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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
BAPTIST MEMORIAL HEALTH CARE CORPORATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
350 N HUMPHREYS BLVD

City or town, state or country, and ZIP + 4
MEMPHIS, TN 381202177

D Employer identification number
58-1521475

E Telephone number
(901) 227-4376

G Gross receipts $ 166,989,729

F Name and address of Principal Officer
STEPHEN C REYNOLDS
350 N HUMPHREYS BLVD
MEMPHIS,TN 381202177

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ BMHCC org

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1954

M State of legal domicile TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
BAPTIST MEMORIAL HEALTH CARE CORPORATION IS AFFILIATED WITH A NUMBER OF (See Schedule O, pg 38)TAX EXEMPT HOSPITALS LOCATED IN ARKANSAS, MISSISSIPPI, AND TENNESSEE AND SUPPLIES MANAGEMENT, CONSULTING AND SUPPORT SERVICES TO THEM THROUGH ITS CORPORATE STAFF

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of employees (Part V, line 2a)	5	642
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	2,783,313
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	408,602	268,063
9	Program service revenue (Part VIII, line 2g)	117,011,074	118,546,161
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,744,497	341,036
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-60,604	4,940,980
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	122,103,569	124,096,240
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		1,203,793
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	60,838,081	62,067,506
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	64,786,004	64,331,158
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	125,624,085	127,602,457
19	Revenue less expenses Subtract line 18 from line 12	-3,520,516	-3,506,217

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	410,670,773	417,888,062
21	Total liabilities (Part X, line 26)	263,106,788	255,239,141
22	Net assets or fund balances Subtract line 21 from line 20	147,563,985	162,648,921

Part II Signature Block

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

Please Sign Here

▶ Signature of officer — Date: 2010-07-22

▶ STEPHEN C REYNOLDS PRESIDENT/CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-empolyed ▶ ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ | EIN ▶ | Phone no ▶

May the IRS discuss this return with the preparer shown above? (See instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

See Additional Data Table

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 127,030,592 including grants of $) (Revenue $ 119,842,547)

BAPTIST MEMORIAL HEALTH CARE CORPORATION IS AFFILIATED WITH A NUMBER OF TAX EXEMPT HOSPITALS LOCATED IN ARKANSAS, MISSISSIPPI, AND TENNESSEE AND SUPPLIES MANAGEMENT, CONSULTING AND SUPPORT SERVICES TO THEM THROUGH ITS CORPORATE STAFF MANAGEMENT SERVICES ARE PROVIDED TO THESE RELATED ORGANIZATIONS THAT PROVIDE QUALITY HEALTH CARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE THE SUPPORT SERVICES INCLUDE CLINICAL, FINANCIAL, LEGAL, AND OPERATIONAL BY PROVIDING THESE SERVICES ON A CENTRALIZED AND COORDINATED BASIS THE AFFILIATED ORGANIZATIONS ARE RUN MORE EFFICIENTLY AND EFFECTIVELY (See Schedule O, pg 38 for continuation)THE QUALITY OF SERVICES IS HIGHER AND IS MORE COST EFFECTIVE, AND THE DATA GENERATED IS MORE MEANINGFUL THESE EFFICIENCIES CONTRIBUTE IMPORTANTLY TO THE EXEMPT PURPOSE OF THE RELATED ORGANIZATIONS AND ALLOW THEM TO ACCOMPLISH THEIR CHARITABLE PURPOSES AND TO BETTER UTILIZE THEIR RESOURCES WHERE THEY ARE NEEDED MOST--PROVIDING BETTER CARE FOR THE COMMUNITY BAPTIST MEMORIAL HEALTH CARE CORPORATION'S MISSION IS TO HEAL, PREACH, AND TEACH THESE ARE NOT JUST WORDS, BUT SOMETHING WE DO EVERY DAY WITH PRIDE FOR OUR PATIENTS, OUR COMMUNITY AND EACH OTHER BAPTIST CONTINUES TO OPERATE THE OPERATION OUTREACH MOBILE HEALTH CARE CLINIC FOR THE HOMELESS SINCE THE PROGRAM STARTED IN 2005, THE VAN HAS TREATED MORE THAN 4,000 PATIENTS, 82 PERCENT OF WHOM ARE UNINSURED EVERY WEEK, THE MOBILE UNIT VISITS TWO ORGANIZATIONS THAT PROVIDE SERVICES TO THE HOMELESS, AND STAFF ON THE UNIT TREAT MANY TYPES OF AILMENTS BAPTIST MEMORIAL HEALTH CARE CORPORATION COORDINATED AND FUNDED THE MOBILE CLINIC, WHICH PROVIDES ACUTE AND PRIMARY MEDICAL CARE, INFORMATION ON DISEASE PREVENTION AND GUIDANCE TO MEMPHIANS WITHOUT PERMANENT HOUSING THE PROGRAM REACHES 25-35 PATIENTS PER WEEK OPERATION OUTREACH PATIENTS RECEIVE FREE SERVICES SUCH AS SCREENINGS FOR COMMON HEALTH PROBLEMS, HEALTH AND DEVELOPMENT ASSESSMENTS FOR CHILDREN, IMMUNIZATIONS AND OTHER PREVENTIVE CARE, DIAGNOSIS OF MEDICAL PROBLEMS AND HEALTH NEEDS, AND TREATMENT AND MANAGEMENT OF SPECIFIC HEALTH PROBLEMS AND MINOR INJURIES THE PROGRAM IS A PARTNERSHIP BETWEEN BAPTIST MEMORIAL HEALTH CARE CORPORATION AND CHRIST COMMUNITY HEALTH SERVICES, WHICH OWNS THE MOBILE UNIT AND OPERATES IT AN ADDITIONAL TWO DAYS PER WEEK THE BAPTIST OPERATION OUTREACH MOBILE CLINIC IS BAPTIST MEMORIAL HEALTH CARE CORPORATION'S SIGNATURE COMMUNITY OUTREACH PROGRAM AND THE CORNERSTONE OF OUR COMMUNITY INVOLVEMENT EFFORTS IT IS A MEMBER OF THE GREATER MEMPHIS INTERAGENCY COALITION FOR THE HOMELESS, AN ORGANIZATION THAT HELPS ENSURE HOMELESS PROVIDER AGENCIES AND HOMELESS PEOPLE CAN PARTICIPATE IN PLANNING FOR THE "CONTINUUM OF CARE" SYSTEM OF SERVICES, SHELTER AND HOUSING FOR MORE INFORMATION ON BAPTIST MEMORIAL HEALTH CARE CORPORATION'S COMMUNITY INVOLVEMENT AND COMMITMENT, PLEASE VISIT OUR WEB SITE, WWW BAPTISTONLINE ORG BAPTIST MEMORIAL HEALTH CARE CORPORATION AND THE MEDICAL EDUCATION AND RESEARCH INSTITUTE (MERI) ARE BOTH WELL KNOWN FOR THEIR COMMITMENT TO THE ADVANCEMENT OF MEDICAL RESEARCH AND EDUCATION THE MEDICAL EDUCATION AND RESEARCH INSTITUTE CONTRIBUTES TO THE MEDICAL COMMUNITY BY PROVIDING EXCELLENT ANATOMIC TEACHING LABS FOR HANDS-ON INSTRUCTION, WHICH HELPS TO IMPROVE THE TRANSFER OF TECHNOLOGY FROM THE LAB TO ACTUAL PATIENTS IT ALSO SUPPORTS RESEARCH THAT WOULD BE DIFFICULT OR IMPOSSIBLE TO PERFORM AT MOST OTHER LABORATORIES, INCLUDING MAINSTREAM UNIVERSITY LABS PHYSICIANS TRAVEL FROM ALL OVER THE WORLD TO UTILIZE THE FACILITY BECAUSE IT ALLOWS THEM TO CONTINUALLY IMPROVE THEIR SKILLS, INCREASE THEIR KNOWLEDGE, DEVELOP NEW TECHNIQUES AND MORE BAPTIST MEMORIAL HEALTH CARE CORPORATION HAS A RENEWED EMPHASIS ON CUSTOMER SERVICE CUSTOMER SERVICE HAS BECOME PART OF THE BAPTIST MEMORIAL HEALTH CARE CORPORATE CULTURE TERMED "SERVICE FIRST," BAPTIST MEMORIAL HEALTH CARE CORPORATION AND ITS AFFILIATED ENTITIES THROUGHOUT THE MID-SOUTH ARE FINDING BETTER WAYS TO SERVE OUR CUSTOMERS AND EXCEED THEIR EXPECTATIONS BAPTIST MEMORIAL HEALTH CARE CORPORATION HAS ALSO PROVIDED A NUMBER OF OTHER SERVICES TO THE COMMUNITY IT RECOGNIZES THAT ITS PEOPLE ARE ITS MOST VALUABLE ASSET TO SHARE THIS ASSET WITH THE COMMUNITY AT LARGE, ALL PERSONNEL ARE ENCOURAGED TO GET INVOLVED BY VOLUNTEERING BELOW IS A PARTIAL LISTING OF THE ORGANIZATIONS AND ACTIVITIES BAPTIST MEMORIAL HEALTH CARE CORPORATION SUPPORTED IN 2009 --AGAPE CHILD & FAMILY SERVICES--AMERICAN CANCER SOCIETY--AMERICAN DIABETES ASSOCIATION--AMERICAN HEART AND STROKE ASSOCIATION--AMERICAN RED CROSS--ARTHRITIS FOUNDATION--ARTSMEMPHIS--BLACK BUSINESS ASSOCIATION--BRIDGES, INC --CHRIST COMMUNITY HEALTH SERVICES--CHURCH HEALTH CENTER--CLOVERNOOK CENTER FOR THE BLIND AND VISUALLY IMPAIRED--CROSSLINK INTERNATIONAL--DIXON GALLERY & GARDENS--DYERSBURG STATE COMMUNITY COLLEGE--EXCHANGE CLUB FAMILY CENTER--FOUNDATION FOR THE LIBRARY--GREATER MEMPHIS INTERAGENCY COALITION FOR THE HOMELESS--HABITAT FOR HUMANITY--LATINO MEMPHIS--THE LEADERSHIP ACADEMY--LEADERSHIP MEMPHIS--LEMOYNE-OWEN COLLEGE--MANASSAS HIGH SCHOOL--MARCH OF DIMES--MEMPHIS ACADEMY OF SCIENCE AND ENGINEERING--MEMPHIS-MIDSOUTH AFFILIATE OF SUSAN G KOMEN FOR THE CURE--MEMPHIS REDBIRDS BASEBALL FOUNDATION--MEMPHIS REGIONAL CHAMBER--MEMPHIS SYMPHONY ORCHESTRA--METROPOLITAN INTER-FAITH ASSOCIATION--MID-SOUTH FOOD BANK--MID-SOUTH MINORITY BUSINESS COUNCIL--NAACP--NATIONAL CIVIL RIGHTS MUSEUM--SALVATION ARMY--SHELBY COUNTY BOOKS FROM BIRTH--SHELBY COUNTY FARMS PARK ALLIANCE--UNION UNIVERSITY--UNITED WAY OF THE MID-SOUTH--UNIVERSITY OF MEMPHIS--UNIVERSITY OF TENNESSEEBAPTIST MEMORIAL HEALTH CARE CORPORATION REALIZES THAT MODERN HEALTH CARE IS MORE THAN MEDICINE, TECHNOLOGY AND TECHNIQUE IT IS ALSO ABOUT SHARING EXPERIENCES AND HELPING FRIENDS AND NEIGHBORS DEAL WITH ILLNESS

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses $ 127,030,592 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	453		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	642		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			No
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 10		
b	Enter the number of voting members that are independent . .	1b 9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	Yes	

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed _____

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

BARBRA SKINNER
350 N HUMPHREYS BLVD
MEMPHIS, TN 381202177
(901) 227-4394

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								16,414,766	527,483	1,532,655

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 86

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
JONES DAY PO BOX 7805 BEN FRANKLIN STATION WASHINGTON, DC 20044	LEGAL	3,066,628
BAKER DONELSON BEARMAN & CALDWELL 700 N STATE ST 500 JACKSON, MS 39202	LEGAL	1,395,215
RED DELUXE PO BOX 3350 MEMPHIS, TN 381730350	MEDIA SERVICES	1,378,056
HARRIS SHELTON HANOVER WALSH PLLC ONE COMMERCE SQUARE 2700 MEMPHIS, TN 38103	LEGAL	1,190,224
PRESS GANEY ASSOCIATES 404 COLUMBIA PL SOUTHBEND, IN 46601	SURVEY SERVICES	926,939

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 19

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d	268,063			
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)** ▶	268,063			
Program Service Revenue		Business Code				
	2a	MANAGEMENT FEE REVENUE	541,200	118,413,611	117,321,649	1,091,962
	b	OTHER REVENUE	541,200	132,550	124,976	7,574
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 118,546,161				
	3	Investment income (including dividends, interest other similar amounts) ▶	7,119,971		209,410	6,910,561
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
		(i) Real / (ii) Personal				
	6a	Gross Rents: 16,402 /				
	b	Less rental expenses: /				
	c	Rental income or (loss): 16,402 /				
	d	Net rental income or (loss) ▶	16,402			16,402
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 36,086,479 / 28,075				
	b	Less cost or other basis and sales expenses: 42,668,235 / 225,254				
	c	Gain or (loss): -6,581,756 / -197,179				
	d	Net gain or (loss) ▶	-6,778,935			-6,778,935
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events ▶				
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue	Business Code			
	11a	GAIN/LOSS IMPAIRMENT	900,099	2,153,825		2,153,825
	b	BHSG ALLOCATION	541,200	1,474,367	1,474,367	
	c	NON-OPERATING REVENUE	900,099	1,215,210	1,215,210	
	d	All other revenue _____		81,176	81,176	
	e	**Total. Add lines 11a-11d** ▶ $ 4,924,578				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	124,096,240	118,743,011	2,783,313	2,301,853

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,203,793	1,203,793		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	20,886,534	20,841,386	45,148	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	28,144,819	28,083,982		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,202,601	5,189,788	12,813	
9	Other employee benefits	5,004,803	4,991,208	13,595	
10	Payroll taxes	2,828,749	2,822,112	6,637	
11	Fees for services (non-employees)				
a	Management				
b	Legal	4,422,825	4,422,825		
c	Accounting	1,265,163	1,265,163		
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	1,034,167	1,027,576	6,591	
g	Other	5,261,117	5,227,588	33,529	
12	Advertising and promotion	2,331,200	2,307,655	23,545	
13	Office expenses	5,345,028	5,343,410	1,618	
14	Information technology	72,251	72,220	31	
15	Royalties . .				
16	Occupancy	1,091,109	1,091,109		
17	Travel	704,031	702,369	1,662	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	197,095		197,095	
20	Interest	628,168	625,421	2,747	
21	Payments to affiliates	144,000	143,937	63	
22	Depreciation, depletion, and amortization	19,113,223	19,026,639	86,584	
23	Insurance	3,387,868	3,387,868		
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	REPAIR & MAINTENANCE	18,329,154	18,250,941	78,213	
b	DUES & SUBSCRIPTIONS	756,395	755,275	1,120	
c	TAX & LICENSES	164,555	164,555	0	
d	AUTO EXP	38,483	38,466	17	
e	RECRUITING EXPENSES	18,713	18,705	8	
f	All other expenses	26,613	26,601	12	
25	**Total functional expenses.** Add lines 1 through 24f	127,602,457	127,030,592	571,865	0
26	**Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		450	1	201
	2	Savings and temporary cash investments		12,150,310	2	1,842,234
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		5,361,999	9	7,320,608
	10a	Land, buildings, and equipment cost basis	10a 193,946,515			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 134,696,576	65,254,726	10c	59,249,939
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		192,120,669	12	187,737,258
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		135,782,619	15	161,737,822
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		410,670,773	16	417,888,062
Liabilities	17	Accounts payable and accrued expenses		15,089,249	17	16,332,862
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		43,500,000	23	55,500,000
	24	Unsecured notes and loans payable			24	
	25	Other liabilities *Complete Part X of Schedule D*		204,517,539	25	183,406,279
	26	**Total liabilities.** *Add lines 17 through 25*		263,106,788	26	255,239,141
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		147,563,985	27	162,648,921
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		147,563,985	33	162,648,921
	34	Total liabilities and net assets/fund balances		410,670,773	34	417,888,062

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		No
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HEALTH CARE CORPORATION

Employer identification number
58-1521475

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☑ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☑ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
See Additional Data Table									
Total									116,657,812

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 58-1521475
Name: BAPTIST MEMORIAL HEALTH CARE CORPORATION

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHEN C REYNOLDS , PRESIDENT/CEO/DIRECTOR	31 40	X		X				3,943,109	0	206,297
A WATSON BELL , DIRECTOR	80	X						0	0	0
ORAL W EDWARDS , DIRECTOR	80	X						0	0	0
ALLEN B PUCKETT III , DIRECTOR	80	X						0	0	0
DALE MORRIS MD , DIRECTOR	80	X						0	0	0
MICHAEL CARY , DIRECTOR	80	X						0	0	0
DANA E KELLY , DIRECTOR	80	X						0	0	0
JAMES M GLASGOW JR , DIRECTOR	80	X						0	0	0
MILTON E MAGEE , DIRECTOR	80	X						0	0	0
HARRY L SMITH , DIRECTOR	80	X						0	0	0
KATIE WINCHESTER , DIRECTOR	80	X						0	0	0
JOHN STANFORD DDS , DIRECTOR	80	X						0	0	0
JIMMY D AINSWORTH , VP/MARKET LEADER	38 50			X				1,022,836	0	16,234
DAVID W BARHAM , VP/FINANCE OPERATIONS	38 80			X				258,059	0	48,051
JERRY BRANTLEY , VP/CIO	40 00			X				571,587	0	47,432
LARRY V BRAUGHTON , VP HUMAN RESOURCES	39 90			X				586,995	0	47,352
DAVID ELLIOTT , VP/MANAGED CARE	40 00			X				308,400	0	17,968
J SCOTT FOUNTAIN , SR VP/CHIEF DEVELOPMENT	20 00			X				247,908	313,456	38,694
ROBERT S GORDON , EVP/CAO	37 60			X				931,890	0	59,120
WILLIAM A GRIFFIN , VP/CORPORATE FINANCE	40 00			X				269,664	0	53,807
DAVID C HOGAN , EVP/COO	35 00			X				1,531,888	0	45,768
BEVERLY D JORDAN , VP/CNO	40 00			X				412,457	0	59,173
DONALD R POUNDS , CFO/SVP	38 30			X				710,457	0	41,195
WILLIAM A TUTTLE , VP PLANNING	40 00			X				176,606	0	25,080
RICHARD D DREWRY JR , VP/CHIEF MEDICAL OFFICER	40 00			X				400,375	0	88,632
JAMES S MITCHELL III , VP/MARKET LEADER	40 00			X				609,278	0	40,957
GREGORY M DUCKETT , SR VP & CORP SEC	35 00			X				585,000	0	39,638
JASON M LITTLE , V P /MARKET LEADER	40 00			X				395,269	0	42,164
RONALD J KING , CEO/ADMIN	40 00				X			442,344	0	37,194
BETTY SUE MCGARVEY , COLLEGE PRESIDENT	40 00				X			219,054	0	51,575

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GLENN F BAKER , CEO/ADMIN	40 00				X			257,634	0	63,344
SUSAN W STRALKA , CEO/ADMIN	40 00				X			271,277	0	40,148
JAMES R HUFFMAN III , CEO/ADMIN	40 00				X			215,407	0	50,751
ANITA S VAUGHN , CEO/ADMIN	40 00				X			226,028	0	14,419
PAUL B BETZ , CEO/ADMIN	40 00				X			206,630	0	45,261
JEFFREY D NOWELL , CFO	40 00				X			200,560	14,009	51,655
JERRY L POPE , ASST ADMIN	40 00				X			172,625	30,331	14,239
DONALD HUTSON , CEO/ADMIN	40 00				X			203,006	0	34,711
NANCY AVERWATER , CEO/ADMIN	40 00				X			186,404	0	37,226
CYNDI S PITTMAN , CFO	40 00				X			255	169,687	17,128
BRUCE E VINSON , SYS DIR PHAR	40 00					X		203,114	0	30,726
ROSE LINDSEY-GIULIAN , DIR QUALITY & MED MGMT	40 00					X		171,428	0	37,857
WAID RAY , ASSOC CORPORATE COUNSEL	40 00					X		156,640	0	42,160
TERRY PAHDE , DIR COMP/BENEFITS	40 00					X		167,720	0	29,763
ARTHUR MAPLES , DIR GOVERNMENT OPERATION	40 00					X		152,862	0	16,936

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

BAPTIST MEMORIAL HEALTH CARE CORPORATION IS AFFILIATED WITH A NUMBER OF TAX EXEMPT HOSPITALS LOCATED IN ARKANSAS, MISSISSIPPI, AND TENNESSEE AND SUPPLIES MANAGEMENT, CONSULTING AND SUPPORT SERVICES TO THEM THROUGH ITS CORPORATE STAFF...(See Schedule O, pg 38)MANAGEMENT SERVICES ARE PROVIDED TO THESE RELATED ORGANIZATIONS THAT PROVIDE QUALITY HEALTH CARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE. THE SUPPORT SERVICES INCLUDE CLINICAL, FINANCIAL, LEGAL, AND OPERATIONAL. BY PROVIDING THESE SERVICES ON A CENTRALIZED AND COORDINATED BASIS THE AFFILIATED ORGANIZATIONS ARE RUN MORE EFFICIENTLY AND EFFECTIVELY. THE QUALITY OF SERVICES IS HIGHER AND IS MORE COST EFFECTIVE, AND THE DATA GENERATED IS MORE MEANINGFUL. THESE EFFICIENCIES CONTRIBUTE IMPORTANTLY TO THE EXEMPT PURPOSE OF THE RELATED ORGANIZATIONS AND ALLOW THEM TO ACCOMPLISH THEIR CHARITABLE PURPOSES AND TO BETTER UTILIZE THEIR RESOURCES WHERE THEY ARE NEEDED MOST PROVIDING BETTER CARE FOR THE COMMUNITY.

Additional Data

Software ID:
Software Version:
EIN: 58-1521475
Name: BAPTIST MEMORIAL HEALTH CARE CORPORATION

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
BAPTIST MEMORIAL HOSPITAL INC	620123940	3	Yes		Yes		Yes		52026313
BAPTIST MEMORIAL HOSPITAL-BOONEVILLE INC	640663760	3	Yes		Yes		Yes		2034061
BAPTIST MEMORIAL HOSPITAL-DESOTO INC	640682111	3	Yes		Yes		Yes		18939132
BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC	621519754	3	Yes		Yes		Yes		10454812
BAPTIST MEMORIAL HOSPITAL-HUNTINGDON INC	621166050	3	Yes		Yes		Yes		1668200
BAPTIST MEMORIAL HOSPITAL-LAUDERDALE INC	621088703	3	Yes		Yes		Yes		1324757
BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC	640772726	3	Yes		Yes		Yes		14038981
BAPTIST MEMORIAL HOSPITAL-TIPTON INC	621113167	3	Yes		Yes		Yes		2659761
BAPTIST MEMORIAL HOSPITAL-UNION CITY INC	621138045	3	Yes		Yes		Yes		3546458
BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC	630997281	3	Yes		Yes		Yes		4184600
BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICESINC	581645396	3	Yes		Yes		Yes		3332162
BAPTIST COLLEGE OF HEALTH SCIENCES INC	621599670	2	Yes		Yes		Yes		0
NORTHEAST ARKANSAS BAPTIST MEMORIAL HEALTH CARE LLC	810572898	3	Yes		Yes		Yes		2448575

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SCHEDULE C
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)
- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
BAPTIST MEMORIAL HEALTH CARE CORPORATION	58-1521475

Part I-A **To be completed by all organizations exempt under section 501(c) and section 527 organizations.** (See the instructions for Schedule C for details.)

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures $ _____

3 Volunteer hours _____

Part I-B **To be completed by all organizations exempt under section 501(c)(3).** (See the instructions for Schedule C for details.)

1 Enter the amount of any excise tax incurred by the organization under section 4955 $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 $ _____

3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C **To be completed by all organizations exempt under section 501(c), except section 501(c)(3).** (See the instructions for Schedule C for details.)

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $ _____

2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities $ _____

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's internal funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV	Yes		68,613
j	Total lines 1c through 1i			68,613
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 $
2	Section 162(e) non-deductible lobbying and political expenditures ***(do not include amounts of political expenses for which the section 527(f) tax was paid).***	
a	Current Year	2a $
b	Carryover from last year	2b $
c	Total	2c $
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 $
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 $
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 $

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	BAPTIST MEMORIAL HEALTH CARE CORPORATION PAYS CONSULTANTS WHO MONITOR & ADVISE THE ORGANIZATION ON LEGISLATIVE & REGULATORY MATTERS THAT MAY AFFECT THE ORGANIZATION & ITS AFFILIATES THESE CONSULTANTS MAY ADVOCATE POSITIONS WITH GOVERNMENTAL BODIES AT LOCAL, STATE & FEDERAL LEVELS

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HEALTH CARE CORPORATION

Employer identification number
58-1521475

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain why in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		8,748,106		8,748,106
b Buildings		25,810,833	8,955,113	16,855,720
c Leasehold improvements		65,004	65,004	0
d Equipment		159,128,067	125,589,530	33,538,537
e Other		194,505	86,929	107,576
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				59,249,939

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other PENSION FUND INVESTMENTS	2,568,289	F
Other INVESTMENT OF FUNDS FOR SELF-INSURANCE	106,946,152	F
Other GROUP ASSET FUNDS	78,222,817	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	187,737,258	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
DUE FROM AFFILIATES	137,060,871
OTHER RECEIVABLES	355,095
CASH SURRENDER VALUE OF OFFICERS LIFE INSURANCE	3,494,188
CONSTRUCTION IN PROCESS	10,650,345
LAND HELD FOR RESALE	10,177,323
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	161,737,822

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO AFFILIATES	71,880,112
POST RETIREMENT BENEFIT OBLIGATION	11,368,567
RESERVE FOR SELF-INSURANCE	99,964,850
ESTIMATED SETTLEMENTS WITH THIRD PARTIES	192,750
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	183,406,279

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HEALTH CARE CORPORATION

Employer identification number
58-1521475

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 34

3 Enter total number of other organizations . . . . . ▶ 3

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 ALL ORGANIZATIONS ARE REQUIRED TO SUBMIT PROOF OF TAX EXEMPT STATUS THAT IS VERIFIED BY THE IRS DATABASE BEFORE THEY CAN PROCEED WITH THEIR REQUEST THEY MAY USE OUR ONLINE CHARITABLE REQUEST APPLICATION TO SUBMIT A REQUEST IF THEY ARE NOT A 501(c)(3) ORGANIZATION, THEY ARE REQUIRED TO SUBMIT A COPY OF THEIR DETERMINATION LETTER FROM THE IRS VALIDATING THEIR EXEMPT STATUS BEFORE WE CAN PROVIDE ANY IN-KIND GIVEAWAYS OR SERVICES (See Part IV, pg 31 for continuation) (Continued from Part IV, pg 26) WE ALSO MONITOR THE FUNDS TO ENSURE THEY ARE USED FOR THE PURPOSE GRANTED WE MAKE EVERY EFFORT TO DIRECT OUR FUNDING TO A PROGRAM FOR A SPECIFIC PURPOSE ORGANIZATIONS ARE ASKED TO SHOW RESULTS AND DOCUMENTATION ANNUALLY BEFORE THEIR REQUEST CAN BE CONSIDERED FOR FUTURE FUNDING THE REQUESTS ARE REVIEWED AND APPROVED BY VARIOUS INDIVIDUALS DEPENDING UPON THE TYPE AND AMOUNT OF THE REQUEST SMALL AMOUNTS MAY BE APPROVED BY THE SYSTEM COORDINATOR, CASH SPONSORSHIPS MAY BE APPROVED BY THE SYSTEM DIRECTOR OF COMMUNICATIONS, ANYTHING OVER $10,000 MAY BE APPROVED BY THE BAPTIST MEMORIAL HEALTH CARE FOUNDATION SENIOR V P , AND ANYTHING OVER $50,000 NEEDS APPROVAL BY THE CORPORATE PRESIDENT/CEO FOR MORE INFORMATION ABOUT BAPTIST CHARITABLE GIVING GUIDELINES, PLEASE VISIT HTTP //WWW BAPTISTONLINE ORG/SERVICES/COMMUNITY/INVOLVEMENT/GIVING ASP

Additional Data Return to Form

Software ID:
Software Version:
EIN: 58-1521475
Name: BAPTIST MEMORIAL HEALTH CARE CORPORATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AGAPE CHILD & FAMILY SERVICES111 RACINE ST MEMPHIS,TN 38111	23-7039683	501(C)(3)	10,092				GENERAL DONATION
AMERICAN CANCER SOCIETY1378 UNION AVE MEMPHIS,TN 38103	23-7040934	501(C)(3)	16,000				GENERAL DONATION
AMERICAN DIABETES ASSN1701 BEAUREGARD ST ALEXANDRIA,VA 22311	13-1623888	501(C)(3)	7,500				GENERAL DONATION
AMERICAN HEART ASSN 7272 GREENVILLE AVE DALLAS,TX 75231	13-5613797	501(C)(3)	10,000				GENERAL DONATION
ARTS MEMPHIS575 S MENDENHALL RD MEMPHIS,TN 38117	62-0693547	501(C)(3)	30,000				GENERAL DONATION
BELLEVUE FOUNDATION INC2000 APPLING RD MEMPHIS,TN 38016	62-1818929	501(C)(3)	40,000				MOBILE DENTAL CLINIC DONATION
BOYS & GIRLS CLUBS OF GREATER MEMPHIS44 S REMBERT MEMPHIS,TN 38104	62-0646371	501(C)(3)	5,000				GENERAL DONATION
CHRIST COMMUNITY HEALTH SERVICES INC 2953 BROAD AVE MEMPHIS,TN 38112	62-1583270	501(C)(3)	198,981				SUPPORT FOR OUTREACH PROGRAM
CHURCH HEALTH CENTER OF MEMPHIS INC1210 PEABODY AVE MEMPHIS,TN 38104	58-1716113	501(C)(3)	5,000	266	FMV	MED SUPPLIES	GENERAL DONATION
CROSSLINK INTERNATIONAL200 E PARKWAY N MEMPHIS,TN 38112	54-1827160	501(C)(3)	15,000				MATCHING GRANT FOR GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EXCHANGE CLUB CHILD ABUSE PREVENTION CENTER2180 UNION AVE MEMPHIS,TN 38104	58-1502697	501(C)(3)	10,000				GENERAL DONATION
HABITAT FOR HUMANITY OF GREATER MEMPHIS169 SCOTT ST MEMPHIS,TN 38112	62-1157233	501(C)(3)	60,000				CONTRIBUTION FOR HOUSE CONSTRUCTION
LEADERSHIP MEMPHIS 119 S MAIN ST 425 MEMPHIS,TN 38103	62-1043517	501(C)(3)	14,150				CORPORATE SPONSORSHIP
LEMOYNE OWEN COLLEGE807 WALKER AVE MEMPHIS,TN 38126	62-0475690	501(C)(3)	9,000				SUPPORT UNITED NEGRO COLLEGE FUND
MIFA910 VANCE AVE MEMPHIS,TN 38126	58-1636287	501(C)(3)	7,000				DONATION & SPONSOR HEART WALK
MEMPHIS ALLIANCE INC90 S FRONT ST MEMPHIS,TN 38103	62-1512543	501(C)(3)	12,500				HEALTHY CHURCH CHALLENGE SPONSOR
MEMPHIS BIOWORKS FOUNDATION20 S DUDLEY 900 MEMPHIS,TN 38103	62-1858660	501(C)(3)	330,000				GENERAL DONATION
MEMPHIS MEDICAL SOCIETY INC1067 CRESTHAVEN RD MEMPHIS,TN 38119	62-0292105	501(C)(6)	5,000				SPONSOR
MEMPHIS BRANCH NAACP588 VANCE AVE MEMPHIS,TN 38126	62-0637884	501(C)(3)	9,250				DONATION TO FREEDOM FUND GALA
MIDSOUTH FOOD BANK 239 S DUDLEY ST MEMPHIS,TN 38104	62-1340755	501(C)(3)	14,000				TO PURCHASE FOOD FOR KIDS BACKPACKS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MIDSOUTH MINORITY BUSINESS COUNCIL158 MADISON AVE MEMPHIS,TN 38103	01-0706027	501(C)(3)	5,000				GENERAL DONATION
LORRAINE FOUNDATION (NATIONAL CIVIL RIGHTS MUSEUM)450 MULBERRY ST MEMPHIS,TN 38103	58-1484027	501(C)(3)	10,000				SPONSOR FREEDOM AWARDS DINNER
PORTER-LEATH868 N MANASSAS ST MEMPHIS,TN 38107	62-0478095	501(C)(3)	10,000				DONATION FOR EARLY CHILDHOOD HOME
SHELBY FARMS PARK CONSERVANCY500 PINE LAKE DR MEMPHIS,TN 38134	26-0350397	501(C)(3)	45,000				SUPPORT OF EARTH DAY AND STARRY NIGHTS
RYANS HOPE FOR FAMILIES & FRIENDSPO BOX 745 COLLIERVILLE,TN 38027	04-3775026	501(C)(3)	5,000	324	FMV	SUPPLIES	GENERAL DONATION
SALVATION ARMYPO BOX 1428 ALEXANDRIA,VA 22313	13-2923701	501(C)(3)	5,000				GENERAL DONATION
SUSAN G KOMEN BREAST CANCER FOUNDATION5005 LBJ FRWY DALLAS,TX 752446125	71-1835298	501(C)(3)	15,000				SPONSORRACE FOR THE CURE
THE LEADERSHIP ACADEMY22 N FRONT ST MEMPHIS,TN 38103	58-1607228	501(C)(3)	15,207	293	FMV	MEALS	DONATION & LUNCHEON
TREZEVANT MANOR FOUNDATION177 N HIGHLAND ST MEMPHIS,TN 38111	58-1430713	501(C)(3)	25,000				CAPITAL CAMPAIGN
UNITED WAY OF THE MIDSOUTH6775 LENOX CENTER CT 200 MEMPHIS,TN 38115	56-1010742	501(C)(3)	5,000				GENERAL DONATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF MEMPHIS635 NORMAL ST MEMPHIS,TN 38152	62-6048540	501(C)(3)	5,000				GENERAL DONATION
MEMPHIS CATHOLIC HIGH SCHOOL5825 SHELBY OAKS DR MEMPHIS,TN 38134	06-1691074	501(C)(3)	40,000				SPONSOR EDUCATION PROGRAM
WOLF RIVER CONSERVANCY INCPO BOX 11031 MEMPHIS,TN 38111	62-1245975	501(C)(3)	5,000				SPONSOR WOLF RIVER DAY
METHODIST HEALTH CARE-MEMPHIS1211 UNION AVE 700 MEMPHIS,TN 38104	58-1454711	501(C)(3)	113,461				PAYMENTS FOR CHARITY PATIENTS
DYERSBURG STATE COMMUNITY COLLEGE 1510 LAKE RD DYERSBURG,TN 38024	62-1378726	501(C)(3)	17,595				DONATION TO NURSING FUND
LIBERTY BOWL FESTIVAL ASSN3767 NEW GETWELL RD MEMPHIS,TN 38118	62-6064769	501(c)(4)	10,000				SPONSOR
MEMPHIS AREA CHAMBER OF COMMERCEPO BOX 224 MEMPHIS,TN 381010224	62-0291250	501(c)(6)	15,000				SPONSOR

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HEALTH CARE CORPORATION

Employer identification number
58-1521475

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☑ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		No
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	Part I, Line 1a	THE OFFICERS RECEIVE A PERQUISITE ALLOWANCE WHICH IS INCLUDED IN THEIR SALARIES
	Part I, Line 1b	PART I LINE 1 THE PRESIDENT, ALL VICE PRESIDENTS, AND ADMINISTRATORS RECEIVE A PERQUISITE ALLOWANCE THE ALLOWANCE IS INCLUDED IN THEIR SALARIES AND IS TAXABLE TO THEM AS ADDITIONAL INCOME THE ORGANIZATION ALSO HAS AN ACCOUNTABLE PLAN, BUT A DISCRETIONARY SPENDING ACCOUNT IS NOT PART OF AN ACCOUNTABLE PLAN IF ANY OF THE OTHER ITEMS LISTED ON SCHEDULE J, PART I, LINE 1a WERE APPLICABLE, THE RECIPIENTS WOULD BE REQUIRED TO FOLLOW THE ORGANIZATION'S WRITTEN POLICY REGARDING PAYMENT OR REIMBURSEMENT

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 58-1521475
Name: BAPTIST MEMORIAL HEALTH CARE CORPORATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
STEPHEN C REYNOLDS	(I) (II)	867,243	685,531	2,390,335	43,500	162,797	4,149,406	
JIMMY D AINSWORTH	(I) (II)	299,032	127,281	596,523	10,511	5,723	1,039,070	
DAVID W BARHAM	(I) (II)	201,137	42,145	14,777	33,162	14,889	306,110	
JERRY BRANTLEY	(I) (II)	318,373	240,498	12,716	43,500	3,932	619,019	
LARRY V BRAUGHTON	(I) (II)	249,978	195,556	141,461	42,584	4,768	634,347	
DAVID ELLIOTT	(I) (II)	231,957	65,236	11,207	15,500	2,468	326,368	
J SCOTT FOUNTAIN	(I) (II)	 306,872	232,908	15,000 6,584	 34,500	 4,194	247,908 352,150	
ROBERT S GORDON	(I) (II)	524,569	385,236	22,085	51,250	7,870	991,010	
WILLIAM A GRIFFIN	(I) (II)	206,151	52,238	11,275	33,212	20,595	323,471	
DAVID C HOGAN	(I) (II)	565,518	406,993	559,377	43,500	2,268	1,577,656	
BEVERLY D JORDAN	(I) (II)	239,434	159,614	13,409	34,500	24,673	471,630	
DONALD R POUNDS	(I) (II)	404,045	290,586	15,826	34,500	6,695	751,652	
WILLIAM A TUTTLE	(I) (II)	139,084	26,264	11,258	22,386	2,694	201,686	
RICHARD D DREWRY JR	(I) (II)	312,991	70,761	16,623	19,302	69,330	489,007	
JAMES S MITCHELL III	(I) (II)	343,775	253,904	11,599	37,649	3,308	650,235	
GREGORY M DUCKETT	(I) (II)	317,472	241,248	26,280	34,500	5,138	624,638	
JASON M LITTLE	(I) (II)	233,326	150,936	11,007	34,500	7,664	437,433	
RONALD J KING	(I) (II)	262,924	171,017	8,403	34,500	2,694	479,538	
BETTY SUE MCGARVEY	(I) (II)	176,680	34,094	8,280	37,597	13,978	270,629	
GLENN F BAKER	(I) (II)	145,077	29,468	83,089	32,743	30,601	320,978	
SUSAN W STRALKA	(I) (II)	157,515	34,670	79,092	38,442	1,706	311,425	
JAMES R HUFFMAN III	(I) (II)	170,780	36,305	8,322	34,802	15,949	266,158	
ANITA S VAUGHN	(I) (II)	180,997	36,571	8,460	9,100	5,319	240,447	
PAUL B BETZ	(I) (II)	171,002	27,506	8,122	38,500	6,761	251,891	
JEFFREY D NOWELL	(I) (II)	173,522	14,721 8,261	12,317 5,748	29,648	22,007	252,215 14,009	
JERRY L POPE	(I) (II)	149,421	 27,664	23,204 2,667		4,478 9,761	177,103 40,092	
DONALD HUTSON	(I) (II)	162,399	31,216	9,391	26,067	8,644	237,717	
NANCY AVERWATER	(I) (II)	149,079	26,025	11,300	27,416	9,810	223,630	
CYNDI S PITTMAN	(I) (II)	 157,008	 12,679	255	 13,229	 3,899	255 186,815	
BRUCE E VINSON	(I) (II)	101,200	13,200	88,714	16,138	14,588	233,840	
ROSE LINDSEY-GIULIAN	(I) (II)	153,069	18,359		26,338	11,519	209,285	
WAID RAY	(I) (II)	138,505	17,628	507	22,295	19,865	198,800	
TERRY PAHDE	(I) (II)	139,603	19,990	8,127	29,763		197,483	
ARTHUR MAPLES	(I) (II)	133,669	13,667	5,526		16,936	169,798	

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HEALTH CARE CORPORATION

Employer identification number
58-1521475

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE FORM 990 IS REVIEWED BY BAPTIST MEMORIAL HEALTH CARE CORPORATION'S SR V P/CFO AND THE V P OF CORPORATE FINANCE IN ADDITION, ALL FORMS 990 ARE REVIEWED ON A ROTATING BASIS OF EVERY THREE YEARS BY AN OUTSIDE INDEPENDENT ACCOUNTING AND TAX FIRM THE FORM 990 HAS NOT BEEN REVIEWED BY THE BOARD OF DIRECTORS HOWEVER, BAPTIST MEMORIAL HEALTH CARE CORPORATION HAS A GOVERNANCE COMMITTEE THAT IS APPOINTED BY ITS BOARD OF DIRECTORS THE BAPTIST MEMORIAL HEALTH CARE CORPORATION GOVERNANCE COMMITTEE CONSISTS OF THREE OR MORE MEMBERS ALL OF WHICH MAY OR MAY NOT BE MEMBERS OF THE BOARD OF DIRECTORS THE BAPTIST MEMORIAL HEALTH CARE CORPORATION GOVERNANCE COMMITTEE REVIEWED THE FORM 990 OF ALL OF THE BAPTIST ENTITIES BEFORE SUBMITTING TO THE IRS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		BAPTIST MEMORIAL HEALTH CARE CORPORATION REQUIRES THAT ALL EMPLOYEES, INCLUDING OFFICERS AND KEY EMPLOYEES, PERIODICALLY COMPLETE A CERTIFICATION AND ACKNOWLEDGEMENT OF THE BAPTIST MEMORIAL HEALTH CARE CORPORATION STANDARDS OF CONDUCT, WHICH INCORPORATES THE CONFLICT OF INTEREST POLICY BOARD MEMBERS DISCLOSE AND SIGN A CONFLICT OF INTEREST STATEMENT EACH DECEMBER IN THE EVENT THAT AN EMPLOYEE OR BOARD MEMBER BECOMES AWARE OF A POTENTIAL CONFLICT OF INTEREST, HE/SHE IS REQUIRED TO REPORT IT TO THEIR CHIEF EXECUTIVE OFFICER BEFORE TAKING ANY ACTION IF HE/SHE IS THE CHIEF EXECUTIVE OFFICER, THEN HE/SHE IS TO REPORT TO THE CHAIRMAN OF THE BOARD OF DIRECTORS THE SIGNED CONFLICT OF INTEREST STATEMENTS ARE REVIEWED BY THE SENIOR V P AND CORPORATE COUNSEL, AND ARE MAINTAINED IN THE BAPTIST MEMORIAL HEALTH CARE CORPORATION LEGAL DEPARTMENT IF A CONFLICT OF INTEREST IS FOUND TO EXIST, IT WILL BE THE RESPONSIBILITY OF THE CEO, WITH THE INVOLVEMENT OF THE BAPTIST MEMORIAL HEALTH CARE CORPORATION LEGAL DEPARTMENT, TO RESOLVE THE ISSUE

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		BAPTIST MEMORIAL HEALTH CARE CORPORATION'S HUMAN RESOURCE DEPARTMENT, THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS, AND AN INDEPENDENT COMPENSATION CONSULTING FIRM PERFORM ANNUAL REVIEWS EACH DECEMBER AND APPROVE COMPENSATION OF THE CEO AND OTHER TOP MANAGEMENT PERSONNEL THEY USE COMPARABILITY DATA AND OTHER SOURCES AS NEEDED THE CEO AND OTHER TOP MANAGEMENT USE THE SAME TYPE OF INFORMATION TO APPROVE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES ON DECEMBER 7, 2007 THE COMPENSATION WAS REVIEWED AND APPROVED FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2008 FOR THE PRESIDENT, THE VICE PRESIDENTS, AND THE CEO/ADMINISTRATORS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 18		BAPTIST MEMORIAL HEALTH CARE CORPORATION MAKES COPIES OF ITS FORMS 1023, 990, AND 990T AVAILABLE FOR PUBLIC INSPECTION TO ANY ONE WHO REQUESTS THEM AS REQUIRED BY THE IRS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		BAPTIST MEMORIAL HEALTH CARE CORPORATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
Form 990, Part VII	Contact Addresses for Officers, Directors, Etc	RONALD J KING - 7601 SOUTHCREST PKWY SOUTHAVEN, MS 38671 BETTY SUE MCGARVEY - 1003 MONROE AVE MEMPHIS , TN 38104 GLENN F BAKER - 1500 W POPLAR AVE COLLIERVILLE, TN 38017 SUSAN W STRALKA - 2100 EXETER GERMANTOWN, TN 38138 JAMES R HUFFMAN, III - 200 HWY 30 WEST NEW ALBANY, MS 38652 ANITA S VAUGHN - 6225 HUMPHREYS BLVD MEMPHIS, TN 38120 PAUL B BETZ - 3024 STADIUM BLVD JONESBORO, AR 72401 JERRY L POPE - 7601 SOUTHCREST PKWY SOUTHAVEN, MS 38671 DONALD HUTSON - 2301 S LAMAR OXFORD, MS 38655 CYNDI S PITTMAN - 6019 WALNUT GROVE RD MEMPHIS, TN 38120

Identifier	Return Reference	Explanation
Part V Statements Regarding other IRS Filings & Tax Compliance		LINE 1a ALL FORMS 1099 ARE PREPARED BY THE ACCOUNTS PAYABLE DEPARTMENT OF BAPTIST MEMORIAL HEALTH CARE CORPORATION ALL FORMS 1099 ARE ISSUED USING THE FEDERAL TAX IDENTIFICATION NUMBER OF BAPTIST MEMORIAL HEALTH CARE CORPORATION THE 1099S ARE NOT PROCESSED BY ENTITY, BUT BY VENDOR GROUP MANY VENDORS PERFORM SERVICES FOR MULTIPLE BAPTIST ENTITIES, SO ONLY ONE 1099 IS ISSUED PER VENDOR WITH THE TOTAL AMOUNT PAID FOR SERVICES THIS NUMBER IS REPORTED ON BAPTIST MEMORIAL HEALTH CARE CORPORATION'S FORM 990, PART V, LINE 1a LINE 2a THE PAYROLL FUNCTION IS CENTRALIZED AT THE PAYROLL DEPARTMENT OF BAPTIST MEMORIAL HEALTH CARE CORPORATION THE CORPORATE PAYROLL DEPARTMENT IS RESPONSIBLE FOR ALL SALARIES AND WAGES OF THE EMPLOYEES FOR ENTIRE THE BAPTIST SYSTEM THE W-3s AND W-2s ARE SUBMITTED ELECTRONICALLY TO THE IRS USING BAPTIST MEMORIAL HEALTH CARE CORPORATION'S FEDERAL TAX IDENTIFICATION NUMBER, ACCORDING TO THE GUIDELINES ASSOCIATED WITH COMMON PAYMASTER HOWEVER, THE EMPLOYEE INFORMATION IS ALLOCATED TO ITS RESPECTIVE FACILITY FOR FINANCIAL REPORTING PURPOSES AND THEY ARE REPORTED TO THE STATE BY EACH FACILITY THE TOTAL NUMBER OF W-2S FOR ALL BAPTIST ENTITIES IS REPORTED ON THE BAPTIST MEMORIAL HEALTH CARE CORPORATION W-3 LINE 7g THE ORGANIZATION DID NOT RECEIVE ANY CONTRIBUTIONS OF QUALIFIED INTELLECTUAL PROPERTY REQUIRING IT TO FILE A FORM 8899 Line 7h THE ORGANIZATION DID NOT RECEIVE ANY CONTRIBUTIONS OF CARS, BOATS, AIRPLANES, OR OTHER VEHICLES REQUIRING IT TO FILE A FORM 1098-C

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HEALTH CARE CORPORATION

Employer identification number
58-1521475

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) Disproprtionate allocations? No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) General or managing partner? No
See Additional Data Table											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
HEALTH TECH AFFILIATES INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1278576	BUYING & LEASING REAL & PERSONAL PROPERTY	TN	BAPTIST MEMORIAL HEALTH CARE CORPORATION	C			100 000 %
BAPTIST MEMORIAL HEALTH SERVICES GROUP OF THE MID-SOUTH INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1534210	HEALTH INSURANCE CONTRACTING	TN	BAPTIST MEMORIAL HEALTH CARE CORPORATION	C			100 000 %
SOUTHCREST PROPERTY OWNERS ASSOCIATION 7601 SOUTHCREST PKWY SOUTHAVEN, MS38671 64-0768703	BOOKKEEPING & DATA PROCESSING FOR THE SOUTHCREST DEVELOPMENT	MS	BAPTIST MEMORIAL HEALTH CARE CORPORATION	C			100 000 %
GERMANTOWN BUSINESS PARK OWNERS ASSOCIATION 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 20-1158216	BOOKKEEPING & DATA PROCESSING FOR THE GERMANTOWN BUSINESS PARK DEVELOPMENT	TN	BAPTIST MEMORIAL HEALTH CARE CORPORATION	C			100 000 %

Part V Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**	**Yes**	
b Gift, grant, or capital contribution to other organization(s)	**1b**	**Yes**	
c Gift, grant, or capital contribution from other organization(s)	**1c**	**Yes**	
d Loans or loan guarantees to or for other organization(s)	**1d**	**Yes**	
e Loans or loan guarantees by other organization(s)	**1e**		**No**
f Sale of assets to other organization(s)	**1f**		**No**
g Purchase of assets from other organization(s)	**1g**		**No**
h Exchange of assets	**1h**		**No**
i Lease of facilities, equipment, or other assets to other organization(s)	**1i**		**No**
j Lease of facilities, equipment, or other assets from other organization(s)	**1j**		**No**
k Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**Yes**	
l Performance of services or membership or fundraising solicitations by other organization(s)	**1l**		**No**
m Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**Yes**	
n Sharing of paid employees	**1n**	**Yes**	
o Reimbursement paid to other organization for expenses	**1o**		**No**
p Reimbursement paid by other organization for expenses	**1p**	**Yes**	
q Other transfer of cash or property to other organization(s)	**1q**	**Yes**	
r Other transfer of cash or property from other organization(s)	**1r**		**No**

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	**(B)** Transaction type(a-r)	**(C)** Amount Involved
(1) **See Additional Data Table**		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data Return to Form

Software ID:
Software Version:
EIN: 58-1521475
Name: BAPTIST MEMORIAL HEALTH CARE CORPORATION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
BAPTIST MEMORIAL HEALTH CARE SYSTEM INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 58-1456556	CARRY OUT THE HEALTH CARE MISSIONS OF THE BAPTIST CONVENTIONS OF ARK, MS, TN	TN	501(c)(3)	509(a)(3)	N/A
BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC 1003 MONROE MEMPHIS, TN38104 62-1599670	EDUCATION OF HEALTH CARE PROFESSIONALS	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HOSPITAL INC
BAPTIST MEMORIAL HEALTH SERVICES INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1509127	PROVISION OF HEALTH CARE PROVIDERS & HOME MEDICAL EQUIPMENT	TN	501(c)(3)	509(a)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-0123940	HEALTH CARE/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
MEDICAL FINANCIAL SERVICES INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1112364	COLLECTION AGENCY FOR BAPTIST FACILITIES	TN	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-BOONEVILLE INC 100 HOSPITAL ST BOONEVILLE, MS38829 64-0663760	HEALTH CARE/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-DESOTO INC 7601 SOUTHCREST PKWY SOUTHAVEN, MS38671 64-0682111	HEALTH CARE/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC 2520 FIFTH ST COLUMBUS, MS39703 62-1519754	HEALTH CARE/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-HUNTINGDON INC 631 RB WILSON DR HUNTINGDON, TN38344 62-1166050	HEALTH CARE/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-LAUDERDALE INC 326 ASBURY RD RIPLEY, TN38063 62-1088703	HEALTH CARE/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC 2301 S LAMAR OXFORD, MS38655 64-0772726	HEALTH CARE/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-TIPTON INC 1995 HWY 51 SOUTH COVINGTON, TN38019 62-1113167	HEALTH CARE/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-UNION CITY INC 1201 BISHOP ST UNION CITY, TN38261 62-1138045	HEALTH CARE/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC 200 HWY 30 WEST NEW ALBANY, MS38652 63-0997281	HEALTH CARE/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC 2100 EXETER RD GERMANTOWN, TN38138 58-1645396	HEALTH CARE/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOME CARE INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 58-1562973	HOME HEALTH CARE & HOSPICE SERVICES	TN	501(c)(3)	509(a)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL MEDICAL GROUP INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1545731	PROVISION OF HEALTH CARE PROVIDERS FOR TN FACILITIES	TN	501(c)(3)	509(a)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HEALTH SERVICES INC-MS 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1545710	PROVISION OF HEALTH CARE PROVIDERS FOR MS FACILITIES	MA	501(c)(3)	509(a)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL MEDICAL MIN EMP HLTH & WELFARE TRUST 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1407946	BAPTIST EMPLOYEE HEALTH PLAN	TN	501(c)(9)		BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MINOR MEDICAL CENTERS INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1538114	NON-EMERGENCY MEDICALCLINICS	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC
BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 58-1544781	SOLICIT, RAISE, MANAGE, APPLY, & INVEST FUNDS IN SUPPORT OF BAPTIST ENTITIES	TN	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-JONESBORO INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 26-1214372	HEALTH CARE/HOSPITAL	AR	501(c)(3) PENDING		BAPTIST MEMORIAL HEALTH CARE CORPORATION

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income ($)	(G) Share of end-of-year assets ($)	(H) Disproprtionate allocations?		(I) Code V-UBI amount on Box 20 of Schedule K-1 (Form 1065) ($)	(J) General or Managing Partner?	
							Yes	No		Yes	No
BAPTIST-DESOTO SURGERY CENTER 40 BURTON HILLS BLVD STE 500 NASHVILLE, TN37215 20-0804946	AMBULATORY SURGERY	TN	BAPTIST MEMORIAL HOSPITAL-DESOTO	RELATED				No		Yes	
BAPTIST-EAST MEMPHIS SURGERY CENTER 80 HUMPHREYS CENTER 101 MEMPHIS, TN38120 62-1846584	AMBULATORY SURGERY	TN	BAPTIST MEMORIAL HEALTH SERVICES INC	RELATED				No		Yes	
BAPTIST-GERMANTOWN SURGERY CENTER LP 40 BURTON HILLS BLVD STE 500 NASHVILLE, TN37215 62-1829424	AMBULATORY SURGERY	TN	BAPTIST MEMORIAL HEALTH SERVICES INC	RELATED				No			No
BAPTIST & PHYSICIANS OP SURGERY CENTER OF N MS 40 BURTON HILLS BLVD STE 500 NASHVILLE, TN37215 62-0925692	AMBULATORY SURGERY	MS	BAPTIST MEMORIAL HOSPITAL-N MS INC	RELATED				No			No
BAPTIST N MS IMAGING SERVICES LLC 40 BURTON HILLS BLVD STE 500 NASHVILLE, TN37215 26-2641267	DIAGNOSTIC SERVICES	MS	BAPTIST MEMORIAL HOSPITAL-N MS INC	RELATED				No			No
EAST MEMPHIS UROLOGY CENTER LP 40 BURTON HILLS BLVD STE 500 NASHVILLE, TN37215 62-1810940	AMBULATORY UROLOGICAL SERVICES	TN	BAPTIST MEMORIAL HEALTH SERVICES INC	RELATED				No		Yes	
HAMILTON EYE INSTITUTE SURGERY CENTER LP 930 MADISON AVE THIRD FLOOR MEMPHIS, TN38103 20-2873438	AMBULATORY SURGERY	TN	BAPTIST MEMORIAL HEALTH SERVICES INC	RELATED				No			No
MEDICAL ALTERNATIVES 4565 SHELBY RD MEMPHIS, TN38083 62-1488427	HOME INFUSION PRODUCTS & SERVICES TO PATIENTS	TN	BAPTIST MEMORIAL HEALTH SERVICES INC	RELATED				No		Yes	
MEMPHIS BIOMED VENTURES I LLP 17 W PONTOTOC SUITE 200 MEMPHIS, TN38103 94-3424417	MEDICAL RESEARCH	TN	BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	INVESTMENT				No			No
MEMPHIS SURGERY CENTER LTD LP 3000 RIVERSHASE GALLERIA STE 500 BIRMINGHAM, AL35244 62-1218330	AMBULATORY SURGERY	TN	BAPTIST MEMORIAL HEALTH SERVICES INC	RELATED				No			No
MEMPHIS-SC LLC 3000 RIVERSHASE GALLERIA STE 500 BIRMINGHAM, AL35244 62-1590322	AMBULATORY SURGERY	TN	BAPTIST MEMORIAL HEALTH SERVICES INC	RELATED				No		Yes	
MEMPHIS-SP LLC 3000 RIVERSHASE GALLERIA STE 500 BIRMINGHAM, AL35244 62-1590324	AMBULATORY SURGERY	TN	BAPTIST MEMORIAL HEALTH SERVICES INC	RELATED				No		Yes	
MIDTOWN SURGERY CENTER LP 40 BURTON HILLS BLVD STE 500 NASHVILLE, TN37215 62-1619344	AMBULATORY SURGERY	TN	BAPTIST MEMORIAL HEALTH SERVICES INC	RELATED				No		Yes	
NORTHEAST ARKANSAS BAPTIST HEALTH SERVICES GROUP LLC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 27-1471186	OPERATE A PREFERRED PROVIDER ORGANIZATION	AR	NORTHEAST ARKANSAS BAPTIST MEMORIAL HLTH CARE LLC	RELATED				No		Yes	
NORTHEAST ARKANSAS BAPTIST MEMORIAL HEALTH CARE LLC 3024 STADIUM BLVD JONESBORO, AR72401 81-0572898	HEALTH CARE/HOSPITAL	AR	BAPTIST MEMORIAL HOSPITAL-JONESBORO	RELATED				No		Yes	
NORTHWEST TENNESSEE SURGERY CENTER LLC 1722 E REELFOOT UNION CITY, TN38261 62-1685508	AMBULATORY SURGERY	TN	BAPTIST MEMORIAL HOSPITAL-UNION CITY INC	RELATED				No			No
SM-B BUILDING LLC 5900 POPLAR AVE STE 100 MEMPHIS, TN38119 62-1834236	PHYSICIAN OFFICES	TN	HEALTH TECH AFFILIATES INC	INVESTMENT				No			No
TENNESSEE LITHOTRIPERS LP 9825 SPECTRUM DR BLDG 3 AUSTIN, TX78717 56-1720365	LITHOTRIPSY SERVICES	TN	BAPTIST MEMORIAL HEALTH SERVICES INC	RELATED				No			No
WOLF RIVER MEDICAL CENTER LP 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1510287	MEDICAL OFFICE BLDG	TN	HEALTH TECH AFFILIATES INC	RELATED				No			No
CANCER CARE CENTER OF UNION CITY LP 322 HOSPITAL BLVD JACKSON, TN38305 26-3425045	CANCER CARE MEDICAL SERVICES	TN	BAPTIST MEMORIAL HOSPITAL-UNION CITY INC	RELATED				No			No
MAYS & SCNAPP PAIN CENTER 55 HUMPHREYS CENTER SUITE 200 MEMPHIS, TN38120 62-1512849	PAIN MANAGEMENT SERVICES	TN	BAPTIST MEMORIAL HEALTH SERVICES INC	RELATED				No		Yes	
CONVENIENT CARE DIAGNOSTIC CENTER PLLC 555 HWY 6 EAST BATESVILLE, MS38606 64-0914382	RADIOLOGY & DIAGNOSTIC SERVICES	MS	BAPTIST MEMORIAL HEALTH SERVICES INC-MS	RELATED				No			No
TENNESSEE HEALTHCARE LLC 1620 WESTGATE CR SUITE 225 BRENTWOOD, TN37027 62-1599565	MEDICAL SERVICES	TN	BAPTIST MEMORIAL HEALTH CARE CORPORATION	RELATED				No			No

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC	A	59,818
(2)	BAPTIST MEMORIAL HOME CARE INC	A	193,709
(3)	HEALTH TECH AFFILIATES INC	A	209,410
(4)	BAPTIST MEMORIAL HEALTH CARE FOUNDATION	B	84,000
(5)	BAPTIST MEMORIAL HOSPITAL INC	D	45,340,400
(6)	BAPTIST MEMORIAL HOSPITAL-JONESBORO INC	D	43,828,856
(7)	NEA BAPTIST MEMORIAL HEALTH CARE	D	527,226
(8)	HEALTH TECH AFFILIATES INC	D	16,703,534
(9)	BAPTIST MEMORIAL HOSPITAL INC	K	52,026,313
(10)	BAPTIST MEMORIAL HOSPITAL-BOONEVILLE INC	K	2,034,061
(11)	BAPTIST MEMORIAL HOSPITAL-DESOTO INC	K	18,939,132
(12)	BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC	K	10,454,812
(13)	BAPTIST MEMORIAL HOSPITAL-HUNTINGDON INC	K	1,668,200
(14)	BAPTIST MEMORIAL HOSPITAL-LAUDERDALE INC	K	1,324,757
(15)	BAPTIST MEMORIAL HOSPITAL-N MISSISSIPPI INC	K	14,038,981
(16)	BAPTIST MEMORIAL HOSPITAL-TIPTON INC	K	2,659,761
(17)	BAPTIST MEMORIAL HOSPITAL-UNION CITY INC	K	3,546,458
(18)	BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC	K	4,184,600
(19)	BAPTIST MEMORIAL HEALTH SERVICES INC	K	1,055,214
(20)	BAPTIST MEMORIAL REGIONAL REHAB SERVICES INC	K	3,332,162
(21)	MEDICAL FINANCIAL SERVICES INC	K	200,776
(22)	BAPTIST MINOR MEDICAL CENTERS INC	K	322,321
(23)	NEA BAPTIST MEMORIAL HEALTH CARE	K	2,448,575
(24)	HEALTH TECH AFFILIATES INC	K	154,508
(25)	BAPTIST MEMORIAL HEALTH CARE FOUNDATION	M	69,652
(26)	BAPTIST MINOR MEDICAL CENTERS INC	M	65,780
(27)	BAPTIST HEALTH SERVICES GROUP OF THE MIDSOUTH INC	M	171,908
(28)	BAPTIST MEMORIAL HOSPITAL INC	N	157,209
(29)	BAPTIST MEMORIAL MEDICAL MINISTRIES EMPLOYEE HEALTH & WELFARE TRUST	Q	4,539,396
(30)	BAPTIST MEMORIAL HOSPITAL-LAUDERDALE INC	N	52,403

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(31)	BAPTIST MEMORIAL HOSPITAL-N MISSISSIPPI INC	N	51,906
(32)	BAPTIST MEMORIAL HOSPITAL-TIPTON INC	N	52,403
(33)	BAPTIST MEMORIAL HOSPITAL-UNION CITY INC	N	52,403
(34)	BAPTIST MEMORIAL HEALTH CARE FOUNDATION	N	865,207
(35)	NEA BAPTIST MEMORIAL HEALTH CARE	N	120,937
(36)	BAPTIST MEMORIAL HEALTH CARE FOUNDATION	C	268,063
(37)	BAPTIST HEALTH SERVICES GROUP OF THE MIDSOUTH INC	P	1,474,367
(38)	BAPTIST MEMORIAL HEALTH SERVICES INC	Q	8,000,000
(39)	BAPTIST MEMORIAL MEDICAL GROUP INC	Q	708,994

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Form **4562**
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2008

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
BAPTIST MEMORIAL HEALTH CARE CORPORATION	Form 990 Page 10	58-1521475

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 the instructions for a higher limit for certain businesses	1	250,000
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	800,000
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	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		

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 2007 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 do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** 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 (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008	17	
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 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 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 instr	22	19,113,223
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	

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

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

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

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1						**29**		

Section B—Information on Use of Vehicles

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

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

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

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions)					
43 Amortization of costs that began before your 2008 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	