

Possible Duplicate

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Form 990-T

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

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning 2019, and ending 20

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

Department of the Treasury Internal Revenue Service

Form header section with fields for organization name (BAPTIST HEALTH), address (9601 BAPTIST HEALTH DRIVE, LITTLE ROCK, AR 72205), and identification numbers.

Section H: Enter the number of the organization's unrelated trades or businesses (6) and describe the only (or first) unrelated trade or business here (PHARMACY).

Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (Yes/No)

Section J: The books are in care of (BRENT BEAULIEU, CFO) Telephone number (501-202-2000)

Table with 4 columns: Part II Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Includes rows for gross receipts, cost of goods sold, and total net income.

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

Table with 3 columns: Line number, Description, and Amount. Lists various deductions such as compensation of officers, salaries, repairs, and depreciation.

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6/1/2021

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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 32-39 for Total Unrelated Business Taxable Income.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 40-45 for Tax Computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 46-56 for Tax and Payments.

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

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 57-59 regarding foreign activities and tax-exempt interest.

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

Sign Here: Signature of officer, Date, Title. Includes handwritten signature and date 11/16/2020.

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

Form 990-T (2019)

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **▶ UNIFORM CAPITALIZATION**

1	Inventory at beginning of year	1	744,920.	6	Inventory at end of year	6	979,220.
2	Purchases	2	2,472,185.	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	2,246,122.
3	Cost of labor	3		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) <b>ATCH. 2.</b>	4a	8,237.			X	
4b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5	3,225,342.				

**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		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(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)	
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . ▶		

**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 x column 6)
(1)		%	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(2)		%	
(3)		%	
(4)		%	
Totals		Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8			

Form 990-T (2019)

**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)					
(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)				
(3)				
(4)				

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).

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 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)				

Enter here and on page 1, Part I, line 9, column (A).

Enter here and on page 1, Part I, line 9, column (B).

Totals

**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)						

Enter here and on page 1, Part I, line 10, col (A).

Enter here and on page 1, Part I, line 10, col (B).

Enter here and on page 1, Part II, line 25.

Totals

**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))

**Part III** **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)						
<b>Totals from Part I</b> . . . . . ▶						
	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 26
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶						

**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) ATCH 3		%	
(3)		%	
(4)		%	
<b>Total</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			

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

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

OMB No 1545-0047

**2019**

For calendar year 2019 or other tax year beginning \_\_\_\_\_, 2019, and ending \_\_\_\_\_, 20\_\_\_\_

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Department of the Treasury  
Internal Revenue Service

Name of the organization

BAPTIST HEALTH

Employer identification number

71-0236856

Unrelated Business Activity Code (see instructions) ▶ 722310

Describe the unrelated trade or business ▶ CAFETERIA REVENUE

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales <u>314,229.</u>			
<b>b</b>	Less returns and allowances <u>                    </u> <b>c Balance ▶</b>			
	<b>1c</b>	314,229.		
<b>2</b>	Cost or goods sold (Schedule A, line 7) . . . . .	<b>2</b>		
<b>3</b>	Gross profit Subtract line 2 from line 1c . . . . .	<b>3</b>	314,229.	314,229.
<b>4a</b>	Capital gain net income (attach Schedule D) . . . . .	<b>4a</b>		
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . .	<b>4b</b>		
<b>c</b>	Capital loss deduction for trusts . . . . .	<b>4c</b>		
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement) . . . . .	<b>5</b>		
<b>6</b>	Rent income (Schedule C) . . . . .	<b>6</b>		
<b>7</b>	Unrelated debt-financed income (Schedule E) . . . . .	<b>7</b>		
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F) . . . . .	<b>8</b>		
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) . . . . .	<b>9</b>		
<b>10</b>	Exploited exempt activity income (Schedule I) . . . . .	<b>10</b>		
<b>11</b>	Advertising income (Schedule J) . . . . .	<b>11</b>		
<b>12</b>	Other income (See instructions, attach schedule) . . . . .	<b>12</b>		
<b>13</b>	<b>Total</b> Combine lines 3 through 12 . . . . .	<b>13</b>	314,229.	314,229.

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

<b>14</b>	Compensation of officers, directors, and trustees (Schedule K) . . . . .	<b>14</b>		
<b>15</b>	Salaries and wages . . . . .	<b>15</b>		
<b>16</b>	Repairs and maintenance . . . . .	<b>16</b>		
<b>17</b>	Bad debts . . . . .	<b>17</b>		
<b>18</b>	Interest (attach schedule) (see instructions) . . . . .	<b>18</b>		
<b>19</b>	Taxes and licenses . . . . .	<b>19</b>		
<b>20</b>	Depreciation (attach Form 4562) . . . . .	<b>20</b>		
<b>21</b>	Less depreciation claimed on Schedule A and elsewhere on return . . . . .	<b>21a</b>		<b>21b</b>
<b>22</b>	Depletion . . . . .	<b>22</b>		
<b>23</b>	Contributions to deferred compensation plans . . . . .	<b>23</b>		
<b>24</b>	Employee benefit programs . . . . .	<b>24</b>		
<b>25</b>	Excess exempt expenses (Schedule I) . . . . .	<b>25</b>		
<b>26</b>	Excess readership costs (Schedule J) . . . . .	<b>26</b>		
<b>27</b>	Other deductions (attach schedule) . . . . . <b>ATTCH 4</b>	<b>27</b>		403,866.
<b>28</b>	<b>Total deductions</b> Add lines 14 through 27 . . . . .	<b>28</b>		403,866.
<b>29</b>	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 . . . . .	<b>29</b>		-89,637.
<b>30</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) . . . . .	<b>30</b>		
<b>31</b>	<b>Unrelated business taxable income</b> Subtract line 30 from line 29 . . . . .	<b>31</b>		-89,637.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

JSA

9X745 1 000

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

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

OMB No 1545-0047

**2019**

For calendar year 2019 or other tax year beginning \_\_\_\_\_, 2019, and ending \_\_\_\_\_, 20\_\_\_\_

Department of the Treasury  
Internal Revenue Service

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Name of the organization

BAPTIST HEALTH

Employer identification number

71-0236856

Unrelated Business Activity Code (see instructions) ▶ 621400

Describe the unrelated trade or business ▶ PARTNERSHIP INCOME

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b>	Gross receipts or sales			
<b>b</b>	Less returns and allowances			
	<b>c</b> Balance ▶	<b>1 c</b>		
<b>2</b>	Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b>	Gross profit Subtract line 2 from line 1 c	<b>3</b>		
<b>4 a</b>	Capital gain net income (attach Schedule D)	<b>4 a</b>		
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4 b</b>		
<b>c</b>	Capital loss deduction for trusts	<b>4 c</b>		
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement) <b>ATCH 5</b>	<b>5</b>	771,415.	771,415.
<b>6</b>	Rent income (Schedule C)	<b>6</b>		
<b>7</b>	Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>		
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b>	Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b>	Advertising income (Schedule J)	<b>11</b>		
<b>12</b>	Other income (See instructions, attach schedule)	<b>12</b>		
<b>13</b>	<b>Total</b> Combine lines 3 through 12	<b>13</b>	771,415.	771,415.

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

<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>		
<b>15</b>	Salaries and wages	<b>15</b>		
<b>16</b>	Repairs and maintenance	<b>16</b>		
<b>17</b>	Bad debts	<b>17</b>		
<b>18</b>	Interest (attach schedule) (see instructions)	<b>18</b>		
<b>19</b>	Taxes and licenses	<b>19</b>		3,503.
<b>20</b>	Depreciation (attach Form 4562)	<b>20</b>		
<b>21</b>	Less depreciation claimed on Schedule A and elsewhere on return	<b>21 a</b>		<b>21 b</b>
<b>22</b>	Depletion	<b>22</b>		
<b>23</b>	Contributions to deferred compensation plans	<b>23</b>		
<b>24</b>	Employee benefit programs	<b>24</b>		
<b>25</b>	Excess exempt expenses (Schedule I)	<b>25</b>		
<b>26</b>	Excess readership costs (Schedule J)	<b>26</b>		
<b>27</b>	Other deductions (attach schedule)	<b>27</b>		
<b>28</b>	<b>Total deductions</b> Add lines 14 through 27	<b>28</b>		3,503.
<b>29</b>	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	<b>29</b>		767,912.
<b>30</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>30</b>		
<b>31</b>	<b>Unrelated business taxable income</b> Subtract line 30 from line 29	<b>31</b>		767,912.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

JSA

9X2745 1 000

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

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

OMB No 1545-0047

**2019**

For calendar year 2019 or other tax year beginning \_\_\_\_\_, 2019, and ending \_\_\_\_\_, 20\_\_

Department of the Treasury  
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Name of the organization

BAPTIST HEALTH

Employer identification number

71-0236856

Unrelated Business Activity Code (see instructions) ▶ 900002

Describe the unrelated trade or business ▶ RENTAL & INTEREST INCOME FROM CONTROLLED ORGANIZATION

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance ▶	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	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		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F) ATCH 6	8	483,737.	34,235.
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions, attach schedule)	12		
13	Total Combine lines 3 through 12	13	483,737.	34,235.
				449,502.

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

14	Compensation of officers, directors, and trustees (Schedule K)	14		
15	Salaries and wages	15		
16	Repairs and maintenance	16		
17	Bad debts	17		
18	Interest (attach schedule) (see instructions)	18		
19	Taxes and licenses	19		1,966.
20	Depreciation (attach Form 4562)	20	16,812.	
21	Less depreciation claimed on Schedule A and elsewhere on return	21a		16,812.
22	Depletion	22		
23	Contributions to deferred compensation plans	23		
24	Employee benefit programs	24		
25	Excess exempt expenses (Schedule I)	25		
26	Excess readership costs (Schedule J)	26		
27	Other deductions (attach schedule)	27		
28	Total deductions. Add lines 14 through 27	28		18,778.
29	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	29		430,724.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30		
31	Unrelated business taxable income Subtract line 30 from line 29	31		430,724.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

JSA

9X2745 1 000

**SCHEDULE M  
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**Unrelated Business Taxable Income from an  
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OMB No 1545-0047

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Name of the organization

BAPTIST HEALTH

Employer identification number

71-0236856

Unrelated Business Activity Code (see instructions) ▶ 533110

Describe the unrelated trade or business ▶ ROYALTY & INTEREST INCOME FROM XTO ENERGY, INC.

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b>	Gross receipts or sales			
<b>b</b>	Less returns and allowances			
	<b>c Balance ▶ 1 c</b>			
<b>2</b>	Cost of goods sold (Schedule A, line 7)			
<b>3</b>	Gross profit Subtract line 2 from line 1 c			
<b>4 a</b>	Capital gain net income (attach Schedule D)			
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
<b>c</b>	Capital loss deduction for trusts			
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)			
<b>6</b>	Rent income (Schedule C)			
<b>7</b>	Unrelated debt-financed income (Schedule E)			
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
<b>10</b>	Exploited exempt activity income (Schedule I)			
<b>11</b>	Advertising income (Schedule J)			
<b>12</b>	Other income (See instructions, attach schedule) <b>ATCH. 7</b>	995.		995.
<b>13</b>	<b>Total</b> Combine lines 3 through 12	995.		995.

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

<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>	
<b>15</b>	Salaries and wages		<b>15</b>	
<b>16</b>	Repairs and maintenance		<b>16</b>	
<b>17</b>	Bad debts		<b>17</b>	
<b>18</b>	Interest (attach schedule) (see instructions)		<b>18</b>	
<b>19</b>	Taxes and licenses		<b>19</b>	35.
<b>20</b>	Depreciation (attach Form 4562)		<b>20</b>	
<b>21</b>	Less depreciation claimed on Schedule A and elsewhere on return		<b>21 a</b>	
			<b>21 b</b>	
<b>22</b>	Depletion		<b>22</b>	
<b>23</b>	Contributions to deferred compensation plans		<b>23</b>	
<b>24</b>	Employee benefit programs		<b>24</b>	
<b>25</b>	Excess exempt expenses (Schedule I)		<b>25</b>	
<b>26</b>	Excess readership costs (Schedule J)		<b>26</b>	
<b>27</b>	Other deductions (attach schedule) <b>ATCH. 8</b>		<b>27</b>	185.
<b>28</b>	<b>Total deductions</b> Add lines 14 through 27		<b>28</b>	220.
<b>29</b>	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13		<b>29</b>	775.
<b>30</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>30</b>	
<b>31</b>	<b>Unrelated business taxable income</b> Subtract line 30 from line 29		<b>31</b>	775.

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Schedule M (Form 990-T) 2019

**SCHEDULE M  
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**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

OMB No 1545-0047

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Name of the organization **BAPTIST HEALTH** Employer identification number **71-0236856**

Unrelated Business Activity Code (see instructions) ▶ **621999**

Describe the unrelated trade or business ▶ **EMR SERVICES**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales <u>209,244.</u>			
<b>b</b>	Less returns and allowances <u>                    </u> c. Balance ▶			
	<b>1c</b>	209,244.		
<b>2</b>	Cost of goods sold (Schedule A, line 7) . . . . .	<b>2</b>		
<b>3</b>	Gross profit Subtract line 2 from line 1c . . . . .	<b>3</b>	209,244.	209,244.
<b>4a</b>	Capital gain net income (attach Schedule D) . . . . .	<b>4a</b>		
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . .	<b>4b</b>		
<b>c</b>	Capital loss deduction for trusts . . . . .	<b>4c</b>		
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement) . . . . .	<b>5</b>		
<b>6</b>	Rent income (Schedule C) . . . . .	<b>6</b>		
<b>7</b>	Unrelated debt-financed income (Schedule E) . . . . .	<b>7</b>		
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F) . . . . .	<b>8</b>		
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) . . . . .	<b>9</b>		
<b>10</b>	Exploited exempt activity income (Schedule I) . . . . .	<b>10</b>		
<b>11</b>	Advertising income (Schedule J) . . . . .	<b>11</b>		
<b>12</b>	Other income (See instructions, attach schedule) . . . . .	<b>12</b>		
<b>13</b>	<b>Total</b> Combine lines 3 through 12 . . . . .	<b>13</b>	209,244.	209,244.

<b>Part III</b> Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income)				
<b>14</b>	Compensation of officers, directors, and trustees (Schedule K) . . . . .		<b>14</b>	
<b>15</b>	Salaries and wages . . . . .		<b>15</b>	
<b>16</b>	Repairs and maintenance . . . . .		<b>16</b>	
<b>17</b>	Bad debts . . . . .		<b>17</b>	
<b>18</b>	Interest (attach schedule) (see instructions) . . . . .		<b>18</b>	
<b>19</b>	Taxes and licenses . . . . .		<b>19</b>	951.
<b>20</b>	Depreciation (attach Form 4562) . . . . .	<b>20</b>		
<b>21</b>	Less depreciation claimed on Schedule A and elsewhere on return . . . . .	<b>21a</b>	<b>21b</b>	
<b>22</b>	Depletion . . . . .		<b>22</b>	
<b>23</b>	Contributions to deferred compensation plans . . . . .		<b>23</b>	
<b>24</b>	Employee benefit programs . . . . .		<b>24</b>	
<b>25</b>	Excess exempt expenses (Schedule I) . . . . .		<b>25</b>	
<b>26</b>	Excess readership costs (Schedule J) . . . . .		<b>26</b>	
<b>27</b>	Other deductions (attach schedule) . . . . .		<b>27</b>	
<b>28</b>	<b>Total deductions.</b> Add lines 14 through 27 . . . . .		<b>28</b>	951.
<b>29</b>	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 . . . . .		<b>29</b>	208,293.
<b>30</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) . . . . .		<b>30</b>	
<b>31</b>	<b>Unrelated business taxable income</b> Subtract line 30 from line 29 . . . . .		<b>31</b>	208,293.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

JSA

9X2745 1 000

ATTACHMENT 1

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

SHARED SERVICES	365,579.
RENT	43,530.
OTHER EXPENSES	891.
SUPPLIES	8,000.
PRINTER & COPIER	4,555.

PART II - LINE 27 - OTHER DEDUCTIONS 422,555.

ATTACHMENT 2

FORM 990T - SCHEDULE A - LINE 4A - ADDITIONAL SECTION 263A COSTS

SECTION 263A	8,237.
TOTAL ADDITIONAL SECTION 263A COSTS	<u>8,237.</u>

ATTACHMENT 3SCH. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
JUDY HENRY 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	VICE-CHAIRMAN	0	0.
ED CHOATE 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	TRUSTEE	0	0.
HERRN HICKINGBOTHAM 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	TRUSTEE	0	0.
DR. GLENN MILLNER 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	TRUSTEE	0	0.
MICHAEL SHELLEY 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	TRUSTEE	0	0.
BARBARA GRAVES 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	TRUSTEE	0	0.
DOUGLAS WEEKS 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	CHIEF OF STRATEGY	0	0.
ROBERT C ROBERTS 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	FORMER CFO	0	0.
HARRISON DEAN 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	SENIOR VICE PRESIDENT	0	0.
ROCHELLE BATHOLOMEW 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	TRUSTEE	0	0.

ATTACHMENT 3 (CONT'D)SC-1D. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
VIRGIL MILLER 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	CHAIRMAN	0	0.
MIKE PIERCE 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	TRUSTEE	0	0.
TROY WELLS 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	PRESIDENT & CEO	0	0.
GREG GRAHAM 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	GENERAL COUNSEL	0	0.
JOHN MCMORRAN 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	TRUSTEE	0	0.
DR. KEN SHADDOX 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	TRUSTEE	0	0.
TERESA HOWELL 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	TRUSTEE	0	0.
CHARLES E PHILLIPS 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	CHIEF MEDICAL OFFICER	0	0.
TONY KENDALL 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	VICE PRESIDENT & CAO	0	0.
MIKE PERKINS 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	VP & ADMINISTRATOR	0	0.

SC.D. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
KENT LOCKWOOD 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	TRUSTEE	0	0.
DR. GLEN JONES 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	SECRETARY	0	0.
JIM JONES 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	TRUSTEE	0	0.
LOUIS LEE 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	TRUSTEE	0	0.
CATHY DICKINSON 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	VP HUMAN RESOURCES	0	0.
KELLEY HAMBY 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	VICE PRESIDENT OF PATIENT CARE	0	0.
DR. JOHN MCCALLUM 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	TRUSTEE	0	0.
GREG CRAIN 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	SVP & ADMINISTRATOR	0	0.
MICHELE DIEDRICH 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	CNO	0	0.
SHEILA WILLIAMS 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	VP & ADMINISTRATOR	0	0.

ATTACHMENT 3 (CONT'D)SC-1D, K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
STEVEN BOOTH 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	TRUSTEE	0	0.
MICHAEL ELLEY 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	CIO	0	0.
WILL RUSHER 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	CEO/COO OF AHG	0	0.
DUANE ERWIN 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	CHIEF OF HOSPITAL OPERATIONS	0	0.
WILLIAM HAWKINS 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	VP - MEDICAL DIRECTOR	0	0.
TOTAL COMPENSATION			<u>0.</u>

BAPTIST HEALTH

ATTACHMENT 4

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

CAFETERIA COST

403,866.

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)

PART II - LINE 27 - OTHER DEDUCTIONS

403,866.

BAPTIST HEALTH

ATTACHMENT 8

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

OTHER EXPENSES

185.

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)

PART II - LINE 27 - OTHER DEDUCTIONS

185.

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70167

**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information

Name(s) shown on return <b>BAPTIST HEALTH</b>	Business or activity to which this form relates <b>PHARMACY</b>	Identifying number <b>71-0236856</b>
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**Part II Election To Expense Certain Property Under Section 179**  
Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount (see instructions) . . . . .	1	1,020,000.00
2 Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	5	1,020,000.00
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29 . . . . .	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . .	8	
9 Tentative deduction Enter the smaller of line 5 or line 8 . . . . .	9	
10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 . . . . .	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5. See instructions . . . . .	11	
12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 . . . . .	12	
13 Carryover of disallowed deduction to 2020 Add lines 9 and 10, less line 12 . . . . .	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions . . . . .	14	
15 Property subject to section 168(f)(1) election . . . . .	15	
16 Other depreciation (including ACRS) . . . . .	16	

**Part III MACRS Depreciation (Don't include listed property. See instructions)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2019 . . . . .	17	112,787.00
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . .	<input type="checkbox"/>	

**Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System**

20a Class life						
b 12-year			12 yrs		S/L	
c 30-year			30 yrs	MM	S/L	
d 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions)**

21 Listed property Enter amount from line 28 . . . . .	21	
22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions. . . . .	22	112,787.00
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

For Paperwork Reduction Act Notice, see separate instructions.

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement)  
 Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)**

<b>24a</b> Do you have evidence to support the business/investment use claimed?		Yes	No	<b>24b</b> If "Yes," is the evidence written?		Yes	No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use See instructions							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26 Enter here and on line 7, page 1							<b>29</b>	

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year Add lines 30 through 32		0		0		0		0		0		0
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No										
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons See instructions

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2019 tax year (see instructions)					
<b>43</b> Amortization of costs that began before your 2019 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f) See the instructions for where to report					<b>44</b>

**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

BAPTIST HEALTH

RENTAL INCOME

71-0236856

**Part II Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	1,020,000.00
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,020,000.00
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020 Add lines 9 and 10, less line 12	13	

Note. Don't use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	16,812.00
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

**Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 30-year			30 yrs	MM	S/L	
d 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions)**

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions.	22	16,812.00
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)**

24a Do you have evidence to support the business/investment use claimed?		Yes	No	24b If "Yes," is the evidence written?		Yes	No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use See instructions . . . . . 25								
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1. . . . .							28	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1. . . . .								29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										
30 Total business/investment miles driven during the year (don't include commuting miles) . . . . .												
31 Total commuting miles driven during the year . . . . .												
32 Total other personal (noncommuting) miles driven . . . . .												
33 Total miles driven during the year Add lines 30 through 32 . . . . .		0		0		0		0		0		0
34 Was the vehicle available for personal use during off-duty hours? . . . . .												
35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . .												
36 Is another vehicle available for personal use? . . . . .												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons See instructions

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
39 Do you treat all use of vehicles by employees as personal use? . . . . .		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions . . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2019 tax year (see instructions)					
43 Amortization of costs that began before your 2019 tax year . . . . .					43
44 Total. Add amounts in column (f) See the instructions for where to report . . . . .					44