or	ganization)			
(see instr					· ·	_				
1. Desc	ription of income			2 Amount of	ıncome	 Deduction directly conne (attach sched) 	cted	4. Set-a (attach s		5 Total deductions and set-asides (col 3 plus col 4)
1)										
2)				1						
3)										
(4)							,			-
				Enter here and				L		Enter here and on page
				Part I, line 9, co						Part I, line 9, column (B)
otals			<u> </u>	<u></u>	0.	ı 				0
chedule I - Exploited (see instru		ty Incom	ne, Othe	r Than Ad	lvertisi	ng Income)			
1 Description of exploited activity	2. Gross unrelated business income from trade or business	directly with pr of un	penses connected oduction related as income	4. Net incomfrom unrelated business (cominus columingain, compute through	trade or lumn 2 n 3) If a cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	6 Exp attributa colun	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				<u> </u>						
2)		1		<u> </u>				1		
<u>-/</u> 3)				† · · · · · · · · · · · · · · · · · · ·						
4)		†		 				·		+
	Enter here and on page 1, Part I, line 10, col (A)	page line 10	ere and on 1, Part I, , col (B)					<u>.</u>		Enter here and on page 1, Part II, line 26
otals > Schedule J - Advertisi	ng Income (see		0.	L						0
				ealidated	Racic	 .				
Part I Income From	renouicais ne	porteu d	ni a Con	isoliuateu	Dasis					
1 Name of periodical	2. Gross advertising income	adv	3. Direct rertising costs	or (loss) (co	an, compute	5. Circulat income		6 Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
1)										-
2)										
3)				_						1
4)			·	-						1
7		+		-		+				
otals (carry to Part II, line (5))	•	0.	0					l., .		0

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					112		
(2)							
(3)							
(4)							
Totals from Part I	▶	0.	0.			-	0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)]		•	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				0.

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

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

Form 990-T (2017)

FORM 990-T		ОТН	ER INCOM	E		STATEMENT	1
DESCRIPTION						AMOUNT	
QUALIFIED TR	ANSPORTA	rion fringe ben	EFITS			29,8	50.
TOTAL TO FOR	м 990-т,	PAGE 1, LINE 1	. 2			29,8	50.
FORM 990-T	PARENT	CORPORATION'S	NAME AND	IDENTIFYING	NUMBER	STATEMENT	2
CORPORATION'	S NAME					IDENTIFYING	NO
BAPTIST HEAL	TH SOUTH	FLORIDA, INC				65-0267668	

FORM	990-T LINE 35C TAX COMPUTAT	TION		STATEMENT 3
1.	TAXABLE INCOME		. 28,850	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT	٠ ،	. 0	
3.	LINE 1 LESS LINE 2		. 28,850	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT	IT .	. 0	
5.	LINE 3 LESS LINE 4		28,850	
6.	INCOME SUBJECT TO 34% TAX RATE	• •	28,850	
7.	INCOME SUBJECT TO 35% TAX RATE	• •	. 0	
8.	15 PERCENT OF LINE 2	• •	. 0	
9.	25 PERCENT OF LINE 4	• •	. 0	
10.	34 PERCENT OF LINE 6		9,809	
11.	35 PERCENT OF LINE 7	• •	. 0	
12.	ADDITIONAL 5% SURTAX	• •	. 0	
13.	ADDITIONAL 3% SURTAX	• •	. 0	
14.	TOTAL INCOME TAX		_	9,809
			=	
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/20	17	6,059	
		DAYS		
16. 17.	TAX PRORATED FOR NUMBER OF DAYS IN 2017 TAX PRORATED FOR NUMBER OF DAYS IN 2018		2,472 4,532	
18.	TOTAL TAX PRORATED	365		7,004