					29	39376	114	00535		
000 T		Extended to 3					, , , ,			
Form 990-T		Exempt Organization Bus and proxy tax und			elax	Return	${\wedge}$ \vdash	OMB No 1545-0687	_	
, Δ	Ear an	lendar year 2017 or other tax year beginning SEP 1, 20		, and ending	AIIC 31	2018	4	2017		
v	For ca	Go to www.irs.gov/Form990T for i				2010 00	•	2017		
Department of the Treasury Internal Revenue Service	l ▶	Do not enter SSN numbers on this form as it may				s a 501(c)(3).	O 5/	Ppen to Public Inspection 01(c)(3) Organizations Or	n	
A Check box if		Name of organization (Check box if name of					Employ	yer identification number		
address changed			•		,		instruct	tions)		
B Exempt under section	Print .	Baptist Health Madisonville, Inc.					61-	-0654587		
x 501(c)(3)	or Number, street, and room or suite no. If a P.O. box, see instructions.							E Unrelated business activity code (See instructions)		
408(e) 220(e)	lyhe	900 Hospital Drive								
408A530(a)		City or town, state or province, country, and ZIP of	or foreig	n postal code						
529(a)		Madisonville, KY 42431				4	46110)	_	
C Book value of all assets at end of year	100	F Group exemption number (See instructions.)	<u> </u>	504/6) 4"	4	1 1404/214			_	
		G Check organization type ► x 501(c) cor ary unrelated business activity. ► Outside Ph			ıst 	401(a) ti	ust	Other trus	1	
		poration a subsidiary in an affiliated group or a pare					Yes	x No	_	
		tifying number of the parent corporation.	HIC-SUDS	idialy controlled grot	ıp:		_ 1 <i>c</i> 2	LAL NO		
J The books are in care of				Te	lephone nu	mber > 502	-896	-5000	-	
		de or Business Income		(A) Income	•	(B) Expenses		(C) Net	_	
1a Gross receipts or sale	s	1,519.						-	_	
b Less returns and allow	wances	c Balance	1c	1,5	19.					
2 Cost of goods sold (S	8:	25.				_				
3 Gross profit Subtract	rom line 1c RECEIVED	3	6:	94.				_		
4a Capital gain net incon	ill Schedule D)	4a			•			_		
	Part II, me 17) (attach Form 4797)	4b	•			\dashv		_		
c Capital loss deduction			4c				\dashv		_	
		ips and S corporations (attach statements)	6				\dashv		_	
6 Rent income (Schedu7 Unrelated debt-financ		OGDEN, UT	7				\dashv		_	
		and rents from controlled organizations (Sch. F)	8		<u> </u>		\dashv		_	
		on 501(c)(7), (9), or (17) organization (Schedule G	\vdash			-	\dashv		-	
10 Exploited exempt acti			10			-	_	• • •	_	
11 Advertising income (S	Schedul	e J)	11	-					_	
12 Other income (See in:	struction	ns; attach schedule)	12						_	
13 Total. Combine lines			13		94.			69) 4	
		ot Taken Elsewhere (See instructions for				\				
		utions, deductions must be directly connecte	ea with	the unrelated busi	ness incor	ne.)		-	_	
	icers, ai	rectors, and trustees (Schedule K)				-	14	 .	_	
15 Salaries and wages16 Repairs and mainten	ance						15		_	
17 Bad debts	iaiicc					-	17		_	
18 Interest (attach sche	dule)						18		-	
19 Taxes and licenses	,						19		_	
20 Charitable contributi							20		_	
21 Depreciation (attach	Form 4	562)		21						
22 Less depreciation cla	Less depreciation claimed on Schedule A and elsewhere on return						22b			
23 Depletion							23		_	
24 Contributions to defe		mpensation plans					24		_	
25 Employee benefit pro	•	ale della D					25		_	
26 Excess exempt expe		•					26		_	
27 Excess readership co28 Other deductions (at	•	•				-	27 28		_	
29 Total deductions. A		•				-	29	17	<u>-</u>	
		ncome before net operating loss deduction. Subtra	ct line 21	9 from line 13		-	30	52	_	
				- · · · · · · ·			1			

line 32 723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

Net operating loss deduction (limited to the amount on line 30)

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

31

32

33

34

523.

1,000.

31

32

33

34

Form 990-T (2017)

Firm's address

Phone no.

Form 990-T Co	ontributions Summary		Statement	1
Qualified Contributions Sub	ject to 100% Limit			
Carryover of Prior Years Unv For Tax Year 2012 For Tax Year 2013 For Tax Year 2014	used Contributions			
For Tax Year 2015 For Tax Year 2016	1,309,541			
Total Carryover Total Current Year 10% Conti	ributions	1,309,541		
Total Contributions Available Taxable Income Limitation as		1,309,541		
Excess 10% Contributions Excess 100% Contributions		1,309,541		
Total Excess Contributions Allowable Contributions Dedu		1,309,541		0
Total Contribution Deduction	1			0