

Form **990-T**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2008 or other tax year beginning 10/01, 2008, and ending 09/30, 2009. See separate instructions

OMB No 1545-0087

2008

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

Check box if address changed

Name of organization (Check box if name changed and see instructions)

D Employer identification number
(Employees' trust see instructions for Block D on page 9)

B Exempt under section

501(C)(3)
 408(e) 220(e)
 408A 530(a)
 529(a)

Print or Type

BAPTIST HOSPITAL OF MIAMI, INC.
Number, street, and room or suite no. If a P O box, see page 9 of instructions
8900 NORTH KENDALL DRIVE
City or town, state, and ZIP code
MIAMI, FL 33176

59-0910342
E Unrelated business activity codes
(See instructions for Block E on page 9)

713940 621500

C Book value of all assets at end of year

439,703,459.

F Group exemption number (See instructions for Block F on page 9)

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

H Describe the organization's primary unrelated business activity. **FITNESS CENTER AND OUTREACH LAB**

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 **SEE STATEMENT 1**

J The books are in care of **FINANCE DEPARTMENT** Telephone number **(786) 662-7645**

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|---|-----------------|----------------------------|--------------|-----------------|
| 1 a Gross receipts or sales | 349,004. | | | |
| b Less returns and allowances | | 1 c 349,004. | | |
| 2 Cost of goods sold (Schedule A, line 7) | | 2 | | |
| 3 Gross profit Subtract line 2 from line 1c | | 3 349,004. | | 349,004. |
| 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 partnerships and S corporations (attach statement) | | 5 | | |
| 6 Rent income (Schedule C) | | 6 | | |
| 7 Unrelated debt-financed income (Schedule E) | | 7 | | |
| 8 Interest, annuities, royalties, and rents from controlled organizations (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 page 11 of the instructions, attach schedule) | | 12 | | |
| 13 Total. Combine lines 3 through 12 | | 13 349,004. | | 349,004. |

| Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) | | | |
|---|------------------------|------------|-----------------|
| 14 Compensation of officers, directors, and trustees (Schedule K) | | 14 | |
| 15 Salaries and wages | | 15 | |
| 16 Repairs and maintenance | | 16 | |
| 17 Bad debts | | 17 | |
| 18 Interest (attach schedule) | | 18 | |
| 19 Taxes and licenses | | 19 | |
| 20 Charitable contributions (See page 13 of the instructions for limitation rules) | | 20 | |
| 21 Depreciation (attach Form 4562) | 21 | 21 | NONE |
| 22 Less depreciation claimed on Schedule A and elsewhere on return | 22a | 22b | NONE |
| 23 Depletion | | 23 | |
| 24 Contributions to deferred compensation plans | | 24 | |
| 25 Employee benefit programs | | 25 | |
| 26 Excess exempt expenses (Schedule I) | | 26 | |
| 27 Excess readership costs (Schedule J) | | 27 | |
| 28 Other deductions (attach schedule) | SEE STATEMENT 2 | 28 | 220,008. |
| 29 Total deductions Add lines 14 through 28 | | 29 | 220,008. |
| 30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 | | 30 | 128,996. |
| 31 Net operating loss deduction (limited to the amount on line 30) | | 31 | 128,996. |
| 32 Unrelated business taxable income before specific deduction Subtract line 31 from line 30 | | 32 | |
| 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) | | 33 | 1,000. |
| 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32. | | 34 | |

SCANNED AUG 31 2010

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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15. 36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. 37 Proxy tax. 38 Alternative minimum tax. 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies.

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116). 41 Subtract line 40e from line 39. 42 Other taxes. 43 Total tax. Add lines 41 and 42. 44 a Payments. 45 Total payments. 46 Estimated tax penalty. 47 Tax due. 48 Overpayment. 49 Enter the amount of line 48 you want credited to 2009 estimated tax.

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

1 At any time during the 2008 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? 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 3 Enter the amount of tax-exempt interest received or accrued during the tax year.

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

1 Inventory at beginning of year. 2 Purchases. 3 Cost of labor. 4 a Additional section 263A costs (attach schedule). 4 b Other costs (attach schedule). 5 Total. Add lines 1 through 4b. 6 Inventory at end of year. 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

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

Signature of officer: Wendy W. Greenleaf, Date: 8/10/10, Title: CORP. VP OF FINANCE. May the IRS discuss this return with the preparer shown below (see instructions)? Yes [] No [X]

Paid Preparer's Use Only: Preparer's signature: [Signature], Date: 8/3/10, Check if self-employed: [], Preparer's SSN or PTIN: P00648526. Firm's name (or yours if self-employed), address, and ZIP code: DELOITTE TAX LLP, 201 E. KENNEDY BLVD, STE 1200, TAMPA, FL 33602-4990. EIN: 86-1065772, Phone no: 813-273-8300.

TAMPA, FL 33602-4990

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

(see instructions on page 19)

1 Description of property

Table with 4 rows for property description (1-4).

Table for Schedule C with columns for Rent received or accrued (a, b), Deductions (3a, 3b), and Total income.

Schedule E - Unrelated Debt-Financed Income (see instructions on page 19)

Table for Schedule E with columns for Description of debt-financed property, Gross income, Deductions, and Allocated deductions.

Total dividends-received deductions included in column 8

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 20)

Table for Schedule F - Exempt Controlled Organizations with columns for Name, Employer ID, Net income, Payments, Gross income, and Deductions.

Nonexempt Controlled Organizations

Table for Schedule F - Nonexempt Controlled Organizations with columns for Taxable Income, Net income, Payments, Gross income, and Deductions.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 21)

Table with 5 columns: 1 Description of income, 2 Amount of income, 3 Deductions directly connected, 4 Set-asides, 5 Total deductions and set-asides. Includes rows (1) through (4) and a Totals row.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)

Table with 7 columns: 1 Description of exploited activity, 2 Gross unrelated business income, 3 Expenses directly connected, 4 Net income, 5 Gross income, 6 Expenses attributable, 7 Excess exempt expenses. Includes rows (1) through (4) and a Totals row.

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss), 5 Circulation income, 6 Readership costs, 7 Excess readership costs. Includes rows (1) through (4) and a Totals row.

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.)

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss), 5 Circulation income, 6 Readership costs, 7 Excess readership costs. Includes rows (1) through (4) and a Totals row.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)

Table with 4 columns: 1 Name, 2 Title, 3 Percent of time devoted to business, Compensation attributable to unrelated business. Includes a Total row.

NAME AND FEIN OF PARENT CORPORATION

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BAPTIST HEALTH SOUTH FLORIDA, INC.
E.I. #65-0267668

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS
=====

OUTREACH LAB EXPENSES

220,008.

PART II - LINE 28 - OTHER DEDUCTIONS

220,008.

=====

Baptist Hospital of Miami

59-0910342

| Year Ending | Amount Generated | Amount Expired | Amount Utilized (PY) | Amount Utilized (CY) | Carryover |
|---|---------------------|-------------------|-------------------------|-------------------------|-----------------------|
| 9/30/1990 | 58,323 | 58,323 | | | 0 |
| 9/30/1991 | 247,286 | 226,689 | 20,597 | | 0 |
| 9/30/1992 | 249,102 | 36,066 | 213,036 | | 0 |
| 9/30/1993 | 37,406 | | 37,406 | | 0 |
| 9/30/1994 | 125,411 | | 125,411 | | 0 |
| 9/30/1995 | | | | | 0 |
| 9/30/1996 | | | | | 0 |
| 9/30/1997 | | | | | 0 |
| 9/30/1998 | | | | | 0 |
| 9/30/1999 | | | | | 0 |
| 9/30/2000 | 51,137 | | 35,480 | 15,657 | 0 |
| 9/30/2001 | 75,879 | | | 75,879 | 0 |
| 9/30/2002 | 46,774 | | | 37,460 | 9,314 |
| 9/30/2003 | 98,608 | | | | 98,608 |
| 9/30/2004 | 188,825 | | | | 188,825 |
| 9/30/2005 | 58,794 | | | | 58,794 |
| 9/30/2006 | | | | | 0 |
| 9/30/2007 | | | | | 0 |
| 9/30/2008 | | | | | 0 |
| 9/30/2009 | | | | | 0 |
| Total | 1,237,545 | 321,078 | 431,930 | 128,996 | 355,541 |
| Total available to carryforward to 09/30/2010 | | | | | <u><u>355,541</u></u> |

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

| | | |
|---|--|---|
| Type or print File by the due date for filing your return. See instructions. | Name of Exempt Organization BAPTIST HOSPITAL OF MIAMI, INC. | Employer identification number 59-0910342 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 8900 NORTH KENDALL DRIVE | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. MIAMI, FL 33176 | |

Check type of return to be filed (file a separate application for each return):

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input checked="" type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► **FINANCE DEPARTMENT**

Telephone No. ► **786 662-7538** FAX No. ► **786 662-7444**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/16, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20____ or
- tax year beginning 10/01, 2008 and ending 09/30, 2009.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

| | | | |
|--|----|----|------|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | NONE |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | NONE |
| c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | NONE |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.