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Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

For calendar year 2018 or other tax year beginning OCT 1, 2018, and ending SEP 30, 2019

2018

Department of the Treasury
Internal Revenue Service

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

<input type="checkbox"/> Check box if address changed	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions)
<input checked="" type="checkbox"/> Exempt under section 501(c)(3) (3) 03	BAPTIST MEMORIAL HOSPITAL-DESOTO, INC.	64-0682111
<input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)	Number, street, and room or suite no. If a P.O. box, see instructions.	E Unrelated business activity code (See instructions)
<input type="checkbox"/> 408A <input type="checkbox"/> 530(a)	7601 SOUTHCREST PARKWAY	
<input type="checkbox"/> 529(a)	City or town, state or province, country, and ZIP or foreign postal code	541200
	SOUTHAVEN, MS 38671	

C Book value of all assets at end of year **294,824,073.**

F Group exemption number (See instructions.)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. **1** Describe the only (or first) unrelated trade or business here **ACCOUNTING SERVICES**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **STMT 1** Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **JOE MCWHERTER** Telephone number **(662) 772-2109**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 1,500.			
b	Less returns and allowances			
c	Balance 1,500.	1,500.		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c	1,500.		
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
4c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule)			
13	Total. Combine lines 3 through 12	1,500.		1,500.

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)		21
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
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 1,500.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30 0.
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 0.

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Part I

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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38. Line 37 amount is 1,000.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44. Line 44 amount is 0.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-55. Line 53 amount is 0.

Part VI Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 56, 57, and 58.

Sign Here section containing signature of officer, date (8/14/2020), title (EXECUTIVE VICE-PRESIDENT/CFO), and a box for IRS discussion.

Paid Preparer Use Only section containing preparer's name (FRANCIS J. BEDARD), signature, date (8/10/2020), PTIN (P00752421), firm's name (DELOITTE TAX LLP), address (1033 DEMONBREUN STREET, SUITE 400, NASHVILLE, TN 37203), and phone number (615-259-1800).

FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER STATEMENT 1

<u>CORPORATION'S NAME</u>	<u>IDENTIFYING NO</u>
BAPTIST MEMORIAL HEALTH CARE CORPORATION	58-1521475

FORM 990-T NET OPERATING LOSS DEDUCTION 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.	0.	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.	0.	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 CARRYOVER AVAILABLE THIS YEAR			731,452.	731,452.