ر څــــد	990-T	l F	xempt Orgar	nization Bus	ine	ss Ind	come T	ax Return	1	OMB No 1545-0047
Form			ar (ar	nd proxy tax unde	er se		033(e))	2009	•	2010
٠	•	For cal	endar year 2019 or other tax year	' <u></u>			nd ending SEP			2019
	ment of the Treasury		•	irs.gov/Form990T for in					-	Open to Public Inspection for
A _	Check box if		Name of organization (Check box if name cl				ation is a 50 i(c)(5).	D Emplo (Empl	501(c)(3) Organizations Only oyer identification number oyees' trust, see
	address changed		BAPTIST MEMORIAL						1	ctions)
	empt under section	Print	NORTH MISSISSIPPI	· · · · · · · · · · · · · · · · · · ·						64-0772726 ated business activity code
X	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room 1100 BELK BOULEVA		c, see ir	nstructions	·			nstructions)
	408A 530(a)		City or town, state or prov OXFORD, MS 38655	•	r foreig	n postal co	de		54161	.0
C Boo	k value of all assets nd of year		F Group exemption numb	er (See instructions.)	>					
ate	674 _, 071,	693.	G Check organization type	▼ X 501(c) corp	oration	ī. 🗀	501(c) trust	401(a) trust	Other trust
H Ent	er the number of the o	organiza	tion's unrelated trades or b	usinesses. 🕨	3		Describe	the only (or first) ui	nrelated	
trad	ie or business here 🕽	MANA	GEMENT FEES				If only one,	complete Parts I-V.	. If more	than one,
des	cribe the first in the b	lank spa	ce at the end of the previou	s sentence, complete Pa	rts I an	d II, comp	ete a Schedule	M for each addition	nal trade	or
bus	iness, then complete	Parts III	-V							
I Dur	ing the tax year, was	the corp	oration a subsidiary in an a	ffiliated group or a paren	ıt-subs	idiary conti		STMT 2	X Ye	s No
If "\	es," enter the name a		ifying number of the parent	corporation. 🕨 💍	AP1	S_{2}	- 52	<u>475</u>		
J The	books are in care of		ANA W. WILLIAMS				Teleph	one number 🕨 (662)	636-1059
Par	t i Unrelated	d Trac	le or Business Inc	ome	,	(A)	Income	(B) Expense	S	(C) Net
1 a	Gross receipts or sale	s	687,126.							
b	Less returns and allov	vances		c Balance	1c	<u> </u>	687,126.	San Shell and Co.		/ 32 99 32 34
2	Cost of goods sold (S	chedule	A, line 7)	-	2					
3	Gross profit. Subtract	line 2 fi	om line 1c		3		687,126.			687,126.
4 a	Capital gain net incon	ne (attac	h Schedule D)		4a					
b	Net gaın (loss) (Form	4797, P	art II, line 17) (attach Form	4797)	4b					
C	Capital loss deduction	for true	sts		4c		/			
5	Income (loss) from a	partners	ship or an S corporation (at	tach statement)	5		_/_		जे के किया है। जे के किया किया	
6	Rent income (Schedu	le C)			6_					
7	Unrelated debt-financ	ed incor	ne (Schedule E)		7_					
			nd rents from a controlled o	=	8	<u> </u>				
			on 501(c)(7), (9), or (17) or	ganization (Schedule G)	1					
	Exploited exempt acti	-	,		10	ļ				
	Advertising income (S		•		11	<u> </u>		65467*************	N. S.	
	Other income (See in:		•		12_		607 106		T. A. C.	607.106
	Total. Combine lines			2 /2 /	13	<u>. </u>	687,126.	<u> </u>		687,126.
Pai			ot Taken Elsewhere be directly connected with				deductions)			
14	Compensation of off	icers, di	rectors, and trustees (Sche	RECEI	<i>†E</i> 7	7			14	
15	Salaries and wages			INLUEI	V C L				15	
16	Repairs and mainter	nance		22		1- S-08C			16	
17	Bad debts			SEP 0 7	202	1 9			17	
18	Interest (attach sche	dule) (s	ee instructions)			RS			18	
19	Taxes and licenses			OGDEN	1 11				19	
20	Depreciation (attach		· /		1, U	<u>'</u>	20	<u> </u>	1882 E	
21		aimed oi	n Schedule A and elsewhere	e on return			21a		21b	
22	Depletion		/						22	
23	Contributions to def		Impensation plans						23	
24	Employee benefit pro								24	
25	Excess exempt expe	,							25	<u> </u>
26	Excess readership							1	26	
27	Other deductions (at		•			SI	E STATEMEN	NT 1	27	688,385.
28	Total deductions. A								28	688,385.
29	/		ncome before net operating				13		29_	-1,259.
30	Deduction for net or (see instructions)	erating	loss arısıng ın tax years beç	jinning on or after Janua	ry 1, 20)18			30	0.
31	· /	taxahle i	ncome. Subtract line 30 fro	m line 29					31	-1,259.
	,		work Reduction Act Notice							Form 990-T (2019)

Form 990	D-T (2019)	BAPTIST MEMORIAL HOSPITAL- NORTH MISSISSIPPI, INC.	64-077272	6	Page 2
Part	un 1	otal Unrelated Business Taxable Income			
32	Total of	unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32		٥.
33	Amount	s paid for disallowed fringes	33		
34		le contributions (see instructions for limitation rules)	34		٥.
35		related business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35		
36		on for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36		
37		unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37		
38		deduction (Generally \$1,000, but see line 38 instructions for exceptions)	,38	1	000.
•	•	ed business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	700		
361	•	e smaller of zero or line 37	39		٥.
Part		Tax Computation	_ 03		
40	***	ations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40		0.
41	•	axable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from.	40		
41		ex rate schedule or Schedule D (Form 1041)	41		
40			42		
	•	x See instructions			
43		ive minimum tax (trusts only)	43		
11	`	Noncompliant Facility Income. See instructions	44		0.
Part		dd lines 42, 43, and 44 to line 40 or 41, whichever applies Tax and Payments	45		
	/				
	_	tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b		redits (see instructions) 46b			
C		business credit. Attach Form 3800			
		or prior year minimum tax (attach Form 8801 or 8827)			
		edits. Add lines 46a through 46d	46e		
47		t line 46e from line 45	47		0.
48		xes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48		
49		x. Add lines 47 and 48 (see instructions)	49		0.
50	2019 ne	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		0.
		ts: A 2018 overpayment credited to 2019			
b	2019 es	timated tax payments \(\frac{10}{2} \) \(\frac{51b}{2} \) \(\frac{750}{2} \).			
C	Tax dep	osited with Form 8868			
đ	Foreign	organizations; Tax paid or withheld at source (see instructions) 51d			
е	Backup	withholding (see instructions) 51e			
f	Credit fo	or small employer health insurance premiums (attach Form 8941)	 		
g	Other co	redits, adjustments, and payments: Form 2439			
	Fc	orm 4136 Other Total ▶ 51g			
52	Total pa	yments. Add lines 51a through 51g	52	<u>7,</u>	250.
53	Estimat	ed tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲	53		
54	Tax due	. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		_
55	Overpa	yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	58	7,	250.
<u>\</u>		e amount of line 55 you want: Credited to 2020 estimated tax 7,250. Refunded	56		٥.
Part	: VI S	Statements Regarding Certain Activities and Other Information (see instructions)	1		
57	At any t	ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a f	inancial 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				х
58		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			х
	•	see instructions for other forms the organization may have to file.			
59		e amount of tax-exempt interest received or accrued during the tax year > \$,	
		oder penelties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled rrect, and complete Dyclaration of penelty (other than taxpayer) is based on all information of which preparer has any knowledge	lge and belief, it is true),	
Sign	co				
Here	.	/// //// pppgrmrm v/dn pppgrpmvm/gng/	ay the IRS discuss this a preparer shown below		vith
			structions)? X Ye		No
		Print/Type preparer's name Preparer's signature Date Check if			
		l self sometiment	' '''		
Paid		FRANCIS J. BEDARD Junes McLan 8/9/21 self-employed	P00752421		
	parer		86-10657		
Use	Only	Firm's name DELOITTE TAX LLP Firm's EIN DEMONBREUN STREET, SUITE 400	00-1003		
		· · · · · · · · · · · · · · · · · · ·	615) 250 10A	1	
		Firm's address ► NASHVILLE, TN 37203 Phone no (6	615) 259-1800	, 	

Form 990-T (2019) NORTH MISSISSIPPI, INC.

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A		·		<u>.</u>
1 Inventory at beginning of year	1		6 Inventory at end of yea	r	6		
2 Purchases	2		7 Cost of goods sold. St	ıbtract line 6			
3 Cost of labor	3		from line 5. Enter here	and in Part I,			
4a Additional section 263A costs			line 2		7	<u>. </u>	
(attach schedule)	4a		8 Do the rules of section	263A (with respect to		Yes	No
 Other costs (attach schedule) 	4b		property produced or a	cquired for resale) apply to	ı		لـــــــــــــــــــــــــــــــــــــ
5 Total. Add lines 1 through 4b	5		the organization?				<u>∟</u> _
Schedule C - Rent Income (see instructions)	(From Real	Property and	i Personal Property L	eased With Real P	ropert	y) 	
1. Description of property							
(1)							
(2)			. <u></u> -				
(3)							
(4)							
	. ,	ed or accrued		Q(a) Dadustons			_
(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 percental personal property exceeds 50% or if nt is based on profit or income)	ge 3(a) Deductions of columns	2(a) and 2(t	nected with the income i b) (attach schedule)	in
(1)							
(2)							
(3)							
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>		(b) Total deduction Enter here and on page Part I, line 6, column (e 1,		0.
Schedule E - Unrelated Det	ot-Financed	Income (see	instructions)				
			Gross income from or allocable to debt-		-financed p	roperty	
1. Description of debt-fi	nanced property		financed property	(a) Straight line depreciati (attach schedule)	on	(b) Other deductions (attach schedule)	
(1)					-		
(2)			<u> </u>			·· · · · · · · · · · · · · · · · · · ·	
(3)							
(4)	 						
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	e adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)		8, Allocable deduction (column 6 x total of column 3(a) and 3(b))	olumns
(1)		······································	%				
(2)	 		%				
(3)	 		%				
(4)	1		%		\longrightarrow		
				Enter here and on page 1 Part I, line 7, column (A)		Enter here and on page Part I, line 7, column	•
Totals			•		0.		0.
Total day/dande-reseived deductions u	neludad in calumi	. 0	-				

Form 990-T (2019) NORTH MISSISSIPPI, INC.

			Exempt (Controlled O	rganizatio	ons					
Name of controlled organization	ne of controlled organization 2. Employer identification number			elated income instructions)			tal of specified ments made 5. Pari include or ganiza		olling	Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
Ionexempt Controlled Organia	zations							•		<u>-</u>	
7. Taxable Income		ed income (loss) structions)	9. Total	of specified payr made	nents	10. Part of column the controllingross	mn 9 that ing organ s income	ization's	11. Ded with i	uctions directly connected income in column 10	
(1)											
(2)								j			
(3)								j			
(4)											
		.,				Add colun Enter here and line 8, o		1, Part I,	Enter he	d columns 6 and 11 re and on page 1, Part I, ine 8, column (B)	
lotals					•			0.		0.	
Schedule G - Investme (see insti		of a Section	on 501(c)(7	'), (9), or (17) Org	janization					
1. Desc	ription of income		a	2. Amount of	ıncome	 Deduction directly connected (attach schedule) 	cted	4. Set-a (attach sa		5. Total deductions and set-asides (col 3 plus col 4)	
(1)										<u> </u>	
(2)											
(3)		_									
(4)											
Totals				Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)	
Schedule I - Exploited	-	tivity Inco	me, Other	Than Adv	ertisin	g Income		and the control of th		*1	
Description of exploited activity	2. Gross unrelated busin income from trade or busin	ness direc	Expenses city connected in production funrelated incess income	4. Net inconfrom unrelated business (cominus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrelated business inco	that ted	6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)									-	 	
(3)				 				· · · · · ·		<u> </u>	
(4)		<u> </u>									
	Enter here and page 1, Part line 10, col (.	I, pa A) Ime	or here and on age 1, Part I, a 10, col (B)					1		Enter here and on page 1, Part II, line 25	
Totals ► Schedule J - Advertisii	na Incomo	0.	0.		MENGO A	ANTESSTEE .	· walker	性品 医物物质	997748EFF	<u>ا</u> 0.	
				aglidatad	Poois						
Partil: Income From	Periodicais	неропеа	on a Con	sondated	Dasis						
1. Name of periodical	adv	Gross ertising come	3. Direct advertising costs	or (loss) (c col 3) If a g cols 5 ti	hrough 7			6. Reade costs		Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)						4					
(2)						<u> </u>					
(3)						<u> </u>			;		
(4)	+					X -		<u> </u>			
V-1	- 			Toware 257 Jam.	-2.15. 78° 5° 21.	`		t	-		
Totals (carry to Part II, line (5))	<u> </u>	0.		ο.		<u> </u>		l		0 Form 990-T (2019	

Form 990-T (2019) NORTH MISSISSIPPI, INC.

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)							
(2)							
(3)							
(4)							
Totals from Part I	•	0.	0.		1.479.44 (1.47.45)		0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, cot (B)	3.42.9	1		Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	•	0.	0.	500	100		O

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

	1. Name	2. Title	Percent of time devoted to business	Compensation attributable to unrelated business
(1)			%	
(2)			%	
(3)			%	
(4)			%	
Total. Enter her	e and on page 1, Part II, line 14			0.

Form 990-T (2019)

FORM 990-T		OTHER	DEDUCTIONS		STATEMENT	1
DESCRIPTION					AMOUNT	
MANAGEMENT SEI TAX PROFESSION		5				7,126. 1,259.
TOTAL TO FORM	990-т,	PAGE 1, LINE 27			688	3,385.
FORM 990-T	PARENT	CORPORATION'S NAI	ME AND IDENTIFYING	NUMBER	STATEMENT	2
CORPORATION'S	NAME				IDENTIFYING	NO
BAPTIST MEMOR	IAL HEAI	LTH CARE CORPORAT	ION		58-1521475	

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning $\rm \ \ OCT\ 1$, $\ \ 2019$

, and ending SEP 30, 2020

2019

OMB No 1545-0047

ENTITY

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

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

501(c)(3) Organizations Only

29,333.

NORTH MISSISSIPPI, INC. 64-0772726 Unrelated Business Activity Code (see instructions) LABORATORY SERVICES Describe the unrelated trade or business Part [Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 29,333. 1a Gross receipts or sales b Less returns and allowances c Balance ▶ 1c Cost of goods sold (Schedule A, line 7) 2 Gross profit Subtract line 2 from line 1c 3 29,333. **秦**阿奇斯·苏州第4 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 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

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

12

13

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	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	· -
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) SEE STATEMENT 3	27	39,004.
28	Total deductions. Add lines 14 through 27	28	39,004.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-9,671.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions) STMT 4	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29	31	-9,671.

LHA For Paperwork Reduction Act Notice, see instructions.

Other income (See instructions, attach schedule)

Total. Combine lines 3 through 12

Schedule M (Form 990-T) 2019

12

FORM 990-T	(M)	OTHER 1	DEDUCTIONS	STATEM	ENT 3
DESCRIPTIO	N			AMO	UNT
SUPPLIES TAX PROFES	SIONAL FEES				37,746. 1,258.
TOTAL TO S	CHEDULE M, PART II	, LINE 27			39,004.
SCHEDULE M	NET	OPERATING	LOSS DEDUCTION	STATEM	ENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOU: APPLII			
09/30/19	2,252.			2,252.	2,252.
NOT. CARRYO	VER AVAILABLE THIS	. VEAR		2,252.	2,252.

_		
1.	'age	
ı	auc	

-01111 990-1 (2019)	D111 1 1 1	or manomina	11001 11111
•	MODELL	MICCICCIONI	TNO

NORTH MISSISSI			64-0772726						
Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valuation N/A						
1 Inventory at beginning of year	1		6 Inventory at end of year	r		6			
2 Purchases	2		7 Cost of goods sold. Subtract line 6						
3 Cost of labor	3		from line 5. Enter here and in Part I,						
4a Additional section 263A costs			line 2		Į	7	L		
(attach schedule)	4a		8 Do the rules of section	263A (\	with respect to		Yes	No	
 Other costs (attach schedule) 	4b		property produced or a	property produced or acquired for resale) apply to					
5 Total. Add lines 1 through 4b	5]		the organization?				l	х	
Schedule C - Rent Income ((see instructions)	From Real	Property and	Personal Property Lo	ease	d With Real Prop	erty			
<u> </u>		-		 -					
Description of property									
(1)		· · · · · · · · · · · · · · · · · · · 							
(2)									
(3)			·						
(4)					·				
		ed or accrued			3(a) Deductions directly	connec	eted with the income in	1	
rent for personal property is more than of rent for p			ind personal property (if the percentag personal property exceeds 50% or if nt is based on profit or income)	j e	columns 2(a) an	id 2(b) (attach schedule)		
(1)									
(2)									
(3)									
(4)							-		
Total	0.	Total		0.					
c) Total income. Add totals of columns 2		iter			(b) Total deductions. Enter here and on page 1,				
nere and on page 1, Part I, line 6, column				0.	Part I, line 6, column (B)			٥.	
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)						
			2. Gross income from		Deductions directly cont to debt-finance				
1. Description of debt-fin	anced property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)			(b) Other deductions (attach schedule)		
(1)		-							
(1)						+	 · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · · ·			╁			
(3)			 		-	+			
	F A	and and the same	6.01		7.0	+-	• • • • • • • • •		
property (attach schedule) debt-fina		adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		 Allocable deducting (column 6 x total of column 3(a) and 3(b)) 		
(1)			%						
(2)			%						
(3)			%						
(4)			%			T			
•					inter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (
Totals					0			0.	
Total dividends-received deductions in	cluded in colum	n R				+	·	0	

Unrelated Business Taxable Income from an

Unrelated Trade or Business

and ending SEP 30, 2020

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

501(c)(3) Organizations Only

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

For calendar year 2019 or other tax year beginning OCT 1, 2019

NORTH MISSISSIPPI, INC.

Employer identification number 64-0772726

ENTITY

Unrelated Business Activity Code (see instructions) Describe the unrelated trade or business REPAIR & MAINTENANCE FEES Part | Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 a Gross receipts or sales **b** Less returns and allowances c Balance 1c Cost of goods sold (Schedule A, line 7) A STATE OF THE SECOND 20,422. 20 422. Gross profit Subtract line 2 from line 1c 3 vide_<u>1382(X)</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 c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 6 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 7 Interest, annuities, royalties, and rents from a controlled 8 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 Advertising income (Schedule J) 11 11 12 Other income (See instructions, attach schedule) 12 20,422. 20,422. 13

Part 📳 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (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	20,422.
17	Bad debts		17	
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	
20	Depreciation (attach Form 4562)	20	2,35	
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	21b	
22	Depletion		22	
23	Contributions to deferred compensation plans		23	
24	Employee benefit programs		24	
25	Excess exempt expenses (Schedule I)		25	
26	Excess readership costs (Schedule J)		26	
27	Other deductions (attach schedule)	SEE STATEMENT 5	27	1,258.
28	Total deductions. Add lines 14 through 27		28	21,680.
29	Unrelated business taxable income before net operating loss deduction. Subtract	29	-1,258.	
30	Deduction for net operating loss arising in tax years beginning on or after January	<u> </u>		
	instructions)		30	0.
31	Unrelated business taxable income Subtract line 30 from line 29		31	-1,258.

LHA For Paperwork Reduction Act Notice, see instructions.

Total. Combine lines 3 through 12

Schedule M (Form 990-T) 2019

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		AMOUNT
TAX PROFESSIONAL FEES		1,258.
TOTAL TO SCHEDULE M, PART II,	LINE 27	1,258.

Pa	ge	:

64-	0	7	7	2	7	2	6	
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NORTH MISSISSI						64-0772	726				
Schedule A - Cost of Goods	Sold. Enter	method of invent	ory v	aluation 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. Subtract line			ine 6					
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,					
4a Additional section 263A costs				line 2		•	_7				
(attach schedule)	4a		8 Do the rules of section 263A (with			with respect to		Yes	No		
b Other costs (attach schedule)	4b		ŀ	property produced or acquired for resale) apply to							
5 Total. Add lines 1 through 4b	5		1	the organization?							
Schedule C - Rent Income (I (see instructions)	From Real	Property and	Per	sonal Property L	ease.	d With Real Prop	erty)				
1. Description of property											
(1)						· · · · · · · · · · · · · · · · · · ·					
(2)		17						-			
(3)							-				
(4)											
	2. Rent receiv	ed or accrued				T					
(a) From personal property (if the percorent for personal property is more in 10% but not more than 50%)	entage of	(b) From real ar of rent for p	ersonal	onal property (if the percental property exceeds 50% or if ed on profit or income)	antage and a directly connected with the income in columns 2(a) and 2(b) (attach schedule)				n		
(1)											
(2)											
(3)											
(4)											
Total	0.	Total			0.						
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	(A)	>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)	>		0.		
Schedule E - Unrelated Deb	t-Financed	income (see	ınstru T	ctions)	1						
			2	. Gross income from		3 Deductions directly connected with or allocable to debt-financed property					
1. Description of debt-financed property			or allocable to debt- financed property		(a) Straight line depreciation (attach schedule)			(b) Other deductions (attach schedule)			
(1)			1		<u> </u>	 	1				
(2)											
(3)				· ·		· ·					
(4)											
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to inced property h schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8, Allocable deduc (column 6 x total of c 3(a) and 3(b))			
(1)				%							
(2)				%							
(3)				%							
(4)				%							
			•		1	inter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column			
Totals				•	1	().		٥.		
Total dividends-received deductions in	cluded in columi	n 8		_			•		0.		
				.				C 000 7	. (0010)		

Baptist Memorial Hospital-North Mississippi, Inc. Form 990-T

EIN: 64-0772726 FYE: 9/30/2020

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Baptist Memorial Hospital-North Mississippi, Inc. on behalf of itself is making the de minimis safe harbor election under Treas. Reg § 1.263(a)-1(f) for all eligible amounts paid or incurred during the taxable year.

EIN: 64-0772726 FYE: 9/30/2020

Section 1.263(a)-3(n) Capitalization Election

Baptist Memorial Hospital-North Mississippi, Inc. hereby elects on behalf of itself to capitalize repair and maintenance costs under Treas Reg. § 1 263(a)-3(n). The costs were incurred during the taxable year in the electing taxpayer's trade or business and the electing taxpayer treats such costs as capital expenditures on its books and records.