

1912

Form **990-T****Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990T](http://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).

**2019**Open to Public Inspection for  
501(c)(3) Organizations OnlyA ☐ Check box if  
address changedName of organization ( ☐ Check box if name changed and see instructions )

BAPTIST HEALTH

Number, street, and room or suite no. If a P.O. box, see instructions

9601 BAPTIST HEALTH DRIVE

City or town, state or province, country, and ZIP or foreign postal code

LITTLE ROCK, AR 72205

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

71-0236856

E Unrelated business activity code  
(See instructions)**3 90454**

446110

B Exempt under section

<input checked="" type="checkbox"/>	501(c)(3)
<input type="checkbox"/>	408(e) 220(e)
<input type="checkbox"/>	408A 530(a)
<input type="checkbox"/>	529(a)

Print  
or  
TypeC Book value of all assets  
at end of year

F Group exemption number (See instructions) ▶

1512562013.

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

H Enter the number of the organization's unrelated trades or businesses ▶ 6 Describe the only (or first) unrelated trade or business here ▶ PHARMACY

If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . . ☐ Yes ☒ No

If "Yes," enter the name and identifying number of the parent corporation ▶

J The books are in care of ▶ BRENT BEAULIEU, CFO Telephone number ▶ 501-202-2000

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	<u>2,907,549.</u>				
b	Less returns and allowances		1c	<u>2,907,549.</u>		
2	Cost of goods sold (Schedule A line 7)		2	<u>2,246,127.</u>		
3	Gross profit Subtract line 2 from line 1c		3	<u>661,427.</u>		<u>661,427.</u>
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)		8			
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	<u>661,427.</u>		<u>661,427.</u>

**Part II 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	<u>806,390.</u>
16	Repairs and maintenance	16	<u>50,381.</u>
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	<u>7,983.</u>
20	Depreciation (attach Form 4562)	20	<u>112,787.</u>
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	<u>432,713.</u>
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) <u>ATTCH. 1.</u>	27	<u>422,555.</u>
28	Total deductions. Add lines 14 through 27	28	<u>1,832,809.</u>
29	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	29	<u>-1,171,382.</u>
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	<u>-1,171,382.</u>

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**Part III Total Unrelated Business Taxable Income**

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	1,407,704.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35	1,407,704.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction Subtract line 36 from line 35	37	1,407,704.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	1,406,704.

**Part IV Tax Computation**

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	295,408.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	295,408.

**Part V Tax and Payments**

46a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800 (see instructions)	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	295,408.
48	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)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	295,408.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
51a	Payments. A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	255,100.
c	Tax deposited with Form 8868	51c	41,000.
d	Foreign organizations. Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other. Total	51g	
52	Total payments. Add lines 51a through 51g	52	296,100.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>	53	4,602.
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	3,910.
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want <input type="checkbox"/> Credited to 2020 estimated tax <input type="checkbox"/> Refunded	56	

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

57	At any time during the 2019 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	Yes	No
	CAYMAN ISLANDS AND CURACO	X	
58	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		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year	\$	

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)

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

**Paid Preparer Use Only**

Print/Type preparer's name

AMBER SHERRILL

Preparer's signature

Amber Sherrill, CPA

Date

11/16/2020

Check ☐ if self-employed

PTIN

P00748683

Firm's name

BKD, LLP

Firm's EIN

44-0160260

Firm's address

P.O. BOX 3667, LITTLE ROCK, AR 72203-3667

Phone no

501-372-1040

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

<b>1</b> Inventory at beginning of year	<b>1</b>	744,920.	<b>6</b> Inventory at end of year	<b>6</b>	979,220.
<b>2</b> Purchases	<b>2</b>	2,472,185.	<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	2,246,122.
<b>3</b> Cost of labor	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
<b>4a</b> Additional section 263A costs (attach schedule) <u>ATCH. 2</u>	<b>4a</b>	8,237.		X	
<b>b</b> Other costs (attach schedule)	<b>4b</b>				
<b>5</b> Total. Add lines 1 through 4b	<b>5</b>	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**

(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	Total	

(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).

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

**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))						

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

**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 . . . . . ▶			

Form **990-T** (2019)

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

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

OMB No 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
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Open to Public Inspection for  
501(c)(3) Organizations Only

Name of the organization

Employer identification number

BAPTIST HEALTH

71-0236856

Unrelated Business Activity Code (see instructions) ▶ 722310

Describe the unrelated trade or business ▶ CAFETERIA REVENUE

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 314,229.			
b	Less returns and allowances	1c 314,229.		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit Subtract line 2 from line 1c	3 314,229.		314,229.
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)	8		
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	13 314,229.		314,229.

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

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

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

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

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

OMB No 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization

Employer identification number

BAPTIST HEALTH

71-0236856

Unrelated Business Activity Code (see instructions) ▶ 621400

Describe the unrelated trade or business ▶ PARTNERSHIP INCOME

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance ▶	1 c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Schedule D)	4 a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b		
c	Capital loss deduction for trusts	4 c		
5	Income (loss) from a partnership or an S corporation (attach statement) ATCH. 5	5	771,415.	771,415.
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)	8		
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	771,415.	771,415.

**Part II 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	3,503.
20	Depreciation (attach Form 4562)	20	
21	Less depreciation claimed on Schedule A and elsewhere on return	21 a	
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	3,503.
29	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	29	767,912.
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	767,912.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

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

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

OMB No 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization

Employer identification number

BAPTIST HEALTH

71-0236856

Unrelated Business Activity Code (see instructions) ▶ 900002

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

<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 1c		<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>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>ATCH. 6</b>		<b>8</b> 483,737.	34,235.	449,502.
<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> Total. Combine lines 3 through 12		<b>13</b> 483,737.	34,235.	449,502.

**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>	1,966.
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>	16,812.
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21 a</b>	
	<b>21 b</b>	16,812.
<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> Total deductions. Add lines 14 through 27	<b>28</b>	18,778.
<b>29</b> Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	<b>29</b>	430,724.
<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> Unrelated business taxable income Subtract line 30 from line 29	<b>31</b>	430,724.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

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

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

OMB No 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990T](http://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

Name of the organization

Employer identification number

BAPTIST HEALTH

71-0236856

Unrelated Business Activity Code (see instructions) ▶ 533110

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

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)	8		
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) A.T.C.H. 7	12	995.	995.
13	Total. Combine lines 3 through 12	13	995.	995.

**Part II 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	35.
20	Depreciation (attach Form 4562)	20	
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	
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) A.T.C.H. 8	27	185.
28	Total deductions. Add lines 14 through 27	28	220.
29	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	29	775.
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	775.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

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

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

OMB No 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990T](http://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

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 Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b>	Gross receipts or sales <u>209,244.</u>			
<b>b</b>	Less returns and allowances <u>0</u> <b>1 c</b> Balance ▶	209,244.		
<b>2</b>	Cost of goods sold (Schedule A, line 7) . . . . .			
<b>3</b>	Gross profit Subtract line 2 from line 1 c . . . . .	209,244.		209,244.
<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>13</b>	<b>Total.</b> Combine lines 3 through 12 . . . . .	209,244.		209,244.

**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>	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>21 a</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

ATTACHMENT 1FORM 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	<u>422,555.</u>
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BAPTIST HEALTH

71-0236856

ATTACHMENT 2

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

SECTION 263A

8,237.

TOTAL ADDITIONAL SECTION 263A COSTS

8,237.

ATTACHMENT 3SCHD. 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.
HERREN 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 BARTHOLOMEW 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	TRUSTEE	0	0.

ATTACHMENT 3 (CONT'D)SCHD. 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.

ATTACHMENT 3 (CONT'D)SCHD. 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)SCHD. 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.

K-1 INCOME

SCHEDULE M - INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

INCOME FROM SPRINGHILL SURGERY CENTER K-1 771,415.

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS 771,415.

# ATTACHMENT 6

## SCHEDULE M - SCHEDULE F INCOME FROM CONTROLLED ORGANIZATIONS

		EXEMPT CONTROLLED ORGANIZATION				NONEXEMPT CONTROLLED ORGANIZATION			
		5				10			
1	NAME OF CONTROLLED ORGANIZATION	2	EMPLOYER IDENTIFICATION NUMBER	3	4	6.		8	9
						PART OF COLUMN (4) THAT IS INCLUDED IN THE CONTROLLING ORGANIZATION'S GROSS INCOME	DEDUCTIONS DIRECTLY CONNECTED WITH INCOME IN COLUMN (5)		
					TOTAL OF SPECIFIED PAYMENTS MADE	7	UNRELATED INCOME (LOSS)	TOTAL OF SPECIFIED PAYMENTS MADE	11
	MULTIMANAGEMENT SERVICES, INC		71-0599194			483,737	483,737	483,737	34,235
					TOTALS	483,737	483,737	483,737	34,235
					TOTAL OF COLUMN 5 &	TOTAL OF COLUMN 6 &			
						COLUMN 10		COLUMN 11	

BAPTIST HEALTH

ATTACHMENT 7

SCHEDULE M - OTHER INCOME

ROYALTY INCOME FROM INV. IN XTO ENERGY, INC.

995.

TOTAL

995.

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.

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

OMB No 1545-0172

**2019**

Attachment  
 Sequence No **179**

▶ 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 I 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 . . . . .		

**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	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.

Form **4562** (2019)

**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
<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 ( <b>don't</b> 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	Yes No	Yes No	Yes No	Yes No	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.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
<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)

OMB No 1545-0172

**2019**

Attachment  
 Sequence No **179**

▶ 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>RENTAL INCOME</b>	Identifying number <b>71-0236856</b>
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**Part I 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.

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**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
<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 ( <b>don't</b> 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	Yes	No	Yes	No	Yes	No	Yes	No	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.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<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>