29393254035031

# Form 990-T

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

2009

For calendar year 2019 or other tax year beginning 10/01, 2019, and ending 09/30, 2020

▶ 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)

OMB No 1545-0047

**2019**

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

Department of the Treasury
Internal Revenue Service

A ☐ Check box if address changed

B Exempt under section
☒ 501( C )(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

C Book value of all assets at end of year
1025117229.

Print or Type

Name of organization ( ☐ Check box if name changed and see instructions )
BAPTIST HOSPITAL, INC.

Number, street, and room or suite no If a P O box, see instructions
POST OFFICE BOX 17500

City or town, state or province, country, and ZIP or foreign postal code
PENSACOLA, FL 32522

D Employer identification number (Employees' trust see instructions )
59-0657322

E Unrelated business activity code (See instructions )
900003

F Group exemption number (See instructions ) ▶

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 ▶ 7 Describe the only (or first) unrelated trade or business here ▶ ATCH 1 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 ▶ ATCH 2 BAPT 59-2425151

J The books are in care of ▶ ROBERT TONKINSON Telephone number ▶ (850) 469-7643

SCANNED OCT 29 2021

4

| 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 | 42,646. | | 42,646. |
| 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 | 42,646. | | 42,646. |

**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 | 1,715. |
| 20 | Depreciation (attach Form 4562) | | |
| 21 | Less depreciation claimed on Schedule A and elsewhere on return | 21a / 21b | |
| 22 | Depletion | 22 | |
| 23 | Contributions to deferred compensation plans | 23 | |
| 24 | Employee benefit programs | 24 | |
| 25 | Excess exempt expenses (Schedule I) | 25 | |
| 26 | Excess readership costs (Schedule J) | 26 | |
| 27 | Other deductions (attach schedule) | 27 | |
| 28 | **Total deductions** Add lines 14 through 27 | 28 | 1,715. |
| 29 | Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 | 29 | 40,931. |
| 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 | 40,931. |

RECEIVED
AUG 23 2021
OGDEN, UT
D123 IRS-OSC

For Paperwork Reduction Act Notice, see instructions

Form 990-T (2019)

JSA
9X2740 1 000

2795RW K922 V 19-8.5F

25

## Part III Total Unrelated Business Taxable Income

| | | | |
|---|---|---|---|
| 32 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 32 | 460,026. |
| 33 | Amounts paid for disallowed fringes | 33 | |
| 34 | Charitable contributions (see instructions for limitation rules) ATCH. 3. | 34 | 46,003 |
| 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 | 414,023 |
| 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 | 414,023. |
| 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 | 413,023. |

## Part IV Tax Computation

| | | | |
|---|---|---|---|
| 40 | **Organizations Taxable as Corporations.** Multiply line 39 by 21% (0 21) ▶ | 40 | 86,735. |
| 41 | **Trusts Taxable at Trust Rates.** See instructions for tax computation Income tax on the amount on line 39 from ☐ Tax rate schedule or ☐ 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 | 86,735. |

## 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 | 86,735. |
| 48 | Other taxes Check if from ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) | | | 48 | |
| 49 | **Total tax** Add lines 47 and 48 (see instructions) | | | 49 | 86,735. |
| 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 | 11,926 | | |
| b | 2019 estimated tax payments | 51b | 80,000. | | |
| c | Tax deposited with Form 8868 | 51c | 86,000. | | |
| 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 ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶ | 51g | | | |
| 52 | **Total payments.** Add lines 51a through 51g | | | 52 | 177,926. |
| 53 | Estimated tax penalty (see instructions) Check if Form 2220 is attached ▶ ☐ | | | 53 | |
| 54 | **Tax due.** If line 52 is less than the total of lines 49, 50, and 53, enter amount owed ▶ | | | 54 | |
| 55 | **Overpayment** If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid ▶ | | | 55 | 91,191. |
| 56 | Enter the amount of line 55 you want **Credited to 2020 estimated tax** ▶ 91,191. **Refunded** ▶ | | | 56 | |

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

| | | Yes | No |
|---|---|---|---|
| 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 ▶ | | 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 ▶ $ | | |

**Sign Here**

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 officer) is based on all information of which preparer has any knowledge

Signature of officer — Date: 08/09/2021 — Title: SVP/CFO

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

**Paid Preparer Use Only**

| | | | |
|---|---|---|---|
| Print/Type preparer's name: MICHAEL J ENGLE | Preparer's signature | Date: 08/10/2021 | Check ☐ if self-employed — PTIN: P00482834 |
| Firm's name ▶ BKD, LLP | | | Firm's EIN ▶ 44-0160260 |
| Firm's address ▶ 1201 WALNUT, SUITE 1700, KANSAS CITY, MO 64106-2246 | | | Phone no 816-221-6300 |

## Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

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

## 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) ATCH 4 | | | | | |
| (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 ▶ | | | 42,646. | |

## 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 II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

| 1 Name of periodical | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
|---|---|---|---|---|---|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I. . . . . ▶ | | | | | | |
| Totals, Part II (lines 1-5) . . . . ▶ | 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) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total 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 10/01, 2019, and ending 09/30, 20 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)

Department of the Treasury
Internal Revenue Service

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

Name of the organization: BAPTIST HOSPITAL, INC.

Employer identification number: 59-0657322

Unrelated Business Activity Code (see instructions) ▶ 523000

Describe the unrelated trade or business ▶ INVESTMENT PARTNERSHIP INCOME

| **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) ATCH 5 | 5 | -1,812. | | -1,812. |
| 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 | -1,812. | | -1,812. |

**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 | |
| 28 | **Total deductions** Add lines 14 through 27 | | 28 | |
| 29 | Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 | | 29 | -1,812. |
| 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 | -1,812. |

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 10/01, 2019, and ending 09/30, 20 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)

Department of the Treasury
Internal Revenue Service

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

Name of the organization: BAPTIST HOSPITAL, INC.

Employer identification number: 59-0657322

Unrelated Business Activity Code (see instructions) ▶ 621500

Describe the unrelated trade or business ▶ LABORATORY SERVICES

| **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) ATCH. 6 | 12 | 702,054. | | 702,054. |
| 13 **Total.** Combine lines 3 through 12 | 13 | 702,054. | | 702,054. |

**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 | 111,566. |
| 18 | Interest (attach schedule) (see instructions) | | 18 | |
| 19 | Taxes and licenses | | 19 | 11,464. |
| 20 | Depreciation (attach Form 4562) | 20 2,828. | | |
| 21 | Less depreciation claimed on Schedule A and elsewhere on return | 21a | 21b | 2,828. |
| 22 | Depletion | | 22 | |
| 23 | Contributions to deferred compensation plans | | 23 | |
| 24 | Employee benefit programs | | 24 | 14,367. |
| 25 | Excess exempt expenses (Schedule I) | | 25 | |
| 26 | Excess readership costs (Schedule J) | | 26 | |
| 27 | Other deductions (attach schedule) ATCH. 7 | | 27 | 288,173. |
| 28 | **Total deductions.** Add lines 14 through 27 | | 28 | 428,398. |
| 29 | Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 | | 29 | 273,656. |
| 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 | 273,656. |

SCHEDULE M (Form 990-T)

Department of the Treasury
Internal Revenue Service

# Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning 10/01, 2019, and ending 09/30, 20 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)

OMB No 1545-0047

**2019**

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

Name of the organization
BAPTIST HOSPITAL, INC.

Employer identification number
59-0657322

Unrelated Business Activity Code (see instructions) ▶ 561000

Describe the unrelated trade or business ▶ MANAGEMENT OF FOR-PROFIT SUBSIDIARIES AT COST

## 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) ATCH. 8 | 12 | 682,656. | | 682,656. |
| 13 | **Total.** Combine lines 3 through 12 | 13 | 682,656. | | 682,656. |

## 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) ATCH. 9 | | | 27 | 682,656. |
| 28 | **Total deductions.** Add lines 14 through 27 | | | 28 | 682,656. |
| 29 | Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 | | | 29 | |
| 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 | |

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 10/01, 2019, and ending 09/30, 20 20

Department of the Treasury
Internal Revenue Service

▶ 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

Name of the organization: BAPTIST HOSPITAL, INC.

Employer identification number: 59-0657322

Unrelated Business Activity Code (see instructions) ▶ 524298

Describe the unrelated trade or business ▶ HEALTH INSURANCE BENEFITS

## 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) ATCH. 10 | 12 | 146,195. | | 146,195. |
| 13 | Total. Combine lines 3 through 12 | 13 | 146,195. | | 146,195. |

## 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 | 2,648. |
| 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) ATCH. 11 | | 27 | 80,337. |
| 28 | **Total deductions.** Add lines 14 through 27 | | 28 | 82,985. |
| 29 | Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 | | 29 | 63,210. |
| 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 | 63,210. |

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 10/01, 2019, and ending 09/30, 20 20

Department of the Treasury
Internal Revenue Service

▶ 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

Name of the organization: BAPTIST HOSPITAL, INC.

Employer identification number: 59-0657322

Unrelated Business Activity Code (see instructions) ▶ 53112

Describe the unrelated trade or business ▶ NONRESIDENTIAL BUILDING RENTAL

## 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) ATCH 12 | 6 | 232,957. | 150,728. | 82,229. |
| 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 | 232,957. | 150,728. | 82,229. |

## 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 | |
| 28 | **Total deductions** Add lines 14 through 27 | | 28 | |
| 29 | Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 | | 29 | 82,229. |
| 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 | 82,229. |

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 10/01, 2019, and ending 09/30, 20 20

Department of the Treasury
Internal Revenue Service

▶ 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

Name of the organization: BAPTIST HOSPITAL, INC.

Employer identification number: 59-0657322

Unrelated Business Activity Code (see instructions) ▶ 523000

Describe the unrelated trade or business ▶ PARTNERSHIP - CONTROLLING INTEREST

| **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) ATCH 13 | 5 | -988,214. | | -988,214. |
| 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 | -988,214. | | -988,214. |

**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 | |
| 28 | **Total deductions.** Add lines 14 through 27 | | 28 | |
| 29 | Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 | | 29 | -988,214. |
| 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 | -988,214. |

BAPTIST HOSPITAL, INC.

ATTACHMENT 3

## FORM 990T - PART III LINE 34 - CHARITABLE CONTRIBUTIONS

| | |
|---|---|
| UNRELATED TRADE OR BUSINESS INCOME | 42,646. |
| UNRELATED TRADE OR BUSINESS INCOME (SCHEDULES M) | 623,108. |
| ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION | 0. |
| LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD | 1,715. |
| DED W/O CHARITABLE CONTRIBUTIONS & DPAD (SCH M) | 1,176,844. |
| | * 10% |
| CHARITABLE CONTRIBUTION LIMITATION (10%) | 46,003. |
| CHARITABLE CONTRIBUTION | 207,801. |
| CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO) | 46,003. |

SCHEDULE F - INTEREST, ANNUITIES, ROYALTIES, AND RENTS FROM CONTROLLED ORGANIZATIONS

ATTACHMENT 4

| | | EXEMPT CONTROLLED ORGANIZATION | | | | | NONEXEMPT CONTROLLED ORGANIZATION | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 NAME OF CONTROLLED ORGANIZATION | 2 EMPLOYER IDENTIFICATION NUMBER | 3 NET UNRELATED INCOME (LOSS) | 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) | 7 TAXABLE INCOME | 8 NET UNRELATED INCOME (LOSS) | 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) |
| BAPTIST HEALTH VENTURES, INC | 59-2415910 | | | | | | | | 42,646 | |

| | TOTAL OF COLUMN 5 & COLUMN 10 | TOTAL OF COLUMN 6 & COLUMN 11 |
|---|---|---|
| TOTALS | 42,646 | |

ATTACHMENT 5

INVESTMENT PARTNERSHIP INCOME

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

| | |
|---|---|
| BLACKSTONE TACTICAL OPPORTUNITIES FUND II NQ L.P | -1,812. |
| INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS | -1,812. |

BAPTIST HOSPITAL, INC.

ATTACHMENT 6

SCHEDULE M - OTHER INCOME

| | |
|---|---|
| REFERENCE LAB REVENUE | 702,054. |
| TOTAL | 702,054. |

BAPTIST HOSPITAL, INC.

ATTACHMENT 7

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

| | |
|---|---|
| DIRECT EXPENSES | 220,732. |
| CENTRAL SERVICE AND SUPPLY | 5,765. |
| HOUSEKEEPING | 4,827. |
| MANAGEMENT FEES | 45,652. |
| PLANT OPERATIONS | 11,197. |
| PART II - LINE 27 - OTHER DEDUCTIONS | 288,173. |

BAPTIST HOSPITAL, INC.

ATTACHMENT 8

SCHEDULE M - OTHER INCOME

| | |
|---|---|
| MANAGEMENT SERVICES REVENUE | 682,656. |
| TOTAL | 682,656. |

BAPTIST HOSPITAL, INC.

ATTACHMENT 9

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

| | |
|---|---|
| MANAGEMENT SERVICES EXPENSE | 682,656. |
| PART II - LINE 27 - OTHER DEDUCTIONS | 682,656. |

BAPTIST HOSPITAL, INC.

ATTACHMENT 10

SCHEDULE M - OTHER INCOME

| | |
|---|---|
| HEALTH INSURANCE PREMIUMS | 146,195. |
| TOTAL | 146,195. |

BAPTIST HOSPITAL, INC.

ATTACHMENT 11

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

| | |
|---|---|
| HEALTH INSURANCE CLAIMS | 80,337. |
| PART II - LINE 27 - OTHER DEDUCTIONS | 80,337. |

ATTACHMENT 12

NONRESIDENTIAL RENTAL PROPERTY

## SCHEDULE M - SCHEDULE C RENT INCOME

1 DESCRIPTION OF PROPERTY

1 BAPTIST BRENT LANE

| | 2 RENT RECEIVED OR ACCRUED | |
|---|---|---|
| | (1) FROM PERSONAL PROPERTY (IF THE PERCENTAGE OF RENT FOR PERSONAL PROPERTY IS MORE THAN 10% BUT NOT MORE THAN 50%) | (2) 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 | | 232,957. |
| TOTAL | TOTAL | 150,728. |

| | | | |
|---|---|---|---|
| (C) TOTAL INCOME. ADD TOTALS OF COLUMN 2(A) AND 2(B). ENTER HERE AND ON SCH M, PART I, LINE 6, COLUMN (A) | 232,957. | (B) TOTAL DEDUCTIONS. ENTER HERE AND ON PAGE 1, PART I, LINE 6, COLUMN (B) | 150,728. |

| 3(A) DEDUCTIONS DIRECTLY CONNECTED WITH THE INCOME IN COLUMN 2(A) AND 2(B) (ATTACH SCHEDULE) |
|---|
| 150,728. |

ATTACHMENT 13

PARTNERSHIP INCOME

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

| | |
|---|---|
| LIGHTHOUSE HEALTH PLAN, LLC | -988,214. |
| INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS | -988,214. |