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Fo	™ 990-T	l 6	Exempt Orga	rtended to Inization Bu			Γax Return	1	OMB No 1545-0687
· ē			. (a	and proxy tax un	der se	ction 6033(e))	1919	-	2010
		For ca	alendar year 2018 or other tax y		_	, and ending AUC		_	2018
Dep Inte	partment of the Treasury ernal Revenue Service	•	→ Go to www Do not enter SSN numb	w.irs.gov/Form990T for ers on this form as it m					Open to Public Inspection to 501(c)(3) Organizations Only
A	Check box if address changed		Name of organization (Check box if name	changed	and see instructions.)		(Em	oloyer identification number ployees' trust, see ructions)
B	Exempt under section	Print	Baptist Healthca	re System Inc.				۱ 6	1-0444707
	501(c)(3 07)	or	Number, street, and room		nox. see in:	structions.		E Unre	elated business activity code
Ē	408(e) 220(e)	Туре	2701 Eastpoint P					(566	instructions)
	408A530(a)		City or town, state or pro	ovince, country, and ZIP	or foreign	postal code		1	
	529(a)	L	Louisville, KY					6215	00
C	Book value of all assets at end of year		F Group exemption num		<u> </u>				
	3,059,532						401(a)		Other trust
		•	ation's unrelated trades or	businesses.	6		the only (or first) un		
	rade or business here			us contance complete	Porte Lane		, complete Parts I-V.		•
	ousiness, then complete	-	ace at the end of the previo	ous sentence, complete	Paris I and	in, complete a Schedul	e ivi for each addition	iai irau	6 01
			poration a subsidiary in an	affiliated group or a par	ent-subsid	diary controlled group?	•	TY	es X No
			tifying number of the pare			and y commonical group.	•		
J 1	The books are in care of	> 5	Stephen R. Oglesby			Teleph	one number 🕨 5	02-89	6-5000
က္က 🕒	art I Unrelated	Trac	de or Business In	come		(A) income	(B) Expenses	3	(C) Net
က 1:	a Gross receipts or sale	s	6,453,926.						
CANNED	b Less returns and allow			c Balance	1c	6,453,926.			
\mathbf{Z}^2	Cost of goods sold (S				2	5 150 005			
E 3	Gross profit. Subtract				3	6,453,926.			6,453,926.
	a Capital gain net incom	•	,	m 4707)	4a				
\Box	Capital loss deduction		Part II, line 17) (attach Forn	11 4797)	4b 4c		 _		
	•		ship or an S corporation (a	attach statement)	5				-
_ မာ 6	Rent income (Schedu		, ,	,	6				
	Unrelated debt-finance	ed incor	me (Schedule E)		7				
7 8 2020	Interest, annuities, roy	alties, a	and rents from a controlled	organization (Schedule F) 8				
9			on 501(c)(7), (9), or (17) c	organization (Schedule (G) 9				
10	Exploited exempt activ	•	, ,		10	- 			
11	Advertising income (S		•		11				
12	Other income (See ins				12	6,453,926.			6,453,926,
13 P			ot Taken Elsewhe	re (See instructions			L		0,433,920.
			utions, deductions mus						
14	Compensation of offi	cers, di	rectors, and trustees (Sch	edule K)				14	37,950.
15	Salaries and wages			RECE	IVEC)		15	1,111,329.
16	Repairs and mainten	ance		ļ -		 ()		16	199,699.
17	Bad debts			75 JUL 2	n 20 2 0)\$0-5		17	
18	Interest (attach sche	dule) (s	ee instructions)	10L 2	U EULU	SS S		18	
19	Taxes and licenses			0005	K L . L L			19	150 641
20 21	Depreciation (attach	•	e instructions for limitation	rules) OGDE	.IN, U	1 21	94,570.	20	150,641.
22			n Schedule A and elsewhe	re on return		22a	54,570.	22b	94,570.
23	Depletion		Toolload Nana oloowiig	10 011 1010111		[224]		23	
24	Contributions to defe	rred co	mpensation plans					24	
25	Employee benefit pro		•					25	558,170.
26	Excess exempt exper	ises (So	chedule I)					26	
27	Excess readership co	•	•					27	
28	Other deductions (at		•			See Statemen		28	2,945,803.
29	Total deductions. Ad					torn los do	26		5,098,162.
30			ncome before net operatin	•				30 31	1,355,764.
31 32	•	•	loss arising in tax years be ncome. Subtract line 31 fro	• •	iary 1, 201	io (see instructions)	31	32	1,355,764.
			work Reduction Act Notic		_			1	Ferm 990-T (2018)
323					11	7	06	76	<u> </u>

FOITT 950-	Baptist Hearthcare System, Inc.		
Part			<u> </u>
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	1,429,76
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	_ 36	1,429,76
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,00
38	Haralated husings toyable income. Cubtract line 27 from line 26. If line 27 in greater than line 36.		
• •	enter the smaller of zero or line 36	9 38	1,428,76
Part	V Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	300,04
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	`	
10	Tax rate schedule or Schedule D (Form 1041)	► 4b	
41	Proxy tax. See instructions	→ 451	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	5 44	300,04
Part \			.
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	⊤ 1⊤"	
	Other credits (see instructions)	7 []	
	General business credit. Attach Form 3800	ਗ । ।	
_	Credit for prior year minimum tax (attach Form 8801 or 8827)	711	
		45e	231,28
46	Subtract line 45e from line 44	46	68,76
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule		
48	Total tax. Add lines 46 and 47 (see instructions)	_	68,76
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
	Payments: A 2017 overpayment credited to 2018 50 50a 30,09		
	2018 estimated tax payments 506 80,00		
	Tax deposited with Form 8868	-	
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	⊣ !	
	Backup withholding (see instructions) 50e		
	Credit for small employer health insurance premiums (attach Form 8941) 50f	-1 	
	Other credits, adjustments, and payments: Form 2439	$\dashv \mid \mid \mid$	
ŧ	Form 4136 Other Total Total		
51	Total payments Add lines 50a through 50g	-	110,09
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	•
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
- 54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	5 54	41.33
(O 3)	Enter the amount of line 54 you want: Credited to 2019 estimated tax 41,337. Refunded	55	
Part		1	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes N
	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 >		x
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		х
•	If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$ 0.		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my k	nowledge 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	May the IRS discuss th	no rotura unth
Here	DUT 1 11/13/2020 VP, Treasurer, CFO	the preparer shown be	
	Signature of Officer Date Title	instructions)? X	res 🔲 N
	Print/Type preparer's name Preparer's signature Date Check	if PTIN	
D~:~		ed	
Paid	Catherine Curtiman 11 3/2020	P0123669	1
Prepa	Furnic SIN	▶ 34-65655	96
Use (155 N. Wacker Drive		
	Firm's address ► Chicago, IL 60606 Phone no.	312-879-2183	
823711 0	-09-19	Form 9	990-T (201

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	aluation N/A					
1 Inventory at beginning of year	1			Inventory at end of year	 ar		6	Τ	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2			ine 6	_		
3 Cost of labor	3					Part I,			
4a Additional section 263A costs							7		
(attach schedule)	_ 4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		_	property produced or a	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					<u></u>
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	per	ty) 	
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued				3(a)Deductions directly		ested with the income	i.
(a) From personal property (if the per rent for personal property is mor 10% but not more than 509	e than	of rent for	personal	onal property (if the percent property exceeds 50% or if ed on profit or income)	age			(attach schedule)	п
(1)		i							
(2)									
(3)									
(4)									
Total	0.	Total			٥.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum	, , , , ,	ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated De	bt-Financed	Income (see	ınstru	ctions)					
			2	. Gross income from		3. Deductions directly con to debt-finance			
1. Description of debt-fi	inanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	S
(1)							Ė		
(2)						·- ·- ·	┷		
(3)			<u> </u>				\perp		
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a	adjusted basis illocable to nced property n schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deducti (column 6 x total of col 3(a) and 3(b))	
(1)		_	1.	%			Τ		
(2)			\mathbf{I}^{-}	%			Γ		
(3)				%			1		
(4)				%					
						nter here and on page 1, art I, line 7, column (A)		Enter here and on page Part I, line 7, column (
Totals				▶		0			0.
Total dividends-received deductions in	ncluded in column	8				>	T		0.

	1		Exempt C	ontrolled O	rganizati	ons		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1. Name of controlled organizati	ion 2	. Employer lentification	3. Net unre					5. Part of column 4 that is included in the controlling		6. Deductions directly connected with income
		number	(1000) (000 (organization'		ation's gross		in column 5
(1)										
(2)								-		
(3)	1									
(4)	- + -	-			-					
Nonexempt Controlled Organiz	zations									
7. Taxable Income	8. Net unrelated (see instru		9. Total o	of specified pay made	ments	10. Part of column in the controll gross		nzation's		luctions directly connected income in column 10
(1)			_							
(1) (2)			 							
(3)	<u>-</u>		 				-	-		
(4)			<u> </u>			Add colun Enter here and fine 8, c		a 1, Part I, A)	Enter he	d columns 6 and 11 are and on page 1, Part I, ine 8, column (B)
Totals								0.		0,
Schedule G - Investme (see instri		f a Sectio	n 501(c)(7	'), (9), or	(17) Oı	ganizatior	1			
1. Descr	iption of income			2. Amount of	ıncome	3. Deductio directly conne (attach sched	cted	4. Set- (attach s	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)			i					_		
(2)						-				
(3)										
(4)				-						
				Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals					0.					0.
Schedule 1 - Exploited (see instru		vity Incon	ne, Other	Than Ac		ing Income)			<u> </u>
Description of exploited activity	2. Gross unrelated busines income from trade or business	s directly with p of u	xpenses connected roduction nrelated ess income	4. Net incomfrom unrelated business (cominus colum gain, compute through	I trade or dumn 2 n 3) If a e cols 5	5. Gross inco from activity i is not unrelat business inco	hat ed	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						_				
(2)										
(3)										
(4)				-						
	Enter here and or page 1, Part I, line 10, col (A)	page	ere and on 1, Part I, 0, col (B)							Enter here and on page 1, Part II, line 26
Totals		0.	0.							0.
Schedule J - Advertising										
Part I Income From F	Periodicals F	Reported (on a Cons	solidated	Basis			·		·
				4. Advert	ising gain				T	7. Excess readership
1. Name of periodical	2. Gro advertii incon	sing ad	3. Direct vertising costs	or (loss) (cocol 3) If a good sols 5 th	ol 2 minus aın, compu	5. Circulat income		6. Reade cost		costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)				7						
(3)				7 -						
(4)			-	7						
	<u> </u>									
Totals (carry to Part II, line (5))	•	0.	0							0. Form 990-T (2018)
										, -,

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)	<u> </u>					
(2)						
(3)	Ĭ					
(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)	٠.	,	-	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.	,		٠,	0.

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

1. Name	2. Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1) Gerard Colman	CEO	2.00%	17,227.
(2) Stephen R. Oglesby	VP, Treasurer	2.00%	12,971.
(3) Janet M. Norton	VP, Secretary	2,00%	15,086.
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	45,284.

Form 990-T (2018)

Form 990-T	Other Deductions	Statement 1
Description	,	Amount
Direct Expenses		2,945,803.
Total to Form 990-T, Page 1, 1	line 28	2,945,803.

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning $_$ SEP $_1$, $_2$ 018

_ , and ending AUG 31, 2019

2018

OMB No 1545-0687

Entity

Department of the Treasury Internal Revenue Service (99) ▶ Go to www.irs.gov/Form990T for instructions and the latest information.
 ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Baptis	61-0444707			
Unrelated business activity co	de (see instructions) 624410		<u> </u>	
Describe the unrelated trade of	or business	Center		
Part I Unrelated Trade	or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	1,026,323.	1 006 303		
b Less returns and allowances	c Balance ► 1c	1,026,323.		
2 Cost of goods sold (Schedu	• •	1 026 222		1 026 222
3 Gross profit. Subtract line 2	<u> </u>	1,026,323.		1,026,323.
4a Capital gain net income (atta	·	· · · · · · · · · · · · · · · · · · ·		
• , , ,	Part II, line 17) (attach Form 4797)		······································	
c Capital loss deduction for the				
5 Income (loss) from a partner statement)	ship or an S corporation (attach			
6 Rent income (Schedule C)	6		<u> </u>	
7 Unrelated debt-financed inc	 			
8 Interest, annuities, royalties,				
organization (Schedule F)	8			
9 Investment income of a sect				
organization (Schedule G)	9			
10 Exploited exempt activity inc	come (Schedule I)			
11 Advertising income (Schedu				
12 Other income (See instruction	ons, attach schedule)			
13 Total. Combine lines 3 throu	igh 12 13	1,026,323.		1,026,323.
Part II Deductions Not T	aken Elsewhere (See instructions fee directly connected with the unrelated			r contributions,
14 Compensation of officers, di	rectors, and trustees (Schedule K)		14	6,920.
15 Salaries and wages			15	759,427.
16 Repairs and maintenance			16	18,479.
17 Bad debts			17	
18 Interest (attach schedule) (se	ee instructions)		18	

15	Salaries and wages	15	759,427.
16	Repairs and maintenance	16	18,479.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		_
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	254,409.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) See Statement 2	28	175,116.
29	Total deductions. Add lines 14 through 28	29	1,214,351.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-188,028.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32_	Unrelated business taxable income Subtract line 31 from line 30	32	-188,028.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Page	
uyu	

Baptist Healt	hcare System	m, Inc.				61-0444707	1
Schedule A - Cost of Good			ntory valuation	N/A		 _	
1 Inventory at beginning of year	1		6 Inventory at	end of yea	r		6
2 Purchases	2		7 Cost of goods sold. Sub			line 6	
3 Cost of labor	3		from line 5. E	from line 5. Enter here and in Part I,			
4a Additional section 263A costs			line 2			Ĺ	7
(attach schedule)	4a		8 Do the rules	of section	263A (with respect to	Yes No
b Other costs (attach schedule)	4b		property pro	duced or a	cquire	d for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organizat	tion?			x
Schedule C - Rent Income	(From Real	Property an	d Personal Pro	operty	Leas	ed With Real Prop	perty)
(see instructions)							
1. Description of property							
(1)							
(2)							
(3)							
(4)							
		red or accrued				0(0)	
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	` of rent for p	and personal property (if personal property exceed nt is based on profit or in	ls 50% or if	ge		connected with the income in d 2(b) (attach schedule)
(1)							
(2)							
(3)	-						
(4)							
Total	0.	Total			0.		
c) Total income. Add totals of columns		iter				(b) Total deductions. Enter here and on page 1,	
nere and on page 1, Part I, line 6, colum		<u> </u>			0.	Part I, line 6, column (B)	
Schedule E - Unrelated Del	bt-Financed	Income (see	instructions)			<u> </u>	
			2. Gross income	from		Deductions directly conn to debt-finance	
1. Description of debt-fi	nanced property		or allocable to d	iebt-	(a)	Straight line depreciation	(b) Other deductions
			III allood prope			(attach schedule)	(attach schedule)
			ļ				
(1)							
(2)		<u> </u>	 				
(<u>3)</u> (<u>4)</u>			-			·	
	E Avenue	adveted been	6. Column 4 divi			7. Gross income	9 Allesekle deductore
 Amount of average acquisition debt on or allocable to debt-financed properly (attach schedule) 	of or a	adjusted basis allocable to inced property in schedule)	by column 5			reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%			
(2)				%			
(3)				%			
(4)				%			
<u></u> -						nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals						0.	
Total dividends-received deductions in	ncluded in column	1.8		- 1		<u> </u>	0

Form 990-T (M)	Other Deductions	Statement 2		
Description	Amount			
Direct Expenses		175,116.		
Total to Schedule M, Part II,	line 28	175,116.		

Unrelated Business Taxable Income for Unrelated Trade or Business

40111000

2018

OMB No 1545-0687

Entity

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning SEP 1, 2018 , an

and ending AUG 31, 2019

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
 ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Name	of the organization Baptist Healthcare System, Inc.	Employer identification number 61 - 0444707				
	Unrelated business activity code (see instructions) ► 541900	1				
	Describe the unrelated trade or business Medical Call	Center				
=	rt I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net		
	Gross receipts or sales 76,322.		_			
	Less returns and allowances c Balance	1c	76,322.			
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3	76,322.		76,322.	
4 a	Capital gain net income (attach Schedule D)	4a			 	
	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach			· · · ·		
	statement)	5				
6	Rent income (Schedule C)	6	· · · · · · · · · · · · · · · · · · ·		-	
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled	\vdash				
_	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11		-		
12	Other income (See instructions, attach schedule)	12				
13	Total. Combine lines 3 through 12	13	76,322.		76,322.	
Pa	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the taken because in the second secon	ions founcelar	or limitations on deduted business income		·	
14	Compensation of officers, directors, and trustees (Schedule K)			14		
15	Salaries and wages			15		
16	Repairs and maintenance			16		
17	Bad debts			17		
18	Interest (attach schedule) (see instructions)			18		
19	Taxes and licenses			19		
20	Charitable contributions (See instructions for limitation rules)		1 1	20)	
21	Depreciation (attach Form 4562)		21		_	
22	Less depreciation claimed on Schedule A and elsewhere on return	1	22a	22		
23	Depletion			23		
24	Contributions to deferred compensation plans			24		
25	Employee benefit programs			25		
26	Excess exempt expenses (Schedule I)			26		
27	Excess readership costs (Schedule J)			1 27	7	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Other deductions (attach schedule)

Total deductions. Add lines 14 through 28

Schedule M (Form 990-T) 2018

28

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31

28

29

instructions)

See Statement 3

809.

0.

76,322.

P	2	n	۵	

orm 990-1 (2018) Baptist Healt	hcare Syste	m Inc			61-044470	raye 7
Schedule A - Cost of Good			ntory valuation N/A			
1 Inventory at beginning of year	1 1		6 Inventory at end of year	ır		6
2 Purchases	2	· · · · · · · · · · · · · · · · · · ·	7 Cost of goods sold. Su		line 6	
3 Cost of labor	3		from line 5. Enter here			
4a Additional section 263A costs			line 2		·	7
(attach schedule)	4a		8 Do the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule)	4b	d for resale) apply to				
5 Total. Add lines 1 through 4b	5		the organization?			Х
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Leas	ed With Real Pro	perty)
. Description of property						
(1)			·			
(2)						
(3)						
(4)						
		ved or accrued	 		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	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	age	columns 2(a) an	d 2(b) (attach schedule)
(1)						
(2)						_
(3)		<u> </u>				
(4)						
Total	0.	Total		0.	/4.) 7 -4-4 d d d d d d d d d d d d d d d d d d	
c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		nter 		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	• 0
Schedule E - Unrelated Del	bt-Finance	i Income (see	instructions)			
			2. Gross income from		Deductions directly conf to debt-finance	
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)						
(2)			-			
(3)		•				
(4)						
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	e adjusted basis allocable to anced property h schedule)	6. Column 4 divided 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 (B)
Totals			▶.		0	
Total dividends-received deductions in	cluded in colum	n 8				0.

Form 990-T (M)	Other Deductions	Statement	3
Description		Amount	
Direct Expenses			809.
Total to Schedule M, Part I	I, line 28,		809.

Unrelated Business Taxable Income for Unrelated Trade or Business

, and ending AUG 31, 2019

OMB No 1545-0687

Entity

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning SEP 1, 2018 ▶ Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Name	of the organization Baptist Healthcare System, Inc.		Employer identification number 61-0444707						
—									
	infletated business activity code (see instructions)	Serv	ices						
Pai	and the difference of the diff		(A) Income	(B) Expense	s	(C) Net			
rai	······································		()						
1 a	Gross receipts or sales 21,990.								
þ	Less returns and allowancesc Balance ▶	1c	21,990.						
2	Cost of goods sold (Schedule A, line 7)	2							
3	Gross profit. Subtract line 2 from line 1c	3	21,990.			21,990.			
4 a	Capital gain net income (attach Schedule D)	4a							
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b							
С	Capital loss deduction for trusts	4c							
5	Income (loss) from a partnership or an S corporation (attach								
	statement)	5							
6	Rent income (Schedule C)	6							
7	Unrelated debt-financed income (Schedule E)	7							
8	Interest, annuities, royalties, and rents from a controlled								
	organization (Schedule F)	8							
9	Investment income of a section 501(c)(7), (9), or (17)								
	organization (Schedule G)	9							
10	Exploited exempt activity income (Schedule I)	10			.				
11	Advertising income (Schedule J)	11				·			
12	Other income (See instructions, attach schedule)	12							
13	Total. Combine lines 3 through 12	13	21,990.			21,990.			
Pai	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the instructions and the second sec	ions f unrela	or limitations on decated business incom	ductions.) (Exe ne.)		or contributions,			
14	Compensation of officers, directors, and trustees (Schedule K)				14				
15	Salaries and wages				15				
16	Repairs and maintenance				16				
17	Bad debts				17				
18	Interest (attach schedule) (see instructions)				18				
19	Taxes and licenses				19				
20	Charitable contributions (See instructions for limitation rules)		امرا		20				
21	Depreciation (attach Form 4562)		21	-	22b				
22	Less depreciation claimed on Schedule A and elsewhere on return		22a		+ +				
23	Depletion				23				
24	Contributions to deferred compensation plans				24				
25	Employee benefit programs				25	· · · · · · · · · · · · · · · · · · ·			
26	Excess exempt expenses (Schedule I)				26				
27	Excess readership costs (Schedule J)		See Statement	- А	28	21,905.			
28	Other deductions (attach schedule)		nee nearement	· 18	29	21,990.			

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

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

Total deductions. Add lines 14 through 28

Schedule M (Form 990-T) 2018

29

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30

31

instructions)

Form 990-1 (2018) Baptist Healt	hcare Syste	m Inc			61-04447	0.7		Page
Schedule A - Cost of Good	s Sold. Enter	r method of inve	ntory valuation N/A					
1 Inventory at beginning of year	1	11104104 01 1110	6 Inventory at end of year	ar		T 6	_	
2 Purchases	2		7 Cost of goods sold. S		line 6	F 1		
3 Cost of labor	3		from line 5. Enter here		- 1			
4a Additional section 263A costs	-		line 2					
(attach schedule)	48		8 Do the rules of section	with respect to	_ 7 _	Ye	s No	
b Other costs (attach schedule)	4b		property produced or	•	•			7
5 Total. Add lines 1 through 4b	5		the organization?	aoqoo.	a 101 100a10) apply to			
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Leas	ed With Real Pro	operty)	
1. Description of property	_						١	_
(1)								
_(2)								
(3)						_		

		ved or accrued		_	3(a) Deductions direct	ly connect	ed with the incom	ie in
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	age	columns 2(a)	and 2(b) (at	tach schedule)	V
(1)								
(2)								_
(3)								
(4)								
Total	0.	Total		0.	}			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum		nter -		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated De	bt-Financed	Income (see	instructions)					
	•				Deductions directly co to debt-finar			
1 8			Gross income from or allocable to debt-	(a)	Straight line depreciation		(b) Other deduction	ons
1. Description of debt-f	inanced property		financed property	` ′	(attach schedule)	- 1	(attach schedule	9)
			<u> </u>					
(1)			<u> </u>		 			
(2)								
(3)				<u> </u>				
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)			6. Column 4 divided by column 5		7. Gross income reportable (column 2 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)		ter here and on pa art I, line 7, colum	
Totals			•			٥.		0.

0.

Total dividends-received deductions included in column 8

Form 990-T (M)	Other Deductions	Statement	4
Description		Amount	
Direct Expenses		21,90)5.
Total to Schedule M, Part II	, line 28	21,90	J5.

Unrelated Business Taxable Income for Unrelated Trade or Business

____ and ending AUG 31, 2019

OMB No 1545-0687

Entity

Department of the Treasury Internal Revenue Service (99)

▶ Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

For calendar year 2018 or other tax year beginning SEP 1, 2018

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

Name	of the organization Baptist Healthcare System, Inc.	1 ' '	Employer identification number 61-0444707			
				01 0441,07		
	intelliging passings activity code (see inclined activity)	in				
	escribe the unrelated trade or business MAM Partnersh: T Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net	
	<u> </u>	,				
1 a	Gross receipts or sales				ļ	
b	Less returns and allowances c Balance ▶	1c			<u> </u>	
2	Cost of goods sold (Schedule A, line 7)	2			ļ!	
3	Gross profit Subtract line 2 from line 1c	3		···	<u>. </u>	
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5	7,138.		7,138.	
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12				
13	Total. Combine lines 3 through 12	13	7,138.		7,138.	
Pai	Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the undertaken between the connected with the undertaken between the connected with the undertaken between the connected with the	ions f unrela	or limitations on dec ited business incom	ne.)	for contributions,	
14	Compensation of officers, directors, and trustees (Schedule K)			14		
15	Salaries and wages			15		
16	Repairs and maintenance			16		
17	Bad debts		•	17		
18	Interest (attach schedule) (see instructions)			18		
19	Taxes and licenses			19_		
20	Charitable contributions (See instructions for limitation rules)		1 1	20		
21	Depreciation (attach Form 4562)		21			
22	Less depreciation claimed on Schedule A and elsewhere on return	l	22a	22b		
23	Depletion			23		
24	Contributions to deferred compensation plans			24		
25	Employee benefit programs			25		
26	Excess exempt expenses (Schedule I)			26		
27	Excess readership costs (Schedule J)			27		
28	Other deductions (attach schedule)			28		
29	Total deductions. Add lines 14 through 28			29	0.	
30	Unrelated business taxable income before net operating loss dedu			13 <u>30</u>	7,138.	
31	Deduction for net operating loss arising in tax years beginning on o	or after	January 1, 2018 (see			
	instructions)			31		
32_	Unrelated business taxable income Subtract line 31 from line 30	_		32	7,138.	
LHA	For Paperwork Reduction Act Notice, see instructions.			Schedu	le M (Form 990-T) 2018	

823741 01-28-19

Unrelated Business Taxable Income for Unrelated Trade or Business

, and ending AUG 31, 2019

OMB No 1545-0687

Entity

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

Department of the Treasury

For calendar year 2018 or other tax year beginning SEP 1, 2018

► Go to www.irs.gov/Form990T for instructions and the latest information.

Internal Revenue Service (99) ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Employer identification number Name of the organization 61-0444707 Baptist Healthcare System, Inc 900099 Unrelated business activity code (see instructions)

▶ Partnership Interests Describe the unrelated trade or business Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales **b** Less returns and allowances c Balance 1c 2 Cost of goods sold (Schedule A, line 7) 2 Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a 4b b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 66,861 66,861 5 statement) 6 Rent income (Schedule C) 7 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 11 12 Other income (See instructions, attach schedule) 12 66,861. Total. Combine lines 3 through 12

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	•
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	66,861.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	66,861.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Department of the Tressury

Depreciation and Amortization

(including information on Listed Property)

► Attach to your tax return.

ov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Attachment Sequence No. 179

	(s) shown on return		Busine	ess or activity to	which this form re	elates	Iden	rtifying number
	ist Healthcare System	Inc	1	990-T Referen				61-0444707
Pa	Election To	Expense Ce	rtain Property Un				<u> </u>	
			ed property, comp			omplete Part I.		
1	Maximum amount (s	see instruction	ıs)				1	
2	Total cost of section	n 179 property	placed in service (se	e instruction:	s)		2	
3	Threshold cost of se	ection 179 pro	perty before reduction	n in limitation	(see instruct	ions)	3	
4	Reduction in limitati	ion. Subtract li	ne 3 from line 2. If ze	ro or less, en	ter -0		4	
5	Dollar limitation for	er -0 If married filling						
	separately, see instr	ructions			<u> </u>		5	
6	(a) De	(c) Elected cost						
				<u> </u>				
								1
7			from line 29					
8	Total elected cost of	-					8	
9			aller of line 5 or line				9	
10			from line 13 of your				10	
11						line 5. See instructions .	11	
12	•					e 11	12	
13	Carryover of disallov					13		<u> </u>
	: Don't use Part II or					de listed property. See	Inetr	uctions)
_						erty) placed in service	11130	dolloris.j
14	during the tax year.					arty) placed in service	14	
16	Property subject to a						15	
	Other depreciation (i						16	
	MACRS Dep							
	the matter bep			Section A				
17	MACRS deductions	for assets plac	ced in service in tax v		ng before 201	8	17	94,570
				ears beginni		8	17	94,570
		o group any a	ssets placed in serv	ears beginning the	tax year int	o one or more general	17	94,570
	If you are electing to asset accounts, che	o group any a ck here	ssets placed in serv	ears beginning the	tax year int	o one or more general	-	
18	If you are electing to asset accounts, che Section B-	o group any a ck here	ssets placed in serv	ears beginning the	tax year int	o one or more general ▶ □ e General Depreciation	Syst	
18	If you are electing to asset accounts, cher Section B- Classification of property	o group any a ck here - Assets Plac (b) Month and year placed in	seed in Service During (c) Basis for depreciation (business/investment use	years beginning the during the control of the contr	e tax year int	o one or more general ▶ □ e General Depreciation	Syst	em
(a) (If you are electing to asset accounts, chere section B-Classification of property 3-year property	o group any a ck here - Assets Plac (b) Month and year placed in	seed in Service During (c) Basis for depreciation (business/investment use	years beginning the during the control of the contr	e tax year int	o one or more general ▶ □ e General Depreciation	Syst	em
(a) (iii)	If you are electing to asset accounts, che- Section B- Classification of property 3-year property 5-year property	o group any a ck here - Assets Plac (b) Month and year placed in	seed in Service During (c) Basis for depreciation (business/investment use	years beginning the during the control of the contr	e tax year int	o one or more general ▶ □ e General Depreciation	Syst	em
(e) (iii) (i	If you are electing to asset accounts, chere section B-Classification of property 3-year property 5-year property	o group any a ck here - Assets Plac (b) Month and year placed in	seed in Service During (c) Basis for depreciation (business/investment use	years beginning the during the control of the contr	e tax year int	o one or more general ▶ □ e General Depreciation	Syst	em
(a) (iii) (i	If you are electing to asset accounts, chere section B-Classification of property 3-year property 5-year property 7-year property	o group any a ck here - Assets Plac (b) Month and year placed in	seed in Service During (c) Basis for depreciation (business/investment use	years beginning the during the control of the contr	e tax year int	o one or more general ▶ □ e General Depreciation	Syst	em
(e) (19a b c d	If you are electing to asset accounts, chere section B-Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	o group any a ck here - Assets Plac (b) Month and year placed in	seed in Service During (c) Basis for depreciation (business/investment use	years beginnli ice during the g 2018 Tax Y	e tax year int	o one or more general	Syst	em
(a) (c) 19a b c c d e f	If you are electing to asset accounts, chere section B-Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	o group any a ck here - Assets Plac (b) Month and year placed in	seed in Service During (c) Basis for depreciation (business/investment use	years beginnlice during the	e tax year int	o one or more general	Syst	em
(a) (c) 19a b c c d e f	If you are electing to asset accounts, chere section B-Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	o group any a ck here - Assets Plac (b) Month and year placed in	seed in Service During (c) Basis for depreciation (business/investment use	years beginnlice during the	e tax year int	o one or more general	Syst	em
(e) (c) 19a b c c d e f h	If you are electing to asset accounts, chere section B-Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property	o group any a ck here - Assets Plac (b) Month and year placed in	seed in Service During (c) Basis for depreciation (business/investment use	years beginnli ice during the 	e tax year int	o one or more general o one or more general e General Depreciation (f) Method S/L S/L S/L S/L	Syst	em
(e) (c) 19a b c c d e f h	If you are electing to asset accounts, chere section B-Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real	o group any a ck here - Assets Plac (b) Month and year placed in	seed in Service During (c) Basis for depreciation (business/investment use	years beginnlice during the	e tax year int	o one or more general o one or more general e General Depreciation (f) Method S/L S/L S/L S/L S/L	Syst	em
(e) (c) 19a b c c d e f h	If you are electing to asset accounts, chere asset accounts as a section B-classification of property 3-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property	ck here - Assets Plac (b) Month and year placed in service	ed in Service During (c) Basis for depreciation (business/investment use only—see Instructions)	years beginnli ice during the 	e tax year int ear Using th (e) Convento MM MM MM MM	o one or more general o one or more general e General Depreciation (f) Method S/L S/L S/L S/L S/L S/L S/L	Syst (g) D	em Depreciation deduction
(e) C 19a b c d e f f	If you are electing to asset accounts, chere section B-Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—	ck here - Assets Plac (b) Month and year placed in service	ed in Service During (c) Basis for depreciation (business/investment use only—see Instructions)	years beginnli ice during the 	e tax year int ear Using th (e) Convento MM MM MM MM	o one or more general o one or more general e General Depreciation fi) Method S/L S/L S/L S/L S/L S/L S/L S/	Syst (g) D	em Depreciation deduction
(e) (c) (d) (e) (d) (e) (f) (g) (h) (i) (20a)	If you are electing to asset accounts, chere asset accounts as a section C — Section C — Class life	ck here - Assets Plac (b) Month and year placed in service	ed in Service During (c) Basis for depreciation (business/investment use only—see Instructions)	years beginnlice during the	e tax year int ear Using th (e) Convento MM MM MM MM	o one or more general o one or more general e General Depreciation fi) Method S/L S/L S/L S/L S/L S/L S/L S/	Syst (g) D	em Depreciation deduction
(e) (c) 19a b c c d d e f f j	If you are electing to asset accounts, chere asset accounts as a section Beta asset accounts as a section C	ck here - Assets Plac (b) Month and year placed in service	ed in Service During (c) Basis for depreciation (business/investment use only—see Instructions)	/ears beginnlice during the	e tax year int ear Using th (e) Convento MM MM MM MM MM MM AMM MM MM	o one or more general o one or more general e General Depreciation fi) Method S/L S/L S/L S/L S/L S/L S/L S/	Syst (g) D	em Depreciation deduction
(e) (c) (d) (e) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	If you are electing to asset accounts, chere asset accounts as a section Book	ck here - Assets Plac (b) Month and year placed in service	ed in Service During (c) Basis for depreciation (business/investment use only—see Instructions)	years beginnlice during the	e tax year int ear Using th (e) Convento MM MM MM MM MM MM MM MM MM	o one or more general o one or more general e General Depreciation fi) Method S/L S/L S/L S/L S/L S/L S/L S/	Syst (g) D	em Depreciation deduction
(a) (b) (c) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	If you are electing to asset accounts, chere asset accounts as a section B-classification of property 3-year property 15-year property 25-year property Residential rental property Nonresidential real property Section C — Class life 12-year 30-year 40-year	ck here	ed in Service During (c) Basis for depreciation (business/investment use only—see Instructions)	/ears beginnlice during the	e tax year int ear Using th (e) Convento MM MM MM MM MM MM AMM MM MM	o one or more general o one or more general e General Depreciation fi) Method S/L S/L S/L S/L S/L S/L S/L S/	Syst (g) D	em Depreciation deduction
(e) (d) (e) (d) (e) (f) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	If you are electing to asset accounts, chere asset accounts as a section B-classification of property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—Class life 12-year 30-year 40-year 1 Summary (S	ck here -Assets Place (b) Month and year placed in service -Assets Place Assets Place	ed in Service During (c) Basis for depreciation (business/investment use only—see Instructions) d in Service During	years beginnlice during the	e tax year int ear Using th (e) Convento MM MM MM MM MM MM MM MM MM	o one or more general o one or more general e General Depreciation fi) Method S/L S/L S/L S/L S/L S/L S/L S/	Syst (g) D	em Depreciation deduction
19a b c d d e f f g h i i 20a b c d d Part 21	If you are electing to asset accounts, chere asset accounts, and a section Book asset accounts as a section Book ac	ck here —Assets Place (b) Month and year placed in service Assets Place See instruction or amount from	d in Service During	/ears beginnlice during the	e tax year int ear Using th (e) Conventio MM MM MM MM MM MM MM MM MM	o one or more general o one or more general e General Depreciation f) Method S/L S/L S/L S/L S/L S/L S/L S/	Syst (g) D	em Depreciation deduction
19a b c d d e f f g h i i 20a b c d d Part 21	If you are electing to asset accounts, chere asset accounts, and a section Book asset accounts as a section Book ac	ck here —Assets Place (b) Month and year placed in service Assets Place See instruction or amount from service in the place i	d in Service During ns.) n line 28	years beginnlice during the couring the co	e tax year int	o one or more general Graph General Depreciation (f) Method S/L S/L S/L S/L S/L S/L S/L S/	Syst (g) D	em Pepreclation deduction
19a b c d d e f g h i i 20a b c c d d Part 21 22	If you are electing to asset accounts, chere asset accounts as a section Book asset accounts as a section Book accounts asset accounts as a section Book account as a section Book accounts as a sec	ck here —Assets Place (b) Month and year placed in service Assets Place Assets Place Gee instruction or amount from service instructions from line 12, ropriate lines of the service instruction or amount from service instructions from line 12, ropriate lines of the service instruction in the service instruction in the service instruction in the service in	d in Service During ns.) n line 28 lines 14 through 17, of your return. Partne	years beginnlice during the couring the co	e tax year int	o one or more general Graph General Depreciation (f) Method S/L S/L S/L S/L S/L S/L S/L S/	Syst (g) D	em Depreciation deduction

Form **4562** (2018)

Form	4562 (2018)															ruge =
	rt V Liste	d Proper ainment,					ertain	other	vehicle	es, ce	rtain	aircraf	t, and	prop	erty us	sed fo
	Note: 24b, c	For any ve	hicle for through (which you c) of Secti	are us	ing the	standa	rd mile	age rate	or de	ducting icable.	j lease	expens	e, con	nplete o	nly 24a
	•	-Deprec										for pa	ssenge	r auton	nobiles.	
24	a Do you have e	vidence to si	upport the	business/inv	estment	use clair		Yes	No	24b lf	"Yes,"	is the ev	vidence v	written?	Yes	□ No
	(a) e of property (list vehicles first)	(b) Date placed in service	(c) Business/ Investment u percentage	ise Cost or	(d) other bas		(e) for depri ness/inve use only	stment	(f) Recovery period	/ Me	(g) sthod/ vention		(h) preclation leduction	1 E	(i) lected sec cos	tton 179
25	Special dep	reciation a and used	llowance more tha	for qualifi n 50% in a	ed liste a qualifi	d prop ed busi	erty pla ness us	ced in se. See	service instruct	during	25					
26	Property use	ed more tha	an 50% ir	a qualifie	d busin	ess use	9:									
				%						Щ.		ļ				
				%								 				
				%		l				1,		<u>. </u>				
_27	Property use	d 50% or l			usiness	use:				S/L -		1		·		
				%					_	5/L -		 				
	· · · · · · · · · · · · · · · · · · ·			% %		+-				5/L -		╁		\dashv		
28	Add amount	s in colum			sh 27 F	nter he	re and	on line	21 page		28	 				
29														29		
				Sec	ction B	—Infor	mation	on Us	e of Vet	icles						-
Com	plete this secti	on for vehic	les used l	by a sole p	roprieto:	r, partne	er, or otl	her "mo	re than 5	% own	er," or i	related	person.	if you p	rovided	vehicles
to yo	ur employees,	first answe	r the ques	tions in Se	ction C	to see If	you me	et an e	ception	to com	pleting	this sec	tion for	those v	enicles.	
30	Total business the year (don'			•		a) icle 1		b) icie 2	(c Vehic			d) icle 4		e) icle 5		(f) icle 6
31	Total commut	ing miles dri	iven during	the year												
32	Total other miles driven		(nonco													
33	Total miles															
34	Was the vehi	icle availab	le for per	sonal	Yes	No	Yes	No	Yes	NO O	Yes	No	Yes	No	Yes	No
35	use during of Was the vehi													-		
	than 5% owr	ner or relate	ed persor	17]				<u> </u>		<u> </u>	
36	Is another veh				<u> </u>				1						1	<u> </u>
	ver these que than 5% ow	stions to d	etermine		t an ex	ception	to com	vide Vonpleting	e hicles to Section	for Use B for v	e by Th vehicle	eir Em s used	ployee by emp	s oloyees	who ar	en't
37	Do you main	tain a writt	ten policy	statemer	nt that r	orohibit	s all pe	rsonal	use of v	ehicles	, inclu	ding co	mmutir	ig, by	Yes	No
	your employe															
	Do you main employees?	See the in	structions	s for vehic	les use	d by co	rporate							your		
	Do you treat															
	Do you provuse of the ve	hicles, and	I retain th	e informat	ion rece	eived?								ut the		
41	Do you meet															
	Note: If you		37, 38, 3	39, 40, or 4	11 is "Y	es," do	n't com	plete S	ection E	for the	cover	ed veh	icles.		<u> </u>	
Pai	t VI Amor	tization										(0)				
	e) Descriptio			(b) Date amortiz begins	ation	Amo	(c) rtizable a	mount	Co	(d) de sectio	on	(e) Amortiza pariod percent	ation I or	Amortiza	(f) ation for th	nis year
42	Amortization	of costs th	nat begins	during yo	our 2018	3 tax ye	ar (see	instruc	tions):							
					\Box								1 15			
	Amortization								• • •				43			
AA	Total Add s	mounte in	column (n Sootha	inetruc	tione fo	r where	to rec	ort				44			

Form 3800

General Business Credit

OMB No. 1545-0895

2018

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return ➤ Go to www.irs.gov/Form3800 for instructions and the latest information.

➤ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

Attachment Sequence No. 22

Identifying number

Bapti	st Healthcare System, Inc.		61-0444707
Par	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (1	MT)	
	(See instructions and complete Part(s) III before Parts I and II.)		
1	General business credit from line 2 of all Parts III with box A checked	1	150,000
2	Passive activity credits from line 2 of all Parts III with box B checked 2		
3	Enter the applicable passive activity credits allowed for 2018. See instructions	3	
4	Carryforward of general business credit to 2018. Enter the amount from line 2 of Part III with]
	box C checked. See instructions for statement to attach	4	947,870
5	Carryback of general business credit from 2019. Enter the amount from line 2 of Part III with		
	box D checked. See instructions	5	
6	Add lines 1, 3, 4, and 5	6	1,097,870
Part			
7	Regular tax before credits:		
	• Individuals. Enter the sum of the amounts from Form 1040, line 11a, and Schedule 2		
	(Form 1040), line 46, or the sum of the amounts from Form 1040NR, lines 42 and 44	1 [
	Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the		
	applicable line of your return	7	300,040
	Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G,		
	lines 1a and 1b; or the amount from the applicable line of your return	1 1	
8	Alternative minimum tax:	1 1	
	Individuals. Enter the amount from Form 6251, line 11		
	• Corporations. Enter -0	8	
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56	-	
_		9	
9	Add lines 7 and 8	9	300,040
40-	Secretary Associated		
10a	Foreign tax credit	- I	
b	Certain allowable credits (see instructions)	10c	
C	Add lines to a and tob	100	
11	Net Income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	300.040
• • •	Net income tax. Subtract line 100 noin line 5. Il 2610, skip lines 12 through 15 and enter -0- on line 10	 ••	300,040
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0- 12 300,040	1 1	ļ
	142 19guidi tax, outstast line 100 hom line 1. ii 2010 of 1000, cittor of	1	
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See		
13	instructions		
14	Tentative minimum tax:	1	
• •	Individuals. Enter the amount from Form 6251, line 9)		
	• Corporations. Enter -0	1	
	Estates and trusts. Enter the amount from Schedule I	1	
	(Form 1041), line 54		
15	Enter the greater of line 13 or line 14	15	68,760
16	Subtract line 15 from line 11. If zero or less, enter -0	16	231,280
17	Enter the smaller of line 6 or line 16	17	231,280
٠	C corporations: See the line 17 instructions if there has been an ownership change, acquisition,		
	or reorganization.]	

Par			
Note	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and 6	enter ·	-0- on line 26.
18	Multiply line 14 by 75% (0.75). See instructions	18	0
19	Enter the greater of line 13 or line 18	19	68,760
20	Subtract line 19 from line 11. If zero or less, enter -0	20	231,280
21	Subtract line 17 from line 20. If zero or less, enter -0	21	C
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked 23		:
24	Enter the applicable passive activity credit allowed for 2018. See instructions	24	
25	Add lines 22 and 24	25	_0
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0
27	Subtract line 13 from line 11. If zero or less, enter -0	27	231,280
28	Add lines 17 and 26	28	231,280
29	Subtract line 28 from line 27. If zero or less, enter -0	29	0
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	0
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32 0		
33	Enter the applicable passive activity credits allowed for 2018. See instructions	33	
34	Carryforward of business credit to 2018. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	
35	Carryback of business credit from 2019. Enter the amount from line 5 of Part III with box D checked. See instructions	35	
36	Add lines 30, 33, 34, and 35	36	о
37	Enter the smaller of line 29 or line 36	37	
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. Individuals. Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51 Corporations. Form 1120, Schedule J, Part I, line 5c Estates and trusts. Form 1041, Schedule G, line 2b	38	231,280

For	n 38	00 (2018)					Page \$
Nan	re(s)	shown on return			Identify	ing number	
Bap	tist	Healthcare System, Inc.				61-0444707	
		General Business Credits or Eligible Small Business Credits (se	e ins	tructions)			
	•	ete a separate Part III for each box checked below. See instructions.					
Α	_	General Business Credit From a Non-Passive Activity E Reserved					
_	_	General Business Credit From a Passive Activity F Reserved					
	_	General Business Credit Carryforwards G Eligible Small	Busir	ness Credit	Carryfo	rwards	
		General Business Credit Carrybacks H 🔲 Reserved					
1	lf y	ou are filing more than one Part III with box A or B checked, complete and attach fir	st an	additional Pa	art III co	mbining amounts	
	all I	Parts III with box A or B checked. Check here if this is the consolidated Part III	•	,	<u>· · ·</u>		<u>▶ ⊔</u>
		(a) Description of credit		(b)	o crodat	(c)	
		n any line where the credit is from more than one source, a separate Part III is needed for	each	mom a pass-	unrouom	Enter the appropriamount	riate
pas	s-th	rough entity.	Y**-	entity, enter	the EÍN		
	a	Investment (Form 3468, Part II only) (attach Form 3468)	1a				├
	b	Reserved	1b				<u> </u>
	C	Increasing research activities (Form 6765)	1c				
	d	Low-income housing (Form 8586, Part I only)	1d				ļ
	e	Disabled access (Form 8826) (see instructions for limitation)	10	<u> </u>			
	f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f				ļ
	g	Indian employment (Form 8845)	1g				
	h	Orphan drug (Form 8820)	1h	<u>.</u>			
	i	New markets (Form 8874)	11				
	į	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<u>1j</u>				<u> </u>
	k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k			150,000	
	l	Biodlesel and renewable diesel fuels (attach Form 8864)	11				
	m	Low sulfur diesel fuel production (Form 8896)	1m				
	n	Distilled spirits (Form 8906)	1n				
	0	Nonconventional source fuel (carryforward only)	10				
	р	Energy efficient home (Form 8908)	1p				
	9	Energy efficient appliance (carryforward only)	1q				
	r	Alternative motor vehicle (Form 8910)	1r				
;	В	Alternative fuel vehicle refueling property (Form 8911)	18				
1	t	Enhanced oil recovery credit (Form 8830)	1t				
ı	Li Li	Mine rescue team training (Form 8923)	1u				
,	V	Agricultural chemicals security (carryforward only)	10				
1	W	Employer differential wage payments (Form 8932)	1w				
1	K	Carbon oxide sequestration (Form 8933)	1x				
3	1	Qualified plug-in electric drive motor vehicle (Form 8936)	1y				
;	E.	Qualified plug-in electric vehicle (carryforward only)	12			4.	
	aa	Employee retention (Form 5884-A)	taa				
1	bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb				
	ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain			1		
		other credits (see instructions)	1zz				
2		Add lines 1a through 1zz and enter here and on the applicable line of Part I	2			150,000	
3		Enter the amount from Form 8844 here and on the applicable line of Part II	3				
4	Э	Investment (Form 3468, Part III) (attach Form 3468)	4a				
ı)	Work opportunity (Form 5884)	4b				
(3	Biofuel producer (Form 6478)	4c				
(t	Low-income housing (Form 8586, Part II)	4d				
	9	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e				
1	F	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f				
(3	Qualified railroad track maintenance (Form 8900)	4g				
	1	Small employer health insurance premiums (Form 8941)	4h				
ĺ		Increasing research activities (Form 6765)	4i		1	1	

Employer credit for paid family and medical leave (Form 8994)

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

Add lines 4a through 4z and enter here and on the applicable line of Part II

j

5

6

4j

4z 5

6

•						
Form 38	00 (2018)					Page (
Name(s) shown on return				Identify	ng number	
Baptist Healthcare System, Inc.				ļ	61-0444707	
Part	General Business Credits or Eligible Small Business Credits (se	e insi	ructions)			
	lete a separate Part III for each box checked below. See instructions.					
A 🗆	General Business Credit From a Non-Passive Activity E Reserved					
В	General Business Credit From a Passive Activity F Reserved					
-	General Business Credit Carryforwards G Eligible Small	Busir	ess Credit	Carryfo	rwards	
	General Business Credit Carrybacks H Reserved					
	ou are filing more than one Part III with box A or B checked, complete and attach fin					
all	Parts III with box A or B checked. Check here if this is the consolidated Part III	•				<u>▶ </u>
	(a) Description of credit		(b)	ne credit	(c) Enter the approp	riota
	on any line where the credit is from more than one source, a separate Part III is needed for e rough entity.	ach	from a pass- entity, enter	mrougnį	amount	, iate
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a				<u> </u>
b	Reserved	1b				ļ
C	Increasing research activities (Form 6765)	1c				ļ
d	Low-income housing (Form 8586, Part I only)	1d				—
8	Disabled access (Form 8826) (see Instructions for limitation)	1e				
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f				ļ
g	Indian employment (Form 8845)	1g				₩
h	Orphan drug (Form 8820)	1h				├ ──
Ī	New markets (Form 8874)	11				├
J	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j				├
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k			947,870	
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11				
m	Low sulfur diesel fuel production (Form 8896)	1m				
n	Distilled spirits (Form 8906)	1n				
0	Nonconventional source fuel (carryforward only)	10				
P	Energy efficient home (Form 8908)	1p				<u> </u>
q	Energy efficient appliance (carryforward only)	19				
r	Alternative motor vehicle (Form 8910)	1r				
8	Alternative fuel vehicle refueling property (Form 8911)	18			,	_
t	Enhanced oil recovery credit (Form 8830)	1t				
u	Mine rescue team training (Form 8923)	1u				
V	Agricultural chemicals security (carryforward only)	10		 -		<u> </u>
W	Employer differential wage payments (Form 8932)	1w				├—
x	Carbon oxide sequestration (Form 8933)	1x				<u> </u>
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y				
Z	Qualified plug-in electric vehicle (carryforward only)	1z 1aa		+		
88	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb				
bb		טטו		+		
ZZ	Other, Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz				
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2			947,870	
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3			547,670	
3 4a	Investment (Form 3468, Part III) (attach Form 3468)	4a				$\overline{}$
b	Work opportunity (Form 5884)	4b			-	
C	Biofuel producer (Form 6478)	4c	·		+	
d	Low-income housing (Form 8586, Part II)	4d				
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e				_
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	41				

4g

4h

41

4j

4z

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Qualified railroad track maintenance (Form 8900) . . .

h

i

j

z 5

6

Small employer health insurance premiums (Form 8941) . . .

Increasing research activities (Form 6765)

Employer credit for paid family and medical leave (Form 8994) . . .

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

Add lines 4a through 4z and enter here and on the applicable line of Part II

D	20	_	3

_		
Form	3800	(2018)

	(s) shown on return		T	Identify	ng number	
Baptist Healthcare System, Inc				61-0444707		
Par	t III General Business Credits or Eligible Small Business Credits (se	e inst	ructions)		01-0444707	
	plete a separate Part III for each box checked below. See instructions.					
A [<u> </u>					
B [General Business Credit From a Passive Activity F Reserved					
_	☐ General Business Credit Carryforwards ☐ ☐ Eligible Small	Busin	ess Credit C	arrvfoi	wards	
	General Business Credit Carrybacks H 🔲 Reserved			•		
	f you are filing more than one Part III with box A or B checked, complete and attach fir	st an a	ndditional Par	t III cor	mbining amounts	from
ε	III Parts III with box A or B checked. Check here if this is the consolidated Part III					▶ 🗸
	(a) Description of credit		(b)		(c)	
	: On any line where the credit is from more than one source, a separate Part III is needed for a	each	If claiming the from a pass-ti entity, enter ti	rough ne EIN	Enter the appropriamount	riate
18	Investment (Form 3468, Part II only) (attach Form 3468)	1a				
Ŀ	Reserved	1b				
c	Increasing research activities (Form 6765)	1c				
d		1d				
e	Disabled access (Form 8826) (see instructions for limitation)	1e				<u></u>
f		1f				L
8		1g				<u> </u>
h	, , ,	1h				
i	New markets (Form 8874)	1i				<u> </u>
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j				<u> </u>
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k			1,097,870	
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11				
n	n Low sulfur diesel fuel production (Form 8896)	1m				
n	Distilled spirits (Form 8906)	1n				
0	, ,	10				
p		1p				
q		1q				
r	Alternative motor vehicle (Form 8910)	1r				ļ
8		16				ļ
t	Enhanced oil recovery credit (Form 8830)	1t				ļ
u		1u		-+		
V		10				
W		1w				
X	Carbon oxide sequestration (Form 8933)	1y		-		
y		1z				
Z		188		-+		<u> </u>
a	b General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb				
z						
	other credits (see instructions)	1zz				
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	. .	$\neg \dagger$	1,097,870	
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3				
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a				
b		4b				
C		4c				
d	· · · · · · · · · · · · · · · · · · ·	4d				
e		4e				
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f				<u> </u>
9		4g				
h		4h				
i	Increasing research activities (Form 6765)	41				<u> </u>
j	Employer credit for paid family and medical leave (Form 8994)	4j		-+		<u> </u>
Z		4z				<u> </u>
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5				
<u> </u>	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II .	6	 		1,097,870	
					Form 3800	(2018)