Form 990-T	į E	Exempt Organization Bus				ax Retu	41 j	ОМВ	No 1545-0687	
	1	(and proxy tax und						9	040	
	For calendar year 2018 or other tax year beginning OCT 1, 2018, and ending SEP 30, 2019								018	
Department of the Treasury Internal Revenue Service	•	► Go to www.irs.gov/Form990T for ir Do not enter SSN numbers on this form as it may						501(c)(3) (ublic Inspection for Organizations Only	
A Check box if address changed]	Name of organization (
B Exempt under section	Print	BAPTIST MEMORIAL HOSPITAL						62-01		
X 501(c ⅓ (3)	10	Number, street, and room or suite no. If a P.O. bo	x, see II	estructions.				E Unrelated business activity code (See instructions.)		
408(e) 220(e)	Туре	350 N. HUMPHREYS BLVD.								
408A 530(a) 529(a)	City or town, state or province, country, and ZIP or foreign postal code MEMPHIS, TN 38120 54120							00		
C Book value of all assets at end of year		F Group exemption number (See instructions.)	>							
501,145	,100.	G Check organization type ► x 501(c) cor	poratio	າ 🔲 5	01(c) trust	401	(a) trust		Other trust	
	•	tion's unrelated trades or businesses.	1		Describe	the only (or first)	unrelated	j		
trade or business here						, complete Parts I-			e,	
describe the first in the b	olank spa	ce at the end of the previous sentence, complete Pa	arts i an	d II, complete	e a Schedule	e M for each additi	onal trad	e or		
business, then complete						 .				
		oration a subsidiary in an affiliated group or a pare	nt-subs	idiary control	led group?	STMT 1	Y L	es L	No	
		tifying number of the parent corporation.	<u> </u>	HYI	<u> 38.</u>	13214	<u> </u>			
J The books are in care of		YNDI S. PITTMAN					(901)	226-0		
		de or Business Income	1	(A) In	come	(B) Expens	ses	2-5-5-444	(C) Net	
1a Gross receipts or sale							A Ves	1		
b Less returns and allo		c Balance ▶	10			TO THE PARTY OF THE PARTY OF THE	5-3-34 var. 6	100.120	CRAW COM	
2 Cost of goods sold (S		·	2			STANCES STANCES		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sales Sales	
3 Gross profit. Subtrac			3			部部がおり		-		
4 & Capital gain net incor	•	•	48							
	-	art II, line 17) (attach Form 4797)	4b					1		
c Capital loss deduction		thip or an S corporation (attach statement)	4c 5			HALLEN		 		
5 Income (loss) from a 6 Rent income (Schedu	•	ship of an 3 corporation (attach statement)	6		_/_	A CHARGE GR WALL	TT SEEDER	1		
7 Unrelated debt-finance		ne (Schedule F)	7		/ 			 		
		nd rents from a controlled organization (Schedule F)	8					 		
· ·	-	in 501(c)(7), (9), or (17) organization (Schedule G)		/		 		1		
10 Exploited exempt acti			10					1		
11 Advertising income (-	•	111							
12 Other income (See in		· ·	12			CALLEGATION	hat. 酱			
13 Total. Combine lines	s 3 throu	gh 12	13		0.			1		
Part II Deduction	ns No	t Taken Elsewhere (See instructions for	or limita	ations on de	ductions)					
(Except for	contribu	rtions, deductions must be directly connected internal	with t	he unrelate	d business	income.)				
14 Compensation of off	ficers, di			Bank ~U			14			
15 Salaries and wages		Medelle	79				15	<u>↓</u>		
16 Repairs and mainter	nance						16	<u> </u>		
17 Bad debts		AU	G 2 4	4 2020			17	Ļ		
18 Interest (attach sche	edule) (s	ee instructions)					18	<u> </u>		
19 Taxes and licenses		Kar	nsas (City, MO		-	19	↓		
		instructions for limitation rules)	-	- ••			20			
21 Depreciation (attach		2 4 a a a a a a a a a a a a a a a a a a	•		21		空 型			
·	aimed or	Schedule A and elsewhere on return			22a		22b	├		
23 Depletion	/						23	}		
24 Contributions to def		mpensation plans					_24	├ ──		
25 Employee benefit pro			٠				25	 		
26 Excess exempt expe		·					26	 		
27 Excess readership o						•	27	 		
28 Other deductions (at		•					28	 	0.	
, ,								0.		
/	1 display or reliant and and									
								0.		
		work Reduction Act Notice, see instructions.					1 02	Form	990-T (2018)	

Form 990-1	(2018) BAPTIST MEMORIAL HOSPITAL 62-012	3940	Page 2
Part I	Total Unrelated Business Taxable Income		
33 /	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 2	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	-37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
	enter the smaller of zero or line 36	38	0.
Part I	V Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		
	Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Part V			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	- i	
b	Other credits (see instructions)	4 1	
c	General business credit. Attach Form 3800	4	
	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Other (attach schedule)	47	
	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
	Payments: A 2017 overpayment credited to 2018	-	
	2018 estimated tax payments	-	
	Tax deposited with Form 8868 50c	-	
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	-	
	Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) 506 506	-	
	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439	-	
g	Form 4136 Other Total 50g]]	
51	Total payments. Add lines 50a through 50g	51	
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
	Enter the amount of line 54 you want. Credited to 2019 estimated tax	55	
Part V			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	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		1.
	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?		X
	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 penglies of perjury, I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowle correct, and complete. Declaration of prepare (other than taxpayer) is pased on all information of which preparer has any knowledge.	adge and belief, it is true	θ,
Sign		May the IRS discuss this	
Here	EXECUTIVE VICE-PRESIDENT/CFO	he preparer shown belo	
	Signature of officer Date / Title	nstructions)? X Y	es No
	Print/Type preparer's name Preparer's signature Date Check	If PTIN	
Paid	self- employed		
Prepa	rer FRANCIS J. BEDARD J. Mario J. Mario 18/10/2020	P00752421	
Use O	nlv Firm's name ▶ DELOITTE TAX LLP Firm's EIN ▶	86-1065	772
	1033 DEMONBREUN STREET, SUITE 400		
	Firm's address ► NASHVILLE, TN 37203 Phone no. ((615) 259-180	0

FORM 990-T	PARENT	CORPORATI	ON'S	NAME	AND	IDENTIFYING	NUMBER	STATEMENT	1
CORPORATION'S	NAME							IDENTIFYING	NO
BAPTIST MEMOR	IAL HEAD	TH CARE	CORPOR	RATIO	1			58-1521475	

FORM 990-T	NET	STATEMENT 2			
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
09/30/03	14,325.	0.	14,325.	14,325.	
09/30/04	111,106.	0.	111,106.	111,106.	
09/30/05	26,507.	0.	26,507.	26,507.	
09/30/06	25,159.	0.	25,159.	25,159.	
09/30/07	28,706.	0.	28,706.	28,706.	
09/30/08	22,250.	0.	22,250.	22,250.	
09/30/09	7,934.	0.	7,934.	7,934.	
09/30/10	5,639.	0.	5,639.	5,639.	
09/30/11	32,608.	0.	32,608.	32,608.	
09/30/12	26,412.	0.	26,412.	26,412.	
09/30/13	39,565.	0.	39,565.	39,565.	
09/30/14	48,215.	0.	48,215.	48,215.	
09/30/15	69,197.	0.	69,197.	69,197.	
NOL CARRYOV	ER AVAILABLE THIS	YEAR	457,623.	457,623.	

Baptist Memorial Hospital Form 990-T

EIN: 62-0123940 FYE: 09/30/2019

Section 512(a)(7) Retroactive Repeal – Net Operating Loss Restoration

Baptist Memorial Hospital 2017 Form 990-T utilized Net Operating Losses as a result of an increase in unrelated business taxable income by amounts paid or incurred for qualified transportation fringes due to Internal Revenue Code (IRC) Section 512(a)(7). IRC Section 512(a)(7) has since been retroactively repealed. As a result, the Net Operating Loss Carryover amounts on the tax year 2018 return for this entity have been restated.