,	Form	990-T	E	Exempt Orga					ax Return	۱	OMB No 1545-0687
			F	lendar year 2018 or other tax year	nd proxy tax und				30 2010		2010
			Forca						30, 2019	-	ZU 10
	Depart	ment of the Treasury I Revenue Service	▶	Do not enter SSN numbe		/ be ma	de public i	f your organiz			Open to Public Inspection for 501(c)(3) Organizations Only
	A L	Check box if address changed		Name of digamization (Check box it matte changed and see instructions.)							loyer identification number ployees' trust, see uctions)
	B Ex	empt under section	Print	BAPTIST MEMORIAL HOSPITAL-DESOTO, INC.							64-0682111
	X] 501(c)(3 🔿 🔿	10	Number, street, and roon	n or suite no. If a P.O. bo	x, see ir	nstructions	,			lated business activity code instructions)
		408(e) 220(e)	Type	7601 SOUTHCREST	PARKWAY					<u> </u>	,
] 408A530(a) 529(a) .		City or town, state or pro		r foreig	n postal co	de	-	5412	00
	C Boo	k value of all assets nd of year		F Group exemption num	ber (See instructions.)	>				•	
		294,824,	073.	G Check organization typ	pe ▶ X 501(c) cor	poration		501(c) trust	401(a)	trust	Other trust
			-	ation's unrelated trades or t	businesses. 🕨	1		Describe	the only (or first) un	related	1
	trac	le or business here 🕨	► ACCC	OUNTING SERVICES				If only one,	, complete Parts I-V.	If more	e than one,
				ace at the end of the previous	us sentence, complete Pa	arts I an	ıd II, compl	ete a Schedule	e M for each addition	al trade	e or
		iness, then complete I									
-				poration a subsidiary in an		nt-subs	idiary contr	olled group?	STMT 1	XΥ	es No
2021				tifying number of the parer	nt corporation.						
8	_	books are in care of	_	JOE MCWHERTER de or Business Inc	ome			l elepn Income	one number (
9	Tondard or Corn	Gross receipts or sale		1,500.	T	T	(^)	IIICOIIIC	(D) Expenses		(C) Net
ு		Less returns and allov			c Balance	1c		1,500.			
AUG		Cost of goods sold (S		A line 7)	C Dalance	2	ſ	 	7	10000000	
		Gross profit. Subtract				3		1,500.	SKSWA SA		
T.	4a	Capital gain net incom				4a		•	2.29 (10.45)	47.	
Z	,			Part II, line 17) (attach Forn	n 4797)	4b			4 34 FAREE		
é	ء کے	Capital loss deduction	for trus	sts		4c			5.74		
(5	Income (loss) from a	partners	ship or an S corporation (a	ttach statement)	5			3.118.35	//	
	69	Rent income (Schedu	le C)			6					ļ
		Unrelated debt-finance	ed incor	me (Schedule E)		7		~			
		•		and rents from a controlled	•	8					
				on 501(c)(7), (9), or (17) o	rganization (Schedule G)				/		ļ
		Exploited exempt activ	_	•		10			/		
		Advertising income (S		•		11	 				
		Other income (See ins Fotal. Combine lines		•	•	12	<u> </u>	1,500.		61 X	1,500.
\				ot Taken Elsewher	e (See instructions for		ations on/		1		1,500.
/	30,000 mg.			utions, deductions must					income)		•
, ,	14	Compensation of off	cers. di	rectors, and trustees (Sche	edule K)		/			14	
v.	15	Salaries and wages	·	•	•		•	-		15	
	16	Repairs and mainten	ance							16	
	17	Bad debts						,		17	
	18	Interest (attach sche	dule) (s	ee instructions)						18	
	19	Taxes and licenses								19	ļ
	20		•	e instructions for limitation	rules)				•	20	
	21	Depreciation (attach						21		3	,
	22		umed oi	n Schedule A and elsewher	e on return			22a		22b	
	23	Depletion			RECEI	VED)			23	
	24 25	Contributions to defe Employee benefit pro		mpensauun piaus			ر ر و			24	
•	26	Excess exempt exper		chedule IV	S AUG 27	2020)SO-S	1		25 26	_
	27	Excess readership co		<i>'</i>	S AUG 27		R.S.	\sim		27	
	28	Other deductions (at		/	1			(J _{x.}	~ 1	28	
	29	· ·	ductions. Add lines 14 through 28 OGDEN, UT								
	30			ncome before net operating	g loss deduction. Subtrac	t line 29	9 from line	13	•	30	0.
	31			loss arising in tax years be		ry 1, 20)18 (see ins	tructions)	c	3	1
	32			ncome. Subtract line 31 fro						32	0.
	82370	1 01-09-19 LHA FO	r Paper	rwork Reduction Act Notice	e. see instructions.					1	Form 990-T (2018)

	-orm 990-	(8102	BAPTIST MEMORIAL HOSPITAL-DESOTO, INC.		64-068	32111		Page	4
٦,	Part	[[1]	Fotal Unrelated Business Taxable Income	<u> </u>		1			
ľ	33	Total	of unrelated business taxable income computed from all unrelated trades or businesses (s	ee instructions)		33		0	-
•	34		unts paid for disallowed fringes	,		34			
	35		ction for net operating loss arising in tax years beginning before January 1, 2018 (see instr	uctions) S7	rmt -2	35		0	-
	36		of unrelated business taxable income before specific deduction. Subtract line 35 from the	-					
	•		33 and 34	, /		الم			
	37		fic deduction (Generally \$1,000, but see line 37 instructions for exceptions)	メヤト	9	37		1,000	-
			· · · · · · · · · · · · · · · · · · ·		£	기-*/-		1,000	-
	38		lated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line the smaller of zero or line 36	: 30,	11			^	
ſ	Pärt∛l		Tax Computation	<u>. </u>	- il	38		0	<u>.</u>
\ l	- 1	7			- , , , , , , , , , , , , , , , , , , ,				-
<i>J</i>	39 ^	-	nizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		↓ ▶	39		0	<u>.</u>
•	40		s Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 38 from:		<u> </u>			
			Tax rate schedule or Schedule D (Form 1041)	<i>(</i>)	•	40			_
	41	-	tax. See instructions	1	•	- 41			_
	42	Alterr	native minimum tax (trusts only)	•		42		_	_
	43		n Noncompliant Facility Income. See instructions		-	43			_
	44		. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44		0	
1 l	Part()	y : 1	Tax and Payments			<u> </u>			
\cap	45 a	Forei	gn tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a					
\mathcal{J}	b	Other	credits (see instructions)	45b					
	c	Gene	ral business credit. Attach Form 3800	45c		4			
	d	Credi	t for prior year minimum tax (attach Form 8801 or 8827)	45d					
	е		credits. Add lines 45a through 45d	•		45e			
	46	Subtr	ract line 45e from line 44			46		0	
	47	Other	taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8	866 Other	(attach schedule)	47			-
	48		tax. Add lines 46 and 47 (see instructions)		U	48		0	-
	49		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		7	49		0	_
	50 a		nents: A 2017 overpayment credited to 2018	50a	9	10 m	-	· · ·	-
	50 a	-	estimated tax payments	50b					
	-		eposited with Form 8868			- };::			
			·	50c		-			
			gn organizations; Tax paid or withheld at source (see instructions)	50d					
			up withholding (see instructions)	50e		-[::::]			
			t for small employer health insurance premiums (attach Form 8941)	50f	-		I		
	9		credits, adjustments, and payments: Form 2439	11			; [
			Form 4136 Other Total ▶	50g			1	•	
	51		payments. Add lines 50a through 50g			51			_
	52		nated tax penalty (see instructions). Check if Form 2220 is attached			52			_
	1) 53		lue. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			53			_
- 1	54.		payment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	ì		54			-
ſ	55		the amount of line 54 you want. Credited to 2019 estimated tax		efunded >	55			_
Ĺ	Part.		Statements Regarding Certain Activities and Other Information	·					_
	56		y time during the 2018 calendar year, did the organization have an interest in or a signature		-			Yes No	~4
			a financial account (bank, securities, or other) in a foreign country? If "Yes," the organizatio	•			ľ		
			N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign country					_
		here					l	Х	_
	57	Durin	g the tax year, did the organization receive a distribution from, or was it the grantor of, or t	ransferor to, a fo	reign trust?		Į.	X	_
		If "Ye:	s," see instructions for other forms the organization may have to file.						
_	58		the amount of tax-exempt interest received or accrued during the tax year >\$					राम हो हैंही	`,
	~ ·	Ur	nder peneities of perjury, declare that I have examined this return, including accompanying schedules and st rrect, and complete Declaration of prepare other than taxpayer) is based on all information of which prepare	atements, and to the	e best of my know	ledge and b	ellef, it is true,	4	
	Sign		11 14 11: (1) 10	a reading knowledg	ŗ	May the IRS	discuss this i	return with	7
	Here			VICE-PRESI	DENT/CFO	-	r shown below		
			Signature of officer Date Title			instructions	a)? X Ye	s No	
			Print/Type preparer's name Preparer's signature D	ate	Check	ıf PTII	N		
	Paid		1 2110	V40/0000	self- employe	d			
	Prepa	arer	FRANCIS J. BEDARD Francis J. Bedard 8	/10/2020	, ,-		0752421		
	Use (Firm's name ▶ DELOITTE TAX LLP	٠	Firm's EIN	> 1	86-10657	72	-
	JJ6 ()	1033 DEMONBREUN STREET, SUITE 400						-
		,	Firm's address NASHVILLE, TN 37203		Phone no.	615-25	9-1800		
-									_

FORM 990-T	PARENT	CORPORATIO	N'S	NAME	AND	IDENTIFYING	NUMBER	STATEMENT 1		
CORPORATION	S NAME							IDENTIFYING NO		
BAPTIST MEMORIAL HEALTH CARE CORPORATION								58-1521475		

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/99	274,015.	0.	274,015.	274,015.
09/30/01	26,798.	٥.	26,798.	26,798.
09/30/02	118,359.	0.	118,359.	118,359.
09/30/03	106,559.	0.	106,559.	106,559.
09/30/04	38,860.	0.	38,860.	38,860.
09/30/05	35,427.	0.	35,427.	35,427.
09/30/06	34,172.	0.	34,172.	34,172.
09/30/07	15,457.	0.	15,457.	15,457.
09/30/08	27,772.	0.	27,772.	27,772.
09/30/09	23,034.	Ο.	23,034.	23,034.
09/30/10	10,136.	0.	10,136.	10,136.
09/30/13	8,478.	0.	8,478.	8,478.
09/30/14	7,548.	0.	7,548.	7,548.
09/30/15	1,112.	0.	1,112.	1,112.
09/30/16	1,800.	0.	1,800.	1,800.
09/30/17	1,925.	0.	1,925.	1,925,
NOL CARRYOV	VER AVAILABLE THIS	YEAR	731,452.	731,452.