2939322900215 EXTENDED TO AUGUST 15, 2019 Exempt Organization Business Income Tax Returns Form **990-T** (and proxy tax under section 6033(e)) 2017 For calendar year 2017 or other tax year beginning  $OCT\ 1$  ,  $\ 2017\$  , and ending  $\ SEP\ 30$ ► Go to www.irs gov/Form990T for instructions and the latest information. Department of the Treasury Open to Public Inspection to 501(c)(3) Organizations Only ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Internal Revenue Service Employer identification number (Employees' trust, see instructions) Name of organization ( Check box if name changed and see instructions.) Check box if address changed B Exempt under section 65-0267668 BAPTIST HEALTH SOUTH FLORIDA, INC. Print Unrelated business activity codes (See instructions) X 501(c)(3**U**) Number, street, and room or suite no. If a P O box, see instructions Type ] 408(e) [\_\_ ີ່ 1220(e) 6855 RED ROAD STE 600 City or town, state or province, country, and ZIP or foreign postal code 408A 530(a) 900099 -529(a) CORAL GABLES, FL 33143-3632 C Book value of all assets F Group exemption number (See instructions ) at end of year 5, 680, 314,858. G Check organization type ► X 501(c) corporation Other trust 501(c) trust 401(a) trust H Describe the organization's primary unrelated business activity. ▶ INCOME DERIVED FROM CONSULTING SERVICES. Yes During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. Telephone number  $\blacktriangleright$  (786)662-7000 FINANCE DEPARTMENT J The books are in care of (A) Income (B) Expenses Part I Unrelated Trade or Business Income 945,315. 1a Gross receipts or sales 945,315 c Balance b Less returns and allowances 10 2 Cost of goods sold (Schedule A, line 7) 945,315. 945,315. Gross profit. Subtract line 2 from line 1c 3 4a 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 76,275. 76,275. STMT 1 5 Income (loss) from partnerships and S corporations (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 1,038,372 1,038,372. 8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 9 10 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 755,137. 755,137. 12 Other income (See instructions, attach schedule) STATEMENT 2 815,099 2,815,099. Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere (See instructions for limitations on deductions) | Part II | (Except for contributions, deductions must be directly connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 Salaries and wages 15 യ ומו 16 Repairs and maintenance 16 AUG 15 Zuis 51 17 17 Bad debts 18 18 Interest (attach schedule) 19 Taxes and licenses 19 55,900. 20 Charitable contributions (See instructions for limitation rules) 20 21 21 Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 22 23 23 Depletion 24 24 Contributions to deferred compensation plans 25 25 Employee benefit programs 26

26 Excess exempt expenses (Schedule I) 27 27 Excess readership costs (Schedule J) 896,185. SEE STATEMENT 3 28 Other deductions (attach schedule) 28 952,085. 29 Total deductions Add lines 14 through 28 29 1,863,014. Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 30 358,916. SEE STATEMENT 4 31 Net operating loss deduction (limited to the amount on line 30) 31 504,098. 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 1,000. 33 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zeroof 34 503,098, Form-990-T (2017)

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions

| Form 990- |  | TH FLORIDA, INC.                                 |                           | 65-0267668                   | Page 2                 |
|-----------|--|--|---------------------------|------------------------------|------------------------|
| Part      |  |  |                           | <u></u>                      |                        |
| 35        | Organizations Taxable as Corporations. See instr   | uctions for tax computation.                     |                           |                              |                        |
|           | Controlled group members (sections 1561 and 15   | 63) check here 🕨 🗶 See Instruction               | ns and:                   | 1                            |                        |
| а         | Enter your share of the \$50,000, \$25,000, and \$9,   | 925,000 taxable income brackets (in that         | order):                   |                              |                        |
|           | (1)  \$ 50,000.   (2)  \$  |  | 28,098.                   |                              |                        |
|           |  |  | 11,750.                   | . l l                        |                        |
| Đ         | Enter organization's share of: (1) Additional 5% ta  | · · · · · · · · · · · · · · · · · · ·            | 11,750.                   |                              |                        |
|           | (2) Additional 3% tax (not more than \$100,000)  | [\$  |                           |                              |                        |
| C         | Income tax on the amount on line 34  | . SEE SI   | <u> АТЕМЕМТ</u> 5         | . <b>&gt;</b> 35c            | 122,136.               |
| 36        | Trusts Taxable at Trust Rates. See instructions for  | r tax computation. Income tax on the amo         | ount on line 34 from:     |                              |                        |
|           | Tax rate schedule or Schedule D (Fo  |  |                           | ▶ 36                         |                        |
| 27        |  |  | • • •                     | 37                           | <del> </del>           |
| 37        | Proxy tax. See instructions  |  | •                         | ,                            |                        |
| 38        | Alternative minimum tax  |  |                           | 38                           |                        |
| 39        | Tax on Non-Compliant Facility Income. See instru   | ictions  |                           | 1 51 39                      |                        |
| 40        | Total Add lines 37, 38 and 39 to line 35c or 36, wh  | nichever applies                                 |                           | 40                           | 122,136.               |
| Part I    | V Tax and Payments   |  |                           | (                            |                        |
|           | Foreign tax credit (corporations attach Form 1118;   | trusts attach Form 1116)                         | 4 a                       |                              |                        |
|           |  | indsis attacili orini 1110)                      |                           |                              |                        |
| b         | Other credits (see instructions)   |  | 41b                       |                              |                        |
| C         | General business credit. Attach Form 3800  |  | 41c                       |                              |                        |
| d         | Credit for prior year minimum tax (attach Form 880   | 11 or 8827)                                      | . 41d                     |                              |                        |
| e         | Total credits. Add lines 41a through 41d   |  |                           | 4 te                         |                        |
| 42        | Subtract line 41e from line 40   |  |                           | 42                           | 122,136.               |
|           | Other taxes. Check if from: Form 4255  |  | . ooce 🔲 Olber            | <del> </del>                 |                        |
| 43        |  | FUIII 80 11 FUIII 6097 FUII                      | ii aaaa L Oillei (        |                              | 100 136                |
| 44        | Total tax. Add lines 42 and 43   |  | 1 ' 🗛 1                   | 47                           | 122,136.               |
| 45 a      | Payments: A 2016 overpayment credited to 2017  |  | 45a                       |                              |                        |
| b         | 2017 estimated tax payments  | 901  | <b>2</b> 45b 3            | 55,000.                      |                        |
| c         | Tax deposited with Form 8868   |  | 45c                       |                              |                        |
|           | Foreign organizations: Tax paid or withheld at source  | re (see instructions)                            | 45d                       |                              |                        |
|           | ,  | se (see man denoms)                              | <del> </del>              |                              |                        |
|           | Backup withholding (see instructions)  |  | 45e                       |                              |                        |
| f         | Credit for small employer health insurance premiun   |  | 45f                       |                              |                        |
| g         | Other credits and payments:  | rm 2439  | 111                       | 1 1                          |                        |
|           | Form 4136 0t   | her Total  | ▶   4/5g                  | ا ا ۱ سر                     |                        |
| 46        | Total payments Add lines 45a through 45g   |  | -                         | 7 1 46                       | 355,000.               |
| 47        | Estimated tax penalty (see instructions). Check if Fo  | orm 2220 is attached                             | • •                       | C 2 47                       | 915.                   |
|           |  |  |                           | 48 d8                        |                        |
| 48        | Tax due. If line 46 is less than the total of lines 44 a   | •  |                           |                              | 021 040                |
| 49        | Overpayment If line 46 is larger than the total of lin   |  | 1                         | <b>94</b> ► 49               | 231,949.               |
| 750       | Enter the amount of line 49 you want: Credited to 2  |  |                           | unded 🕨 50                   | 0.                     |
| * Part V  | Statements Regarding Certain   | Activities and Other Inform                      | ation (see instruc        | tions)                       |                        |
| 51        | At any time during the 2017 calendar year, did the c   |  |                           |                              | Yes No                 |
| •         | over a financial account (bank, securities, or other)  |  |                           | •                            |                        |
|           |  |  |                           |                              |                        |
|           | FinCEN Form 114, Report of Foreign Bank and Final  | icial Accounts. If YES, enter the name of        | the toreign country       |                              |                        |
|           | here > CAYMAN ISLANDS  | - · · · · · · · · · · · · · · · · · · ·          |                           |                              | X                      |
| 52        | During the tax year, did the organization receive a d  | stribution from, or was it the grantor of, o     | or transferor to, a for   | eign trust?                  | X                      |
|           | If YES, see instructions for other forms the organization  | ition may have to file.                          |                           |                              |                        |
|           | Enter the amount of tax-exempt interest received or  | •  |                           |                              |                        |
|           | Under penalties of person 1 declare that I have examined   | this return including accompanying schedules:    | and statements and to the | e best of my knowledge and b | elief it us true       |
| Sign      | correct, and complete Declaration of preparer (other than  | taxpayer) is based on all information of which p | reparer has any knowled   | 19                           | o, 240,                |
| -         | 1  | . 1 11//1  |                           | May the IRS dis              | scuss this return with |
| Here      |  | 8/4/19 FINAN                                     | CE                        | the preparer sh              | own below (see         |
|           | Signature of officer'  | Date / / Title                                   |                           | instructions)?               | X Yes No               |
|           | Print/Type preparer's name   | Preparer's signature                             | Date (                    | Check if PTIN                | -                      |
|           | The state of the s | 4 4  |                           | elf- employed                |                        |
| Paid      | CULTEM DOMED   | SKEA   | 8/13/19                   |                              | 648526                 |
| Prepa     | rer STEVEN ROVNER  | <del></del>                                      | -,,                       |                              |                        |
| Use O     | nly Firm's name ▶ DELOITTE TAX   |  |                           | Firm's EIN ► 86-             | 1065772                |
|           | 201 N. FRA   |  | E 3600                    |                              |                        |
|           | Firm's address ▶ TAMPA , FL  | 33602-5818                                       |                           | Phone no. 813-27             | 3-8355                 |
|           |  |  |                           | F                            | orm 990-T (2017)       |
|           |  |  |                           | •                            |                        |

| Schedule A - Cost of Good   | s Sold. Enter me                            | ethod of inver        | ntory valuation N/   | A            | <u></u>  |  |
|---|---|-----------------------|--|--------------|--|--|
| Inventory at beginning of year  | 1   | _                     | 6 Inventory at end of ye   | ear          |  | 6  |
| 2 Purchases   | 2   | _                     | 7 Cost of goods sold S   |              | line 6   |  |
| 3 Cost of labor   | 3   |                       | from line 5 Enter here   | e and in     | Part I,  |  |
| 4 a Additional section 263A costs   |   |                       | line 2   |              |  | 7  |
| (attach schedule)   | 4a  |                       | 8 Do the rules of section  | n 263A (     | with respect to  | Yes No   |
| b Other costs (attach schedule)   | 4b  |                       | property produced or   | ,            | •  |  |
| 5 Total. Add lines 1 through 4b   | 5   | <u> </u>              | the organization?  |              |  | <del>X</del>   |
| Schedule C - Rent Income  |   | operty an             |  | Leas         | ed With Real Prop  | perty)   |
| (see instructions)  |   |                       |  |              |  |  |
| 1 Description of property   |   |                       |  |              | -  |  |
| (1)   |   | <del></del>           |  |              |  |  |
| (2)   |   |                       |  |              |  |  |
| (3)   |   |                       |  |              |  |  |
| (4)   |   |                       |  |              |  |  |
|   | 2 Rent received of                          | r accrued             |  |              | 2/4/2-4  |  |
| (a) From personal property (if the per<br>rent for personal property is more<br>10% but not more than 50% | e than                                      | ` 'of rent for p      | nd personal property (if the percen<br>ersonal property exceeds 50% or i<br>it is based on profit or income) | tage<br>if   | columns 2(a) and   | connected with the income in<br>I 2(b) (attach schedule) |
| (1)   |   |                       |  |              |  |  |
| (2)   |   |                       |  |              |  |  |
| (3)   |   |                       |  |              |  |  |
| (4)   |   |                       |  |              |  |  |
| Total   | 0 <b>.</b> To                               | tal                   |  | 0.           |  |  |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column                        |   | <b>&gt;</b>           | <b>*</b>   | 0.           | (b) Total deductions.<br>Enter here and on page 1,<br>Part I, line 6, column (B) | 0.   |
| Schedule E - Unrelated Del  | bt-Financed Ir                              | come (see             | instructions)  |              | <u> </u>   |  |
|   |   |                       | 2. Gross income from   |              | Deductions directly connected to debt-finance                                    |  |
| 1 Description of debt-fit   | nanced property                             |                       | or allocable to debt-<br>financed property   | (a)          | Straight line depreciation<br>(attach schedule)                                  | (b) Other deductions<br>(attach schedule)                |
| (1)   |   |                       |  | ╂            | 1  |  |
| (2)   |   |                       |  | <del> </del> |  |  |
| (3)   |   |                       | <del></del>  | +-           |  |  |
| (4)   | <del></del>                                 |                       |  | +-           |  |  |
| 4. Amount of average acquisition  | 5. Average adju                             | ested bases           | 6. Column 4 divided  | ┼            | 7 Gross income   | 8. Allocable deductions                                  |
| debt on or allocable to debt-financed property (attach schedule)  | of or alloc<br>debt-financed<br>(attach sch | able to<br>I property | by column 5  |              | reportable (column<br>2 x column 6)  | (column 6 x total of columns<br>3(a) and 3(b))           |
| (1)   |   |                       | %  |              |  |  |
| (2)   |   |                       | %  |              |  |  |
| (3)   |   |                       | %  |              |  |  |
| (4)   |   |                       | %  |              |  |  |
|   |   |                       |  |              | nter here and on page 1,<br>Part I, line 7, column (A)                           | Enter here and on page 1,<br>Part I, line 7, column (B)  |
| Totals  |   |                       | <b>&gt;</b>  |              | 0.   | 0.   |
| Total dividends-received deductions in  | icluded in column 8                         |                       |  |              |  | 0.   |
| <del></del>   |   |                       |  |              |  | Form 990-T (2017)  |

| 1. Name of cointraled organizations   2, simplying incoming   3, simplying incoming   4, simplying   4, simplying incoming   4, simplying incoming   4, simplying incoming   4, simplying incoming   5, simplying incoming   6, simplying incoming   6, simplying incoming   6, simplying   6, simplyin   | Schedule F - Interest,              | Annuities, Roya                               | alties, ar                            | nd Rent                               | s From C  | ontrolle   | ed Organiz                                       | atio      | <b>ns</b> (see in: | structio    | ons)                                     |                              |
|--|-------------------------------------|---|---------------------------------------|---------------------------------------|---|--|--|-----------|--------------------|-------------|--|------------------------------|
| Columbia    |                                     |   |                                       | Exempt                                | Controlled O  | rganizatio                                       | ons  |           |                    |             |  |                              |
| 23   3   4   5   1   5   5   5   5   5   5   5   5   | 1. Name of controlled organiza      | identi  | fication                              | 3. Net un<br>(loss) (see              | related income<br>e instructions)                               | 4. Tota<br>payn                                  | al of specified<br>nents made                    | includ    | led in the cont    | rolling     | connected with                           | ıncome                       |
| 23   3   3   3   3   3   3   3   3   3   | (1)                                 |   |                                       |                                       |   | <u> </u>   |  |           |                    |             |  |                              |
| Add columns 5 and 10   Center have and on page 1, Part 1, time 8, column 8)   Foreign from 1   Center have and on page 1, Part 1, time 9, column (A)   Center have and on page 1, Part 1, time 9, co   |                                     |   |                                       | ļ                                     | <del></del>   | <del>                                     </del> |  | ├         |                    | $\dashv$    |  |                              |
| Nonexempt Controlled Organizations   1. Part of column a that is encoded   1. Controlled Controll   | <del></del>                         |   |                                       |                                       |   | <u> </u>   |  |           |                    |             |  |                              |
| Nonexempt Controlled Organizations   8, Net arrelated notine (loss)   9, Total of specified payments   10, Part of column 6 that is included in the controlled payments   10, Part of column 6 that is included   11 Cardications alongly controlled   11 Cardications (loss)   12 (loss)   12 (loss)   13 (loss)   14 (loss)   15 (loss   |                                     | <del></del>                                   |                                       | <u> </u>                              |   | <del></del>                                      |  |           |                    | <del></del> |  |                              |
| 7. Tauselle Incorne 8. Neu unrelated microme (loca) 9. Total of specified psymenis micros gross shocking (specified psymenis micros gross shocking sho |                                     |   |                                       | l                                     |   | L  |  |           |                    |             |  |                              |
| Common   C   | Nonexempt Controlled Organi         | izations                                      |                                       | · · · · · · · · · · · · · · · · · · · |   |  |  |           |                    |             |  |                              |
| (4)  Add columns 5 and 10 Enter here and on page 1, Part I, Inne 8, column (B)  Totals  Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of income  2 Amount of income 3. Descritions directly connected (pattern schedule) (gration sc | 7. Taxable Income                   |   |                                       | 9. Total                              |   | ments  | in the controlli                                 | ng orgai  | nization's         |             |  |                              |
| (4)  Add columns 5 and 10 Enter here and on page 1, Part I, Inne 8, column (B)  Totals  Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1, Description of income  2 Amount of income  2 Amount of income (green instructions)  (2) (3) (4)  Enter here and on page 1, Part I, Inne 8, column (B)  Enter here and on page 1, Part I, Inne 8, column (B)  Enter here and on page 1, Part I, Inne 8, column (B)  Enter here and on page 1, Part I, Inne 8, column (B)  Enter here and on page 1, Part I, Inne 8, column (B)  (1)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  2 C. Gross Incompliant of unrelated business brade or business and on page 1, Part I, Inne 8, column (B)  4. Not income fload or business income column (B)  Totals  2 C. Gross 1 Description of available business income business income business income business income business income column (B)  Totals  2 C. Gross 3 Description of available business income business income business income business income or business income or business income or business income business income business income or business income | (1)                                 | .,  |                                       |                                       |   |  | <del></del>                                      |           |                    |             | <del></del> -                            |                              |
| (d)  Add columns 5 and 10 Einter here and on page 1, Part 1, line 8, column (A)  1. Description of recome  2 Amount of income  2 Amount of income  3. Describions (ester instructions)  1. Description of recome  2 Amount of income  3. Describions (ester instructions)  4. Set-saides (ester) connected ( |                                     |   |                                       |                                       |   | <del></del>                                      |  |           |                    |             |  |                              |
| Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (B)  Totals  Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of income 2 Amount of income 3. Descritions, directly connected (exists acheaulis) (exists acheauli |                                     |   |                                       |                                       |   |  |  |           |                    |             |  |                              |
| Totals   Description of more   Part   Image   Schedule   Factor   Part   Image    |                                     |   |                                       |                                       |   |  |  |           |                    |             | <del></del> -                            |                              |
| Totals    Enter here and on page 1, Part 1, line 8, column (A)   | (4)                                 |   |                                       |                                       |   | ——-  |  |           |                    |             |  |                              |
| Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  (see instructions)  1. Description of income 2 Amount of income drated house instructions  (2) (3) (4)  Enter here and on page 1. Part 1, line 9, column (A)  Part 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  2 Gross uncome from trade or business income from trade or business  1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  3. Expenses directly connected which is in activity that is not unveiled business activity that is not unveiled business income from trade or business income from trade  |                                     |   |                                       |                                       |   |  | Enter here and                                   | on page   | a 1, Part I,       |             | here and on page 1                       | I, Part I,                   |
| Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  (see instructions)  1. Description of income 2 Amount of income drated house instructions  (2) (3) (4)  Enter here and on page 1. Part 1, line 9, column (A)  Part 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  2 Gross uncome from trade or business income from trade or business  1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  3. Expenses directly connected which is in activity that is not unveiled business activity that is not unveiled business income from trade or business income from trade  | Totals                              |   |                                       |                                       |   | <b>▶</b>   |  |           | 0.                 |             | •  | 0.                           |
| (see instructions)  1, Description of income 2 Amount of income 3. Description of income directly connected directly connected (gittach schedule)  |                                     | ent Income of a                               | Section                               | 501(c)(                               | 7) (9) or   | (17) Or  | ganization                                       | ·····     |                    |             |  |                              |
| 1. Description of income  2 Amount of income devectivy connected (attach schedule) ( |                                     |   | 0001.011                              | 001(0)(                               | .,, (0,, 0.   | (17) 01;   | gamzanon   | •         |                    |             |  |                              |
| 1. Description of income  2 Amount of income devectivy connected (stach schedule)  (attach schedule)  (attac |                                     |   |                                       |                                       | Γ   |  | 3. Deduction                                     | ns        | 4.                 |             | 5. Total de                              | ductions                     |
| (1) (2) (3) (4)  Totals    Enter here and on page 1, Part I, line 9, column (A)   Post-plane of exploited activity   Income from trade or business income from trade or business income   Income from page 1, Part I, line 10, col (A)  (3) (4)    1   | 1. Desc                             | ription of income                             |                                       |                                       | 2 Amount of   | income   | directly conne                                   | cted      |                    |             | and set-                                 | asides                       |
| (2) (3) (4)  Enter here and on page 1, Part I, line 9, column (A)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  4. All income (fiss) from unrelated trade or business income from trade or business income from trade or business income from trade or business income  (2) (3) (4)  (2) (3) (4)  Enter here and on page 1, Part I, line 10, col (6)  Enter here and on page 1, Part I, line 10, col (6)  Enter here and on page 1, Part I, line 10, col (6)  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  7. Excess exercises attributible to column 5 in a column 6 income from page 1, Part I, line 22  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  7. Excess readers column 6 income from page 1, Part I, line 22  4. Advertising pain or foss) (col 2 minus column from page 1, Part I, line 22  1. Name of periodical devertising costs advertising costs advertising costs (column from page 1, Part I) income from page 1, Part I, line 22  2. Gross advertising costs advertising pain or foss) (col 2 minus column from page 1, Part I) income from page 1, Part I, line 22  3. Direct advertising pain or foss) (col 2 minus column from page 1, Part I) income from page 1, Part I, line 22  3. Direct advertising costs (column from page 1, Part I) (col 6) (col 5 5 through 7)   | (1)                                 |   |                                       |                                       |   |  | (attach sched                                    | ulej      | ·                  |             | (coi 3 più                               | S COI 4)                     |
| (3) (4)  Enter here and on page 1, Part I, line 9, column (A)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1 Description of exploited activity  2 Description of exploited activity intal is not unrelated rate or business income from activity that is not unrelated activity that is not unrelated activity that is not unrelated rate or business income from activity that is not unrelated rate or business income from activity that is not unrelated rate or business income from exploited activity that is not unrelated rate or business income from activity that is not unrelated rate or business income from exploited activity that is not unrelated rate or business income from activity that is not unrelated rate or business income from activity that is not unrelated rate or business income from exploited activity that is not unrelated rate or business income from activity that is not unrelated rate or business income from exploited activity that is not unrelated rate or business income from activity that is not unrelated rate or business income from activity that is not unrelated rate or business income from activity that is not unrelated rate or business income from activ |                                     |   |                                       |                                       | <b></b>   | <del></del> -                                    |  |           |                    |             |  |                              |
| Enter here and on page 1, Part I, line 9, column (A)   |                                     |   |                                       |                                       |   |  |  |           |                    |             |  |                              |
| Totals    Enter here and on page 1, Part I, line 9, column (A)   Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)    2. Gross uncome from trade or business income rade or business income rade or business in the page 1, Part I, line 9, column 2 and on page 1, Part I, line 9, column 2 and on page 1, Part I, line 9, column 2 and on page 1, Part I, line 9, column 2 and on page 1, Part I, line 9, column 2 and on page 1, Part I, line 9, column 3 and on page 1, Part I, line 9, column 3 and on page 1, Part I, line 9, column 3 and on page 1, Part I, line 9, column 4 and on page 1, Part I, line 9, column 4 and on page 1, Part I, line 9, column 5 and on page 1, Part I, line 9, column 4 and on page 1, Part I, line 9, column 5 and on page 1, Part I, line 9, column 5 and on page 1, Part I, line 9, column 6 and on page 1, Part I, line 9, colu |                                     |   |                                       |                                       |   |  |  |           |                    |             |  |                              |
| Totals  Part I, line 9, column (A)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1 Description of exploited activity unrelated business income from trade or busines | (4)                                 |   |                                       |                                       |   |  |  |           |                    |             |  |                              |
| Totals   |                                     |   |                                       |                                       | Enter here and o  | on page 1,<br>lumn (A)                           |  |           |                    |             |  |                              |
| Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1 Description of exploited activity income for income from income form trade or business income business income income form income form trade or business income income form income form income form trade or business income income form activity that income form activity  |                                     |   |                                       |                                       |   |  |  |           |                    |             |  | (-)                          |
| (see instructions)  1 Description of exploited activity in the production of trade or business income from the page 1, Part 1, line 10, col (A)  1 Description of exploited activity in the production of unrelated business income from unrelated trade or business (column 2 gain, compute cols 5 through 7 gain, co | Totals                              |   |                                       | <b>&gt;</b>                           |   | 0.   |  |           |                    |             |  | 0.                           |
| 1 Description of exploited activity unrelated business income from trade or business income or business income or business income from activity that is not unrelated business income from but not more that the following from the fro | •                                   | -   | y Incom                               | e, Othe                               | r Than Ad   | vertisii   | ng Income  | ;         | _                  |             |  | <u> </u>                     |
| (2) (3) (4)  Enter here and on page 1, Part 1, line 10, cot (A)  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income 1. Name of periodical  3. Direct advertising gain or (toss) (cot 2 minus cots 5 through 7)  4. Advertising gain or (toss) (cot 2 minus cots 5 through 7)  4. Advertising gain or (toss) (cot 2 minus cots 5 through 7)  5. Circulation income 6. Readership costs (column 5, but not in than column 4)  (1) (2) (3)   | 1 Description of                    | 2. Gross<br>unrelated business<br>income from | directly co<br>with pro<br>of unre    | onnected<br>duction<br>elated         | from unrelated<br>business (co<br>minus columi<br>gain, compute | trade or<br>lumn 2<br>n 3) If a<br>cols 5        | from activity the<br>is not unrelated            | hat<br>ed | attributa          | able to     | expenses (c<br>6 minus col<br>but not mo | column<br>lumn 5,<br>re than |
| (2) (3) (4)  Enter here and on page 1, Part 1, line 10, col (A)  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income 1. Name of periodical  2. Gross advertising costs advertising costs  3. Direct advertising gain or (loss) (col 2 minus cols 5 through 7)  4. Advertising gain or (loss) (col 2 minus cols 5 through 7)  5. Circulation income 6. Readership costs (column 5, but not in than column 4)  (1) (2) (3)   | (1)                                 | <del></del>                                   | <del> </del>                          |                                       |   | <del></del>                                      |  |           |                    |             | <del></del>                              |                              |
| (3) (4)  Enter here and on page 1, Part 1, line 10, col (A)  Totals  O.  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  2. Gross advertising costs  3. Direct advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7  (1) (2) (3)  | (2)                                 |   | · · · · · · · · · · · · · · · · · · · |                                       |   |  |  |           |                    |             | <del></del>                              |                              |
| Enter here and on page 1, Part 1, Inne 10, col (A)  Totals  O  Schedule J - Advertising Income (see Instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising Income In | (2)                                 |   | ·                                     |                                       |   |  |  |           |                    |             |  |                              |
| Enter here and on page 1, Part 1, line 10, col (A)  Totals  O  O  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  3. Direct advertising costs or (loss) (col 2 minus costs)  4. Advertising gain or (loss) (col 2 minus costs)  1. Name of periodical  (1)  (2)  (3)  Enter here and on page 1, Part I, line 26  Part II, line 26  7. Excess readers costs (column 6 microme)  1. Name of periodical  A. Advertising gain or (loss) (col 2 minus costs)  (1)  (2)  (3)  | (5)                                 |   |                                       |                                       | ļ   |  |  |           |                    |             |  |                              |
| Part I   Income From Periodicals Reported on a Consolidated Basis  | (4)                                 | page 1, Part I,<br>line 10, col (A)           | page 1,                               | , Part I,<br>col (B)                  |   |  |  |           |                    |             | on page                                  | e 1,<br>e 26                 |
| Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising advertising costs advertising costs income  3. Direct advertising costs color of (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  (1)  (2)  (3)  7. Excess readers record of (loss) (col 2 minus cols 5 through 7)  7. Excess readers record of (loss) (col 2 minus cols 5 through 7)  (1)  (2)  (3)   |                                     |   | L                                     |                                       | L   |  |  |           |                    |             |  | <u>0.</u>                    |
| 1. Name of periodical  2. Gross advertising advertising costs advertising costs income  3. Direct advertising costs or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  (1)  (2)  (3)  4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  5. Circulation income  6. Readership costs (column 5, but not in than column 4)   |                                     |   |                                       |                                       |   |  |  |           |                    |             |  |                              |
| 1. Name of periodical  2. Gloss advertising advertising costs  3. Direct of (loss) (col 2 minus costs)  3. Direct of (loss) (col 2 minus costs)  3. Freedership costs (column 6 mincome)  4. Readership costs (column 6 mincome)  5. Readership costs (column 6 mincome)  6. Readership costs (column 6 mincome)  7. Readership costs (column 6 mincome)  8. Readership costs (column 6 mincome)  9. Readership costs (column 6 mincome)  1. Name of periodical  3. Direct of (loss) (col 2 minus costs)  1. Readership costs (column 6 mincome)  1. Readership costs  1. Readership | Part I Income From I                | Periodicals Rep                               | orted or                              | n a Con                               | solidated   | Basis  |  |           |                    |             |  |                              |
| (2)  | 1. Name of periodical               | advertising                                   |                                       |                                       | or (toss) (co   | l 2 minus<br>in, compute                         |  | on        |                    |             | costs (column 6<br>column 5, but n       | 6 minus<br>iot more          |
| (2)  | <u>(1</u> )                         |   |                                       |                                       |   |  |  |           |                    |             |  |                              |
|  | (2)                                 |   |                                       |                                       |   |  |  |           |                    |             | ]  |                              |
|  | (3)                                 |   |                                       |                                       | ]   |  |  |           |                    |             | 7  | ļ                            |
| (4)  | (4)                                 |   |                                       |                                       | 7   |  |  |           | ·                  | -           | 1  |                              |
|  | <u>`</u> '                          | -   |                                       |                                       | <del></del>   |  | <del>                                     </del> |           |                    |             | <del> </del>                             |                              |
| Totals (carry to Part II, line (5)) ► 0 . 0 . Form 990-T (   | Totals (carry to Part II, line (5)) | <b>&gt;</b>                                   | 0.                                    | 0                                     |   |  |  |           |                    |             | Form 990-                                | 0 <b>.</b>                   |

# Form 990-T (2017) BAPTIST HEALTH SOUTH FLORIDA, INC. 65-02676 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<br>advertising<br>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<br>costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-----------------------------|---|--|--|---|----------------------|------------------------|--|
| (1)                         |   |  |  |   |                      |                        |  |
| (2)                         |   |  |  |   | · <del>-</del> -     |                        |  |
| (3)                         |   |  |  |   |                      |                        |  |
| (4)                         |   |  | <del></del>  |   |                      |                        |  |
| Totals from Part I          | • | 0.   | 0.   | -   |                      |                        | 0.   |
|                             |   | Enter here and on<br>page 1, Part I,<br>line 11, col (A) | Enter here and on<br>page 1, Part I,<br>line 11, col (B) |   |                      |                        | Enter here and<br>on page 1,<br>Part II, line 27                                 |
| Totals, Part II (lines 1-5) | ▶ | 0.   | 0.   |   |                      |                        | 0.   |

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

|                   | 1. Name                         | 2 Title | time devoted to<br>business | 4 Compensation attributable to unrelated business |
|-------------------|---------------------------------|---------|-----------------------------|---|
| (1)               |                                 |         | %                           |   |
| (2)               |                                 |         | %                           |   |
| (3)               |                                 |         | %                           |   |
| (4)               |                                 |         | %                           |   |
| Total. Enter here | and on page 1, Part II, line 14 |         | •                           | 0.  |

Form 990-T (2017)

Form 4626
Department of the Treasury
Internal Revenue Service

### **Alternative Minimum Tax - Corporations**

Attach to the corporation's tax return.

► Go to www.irs.gov/Form4626 for instructions and the latest information.

OMB No 1545-0123

| ivai | шө         | BAPTIST HEALTH SOUTH FLORIDA, INC.   |               |    | 65-0267668       |
|------|------------|--|---------------|----|------------------|
| _    |            | Note: See the instructions to find out if the corporation is a small corporation exempt                        |               |    |                  |
|      |            | from the alternative minimum tax (AMT) under section 55(e).  |               |    |                  |
|      |            |  |               |    | 1 060 014        |
| 1    |            | Taxable income or (loss) before net operating loss deduction   |               | 1  | 1,862,014.       |
| 2    |            | Adjustments and preferences:   |               |    |                  |
|      |            | Depreciation of post-1986 property   |               | 2a |                  |
|      |            | Amortization of certified pollution control facilities   |               | 2b |                  |
|      |            | Amortization of mining exploration and development costs   |               | 2c |                  |
|      |            | Amortization of circulation expenditures (personal holding companies only)                                     |               | 2d |                  |
|      | е          | Adjusted gain or loss  |               | 2e |                  |
|      |            | Long-term contracts  |               | 2f | ···              |
|      | -          | Merchant marine capital construction funds   |               | 2g |                  |
|      |            | Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)                        |               | 2h |                  |
|      | i          | Tax shelter farm activities (personal service corporations only)   |               | 2i |                  |
|      | j          | Passive activities (closely held corporations and personal service corporations only)                          |               | 2j |                  |
|      | k          | Loss limitations   |               | 2k | <del></del>      |
|      | I          | Depletion  |               | 21 |                  |
|      | m          | Tax-exempt interest income from specified private activity bonds   |               | 2m |                  |
|      |            | Intangible drilling costs  |               | 2n |                  |
|      |            | Other adjustments and preferences  | *             | 20 | 1 000 014        |
| 3    | 1          | Pre-adjustment alternative minimum taxable income (AMTI) Combine lines 1 through 20                            |               | 3  | 1,862,014.       |
| 4    |            | Adjusted current earnings (ACE) adjustment.  |               |    |                  |
|      |            | ACE from line 10 of the ACE worksheet in the instructions  | 4a 1,862,014. |    |                  |
|      | b          | Subtract line 3 from line 4a If line 3 exceeds line 4a, enter the difference as a                              |               |    |                  |
| ,    |            | negative amount. See instructions  | 4b 0.         |    |                  |
|      |            | Multiply line 4b by 75% (0 75). Enter the result as a positive amount  | 4c            |    |                  |
|      | d          | Enter the excess, if any, of the corporation's total increases in AMTI from prior                              |               |    |                  |
|      |            | year ACE adjustments over its total reductions in AMTI from prior year ACE                                     | _             |    |                  |
|      |            | adjustments See instructions. Note: You must enter an amount on line 4d  |               |    |                  |
|      |            | (even if line 4b is positive)  | 4d            |    |                  |
|      | е          | ACE adjustment.  |               |    |                  |
|      |            | <ul> <li>If line 4b is zero or more, enter the amount from line 4c</li> </ul>                                  | ٦ ا           |    |                  |
|      |            | <ul> <li>If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount</li> </ul> | }             | 4e | 0.               |
| 5    |            | Combine lines 3 and 4e. If zero or less, stop here, the corporation does not owe any AMT                       |               | 5  | 1,862,014.       |
| 6    |            | Alternative tax net operating loss deduction. See instructions   | STATEMENT 8   | 6  | 954,415.         |
| 7    |            | Alternative minimum taxable income Subtract line 6 from line 5. If the corporation held a                      | residual      |    | 007 500          |
|      |            | interest in a REMIC, see instructions  |               | 7  | 907,599.         |
| 8    |            | Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on li                  | ine 8c)       |    |                  |
|      | а          | Subtract \$150,000 from line 7. If completing this line for a member of a controlled                           | , ,           |    |                  |
|      |            | group, see instructions. If zero or less, enter -0-  | 8a            |    |                  |
| 4    | <b>'</b> b | Multiply line 8a by 25% (0 25)   | 8b            |    |                  |
|      | C          | Exemption Subtract line 8b from \$40,000 If completing this line for a member of a control                     | led           |    |                  |
|      |            | group, see instructions. If zero or less, enter -0-  |               | 8c | 0.               |
| 9    |            | Subtract line 8c from line 7. If zero or less, enter -0-   |               | 9  | 907,599.         |
| 10   |            | Multiply line 9 by 20% (0.20)  |               | 10 | 181,520.         |
| 11   |            | Alternative minimum tax foreign tax credit (AMTFTC). See instructions  |               | 11 | <del></del>      |
| 12   |            | Tentative minimum tax. Subtract line 11 from line 10 STMT 9  | BLENDED RATE  | 12 | 45,753.          |
| 13   |            | Regular tax liability before applying all credits except the foreign tax credit                                |               | 13 | 122,136.         |
| 14   |            | Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0 Enter here                   |               |    |                  |
|      |            | Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return                  | 1             | 14 | 0.               |
| DAZ  |            | For Department Paduation Act Notice, see congrete instructions   |               |    | Form 4626 (2017) |

JWA For Paperwork Reduction Act Notice, see separate instructions.

\* SEE ALSO

STATEMENT 6 STATEMENT 7

#### Adjusted Current Earnings (ACE) Worksheet ► See ACE Worksheet Instructions. 1,862,014. 1 Pre-adjustment AMTI Enter the amount from line 3 of Form 4626 2 ACE depreciation adjustment a AMT depreciation b ACE depreciation: (1) Post-1993 property 2b(1) (2) Post-1989, pre-1994 property 2b(2) (3) Pre-1990 MACRS property 2b(3) (4) Pre-1990 original ACRS property 2b(4) (5) Property described in sections 168(f)(1) through (4) 2b(5) (6) Other property 2b(6) 2b(7) (7) Total ACE depreciation. Add lines 2b(1) through 2b(6) 2c c ACE depreciation adjustment Subtract line 2b(7) from line 2a Inclusion in ACE of items included in earnings and profits (E&P) 3a a Tax-exempt interest income b Death benefits from life insurance contracts 3b e All other distributions from life incurance contracts (including currenders) 3с 3d d Inside buildup of undistributed income in life insurance contracts e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list) 3f f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e 4 Disallowance of items not deductible from E&P a Certain dividends received b Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as 4h affected by P L 113-295, Div A, section 221(a)(41)(A), Dec 19, 2014, 128 Stat 4043) 46 c. Dividends paid to an ESOP that are deductible under section 404(k) d Nonpatronage dividends that are paid and deductible under section-1382(c) 4d e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a f Total increase to ACE because of disallowance of items not deductible from E&P Add lines 4a through 4e 4f 5 Other adjustments based on rules for figuring E&P. a Intangible drilling costs 5b **b** Circulation expenditures 5с c Organizational expenditures 5d d LIFO inventory adjustments 5e e Installment sales f Total other E&P adjustments. Combine lines 5a through 5e 6 Disallowance of loss on exchange of debt pools 6 Acquisition expenses of life insurance companies for qualified foreign contracts 8 9 Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of 1,862,014. Form 4626 10

| FORM 990-T   |   | SS) FROM PARTNERS<br>S CORPORATIONS   | SHIPS  | STATEMENT 1                                  |
|--|---|---|--|--|
| DESCRIPTION  |   |   | '  | AMOUNT                                       |
| PARTNERSHIP  | REVENUE   |   |  | 76,275.                                      |
| TOTAL TO FO  | RM 990-T, PAGE 1,   | LINE 5  |  | 76,275.                                      |
| FORM 990-T   |   | OTHER INCOME  |  | STATEMENT 2                                  |
| DESCRIPTION  |   |   |  | AMOUNT                                       |
| QUALIFIED T  | RANSPORTATION FRII  | NGE BENEFITS  |  | 755,137.                                     |
| TOTAL TO FO  | RM 990-T, PAGE 1,   | LINE 12   |  | 755,137.                                     |
| FORM 990-T   |   | OTHER DEDUCTI   | ONS  | STATEMENT 3                                  |
| DESCRIPTION  |   |   |  | AMOUNT                                       |
| CONSULTANTS<br>TRAVEL  | & OTHER PURCHASEI   | O SERVICES  |  | 717,345.<br>178,840.                         |
| TOTAL TO FO  | RM 990-T, PAGE 1,   | LINE 28   |  | 896,185.                                     |
| FORM 990-T   | NET   | OPERATING LOSS D  | EDUCTION   | STATEMENT 4                                  |
| TAX YEAR   | LOSS SUSTAINED  | LOSS<br>PREVIOUSLY<br>APPLIED   | LOSS<br>REMAINING                                  | AVAILABLE<br>THIS YEAR                       |
| 09/30/01<br>09/30/02<br>09/30/03<br>09/30/04<br>09/30/05<br>09/30/06<br>09/30/07<br>09/30/08<br>09/30/09<br>09/30/10<br>09/30/11 | 23,845.<br>9,413.<br>16,207.<br>85,103.<br>161,543.<br>20,514.<br>64,773.<br>0.<br>23,376.<br>0.<br>21,283. | 23,845.<br>9,413.<br>16,207.<br>85,103.<br>161,543.<br>20,514.<br>64,773.<br>0.<br>23,376.<br>0.<br>0.<br>21,283. | 0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0. | 0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0.<br>0. |

| BAPTIST HEA   | LTH SOUTH FLORIDA, INC. |         |            | 65-0267668 |
|---------------|-------------------------|---------|------------|------------|
| 09/30/13      | 358,126.                | 96,465. | 261,661.   | 261,661.   |
| 09/30/14      | 41,703.                 | 0.      | 41,703.    | 41,703.    |
| 09/30/15      | 220,026.                | 0.      | 220,026.   | 220,026.   |
| 09/30/16      | 835,526.                | 0.      | 835,526.   | 835,526.   |
| 09/30/17      | 0.                      | 0.      | 0.         | 0.         |
| NOL CARRYOVER | AVAILABLE THIS YEAR     |         | 1,358,916. | 1,358,916. |

| FORM       | 990-T LINE 35C TAX COMPUTATION   |                  | STATEMENT 5 |
|------------|--|------------------|-------------|
| 1.         | TAXABLE INCOME   | 503,098          |             |
| 2.         | LESSER OF LINE 1 OR FIRST BRACKET AMOUNT   | 50,000           |             |
| 3.         | LINE 1 LESS LINE 2   | 453,098          |             |
| 4.         | LESSER OF LINE 3 OR SECOND BRACKET AMOUNT  | 25,000           |             |
| 5.         | LINE 3 LESS LINE 4   | 428,098          |             |
| 6.         | INCOME SUBJECT TO 34% TAX RATE   | 428,098          |             |
| 7.         | INCOME SUBJECT TO 35% TAX RATE   | 0                |             |
| 8.         | 15 PERCENT OF LINE 2   | 7,500            |             |
| 9.         | 25 PERCENT OF LINE 4   | 6,250            |             |
| 10.        | 34 PERCENT OF LINE 6   | 145,553          |             |
| 11.        | 35 PERCENT OF LINE 7   | 0                |             |
| 12.        | ADDITIONAL 5% SURTAX   | 11,750           |             |
| 13.        | ADDITIONAL 3% SURTAX   | 0                |             |
| 14.        | TOTAL INCOME TAX   |                  | 171,053     |
|            |  | =                |             |
| 15.        | TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017   | 105,651          |             |
|            | DAYS   |                  |             |
| 16.<br>17. | TAX PRORATED FOR NUMBER OF DAYS IN 2017 92 TAX PRORATED FOR NUMBER OF DAYS IN 2018 273 | 43,115<br>79,021 |             |
| 18.        | TOTAL TAX PRORATED 365   |                  | 122,136     |

| FORM 4626 AMT CONTRIBUTION LIMITATION   | STATEMENT 6       |
|---|-------------------|
| 1) REGULAR TAXABLE INCOME BEFORE NOL, CHARITABLE CONTRIBUTIONS, AND DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)   | 1,917,914         |
| 3) PREADJUSTMENT AMTI BEFORE ACE, CHARITABLE DEDUCTIONS, NOL AND DPAD   |                   |
| 5) ACE WITHOUT CHARITABLE CONTRIBUTIONS (LINE 3 PLUS LINE 4) 6) LINE 5 LESS LINE 3 (ENTER EXCESS AS A NEGATIVE AMOUNT) 7) MULTIPLY LINE 6 BY 75%. ENTER RESULT AS A POSITIVE AMOUNT. 8) ENTER EXCESS OF THE CORPORATION'S PRIOR YEAR NET INCREASES IN AMTI DUE TO ACE |                   |
| 10) AMTI WITHOUT CHARITABLE CONTRIBUTIONS, NOL AND DPAD (LINE 3 PLUS LINE 9)  | 191,791           |
| 13) CONTRIBUTION DEDUCTION TO CALCULATE 90% AMTI LIMITATION FOR NOL (LESSER OF LINE 11 OR LINE 12)  | 0                 |
| 14) AMTI FOR PURPOSES OF 90% NOL LIMITATION (LINE 10 LESS LINE 13)  |                   |
| 17) AMT NOL (LESSER OF LINE 15 OR LINE 16)  | 954,415           |
| 18) AMTI FOR CHARITABLE DEDUCTION LIMITATION (LINE 10 PLUS SPECIAL DEDUCTIONS LESS AMT NOL ON LINE 17) 19) 10% OF LINE 18   | 963,499<br>96,350 |
| 20) AMT CHARITABLE DEDUCTION (LESSER OF LINE 12 OR LINE 19) 21) REGULAR CONTRIBUTION DEDUCTION  | 0<br>55,900       |
| 22) AMT CONTRIBUTION ADJUSTMENT (LINE 21 LESS LINE 20)  | 55,900            |

| FORM 4626  | AMT CONTRIBUTIONS         | STATEMENT 7 |
|--|---------------------------|-------------|
| CARRYOVER OF PRIOR Y FOR TAX YEAR 2012 FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 | EARS UNUSED CONTRIBUTIONS |             |
| TOTAL CARRYOVER<br>CURRENT YEAR CONTRIB  | UTIONS                    |             |
| TOTAL CONTRIBUTIONS 10% OF TAXABLE INCOM   | E AS ADJUSTED             | 96,350      |
| EXCESS CONTRIBUTIONS   |                           | 0           |
| ALLOWABLE CONTRIBUTION   | ONS                       | 0           |

| FORM 4626            | ALTERNAT             | IVE MINIMUM TAX N             | OL DEDUCTION         | STATEMENT | 8 |
|----------------------|----------------------|-------------------------------|----------------------|-----------|---|
| TAX YEAR             | LOSS SUSTAINED       | LOSS<br>PREVIOUSLY<br>APPLIED | LOSS<br>REMAINING    |           |   |
| 09/30/16<br>09/30/17 | 835,526.<br>118,889. | 0.                            | 835,526.<br>118,889. | ,         | ) |
| AMT NOL CAI          | RRYOVER AVAILABLE 1  | THIS YEAR                     | 954,415.             |           |   |

|                        | TENTATIVE MINIMUM TAX (               | (TMT) PRORATION | STATEMENT 9 |
|------------------------|---------------------------------------|-----------------|-------------|
| TENTATIVE MIMIMUM TAX  | FOR THE ENTIRE YEAR .                 | 181,520.        |             |
| TMT IN EFFECT BEFORE ( | 01/01/2018                            | 181,520.        |             |
| TMT IN EFFECT AFTER 12 | 2/31/2017                             |                 |             |
|                        | Ε                                     | DAYS            |             |
|                        | ER OF DAYS IN 2017 ER OF DAYS IN 2018 | <del></del>     |             |
| TMT PRORATED           |                                       | 365             | 45,753.     |

Baptist Health South Florida, Inc. Form 990T

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

Baptist Health South Florida, 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.

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

Baptist Health South Florida, 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.