	Form	990-T	E	Exempt Organizat (and proxy	tion Busine				eturn 909		OMB No 1545-0687	, ——
			For cale	ndar year 2018 or other tax year				· ·	- ,	,	2018	
	Departm	ent of the Treasury	. J. Jaie	► Go to www.irs.gov/For							O	
		Revenue Service	▶ Do r	not enter SSN numbers on this						3). Ope	n to Public Inspection (c)(3) Organizations (n for Only
	A D	heck box if ddress changed		Name of organization (D	Employer	identification num	ber
	BAPTIST MEDICAL CENTER OF THE BEACHES, INC								(Employee	s' trust, see instruction	ns)	
		$1(C)Q3\rightarrow$	Print or	Number, street, and room or su	ite no If a P O box	, see in	structions				9-2980620	
	☐ 40	8(e) 220(e)	Type	1660 PRUDENTIAL DR , 20	3				_	Unrelated (See instri	business activity co	de
	□ 40	8A 🔲 530(a)		City or town, state or province,	country, and ZIP or	foreign	n postal code			(000 1110111	·	
		9(a)		JACKSONVILLE, FL 32207				_			621500	
	C Book at en	value of all assets of year		oup exemption number (S			<u> </u>	(a) Aa	<u> </u>	34/a\ +	-t Fl Other to	
				eck organization type				(c) trust		01(a) tru		
				rganization's unrelated tra						• .	or first) unrelated	
				REFERENCE LAB SER t the end of the previous								
			-	omplete Parts III-V	sentence, con	ibiere	Faits I allu II	, complet	e a Scrie	dule ivi	ioi eacii additit	ла
				e corporation a subsidiary in	an affiliated grou	up or a	narent-cuber	lany contro	alled arous	n2	▶ 17 Vas □ 1	<u></u>
				and identifying number of t								10
				SCOTT FINNEGAN	the parent corp	oratio		ephone n			(904) 202-3270	
				e or Business Income			(A) Incom		(B) Expen		(C) Net	_
	1a	Gross receipts				Ī -	·	1				$\overline{}$
	b	Less returns and			Balance ►	1c	210				//	
707	2			chedule A, line 7) .		2	326					$\overline{1}$
	^	•	•	line 2 from line 1c .		3	(116)				(116)	
3				ne (attach Schedule D) .		4a	0				0	
.7				797, Part II, line 17) (attacl	n Form 4797)	4b	0				0	
	С	Capital loss de	duction	n for trusts		4c	0				0	
	•	Income (loss) fro	m a part	nership or an S corporation (a	ttach statement)	5	0				0	
ļ	6	Rent income (Schedu	le C)		6	0		/	0	0	
z	7	Únrelated deb	t-financ	ed income (Schedule E) .		7	0		<u> </u>	0	0	
SCANNED	8	Interest, annuities,	royalties,	and rents from a controlled organi	zation (Schedule F)	8	0			0	0	
4	9	Investment incom	e of a sec	tion 501(c)(7), (9), or (17) organiza	ation (Schedule G)	9	Q	1 - 1		0	0	
Ĭ	10	Exploited exer	npt acti	vity income (Schedule I)		10	/0	+		0	0	
	11	_	-	chedule J)		11	/ 0	+		0	0	
	12	•		ructions, attach schedule).		12	0			_	0	
	13	Total. Combin	e lines	3 through 12	<u> </u>	13/	(116)			0	(116)	
	Part	Deduction	ns Not	Taken Elsewhere (See	instructions for	riffnit	ations on dec	ductions.)	(Except	tor con	tributions,	
	44	Geauction	s must	be directly connected w	ith therunrelate		FIVED	e .,,		14	0	—
	14			cers, directors, and trustee	<i>y</i>			ပ္တ	•	15	0	—
	15 16	Salaries and w Repairs and m	_		355 AI		1 2000	ည္ကုိ	• •	16	0	—
	17	Bad debts	iaiiiteiia	iiice	<u>୍ରାଜ୍ୟ </u>	ქს შ	1 2020	ပုံ တ		17	0	
	18		h sched	ule) (see instructions) .		•		8	• •	18	0	_
	19	Taxes and lice		uic) (occ inolitationoja) .		GD	EN, UT	=		19	0	_
	20			ns (See instructions for lim		<u> </u>	LN, OI	ᆜ`.		20	0	
	21	Depreciation (a					21		ol			
	22			med on Schedule A and e	lsewhere on re	turn	. 22a		0	22b	o	
	23	Depletion		/						23	0	
	24	•	to defei	red compensation plans						24	0	
	25			grams						25	0	
	26			ises (Schedule I)						26	0	
	27			sts (Schedule J) .			•			27	0	
	28			ach schedule)			•			28	0	
	29	Total deducti	ons. Ad	d lines 14 through 28						29	0	
	30			xable income before net op	oerating loss de	duction	on. Subtract lir	ne 29 from	n line 13	30	(116)	
	31/			iting loss arising in tax years			January 1, 201	8 (see inst	tructions):			
_	-32	Unrelated bus	iness ta	xable income. Subtract lin	e 31 from line 3	30 .	<u> </u>	<u> </u>		32	(116)	
	For Pa	nerwork Reduct	ion Act	Notice, see instructions.			Cat No 112	91J	_	- 1 ⁻	Form 990-T (2	(018)

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Total Unrelated Business Taxable Income 3 Total of unrelated business taxable income computed from all unrelated trades or businesses (see a structions) 4 Amounts paid for deallowed fringes 5 Deduction for net operating loss ansing in tax years beginning before January 1, 2018 (see instructions) 6 Total of unrelated business taxable income before specific deduction Subtract line 35 from the sum of lines 33 and 34 7 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) 3 Unrelated business taxable income before specific deduction Subtract line 35 from the sum of lines 37 and 34 7 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) 3 Unrelated business taxable income. Subtract line 37 from line 36, if line 37 is greater than line 36, or enter the smaller of zero or line 36 9 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) 9 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) 10 Trusts Taxable at Trust Rates. See instructions for tax computation income tax on the amount on line 38 from 1 tax rate schedule or Schedule D (Form 1041) 40 11 Proxy tax. See instructions 41 0 12 Alternative minimum tax (trusts only) 42 0 13 Tax on Noncompliant Facility Income. See instructions 43 0 14 Total, Add lines 41, 42 0 43 0 14 Total, Add lines 41, 42 0 44 0 14 Total tax. Add lines 48 and 47 (see instructions) 45 0 15 General business credit Attach Form 3800 (see instructions) 45 0 16 Credit for prior year minimum tax (statch Form 880 or 8827) Form 886 Other (patical schedule) 47 0 17 Total tax. Add lines 46 and 47 (see instructions) 50 0 18 Credit for prior year minimum tax (statch Form 880 or 8827) Form 886 Other (patical schedule) 70 70 19 Organizations: Tax paid or withheld at source (see instructions) 50 0 10 Credit for small employer health insurance premums (statch Form 8941) 50 0 10 Credit for small employer	Form 99	р-т (2018	•,				Page 2		
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d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments: Form 2439 Form 4136									
e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments □ Form 2439 □ Form 4136 □ Other 0 Total ▶ 50g 0 51 Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions) Check if Form 2220 is attached . ▶ 52 0 53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed 64 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid ▶ 54 0 55 Enter the amount of line 54 you want Credited to 2019 estimated tax ▶ 0 Refunded ▶ 55 0 Part VI Statements Regarding Certain Activities and Other Information (see instructions) 56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ 57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? . ✓ 58 If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year 58 Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Signature of officer 59 Date Propagrer's signature 60 Propagrer's signature 60 Propagrer's signature 61 Date Check □ If Self-employed seinstructions? 62 P					-	\dashv \vdash			
f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments:						┥`			
Gother credits, adjustments, and payments Form 2439 Gother Form 4136 Gother Goth			_ · · · · · · · · · · · · · · · · · · ·			 ·			
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Sign Paid Print/Type preparer's name Sign Signature Date Check Form 2220 is attached Signature of officer Date Print/Type preparer's name Preparer's signature Date Print/Type preparer's name					50g 0		ا		
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Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 54 0 55 Enter the amount of line 54 you want Credited to 2019 estimated tax ▶ 0 Refunded ▶ 55 0 Part VI Statements Regarding Certain Activities and Other Information (see instructions) 6 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ 57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? . ✓ 58 If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 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 of miplete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Way the IRS discuss this return with the preparer shown below (see instructions)? □Yes □No Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Date Check □ if PTIN self-employed			• •		•				
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Here Signature of officer Signature Print/Type preparer's name Preparer's signature	Sign	true, c	orrect, and complete Decigration of preparer (other	than taxpayer) is based on all information of wh	ich preparer has any knowled	ige			
Signature of officer State	_	l N	V 1/+			May the IR			
Paid Print/Type preparer's name Preparer's signature Date Check if self-employed	nere		7(0	10, 12, 20, 20, 20, 20, 20, 20, 20, 20, 20, 2					
Faid Self-employed		Jigitali			Date		PTIN		
The second secon	_		Time type property o name						

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2

Firm's EIN ▶

Phone no

Firm's name ▶

Firm's address ▶

Preparer

Use Only

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Page 3

	(,								9-
Sche	dule A-Cost of Goods Sold.	Enter	method of I	nventory	valuation				
1	Inventory at beginning of year	1	C	6	3 Invent	ory	at end of year .	6	0
2	Purchases	2	C	7			goods sold. Subtract		
3	Cost of labor	3	326	3	line 6	fron	n line 5 Enter here and	11	i
4a	Additional section 263A costs				ın Parl	t I, lır	ne 2	7	326
	(attach schedule) .	4a	0) 8	B Do the	e ru	les of section 263A (wi	th respect to	Yes No
b	Other costs (attach schedule)	4b	C				produced or acquired for		
_ 5	Total. Add lines 1 through 4b	5	326				anization?		
	dule C—Rent Income (From Pinstructions)	leal F	Property and	d Person	al Prope	rty	Leased With Real Pro	operty)	
<u> </u>	nption of property				·····				
(1)	inplient or property							 -	
(2)		-				_			
(3)						_			
(4)						_			
<u>,</u>	2. Rent rec	eived o	r accrued						-
	om personal property (if the percentage of ren personal property is more than 10% but not more than 50%)	l p	(b) From real ar ercentage of rent 50% or if the rent	for personal	property exc	eeds	3(a) Deductions directly in columns 2(a) an	y connected with the d 2(b) (attach sched	
(1)		1					<u> </u>		
(2)		1							
(3)		1							
(4)									
Total		0 To	tal				0 (1) Table de desdicas		
(c) Tot	al income. Add totals of columns 2(a)	and 2(b) Enter				(b) Total deductions. Enter here and on page	:1.	
here ar	nd on page 1, Part I, line 6, column (A)		<u> </u>				Part I, line 6, column (B)		
Sche	dule E—Unrelated Debt-Finan	ced	Income (see	instructio	ns)				
	Description of debt-financed pr	operty			income from to debt-finan			ced property	
	·			ļ r	oroperty		(a) Straight line depreciation (attach schedule)	(b) Other dec	
(1)									
(2)									
(3)									
(4)									
	acquisition debt on or of locable to debt-financed debt-	or alloc inance	justed basis cable to d property hedule)	4	Column divided column 5		7. Gross income reportable (column 2 × column 6)	8. Allocable de (column 6 × tota 3(a) and	l of columns
(1)						%			
(2)						%			
(3)						%			
(4)						%			
							Enter here and on page 1, Part I, line 7, column (A)	Enter here and Part I, line 7, c	
Totals						▶	0	1	•
Total d	ividends-received deductions include	d in co	olumn 8						- (

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Page 4

Sche	dule F-Interest, Ann	uities, P	loyalties,				ganizations (se	ee instru	ctions)	<u> </u>
				Exemp	t Controlle	d Organizations				
	Name of controlled organization		nployer tion number		related income e instructions)			controlling	conr	Deductions directly nected with income in column 5
<u>(1)</u>										
(5)					·					
(3)										
(4)										
None	xempt Controlled Organi	zations								
	7. Taxable Income		et unrelated ind) (see instructi			otal of specified yments made	10. Part of colur included in the organization's gr	controlling	conne	Deductions directly acted with income in column 10
<u>(1)</u>										
(2)										
<u>(3)</u>			<u> </u>	_						
<u>(4)</u>							 			
							Add columns to Enter here and Part I, line 8, co	on page 1,	Enter I	columns 6 and 11 here and on page 1, , line 8, column (B)
Totals							>		0	0
Sche	dule G-Investment I	ncome	of a Secti	ion 501		or (17) Organ				atal dadi atiana
	1. Description of income		2. Amount of	ıncome	dire	ctly connected ach schedule)	4. Set-aside		and s	otal deductions set-asides (col. 3 plus col. 4)
<u>(1)</u>										
(2)							<u> </u>			
(3)										
(4)			<u>-</u>							
			er here and art I, line 9, co			ī		ĺ		re and on page 1, ne 9, column (B)
Totals		<u> </u>			0			i		0
Sche	dule I—Exploited Exe	empt Ac	tivity Inco	me, O	ther Than	Advertising Ir	rcome (see inst	tructions	<u>) </u>	
1	Description of exploited activi	ty	2. Gross unrelated ousiness incon from trade or business	ne con	Expenses directly nected with oduction of unrelated ness income	Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	attribu	oenses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				_						
(2)										
(3)										
(4)										
Totals			nter here and page 1, Part I line 10, col (A	, pag	r here and on ge 1, Part I, 10, col (B)			_		Enter here and on page 1, Part II, line 26
	dule J-Advertising I	ncome (see instruc			L				
Part					a Consoli	dated Basis				
						4. Advertising				7. Excess readership
_	1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income		dership sts	costs (column 6 minus column 5, but not more than column 4)
<u>(1)</u>				_				ļ		ļ I
(2)										ļ I
(3)				-			<u> </u>			ļ
(4)										<u> </u>
Totals	(carry to Part II, line (5))	•		0	0	0				0
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Part II	Income From Periodi 2 through 7 on a line-b	=	on a Separat	e Basis (For ea	ach periodical l	listed in Part II	, fill in columns
		2. Gross	_	4. Advertising			7. Excess readership

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

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

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

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Form 990T Part II, Line 31 -Summary

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining
2019	116			0	116
Totals	116	0	0	0	116

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- 000T D . H L: 04	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018
Lorm dull Part II line 31	Deduction for the operating loss ansing in tax years beginning on or after January 1, 2010
Form 990T Part II, Line 31	

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining			
REFERENCE LAB REVENUE								
2019	116			0	116			

Form 990T Part III, Line 35	Deduction for net operating loss arising in tax years beginning before January 1, 2018

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2010	4,160		0	0	4,160	2030
2011	919		0	0	919	2031
2012	3,486		0	0	3,486	2032
2013	3,702		0	0	3,702	2033
2014	2,355		0	0	2,355	2034
2015	1,975		0	0	1,975	2035
2016	1,380		0	0	1,380	2036
2017	951		0	0	951	2037
2018	363		0	0	363	
Totals	19,291	0	0	0	19,291	