

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e)) **1909**

OMB No 1545-0687

2018

08 07 026

For calendar year 2018 or other tax year beginning 10/01, 2018, and ending 09/30, 20 19

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

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

Open to Public Inspection for 501(c)(3) Organizations Only

- A Check box if address changed
- B Exempt under section
 - 501(C) (03)
 - 408(e) 220(e)
 - 408A 530(a)
 - 529(a)

Print or Type

Name of organization (Check box if name changed and see instructions)
BAPTIST HEALTH SOUTH FLORIDA, INC

Number, street, and room or suite no. If a P O box, see instructions
6855 RED ROAD, SUITE 600

City or town, state or province, country, and ZIP or foreign postal code
CORAL GABLES, FL 33143-3632

D Employer identification number
(Employees' trust, see instructions)
65-0267668

E Unrelated business activity code
(See instructions)
523000

C Book value of all assets at end of year
6,800,060,279

F Group exemption number (See instructions.) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust **4**

H Enter the number of the organization's unrelated trades or businesses ▶ 5 Describe the only (or first) unrelated trade or business here ▶ **OTHER FINANCIAL INVESTMENTS**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

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

J The books are in care of ▶ **FINANCE DEPARTMENT** Telephone number ▶ **(786) 662-7000**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	<u>0</u>			
b Less returns and allowances	<u>0</u>			
1c Balance ▶		<u>0</u>		
2 Cost of goods sold (Schedule A, line 7) M		<u>0</u>		
3 Gross profit. Subtract line 2 from line 1c		<u>0</u>		<u>0</u>
4a Capital gain net income (attach Schedule D)		<u>0</u>		<u>0</u>
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<u>0</u>		<u>0</u>
4c Capital loss deduction for trusts		<u>0</u>		<u>0</u>
5 Income (loss) from a partnership or an S corporation (attach statement)		<u>(212,086)</u>		<u>(212,086)</u>
6 Rent income (Schedule C)		<u>0</u>	<u>0</u>	<u>0</u>
7 Unrelated debt-financed income (Schedule E)		<u>0</u>	<u>0</u>	<u>0</u>
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<u>0</u>	<u>0</u>	<u>0</u>
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<u>0</u>	<u>0</u>	<u>0</u>
10 Exploited exempt activity income (Schedule I)		<u>0</u>	<u>0</u>	<u>0</u>
11 Advertising income (Schedule J)		<u>0</u>	<u>0</u>	<u>0</u>
12 Other income (See instructions; attach schedule)		<u>0</u>		<u>0</u>
13 Total. Combine lines 3 through 12		<u>(212,086)</u>	<u>0</u>	<u>(212,086)</u>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with **POSTMARK** business income)

14 Compensation of officers, directors, and trustees (Schedule K)			14	<u>0</u>
15 Salaries and wages			15	<u>0</u>
16 Repairs and maintenance	AUG 13 2020		16	<u>0</u>
17 Bad debts	AUG 17 2020		17	<u>0</u>
18 Interest (attach schedule) (see instructions)	CINCINNATI SERVICE CENTER		18	<u>0</u>
19 Taxes and licenses			19	<u>0</u>
20 Charitable contributions (See instructions for limitation rules)			20	<u>0</u>
21 Depreciation (attach Form 4562)		<u>0</u>		
22a Less depreciation claimed on Schedule A and elsewhere on return		<u>0</u>	22b	<u>0</u>
23 Depletion			23	<u>0</u>
24 Contributions to deferred compensation plans	Rec. date 08/17/20		24	<u>0</u>
25 Employee benefit programs			25	<u>0</u>
26 Excess exempt expenses (Schedule I)			26	<u>0</u>
27 Excess readership costs (Schedule J)			27	<u>0</u>
28 Other deductions (attach schedule)			28	<u>0</u>
29 Total deductions. Add lines 14 through 28			29	<u>0</u>
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	<u>(212,086)</u>
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			31	
32 Unrelated business taxable income. Subtract line 31 from line 30			32	<u>(212,086)</u>

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Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	2,277,265
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	0
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	2,277,265
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36.	38	2,276,265

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	478,016
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	478,016

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800 (see instructions)	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	0
46	Subtract line 45e from line 44	46	478,016
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	0
48	Total tax. Add lines 46 and 47 (see instructions)	48	478,016
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50a	Payments: A 2017 overpayment credited to 2018	50a	231,949
b	2018 estimated tax payments	50b	620,000
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other 0 Total	50g	0
51	Total payments. Add lines 50a through 50g	51	851,949
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	373,933
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax 373,933 Refunded	55	0

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here CJ	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		✓
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$ 0		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: *Steven Rovner* Date: 8/5/2020 Title: CORPORATE VP OF FINANCE

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name STEVEN ROVNER	Preparer's signature <i>SR</i>	Date 8/5/2020	Check <input type="checkbox"/> if self-employed	PTIN P00648526
	Firm's name DELOITTE TAX LLP			Firm's EIN 86-1065772	
	Firm's address 201 N FRANKLIN STREET, SUITE 3600, TAMPA, FL 33602-5818			Phone no. (813) 273-8355	

Schedule A—Cost of Goods Sold. Enter method of inventory valuation ►

1 Inventory at beginning of year	1	0	6 Inventory at end of year	6	0
2 Purchases	2	0	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	0
3 Cost of labor	3	0	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (attach schedule)	4a	0			
b Other costs (attach schedule)	4b	0			
5 Total. Add lines 1 through 4b	5	0			

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0	Total 0
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►
		0

Schedule E—Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ►			Enter here and on page 1, Part I, line 7, column (A) 0	Enter here and on page 1, Part I, line 7, column (B) 0
Total dividends-received deductions included in column 8 ►			0	0

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) BAPTIST HEALTH ENTERPRISES, INC	59-2572862				
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)		2,306,249	2,306,249	0
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
			2,306,249	0

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. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals		0		0

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals		0	0			0

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	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 (carry to Part II, line (5))		0	0	0		0

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				0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, 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	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning 10/01, 2018, and ending 09/30, 20 19.

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

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Open to Public Inspection for
501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

BAPTIST HEALTH SOUTH FLORIDA, INC.

65-0267668

Unrelated business activity code (see instructions) ▶ 211110

Describe the unrelated trade or business ▶ OIL & GAS EXTRACTION

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>0</u>			
b	Less returns and allowances <u>0</u>			
c	Balance ▶	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		0
4a	Capital gain net income (attach Schedule D)	4a		0
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		0
c	Capital loss deduction for trusts	4c		0
5	Income (loss) from a partnership or an S corporation (attach statement)	5	(2,361,920)	(2,361,920)
6	Rent income (Schedule C)	6	0	0
7	Unrelated debt-financed income (Schedule E)	7	0	0
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8	0	0
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9	0	0
10	Exploited exempt activity income (Schedule I)	10	0	0
11	Advertising income (Schedule J)	11	0	0
12	Other income (See instructions, attach schedule)	12	0	0
13	Total. Combine lines 3 through 12	13	(2,361,920)	(2,361,920)

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	0
15	Salaries and wages	15	0
16	Repairs and maintenance	16	0
17	Bad debts	17	0
18	Interest (attach schedule) (see instructions)	18	0
19	Taxes and licenses	19	0
20	Charitable contributions (See instructions for limitation rules)	20	0
21	Depreciation (attach Form 4562)	21	0
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	0
23	Depletion	23	0
24	Contributions to deferred compensation plans	24	0
25	Employee benefit programs	25	0
26	Excess exempt expenses (Schedule I)	26	0
27	Excess readership costs (Schedule J)	27	0
28	Other deductions (attach schedule)	28	0
29	Total deductions. Add lines 14 through 28	29	0
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	(2,361,920)
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	0
32	Unrelated business taxable income Subtract line 31 from line 30	32	(2,361,920)

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Cat No 71329Y

Schedule M (Form 990-T) 2018

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning 10/01, 2018, and ending 09/30, 20 19.

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Open to Public Inspection for
501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

BAPTIST HEALTH SOUTH FLORIDA, INC

65-0267668

Unrelated business activity code (see instructions) ▶ 561000

Describe the unrelated trade or business ▶ ADMINISTRATIVE & SUPPORT SERVICES

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>1,221,366</u>			
b	Less returns and allowances <u>0</u>			
	c Balance ▶	1c		
		1,221,366		
2	Cost of goods sold (Schedule A, line 7)	2	0	
3	Gross profit Subtract line 2 from line 1c	3	1,221,366	1,221,366
4a	Capital gain net income (attach Schedule D)	4a	0	0
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	0	0
c	Capital loss deduction for trusts	4c	0	0
5	Income (loss) from a partnership or an S corporation (attach statement)	5	0	0
6	Rent income (Schedule C)	6	0	0
7	Unrelated debt-financed income (Schedule E)	7	0	0
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8	0	0
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9	0	0
10	Exploited exempt activity income (Schedule I)	10	0	0
11	Advertising income (Schedule J)	11	0	0
12	Other income (See instructions, attach schedule)	12	0	0
13	Total. Combine lines 3 through 12	13	1,221,366	1,221,366

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	0
15	Salaries and wages	15	295,208
16	Repairs and maintenance	16	0
17	Bad debts	17	0
18	Interest (attach schedule) (see instructions)	18	0
19	Taxes and licenses	19	0
20	Charitable contributions (See instructions for limitation rules)	20	0
21	Depreciation (attach Form 4562)	21	0
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	0
23	Depletion	23	0
24	Contributions to deferred compensation plans	24	0
25	Employee benefit programs	25	0
26	Excess exempt expenses (Schedule I)	26	0
27	Excess readership costs (Schedule J)	27	0
28	Other deductions (attach schedule)	28	802,788
29	Total deductions. Add lines 14 through 28	29	1,097,996
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	123,370
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	0
32	Unrelated business taxable income. Subtract line 31 from line 30	32	123,370

For Paperwork Reduction Act Notice, see instructions.

Cat No 71329Y

Schedule M (Form 990-T) 2018

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

OMB No 1545-0687

2018

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Department of the Treasury
Internal Revenue Service

Name of the organization

BAPTIST HEALTH SOUTH FLORIDA, INC

Employer identification number

65-0267668

Unrelated business activity code (see instructions) ▶ 900099

Describe the unrelated trade or business ▶ OTHER ACTIVITY

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>0</u>			
b	Less returns and allowances <u>0</u>			
	c Balance ▶	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		0
4a	Capital gain net income (attach Schedule D)	4a		0
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		0
c	Capital loss deduction for trusts	4c		0
5	Income (loss) from a partnership or an S corporation (attach statement)	5		0
6	Rent income (Schedule C)	6	0	0
7	Unrelated debt-financed income (Schedule E)	7	0	0
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8	2,306,249	0
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9	0	0
10	Exploited exempt activity income (Schedule I)	10	0	0
11	Advertising income (Schedule J)	11	0	0
12	Other income (See instructions, attach schedule)	12	0	0
13	Total. Combine lines 3 through 12	13	2,306,249	0

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

14	Compensation of officers, directors, and trustees (Schedule K)	14		0
15	Salaries and wages	15		0
16	Repairs and maintenance	16		0
17	Bad debts	17		0
18	Interest (attach schedule) (see instructions)	18		0
19	Taxes and licenses	19		0
20	Charitable contributions (See instructions for limitation rules)	20		252,918
21	Depreciation (attach Form 4562)	21	0	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	0	
23	Depletion	23		0
24	Contributions to deferred compensation plans	24		0
25	Employee benefit programs	25		0
26	Excess exempt expenses (Schedule I)	26		0
27	Excess readership costs (Schedule J)	27		0
28	Other deductions (attach schedule)	28		0
29	Total deductions. Add lines 14 through 28	29		252,918
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		2,053,331
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31		0
32	Unrelated business taxable income. Subtract line 31 from line 30	32		2,053,331

For Paperwork Reduction Act Notice, see instructions.

Cat No 71329Y

Schedule M (Form 990-T) 2018

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning 10/01, 2018, and ending 09/30, 20 19

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Open to Public Inspection for
501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

Name of the organization

BAPTIST HEALTH SOUTH FLORIDA, INC

Employer identification number

65-0267668

Unrelated business activity code (see instructions) ▶ 812930

Describe the unrelated trade or business ▶ PARKING LOTS AND GARAGES

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	<u>100,564</u>				
b	Less returns and allowances	<u>0</u>	c Balance ▶	1c	<u>100,564</u>	
2	Cost of goods sold (Schedule A, line 7)			2	<u>0</u>	
3	Gross profit. Subtract line 2 from line 1c			3	<u>100,564</u>	<u>100,564</u>
4a	Capital gain net income (attach Schedule D)			4a	<u>0</u>	<u>0</u>
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4b	<u>0</u>	<u>0</u>
c	Capital loss deduction for trusts			4c	<u>0</u>	<u>0</u>
5	Income (loss) from a partnership or an S corporation (attach statement)			5	<u>0</u>	<u>0</u>
6	Rent income (Schedule C)			6	<u>0</u>	<u>0</u>
7	Unrelated debt-financed income (Schedule E)			7	<u>0</u>	<u>0</u>
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			8	<u>0</u>	<u>0</u>
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			9	<u>0</u>	<u>0</u>
10	Exploited exempt activity income (Schedule I)			10	<u>0</u>	<u>0</u>
11	Advertising income (Schedule J)			11	<u>0</u>	<u>0</u>
12	Other income (See instructions, attach schedule)			12	<u>0</u>	<u>0</u>
13	Total. Combine lines 3 through 12			13	<u>100,564</u>	<u>0</u>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income)				
14	Compensation of officers, directors, and trustees (Schedule K)		14	<u>0</u>
15	Salaries and wages		15	<u>0</u>
16	Repairs and maintenance		16	<u>0</u>
17	Bad debts		17	<u>0</u>
18	Interest (attach schedule) (see instructions)		18	<u>0</u>
19	Taxes and licenses		19	<u>0</u>
20	Charitable contributions (See instructions for limitation rules)		20	<u>0</u>
21	Depreciation (attach Form 4562)	<u>0</u>	21	<u>0</u>
22	Less depreciation claimed on Schedule A and elsewhere on return	<u>0</u>	22a	<u>0</u>
23	Depletion		23	<u>0</u>
24	Contributions to deferred compensation plans		24	<u>0</u>
25	Employee benefit programs		25	<u>0</u>
26	Excess exempt expenses (Schedule I)		26	<u>0</u>
27	Excess readership costs (Schedule J)		27	<u>0</u>
28	Other deductions (attach schedule)		28	<u>0</u>
29	Total deductions. Add lines 14 through 28		29	<u>0</u>
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	<u>100,564</u>
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		31	<u>0</u>
32	Unrelated business taxable income Subtract line 31 from line 30		32	<u>100,564</u>

For Paperwork Reduction Act Notice, see instructions.

Cat No 71329Y

Schedule M (Form 990-T) 2018

Name of Partnership	EIN	UBI
INVESTMENT		
(1) PREMIER HEALTHCARE ALLIANCE LP	33-0387407	235,881
(2) BLACK STONE MINERALS LP	47-1846692	428
(3) AMERICAN STRATEGIC VALUE REALTY FUND LP	26-1716373	1,320,483
(4) IRONSIDES PARTNERSHIP FUND V LP	36-4883815	-17,661
(5) GPB HOLDINGS II LP	47-3870808	-1,183,969
(6) IRONSIDES DIRECT INVESTMENT FUND V LP	61-1861893	-567,253
(7) APOLLO GLOBAL MANAGEMENT LLC	20-8880053	5
OIL & GAS		
(1) ARCADIUS (SW) ENERGY CAPITAL LP	47-4312882	-2,361,920
Total for Part I, Line 5		-2,574,006

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2017	10,352,921	55,900	0	0	10,297,021	2022
2018	5,176,683	0	252,918	0	4,923,765	2023
Totals	15,529,604	55,900	252,918	0	15,220,786	

Description	Amount
BAPTIST HEALTH INTERNATIONAL SERVICES LLC	
(1) CONSULTANTS & OTHER PURCHASED SERVICES	802,788

Date	Amount
06/14/2019	220,000
09/05/2019	400,000
Totals	620,000

Baptist Health South Florida, Inc.
Form 990T

FEIN# 65-0267668
FYE 09/30/2019

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.

Baptist Health South Florida, Inc.
Form 990T

FEIN# 65-0267668
FYE 09/30/2019

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.

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2018
Attachment
Sequence No **12A**

Name(s) shown on return
BAPTIST HEALTH SOUTH FLORIDA, INC.

Social security number or taxpayer identification number
65-0267668

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold or disposed of (Mo, day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f) See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	SHORT-TERM GAIN/LOSS FROM INVESTMENTS			31				31
	SHORT-TERM ORDINARY GAIN/LOSS FROM INVESTMENTS			0				0
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►			31	0		0	31

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

2018

Name BAPTIST HEALTH SOUTH FLORIDA, INC.	Employer identification number 65-0267668
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Part I Short-Term Capital Gains and Losses (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				0
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				0
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				0
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				0
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 (0)
7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h				7 0

Part II Long-Term Capital Gains and Losses (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				0
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				0
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				0
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				0
11 Enter gain from Form 4797, line 7 or 9				11 882,298
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions (see instructions)				14
15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h				15 882,298

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)				16 0
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)				17 882,298
18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns				18 882,298

Note: If losses exceed gains, see **Capital losses** in the instructions

Schedule C

Line 9 - Other Income

Description	Functional Currency	U S Dollars
OTHER OPERATING REVENUE		235,195
INVESTMENT INCOME		56

Schedule C

Line 17 - Other Deductions

Description	Functional Currency	U S Dollars
SUPPLIES		192,848
INSURANCE		9,618
ADMINISTRATIVE EXPENSES		765,484

Schedule F

Line 5 - Other Current Assets

Description	Beginning of annual accounting period	End of annual accounting period
OTHER CURRENT ASSETS	62,353	313,944

Schedule F

Line 16 - Other Current Liabilities

Description	Beginning of annual accounting period	End of annual accounting period
OTHER CURRENT LIABILITIES	213,684	489,747