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DLN: 93493091005010

Return of Organization Exempt From Income Tax

2008

OMB No 1545-0047

Inspection

Form **990** 

Department of the Treasury Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009 D Employer identification number C Name of organization BAPTIST MEMORIAL HEALTH CARE FOUNDATION B Check if applicable Please use IRS Address change 58-1544781 label or Doing Business As E Telephone number Name change print or type. See (901) 227-7142 Initial return Specific Number and street (or P O box if mail is not delivered to street address) Room/suite **G Gross receipts** \$ 84,689,318 Instruc-350 N HUMPHREYS BLVD Termination tions. Amended return City or town, state or country, and ZIP + 4 MEMPHIS, TN 381202177 Application pending Name and address of Principal Officer **H(a)** Is this a group return for JAMES S FOUNTAIN affiliates? 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 H(b) Are all affiliates included? 501(c) ( 3 ) ◀ (insert no ) (If "No," attach a list See instructions ) Group Exemption Number 🕨 Web site: ► BMHCC ORG L Year of Formation 1983 M State of legal domicile TN Briefly describe the organization's mission or most significant activities Activities & Governance See Additional Data Table Check this box ┌ if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a)  $\,$  .  $\,$  . 14 13 Number of independent voting members of the governing body (Part VI, line 1b) . 11 Total number of employees (Part V, line 2a) . 131 Total number of volunteers (estimate if necessary) . Total gross unrelated business revenue from Part VIII, line 12, column (C) . 0 Net unrelated business taxable income from Form 990-T, line 34 . 0 b **Current Year Prior Year** 3,156,949 8 Contributions and grants (Part VIII, line 1h) . . 4,331,813 Program service revenue (Part VIII, line 2g) . . 9 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 8,083,714 -2,622,089 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -505,830 969,606 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 11,909,697 1,504,466 6,650,056 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 6,494,329 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 1,198,090 Expenses 1,165,486 10) Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 b (Total fundraising expenses, Part IX, column (D), line 25  $\underline{585,690}$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,518,732 1,122,692 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 9,178,547 8,970,838 18 Revenue less expenses Subtract line 18 from line 12 19 2,731,150 -7,466,372 8 % **End of Year** Beginning of Year Assets of Balance 20 Total assets (Part X, line 16) 248,913,898 247,258,014 21 Total liabilities (Part X, line 26) 8,493,753 8,873,311 22 Net assets or fund balances Subtract line 21 from line 20 240,420,145 238,384,703

#### Part II Signature Block

Preparer's

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

2010-04-01 Signature of officer

Date

JAMES S FOUNTAIN SR VP/CHIEF DEV OFFICER

Type or print name and title

Paid
Preparer's
Llsa Only

signature empolyed 🕨 🦵 Firm's name (or yours EIN F if self-employed). address, and ZIP + 4

May the IRS discuss this return with the preparer shown above? (See instructions) .

┌Yes ┌No

Preparer's PTIN (See Gen Inst )

Phone no

Check if

4e

Total program service expenses \$

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

ee A	Briefly describe the diditional Data Table	organization's mission			
<u>.</u>	<del>-</del>	· · ·	ogram services during the year whic	h were not listed on	Yes ▼ No
	If "Yes," describe	these new services on Schedul	e O	·	,
			ıgnıfıcant changes ın how ıt conduct	s any program · · · ·	⊤Yes ✓ No
	·	these changes on Schedule O			
	Section 501(c)(3)	and (4) organizations and 494	each of the organization's three large 7 (a)(1) trusts are required to report or each program service reported		
	Memorial Health Care Corporation's chantal Health Care Foundat Memorial Health Care of Directors Grant Program of Directors Grant Program come through unrest received new funding Hypothermia for Posigrant was awarded in Dieticians at each pacomprehensive, systeconomically, or cultinadequate. The prevent Behavioral Risk Factic compared to 8 1% in populations in urban Survivors. The Therap purchase the needed patients that are bein studies on-going in the arrest survivors were successfully resuscital mentally intact post survivors. In 2005 the Simulation Lab grant and equipment. In one present day population of present day populating foundation's Officer Grant program and regional market lead a completed Capital hospitals for new equipment of Incident Capital hospitals for new equipment for the studies of 2009, in eassets to provide a program for the studies of 2009, aptist Memora work requirement.	alth Care Foundation, established in 19 e Corporation programs and services ble care objectives and provide resourtion solicits, receives, and manages core Foundation play a key role in fulfilling Memorial Health Care Foundation admemorial Health Care Foundation admemorial Health Care Corporation facilities Foundation also allocates a portion or orgam Baptist Memorial Health Care Fins within the System creating a numbinate fundation also allocates a portion of orgam Baptist Memorial Health Care Fins within the System creating a numbinate fundation of the 2009 fiscal yearAddress the Cardiac Arrest Survivors-Baptist Mein February 2009 for \$1,085,136. The inticipating hospital The goal of this greem-wide program. The incidence of diabetes and obesity in the or Surveillance System, approximately inaccessible to many, resulting invalence of diabetes and obesity in the or Surveillance System, approximately inticipating hospital The poal of this greem-wide Addressing the Diabetes Cinand rural areas served by the BMHCO peutic Hypothermia for Post Cardiac A il equipment Each year 400,000 peoping successfully resuscitated can be dishe United States and Australia into the example of the United States and Australia into the example of the Internation for Each year 400,000 peoping successfully resuscitated can be dished would be intact. Therapeutic Hypothermal Heart Association gave its was awarded in May 2009 for \$813,4 rder to meet the needs of our staff, pon Memphis serves which is more than on the Board of Director's Grant Program allows Officers and Boalated focus. Some of the initiatives and NICU TrainingBaptist Memorial Hospital Health Care Foundation and regional markets the ers. Awards are made at the sole discentification and regional markets the ers. Awards are made at the sole discentification and regional markets the ers. Awards are made at the sole discentification and regional markets the ers. Awards are made at the sole discentification and regional markets the ers awards are made at the sole discentif	including grants of \$ 283, is the fundraising arm of Baptist Memoral Funds raised by Baptist Memoral Health Carces for enhanced patient care, education an intributions, gifts, grants and bequests (See in the mission of Healing, Preaching, and Tennisters contributed dollars through numerouses including oncology, cardiovascular, pedia of unrestricted contributed dollars and portfo oundation Board of Directors Grant Program er of new and exciting initiatives. The funds I investment of the Baptist Memoral Health ssing the Diabetes Crisis. A System-Wide Information Hospital-Memphis Simulation Lab Add grant budget includes salaries for Director at ant is to target prevention and improved typabetes in the Mid-South is alarming. This is in a significant number of people with diabet tri-state area has increased steadily since 1 and	re Foundation help accomplish of groundbreaking clinical resea. Schedule O, page 57 for conti- aching for the affiliates of Bap as donor restricted funds which tiric, and rehabilitative services lio earnings for the benefit of a has made available the necessinade available for the Board Care Foundation endowment trativeBaptist Memorial Hospings of the Diabetes Crisis The notice of the Board Coordinator positions along the Diabetes Crisis The notice of the Board Coordinator positions along the properties being undiagnosed, and edigorally true in areas where see being undiagnosed, and edigorally true in areas where the being undiagnosed, and edigorally true in areas where the being undiagnosed, and edigorally true in areas where the being undiagnosed, and edigorally true in areas where the being undiagnosed, and edigorally true in areas where the being undiagnosed, and edigoral control of the notice of the second of the one of the lab the fit from the lab This lab will adought of the second of the second of the lab the fit from the lab This lab will adought of the second of the second of the lab the fit from the lab This lab will adought of the second of the Baptist Memorial Hospital for Bapti	Baptist Memorial Health Care arch. The Baptist Memorial nuation) Funds raised by Bapt tist Memorial research. The Baptist Memorial support the continuum of cais, just to name a few. Baptist ts various grant programs Boasary funds to expand existing of Directors Grant Program had the state of Diabetes Crist and the state of the following programs at al-Memphis Therapeutic and dressing the Diabetes Crist with Registered Nurses and attent outcomes through a medical care is geographically ucation about diabetes is for Disease Control's 2007 diagnosed with diabetes anagement programs to Post Cardiac Arrest addet provides funding to omewhere between 5-10% of ab. Since 2000 there have between this time the only tools for ical status of those who were alking out of the hospital othermia for post cardiac arrest that Memorial Hospital Periodical Status of those who were suffer grant requests (\$25,000 and lemorial Health Care in grant requests (\$25,000 and lemorial Hospital for Women's mmon TableBaptist Memorial Hospital for Women's mmon TableBaptist Memorial Hospital for Women's mount awarded through the created for the Memphis met its for items that will directly side this fiscal year for you the respective metro and intal administrator, must submitrial Health Care Corporation pital-DeSoto Community Women's NICU Olympic ton MedSurg Sleeper SofasOttalth Care Foundation's portfolic is to fund a tuition assistance relation assistance relation assistance program At tences and its students During lith students who agree to fulf
•	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
<u> </u>	Other program se	ervices (Describe in Schedule	•	(Revenue \$	)

7,539,445 Must equal Part IX, Line 25, column (B).

Form **990** (2008)

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		Νο
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		Νο
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 $\sqrt{3}$	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, 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	Yes	
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		Νο
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		Νο
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? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
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		Νο
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	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
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	Yes	
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		N o
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		Νο
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 VI . . .

### Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	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		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
С	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? <i>If "Yes," complete Schedule L, Part IV</i> .	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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		Νo
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		Νo
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		Νο
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		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νο

Pai	rt 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			
	<b>1a</b> 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	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			
D	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <b>Note:</b> 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		Νo
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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	4a		N.
L	account)?	4a		Νο
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> <i>Report of Foreign Bank and</i>			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> 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		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
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	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		Νo
ь	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		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
Ī	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
_	required?	7h	Yes	
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	8		
_	year?			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
_	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  Introduce for and control control to the section of the section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year			

#### 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, design processes, or changes in Schedule O. See instructions.	cribe the circumstances,							
1a	Enter the number of voting members of the governing body 1a	14							
Ь	Enter the number of voting members that are independent 1b	13							
2	Did any officer, director, trustee, or key employee have a family relationship or a busines 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?								
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a material diversion of the organization's assets?								
6	Does the organization have members or stockholders?								
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
ь	Are any decisions of the governing body subject to approval by members, stockholders, o	or other persons?	7b	Yes					
8	Did the organization contemporaneously document the meetings held or written actions u year by the following	ndertaken during the							
а	the governing body?		8a	Yes					
ь	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		Νo				
Ь	<b>b</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?								
10	Was a copy of the Form 990 provided to the organization's governing body before it was fi must describe in Schedule O the process, if any, the organization uses to review the Form		10		Νο				
11	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								

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	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			
а	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 TN
- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization BRENDA SWEARENGEN

350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 (901) 227-5304

# 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

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

- \* 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

The check this box in the organization and i	(B) Average hours per week	Posit	(C	) chec	:k al			4-1	(F)
(A) Name and Title		A verage hours per week week week week week week week we	Reportable compensation from the organization (W-	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations				
						-			

### Part VII Continued

	(B) Average hours per week	(C) Position (check all that apply)							(E)	(F)
<b>(A)</b> Name and Title		Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			
1b Total							•	501,594	4,791,017	320,366
2 Total number of individuals (including	those in 1	a) who r	ecer	ved	mor	e thar	1 \$ 1	00,000 ın reportabl	e	

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

			Yes	No			
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee						
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo			
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						
	ındıvıdual	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		Νo			

#### **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	<b>(C)</b> Compensation
CRAWFORD INVESTMENT COUNSEL 600 GALLERIA PKWY NW ATLANTA, GA 30339	INVESTMENT PORTFOLIO MANAGER	525,298
COMMUNITY COUNSELING SERVICES PO BOX 27462 NEW YORK, NY 10087	CONSULTATION	180,000
2 Total number of independent contractors (including those in 1) who received more than \$	100,000 in compensation	2

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

\_\_\_\_\_\_

# Part Statement of Revenue VIII

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
<u>* 2</u>	1a	Federated cam	paigns 1a	10,000				314
듄	ь	Membership du	es <b>. 1b</b>					
s,g a∏X	С	Fundraising eve	ents <b>1c</b>	27,140				
類	d	Related organiz	ations 1d	18,528				
ω <u>,</u> E	e	Government grants	s (contributions) <b>1e</b>	318,455				
is s	f	All other contribution	ons, gifts, grants, and <b>1f</b>	2,782,826				
Contributions, gifts, grants and other similar amounts	g		butions included in					
草		lines 1a-1f \$ _		_	2.456.040			
<u>্ত</u> জ	h	Total (Add line	s 1a-1f)		3,156,949			
e				Business Code				
Кеп	2a							
<u>æ</u>	Ь	-						
ž	c d							
Š	e							
Program Serwoe Revenue	f	All other progra	ım service revenue	<u> </u>				
ΔŤ	g	Total. Add lines	s 2a-2f	<b>. ►</b> \$				
	3	Investment inc	ome (including dividend	ds, interest				
			nounts)		9,281,055	9,281,055		
	4		tment of tax-exempt bond p					
	5	Royalties	() P					
	6a	Gross Rents	(ı) Real	(II) Personal				
	b	Less rental						
	c	expenses Rental income						
	d	or (loss)	me or (loss)	<b>b</b> -				
		Net rental incol	(i) Securities	(II) O ther				
	7a	Gross amount	71,190,807	(,				
		from sales of assets other						
	ь	than inventory Less cost or	83,093,951					
		other basis and sales expenses						
	С	Gain or (loss)	-11,903,144		44 000 444	44.000.444		
	d 8a	Net gain or (los Gross income f	s)		-11,903,144	-11,903,144		
Other Revenue		events (not inc \$ 121 of contributions See Part IV, lin Attach Schedule \$15,000	luding ,902 reported on line 1c) e 18 G if total exceeds	27,140				
ē	b c		penses <b>b</b> loss) from fundraising e	90,901	31,001	31,001		
ğ	9a	Gross income f See part IV, lin	rom gaming activities e 19 ule G if total exceeds			-,		
	b c		a penses b loss) from gaming activ	/ities				
		Gross sales of returns and allo	inventory, less					
	b c	-	oods sold <b>b</b>	entory ►				
		Miscellaneous		Business Code				
	11a	REVERSAL OF	IMPAIRMENT	900,099	938,605	938,605		
	ь							
	С							
	d	All other reven	ne					
	e	Total. Add lines	11a-11d					
	12	Total Revenue.	Add lines 1h, 2g, 3, 4,	\$ 938,605 5, 6d, 7d, 8c,	1,504,466	-1,652,483	0	0

# Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete column (A) but are not re		plete columns	(B), (C), and (D)	
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	6,490,520	6,490,520		·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	159,536	159,536		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	153,550	155,550		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	641,994	365,555	64,199	212,240
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	350,840	201,473		114,283
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	70,756	40,410	7,076	23,270
9	Other employee benefits	82,337	47,024	8,234	27,079
10	Payroll taxes	52,163	29,791	5,216	17,156
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	5,600		5,600	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	525,298		525,298	
g	Other	217,755	196,310	21,445	
12	Advertising and promotion	43,250			43,250
13	Office expenses	110,327	8,826	11,033	90,468
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	12,264			12,264
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	3,278		3,278	
20	Interest	158,894		158,894	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	346		346	
23	Insurance				
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)				
9	PRINTING & PUBLICATION	45,680			45,680
b	TRIVING AT OBLIGATION	+3,000			43,000
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	8,970,838	7,539,445	845,703	585,690
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
	Dalalice	SHEEL

					(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing			353	1	Liid Oi	355
	2	Savings and temporary cash investments			17,227,116			6,413,228
	3	Pledges and grants receivable, net			1.062.937	3		-,,===
	4	Accounts receivable, net			.,	4		
	5	Receivables from current and former officers, directors, trustees,	keve	mplovees or				
	_	other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		•		5		
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
\$	9	Prepaid expenses and deferred charges				9		
Assets	10a	Land, buildings, and equipment cost basis	10a	71,837				
-	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10Ь	70,367	1,816	10c		1,470
	11	Investments—publicly traded securities			214,472,432	11	22	4,211,426
	12	Investments—other securities See Part IV, line 11 Complete Part Schedule D	t VII d	of	733,735	12		755,890
	13	Investments—program-related See Part IV, line 11 Complete Pa of Schedule D .			13			
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule			15,415,509		1:	5,875,645
		D		15				
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)			248,913,898		24	7,258,014
	17	Accounts payable and accrued expenses .			99,025			98,534
	18	Grants payable		4,200,219			4,732,388	
	19	Deferred revenue			19			
S	20	Tax-exempt bond liabilities				20		
Ę	21	Escrow account liability Complete Part IV of Schedule D	•	•		21		
Liabilities	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				23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			4,194,509	25		4,042,389
	26	5 <b>Total liabilities.</b> Add lines 17 through 25						
ş		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and complethrough 29, and lines 33 and 34.	ete lin	es 27				
anc	27	Unrestricted net assets			220,146,597	27	21	6,806,425
Balance	28	Temporarily restricted net assets			8,359,778			9,661,726
=	29	Permanently restricted net assets	11,913,770	29	1	1,916,552		
Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and	lete					
<u> </u>		lines 30 through 34.	-					
	30	Capital stock or trust principal, or current funds	•			30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31		
	32	Retained earnings, endowment, accumulated income, or other fur	ds			32		
¥	33	Total net assets or fund balances			240,420,145	33	23	8,384,703
_	34	Total liabilities and net assets/fund balances			248,913,898	34	24	7,258,014
Рa	rt XI	Financial Statements and Reporting						
	- 747						Yes	No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
ь	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	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	Yes	
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
ь	If "Yes," did the organization undergo the required audit or audits?	3b		

# OMB No 1545-0047

## **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.

2008

Open to Public Inspection

		e organizat i						Em	ployer ide	nt if icat io	n number		
BAPTIS	ol MEM	ORIAL HEALTH	CARE FOUNDATION	V				5.8	154478	ı			
Pai	rt I	Reason	for Public Ch	narity Status (to be cor	mpleted	by all ord	nanızatıdı						
				ation because it is (Please					211011401				
1	Γ			urches, or association of ch					A)(i).				
2		A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)											
3				hospital service organization			ion 170(b	)(1)(A)(ii	i <b>i).</b> (Attac	h Schedul	e H )		
4	_	A medical research organization operated in conjunction with a hospital described in <b>Section 170(b)(1)(A)(iii).</b> Enter the											
		hospital's name, city, and state											
5	Г	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								ribed in			
	·			(Complete Part II )			·						
6	Г			overnment or governmental (	unıt descr	ıbed ın <b>Se</b>	ct ion 170(	b)(1)(A)(	v).				
7	Ē	•		ally receives a substantial pa			-		· -	n the gene	ral public		
	•	=		)(1)(A)(vi) (Complete Part						J	F		
8	Г			ed in <b>Section 170(b)(1)(A)(</b>		plete Part	II)						
9	Ē		•	ally receives (1) more than		•	•	ntribution	s, membe	rship fees	, and aross		
	•			ated to its exempt functions									
		•		stment income and unrelate	-		•						
			<del>-</del>	on after June 30, 1975 See			,			,			
10	Г		<u> </u>	and operated exclusively to			•			e instruct	cions )		
11	Ī	=	=	•	-		-	-			•		
	•	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 <b>Section 509(a)(3).</b> Check											
		the box that describes the type of supporting organization and complete lines 11e through 11h <b>a</b>											
	_		•	* *			-		d				
е	ı			tify that the organization is									
		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				d a written determination fro	m the IRS	that it is	a Type I,	Type II or	Type III	supportin	g organizatio <u>n,</u>		
		check this l						6			Γ		
g		following pe		as the organization accepted	any gift o	or contribu	ition from	any of the					
				r indirectly controls, either a	alone or to	gether wit	h persons	described	d in (ii)		Yes No		
		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				nation about the organization			supports						
			_	_	_								
	(i) Na	me of	(ii) EIN	(iii) Type of organization	(iv)	s the	(v) Did y	ou notify	(vi)	Is the	(vii) A mount of		
		orted		(described on lines 1-9	_	ation in	the orga	nızatıon		zation in	support?		
	O rgan	ızatıon		above or IRC section (See Instructions))		listed in	ın col (i supr	) of your		organized US?			
				(See Instructions))		verning ment?	supp	ort	In the	1057			
					Yes	No	Yes	No	Yes	No	†		
	A ddıtı	onal Data			<del></del>	† <b>.</b>	<u> </u>		1	1			
Tabl													
					1	1			1		1		

5,818,065

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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</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 The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	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							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	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 instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	<b>(e)</b> 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	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						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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		+				
С	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	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		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 **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

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> 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					

Schedule A (Form 990 or 990-EZ) 2008

Schedule C (Form 990 or 990-EZ) 2008

## **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

OMB No 1545-0047

Open to Public Inspection

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

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 ration answered "Vos." to Form 000 Port IV Line 5 (Provy Tox)

For Paperwork Reduction Act Notice, see the instructions for Form 990.

	_	1/2411011 all swelled Te 1(c)(4), (5), or (6) organi	s, to Form 990, Part IV, Line 5 (P zations complete Part III	TOXY TAX)				
		e organization ORIAL HEALTH CARE FOUNDA	TION		Employer ider	ntıfıcatıon	numbe	r
					58-1544781			
Par	t I-A		y all organizations exempt e the instructions for Schedule		1 501(c) and section	527		
1	Provid	e a description of the or	ganızatıon's dırect and ındırect polit	ıcal campaıgn actı	ıvıtıes ın Part IV			
2	Politic	al expenditures				\$		
3	Volunt	eer hours						
Pai		<b>To be completed b</b> for Schedule C for de	y all organizations exempt etails.)	under section	<b>501(c)(3).</b> (See the	ınstructı	ons	
1	Entert	he amount of any excise	e tax incurred by the organization ur	nder section 4955		\$		
2	Entert	he amount of any excise	e tax incurred by organization mana	gers under section	14955	\$		
3	If the o	organization incurred in a	a section 4955 tax, did it file Form 4	4720 for this year	?	Г	Yes	┌ No
4a	Was a	correction made?				Г	Yes	┌ No
b	If"Yes	," describe in Part IV						
Pai	t I-C	<u>-</u>	y all organizations exempt for Schedule C for details.)	under section	1 501(c), except sect	tion 50:	1(c)(3	3).
1	Entert	he amount directly expe	ended by the filing organization for s	ection 527 exemp	t function activities	\$		
2		the amount of the filing o cempt funtion activities	rganızatıon's ınternal funds contribi	uted to other orgar	nizations for section	\$		
3		of direct and indirect exe POL, line 17b	mpt function expenditures Add line	es 1 and 2 and ento	er here and on Form	\$		
4	Did the	e filing organization file <b>F</b>	Form 1120-POL for this year?			┌ Yes ┌ No		
5	were m politica	nade Enter the amount p al contributions received	nd Employer Identification Number ( paid and indicate if the amount was j d and promptly and directly delivere action committee (PAC) If additions	paid from the filing d to a separate po	organization's own interna litical organization, such a	ıl funds o s a separ	r were	nents
		(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	contrib and directl sepa organ	outions prompt y delive arate po	ered to a blitical If none,
						1		
						1		
						+		
						1		

Cat No 50084S

**d** Grassroots non-taxable amount

**f** Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768	
	Check If the filing organization	belongs to an affili	ated group					
<u>B</u>	Check If the filing organization  Limits on Lo  (The term "expenditure	bbying Expend	litures—		oly	(a) Filing Organization's Totals	( <b>b)</b> Affiliated Group Totals	
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)				
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)				
c	Total lobbying expenditures (add line	es 1a and 1b)						
d	Other exempt purpose expenditures							
e	Total exempt purpose expenditures	(add lines 1c and 1	Ld)					
f	Lobbying nontaxable amount Enters columns—  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000		taxable amount					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	51,000,000				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	f the excess over \$1	1,500,000				
	Over \$17,000,000	\$1,000,000						
	Grassroots nontaxable amount (ente	er 25% of line 1f)						
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a					
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c					
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h c	or line 11, did the	organization file	Form 4720 rep	porting Yes No		
	(Some organizations tha columns below.		on 501(h) el	ection do not	: have to cor		he five	
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period			
	Calendar year (or fisca beginning in)	l year	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) Total	
_2a	Lobbying non-taxable amount							
	Lobbying ceiling amount (150% of line 2a, column(e))							
	: Total lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2008

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

			1)	(b)	
		Yes	No	A mount	
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				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νο		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo		
i	Other activities If "Yes," describe in Part IV	Yes			
j	Total lines 1c through				
	11				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
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?				
Dar	+ To be completed by all organizations exempt under section $501(c)(A)$ so	ction	501/6	\/5\ or	

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).	
а	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 \$

#### 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 1, Also, complete this part for any additional information

Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)

Ident if ier	Return Reference	Explanation
Part II-B, Line 11	Explanation of O ther Lobbying A ctivities	THE PARENT, 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 LEGISLATIVE & REGULATORY BODIES OF GOVERNMENT AT LOCAL, STATE & FEDERAL LEVELS

5 \$

Part IV Supplemental I	art IV Supplemental Information							
Ident if ier	Return Reference	Explanation						

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

# **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.

Employer identification number Name of the organization BAPTIST MEMORIAL HEALTH CARE FOUNDATION E0 1E44701

			130 1344701	
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99		unds or Account	<b>s.</b> Complete If the
		(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 advi funds are the organization's property, subject to the	<u> </u>	or advised	┌ Yes ┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?	5 5	•	┌ Yes ┌ No
Pa	rt III Conservation Easements. Complete	ıf the organization answered "Yes" t	o Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreating the protection of natural habitat Preservation of open space	on or pleasure) Preservation of an	n historically importar ertified historic struct	•
2	Complete lines 2a-2d if the organization held a qual on the last day of the tax year	lfied conservation contribution in the form	of a conservation ea	sement
			Held at	t the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easement	s	2b	
С	Number of conservation easements on a certified h	storic 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, transfe	erred, released, extinguished, or terminate	ed by the organization	n during
	the taxable year ►			
4	Number of states where property subject to conserva	ation easement is located 🕨		

- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
- Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year
- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶\$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?
- 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.

- 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
- 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

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

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

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

☐ Yes

Par	Organizations Maintaining Co	illections of Art,	Hist	tori	<u>cal Treasur</u>	es, or Othe	r Similar Asse	ts (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	e foll	owing that are	a significant u	se of its collectior	ı	
а	Public exhibition		d	Γ	Loan or excha	ange programs			
b	Scholarly research		e	$\Gamma$	Other				
c	Preservation for future generations								
4	Provide a description of the organization's co Part XIV	ollections and explain	n how	they	/ further the or	ganızatıon's ex	empt purpose in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than							Yes	┌ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an ar					nization answ	ered "Yes" to Fo	rm 9	90,
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other intermed	lary 1	for c	ontributions or	other assets r		Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	ete the following table							
						_	A mou	nt	
C -I	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 F		21?					Yes	No
	If "Yes," explain the arrangement in Part XI\								
Pa	rt V Endowment Funds. Complete	(a)Current Year		vere Prior			<u>t IV, line 10.</u> Three Years Back <b>(e</b>	Four V	ears Back
1a	Beginning of year balance	11,912,732	(D)	FIIOI	real (c) we	rears back (u)	Tillee Tears back   (e	i oui i	cars back
ь	Contributions	252,553							
c	Investment earnings or losses	-248,624							
d	Grants or scholarships	0							
e	Other expenditures for facilities and programs	0							
f	Administrative expenses	0							
g	End of year balance	11,916,661							
2	Provide the estimated percentage of the yea	r end balance held as	;						
а	Board designated or quasi-endowment	5 000 %							
ь	Permanent endowment ► 95 000 %								
С	Term endowment ► 0 %								
3a	Are there endowment funds not in the posse	ssion of the organizat	ion t	hat a	re held and ad	ministered for	the		
	organization by	-					-	Yes	No
	(i) unrelated organizations			•			3a(i)		No
	(ii) related organizations						3a(ii)		No I
ь 4	If "Yes" to 3a(II), are the related organization.  Describe in Part XIV the intended uses of the	·					3b		<u> </u>
	t VI Investments—Land, Building					rt V Juno 10			
Par	t vi investments—Land, Building	s, and Equipmen	<b>L.</b> 56		· · · · · · · · · · · · · · · · · · ·	Ι ΄			
	Description of investment				i) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) B	Book value
1a	Land						٦		
b	Buildings			<u> </u>					
c	Leasehold improvements		•	<u></u>					
	C			1		71,837	70,367	I	4 470
	Equipment		•	-		71,037	70,307		1,470
e	Equipment					·			1,470

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.		
(a) Description of security or cateory (including name of security)	( <b>b</b> )Book value		d of valuation year market value
Financial derivatives and other financial products		Cost of end-of-	year market value
Closely-held equity interests			
Other			
o their			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		d =6=l=b=
(a) Description of investment type	( <b>b)</b> Book value		d of valuation 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, III	 ne 15		
(a) Descrip			(b) Book value
INTEREST AND DIVIDENDS RECEIVABLE			1,511,964
ASSETS WHOSE USE IS LIMITED			14,363,681
Total. (Column (b) should equal Form 990, Part X, col.(B) line i	15.)		15,875,645
Part X Other Liabilities. See Form 990, Part X	<ol> <li>Ine 25.</li> </ol>		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
DUE TO AFFILIATES	1,380,922		
LONG TERM ANNUITIES	1,643,353		
CURRENT PORTION OF ANNUITIES	154,588		
NURSING EDUCATIONAL ASSISTANCE	844,744		
ESTIMATED SETTLEMENTS WITH THIRD PARTIES	18,782		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	4,042,389		

			· ugc •
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,504,466
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,970,838
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-7,466,372
4	Net unrealized gains (losses) on investments	4	5,408,883
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	22,047
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	5,430,930
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,035,442
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	1,595,367
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,595,367
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-90,901
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,504,466
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	<u>per</u>	
1	Total expenses and losses per audited financial statements	1	9,061,739
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	9,061,739
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	-90,901
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18 )	5	8,970,838

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 XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	BAPTIST MEMORIAL HEALTH CARE FOUNDATION HAS FIVE DIFFERENT TYPES OF ENDOWMENT FUNDS THESE ARE EDUCATION, CHARITABLE, SCIENTIFIC, RELIGIOUS, AND CAPITAL PURPOSES EDUCATIONAL ENDOWMENT FUNDS ARE FOR SUCH THINGS AS SCHOLARSHIPS TO BE AWARDED TO DESERVING STUDENTS ATTENDING BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES OTHER EDUCATIONAL FUNDS ARE FOR OUTREACH PROGRAMS AND FELLOWSHIPS CHARITABLE ENDOWMENT FUNDS ARE FOR SUCH THINGS AS PATIENT AND EMPLOYEE EMERGENCY ASSISTANCE, PEDIATRIC SERVICES, HOME CARE AND HOSPICE SERVICES, DISASTER RELIEF, AND THE MOBILE MAMMOGRAPHY UNIT RELIGIOUS ENDOWMENT FUNDS ARE FOR PASTORAL CARE FOR PATIENTS AND EMPLOYEES SCIENTIFIC AND RESEARCH ENDOWMENT FUNDS ARE FOR VARIOUS RESEARCH PROJECTS SUCH AS CANCER, AND HEART RESEARCH CAPITAL ENDOWMENTS ARE INTENDED TO ENHANCE, REMODEL, OR BUILD CERTAIN HOSPITAL DEPARTMENTS SUCH AS THE NICU DEPARTMENT AND EMEREGENCY ROOMS THAT WILL ENABLE THE HOSPITALS TO BETTER SERVE OUR PATIENTS A NEW MEDICAL LIBRARY THAT IS AVAILABLE FOR EMPLOYEES, PATIENTS
		AND THEIR FAMILIES HAS BEEN FUNDED BY A CAPITAL ENDOWMENT
Part XII, Line 4b - Other	Description of Uncertain Tax Positions Under FIN 48	IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED FASB INTERPRETATION (FIN) NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES-AN INTERPRETATION OF FASB STATEMENT NO 109 (FIN 48), (CODIFIED AS FASB ACCOUNTING STANDARDS CODIFICATION (ASC) 740-10, INCOME TAXES) FIN NO 48 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN A COMPANY'S FINANCIAL STATEMENTS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN FIN NO 48 ALSO PROVIDES GUIDANCE ON DESCRIPTION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION FIN NO 48 WAS ORIGINALLY EFFECTIVE FOR FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2006 IN DECEMBER 2008, THE FASB ISSUED FASB STAFF POSITION (FSP) FIN 48-3, EFFECTIVE DATE OF FASB INTERPRETATION NO 48 FOR CERTAIN NONPUBLIC ENTERPRISES FSP FIN 48-3 PERMITS AN ENTITY WITHIN ITS SCOPE TO DEFER THE EFFECTIVE DATE OF FIN NO 48 TO ITS ANNUAL FINANCIAL STATEMENTS FOR FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2008 THE FOUNDATION HAS ELECTED TO DEFER THE APPLICATION OF FIN NO 48 FOR THE YEAR ENDED SEPTEMBER 30, 2009 THE FOUNDATION EVALUATES ITS UNCERTAIN TAX POSITIONS USING THE PROVISIONS OF FASB STATEMENT NO 5, ACCOUNTING FOR CONTINGENCIES
Part XII, Line 4b - Other Adjustments		SPECIAL EVENTS DIRECT EXPENSES
Part XIII, Line 4b - Other Adjustments		SPECIAL EVENTS DIRECT EXPENSES

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As Filed Data -

DLN: 93493091005010

OMB No 1545-0047

Open to Public Inspection

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

	ne of the organization						Employer iden	tification number
BA P	TIST MEMORIAL HEALTH	CARE FOUNDATIO	N				58-1544781	
Pa	rtI Fundraising Act	<b>ivities.</b> Complete	e if the or	ganızat	ion answered "Yes"	to Form	າ 990, Part IV	, lıne 17.
1 a	Indicate whether the organ	ızatıon raısed funds	through ar	ny of the	following activities Che			
a b c d	Email solicitations Phone solicitations				f  Solicitation of g  Special fundrais	governm	ent grants	
2a	Did the organization have a or key employees listed in	_		•	, -	•	,	Γ <sub>Yes</sub> Γ Ν
b	If "Yes," list the ten highes to be compensated at least							
	(i) Name of individual or entity (fundraiser)	of individual (ii) Activity custody or (iv) Gross receipts (		(or retained by) (or r		(vi) A mount paid to (or retained by) organization		
			Yes	No				
				<u> </u>		-		
Tota	al			-	1	1		1

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

MS,TN,AR

Par	<b>Fundraising Events.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.											
			(a) Event #1  HOSPICE FUNDRAISER (event type)	(b) Event #2  HEART FUND (event type)	(c) O ther Events (total number)	( <b>d)</b> T (A dd co	otal Eve I <b>(a)</b> th ol <b>(c)</b> )					
<u>⊕</u>	1	Curan manageta	44,417	104,625	5	<del>                                     </del>	14	9,042				
Revenue	2	Gross receipts  Less Charitable contributions	25,890	1,250			2	7,140				
~	3	Gross revenue (line 1 minus line 2)	18,527	103,375	5		12	1,902				
	4	Cash Prizes										
ခွ	5	Non-cash Prizes	415	18,713	3		1	9,128				
Expenses	6	Rent/Facility costs	1,403	46,845	5		4	8,248				
虿	7	Other direct expenses	10,893	12,632	2		2	3,525				
Direct	8	Direct expense summary Add line	es 4 through 7 in column	(d)			9	0,901				
	9	Net income summary Combine lir	nes 3 and 8 in column (d)	)	•		3	1,001				
Par	t III	<b>Gaming.</b> Complete if the ore \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	art IV, line 19, or repo	rted mo	re thai	า				
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	( <b>d)</b> Tota col ( <b>a)</b> t	al gamıng hrough co					
	1	Gross revenue										
မွ	2	Cash prizes										
Expenses	3	Non-cash prizes										
<u>а</u>	4	Rent/facility costs										
Direct	5	Other direct expenses										
	6	Volunteer labor	┌ Yes	Yes	│							
	7	Direct expense summary Add lines	s 2 through 5 in column (	d)								
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)								
9		er the state(s) in which the organiza		•			Yes	No				
a b		the organization licensed to operate	gaming activities in each	i orthese states?		· 9a						
10a b												
2		,										
11	Doe	es the organization operate gaming a	activities with nonmembe	rs?				<u> </u>				
12		the organization a grantor, beneficiar ned to administer charitable gaming				.   12						

			Yes	NO
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility			
b	An outside facility			
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records			
	Name 🕨			
	Address 🟲			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L5a		
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$			
c	If "Yes," enter name and address			
	Name ►			
	Address ►			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided 🟲			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	L7a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent  in the organization's own exempt activities during the tax year	-, -		

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

OMB No 1545-0047

2008

DLN: 93493091005010

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Open to Public **Inspection** 

Name of the organization	Employer identif	ication number					
BAPTIST MEMORIAL HEALTH	CARE FOUNDAT	TON				58-1544781	
Part I General Inform	ation on Gra	nts and Assistanc	e				
the selection criteria used  Describe in Part IV the org	to award the gra ganızatıon's proc	nts or assistance? .   . edures for monitoring tl	he use of grant funds in t	he United States	gibility for the grants or ass		
Part IV and Sche	/, lıne 21 for aı dule I-1 ıf addı	ny recipient that rec tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the orgif no one recipient rece	ived more than \$5,	
1(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount 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 sections and sections and sections are sections and sections are sections as a section of section of sections are sections as a section of section of sections are sections as a section of section of sections are sections as a section of section of sections are sections as a section of section of sections are sections as a section of section of sections are sections as a section of section of sections are sections as a section of section of sections are sections as a section of section of sections are sections as a section of section of sections are sections as a section of section of sections are sections as a section of section					<u> </u>		26
							2

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>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
ASSISTANCE WAS PROVIDED FOR PATIENTS FOR SUCH THINGS AS CAB FARE, MEDICATION, UTILITY BILLS, ETC THE FUNDS WERE NOT PAID DIRECTLY TO THE INDIVIDUALS, BUT FOR THE PATIENTS	470	66,542			
ASSISTANCE WAS PROVIDED FOR EMPLOYEES THROUGH THE EMPLOYEE ASSISTANCE FUND EMPLOYEES CONTRIBUTE TO THE FUND ON BEHALF OF EMPLOYEES WHO MAY HAVE SUFFERED A DISASTER OR SOME OTHER FINANCIAL PROBLEM PAYMENTS ARE MADE ON BEHALF OF THE EMPLOYEES FOR SUCH THINGS AS UTILITY BILLS, RENT, FUNERAL EXPENSES, ETC	230	92,994			

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

_				
500	A dditi	onal D	ata T	ahle

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 A WRITTEN GRANT UPDATE IS REQUIRED AND COMPLETED EACH QUARTER BY EACH GRANTEE THE GRANT UPDATE AND SUMMARIES REPORT ARE REVIEWED BY THE BAPTIST MEMORIAL HEALTH CARE FOUNDATION BOARD OF DIRECTORS GRANT ADMINISTRATION COMMITTEE THE GRANT SUMMARIES REPORT IS DISTRIBUTED TO EACH BOARD MEMBER AND REDISTRIBUTED DURING THE BOARD MEETING, THUS BECOMING A PERMANENT RECORD WITHIN THE BOARD FILES THERE IS AN ELECTRONIC FILE FOR EACH QUARTERLY UPDATE ALONG WITH THE GRANT SUMMARIES REPORT
•		

Software ID: Software Version:

**EIN:** 58-1544781

Name: BAPTIST MEMORIAL HEALTH CARE FOUNDATION

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

Form 990,Schedule I, P	art II, Grants	s and Other Assist	tance to Governn	nents and Organ	<u>izations in the Un</u>	ited States	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST MEMORIAL HOSPITAL-DESOTO INC 7601 SOUTHCREST PKY SOUTHAVEN,MS 38671	64-0682111	501(c)(3)	60,840				COMMUNITY DIABETES PROGRAM, AND OTHER COMMUNITY PROGRAMS
BAPTIST MEMORIAL HOSPITAL INC350 N HUMPHREYS BLVD MEMPHIS,TN 381202177	62-0123940	501(c)(3)	1,637,661				CANCER & HEART RESEARCH AND TESTING, COMMUNITY DIABETES PROGRAM, FUNDS TO PURCHASE NEW NICU EQUIPMENT, WOUND/OSTOMY NURSE CERTIFICATION, FUNDS FOR OTHER MEDICAL EQUIPMENT
BAPTIST MEMORIAL HOSPITAL-BOONEVILLE INC100 HOSPITAL DR BOONEVILLE,MS 38829	64-0663760	501(c)(3)	9,519				COMMUNITY DIABETES PROGRAM
BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC2520 FIFTH ST N COLLIERVILLE, MS 39703	62-1519754	501(c)(3)	54,895				CANCER RESEARCH & TESTING, HOSPICE, COMMUNITY DIABETES PROGRAM
BAPTIST MEMOIRAL HOSPITAL-HUNTINGDON INC631 RB WILSON DR HUNTINGDON,TN 38344	62-1166050	501(c)(3)	26,414				COMMUNITY DIABETES PROGRAM
CHRIST COMMUNITY HEALTH CLINIC2953 BROAD AVE MEMPHIS,TN 38112	62-1583270	501(c)(3)	105,378				CLINIC SUPPORT FOR HOMELESS MEDICAL CARE, INCLUDING PRESCRIPTIONS
BAPTIST COLLEGE OF HLTH SCIENCES1003 MONROE AVE MEMPHIS,TN 38104	62-1599670	501(c)(3)	1,386,629				SCHOLARSHIPS
BAPTIST MEMORIAL HOME CARE INC350 N HUMPHREYS BLVD MEMPHIS,TN 381202177	58-1645396	501(c)(3)	494,320				CAMP GOODGRIEF & EMPLOYEE ASSISTANCE
BAPTIST MEMORIAL HEALTH CARE CORP350 N HUMPHREYS BLVD MEMPHIS,TN 381202177	58-1521475	501(c)(3)	1,649,501				ADMINISTRATIVE FELLOWSHIP, COMMUNITY DIABETES PROGRAM, VOLUNTEER LUNCHEONS, NURSING LEADERSHIP
BAPTIST MINOR MEDICAL CENTERS INC 350 N HUMPHREYS BLVD MEMPHIS,TN 381202177	62-1538114	501(c)(3)	20,078				CASH TO PURCHASE TVS FOR THE MINOR MED WAITING ROOMS

Form 990,Schedule I,	Part II, Gran	ts and Other As	ssistance to Go	vernments and	Organizations	in the United Sta	ates
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEMPHIS VASCULAR RESEARCH FOUNDATION6305 HUMPHREYS BLVD 205 MEMPHIS,TN 38120	62-1454093	501(c)(3)	247,250				SUPPORT OF TWO ENDOVASCULAR FELLOWS
HEALTHY MEMPHIS COMMON TABLE3175 LENOX PARK BLVD SUITE 309 MEMPHIS,TN 38115	62-1820264	501(c)(3)	25,000				GENERAL DONATIONVARIOUS HEALTH-RELATED PROGRAMS
UNITED WAY OF THE MIDSOUTH6775 LENOX CENTER CT 200 MEMPHIS,TN 38112	56-1010742	501(c)(3)	27,500				GENERAL DONATION
CHURCH HEALTH CENTER1210 PEABODY AVE MEMPHIS,TN 38104	58-1716113	501(c)(3)	25,000				GENERAL DONATION
SHELBY FARMS PARK CONSERVATORY500 PINE LAKE DR MEMPHIS,TN 38134	26-0350397	501(c)(3)	15,000				GENERAL DONATION
DIXON GARDENSGALLERY4339 PARK AVE MEMPHIS,TN 38117	62-0943809	501(c)(3)	40,000				GENERAL DONATION
DOWNLINE MINISTRIES PO BOX 770296 MEMPHIS,TN 38177	20-1374884	501(c)(3)	14,000				GENERAL DONATION
MEMPHIS TOMORROW17 W PONTOTOC AVE STE 200 MEMPHIS,TN 38103	62-1867308	501(c)(3)	50,000				GENERAL DONATIONGENERAL DONATION
BAPTIST MEMORIAL HOSPITAL-LAUDERDALE INC326 ASBUEY AVE RIPLEY,TN 38063	62-1088703	501(c)(3)	7,806				DIABETES PROGRAMCOMMUNITY DIABETES PROGRAM
BAPTIST MEMORIAL HOSPITAL-N MISSISSIPPI INC2301 S LAMAR OXFORD,MS 38655	64-0772726	501(c)(3)	155,143				DIABETES PROGRAM, CANCER PROGRAM, EMPLOYEE ASSISTANCECANCER RESEARCH & TESTING, COMMUNITY DIABETES PROGRAM, FUNDS TO PURCHASE INFANT PATIENT SECURITY SYSTEM

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) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BAPTIST MEMORIAL HOSPITAL-TIPTON INC 1995 HWY 51 SOUTH COVINGTON,TN 38019	62-1113167	501(c)(3)	31,663				BREAST CANCER DONATION, COMMUNITY DIABETES PROGRAM, FUNDS TO PURCHASE MEDICAL EQUIPMENT			
BAPTIST MEMORIAL HOSPITAL-UNION CITY INC1201 BISHOP ST UNION CITY,TN 38261		501(c)(3)	6,608				DIABETES PROGRAM, EMPLOYEE ASSISTANCECOMMUNITY DIABETES PROGRAM, MEDICAL EQUIPMENT, EMPLOYEE ASSISTANCE			
BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC200 HWY 30 WEST NEW ALBANY, MS 38652	63-0997281	501(c)(3)	207,828				COMMUNITY DIABETES PROGRAM, FUNDS TO RENOVATE EMERGENCY ROOM, CANCER PROGRAM, FUNDS TO PURCHASE INFANT CAR SEATS, ETC			
BAPTIST MEMORIAL REGIONAL REHAB SERVICES INC350 N HUMPHREYS BLVD MEMPHIS,TN 381202177	58-1645396	501(c)(3)	66,888				COMMUNITY DIABETES PROGRAM, FUNDS TO PURCHASE MEDICAL EQUIPMENT			
WESLEY NEUROLOGY CENTER1211 UNION AVE 400 MEMPHIS,TN 38104			75,600				MUSCULAR DYSTROPHY RESEARCH			
CROSS LINK INTERNATIONAL200 E PARKWAY N MEMPHIS,TN 38112	54-1827160	501(c)(3)	15,000				GENERAL DONATIONGENERAL DONATION			
SICKLE CELL FOUNDATION6000 POPLAR AVE 250 MEMPHIS,TN 38119		501(c)(3)	10,000				GENERAL DONATIONGENERAL DONATION			
ARTS MEMPHIS575 S MENDENHALL RD MEMPHIS,TN 381174215	62-0693547	501(c)(3)	25,000				GENERAL DONATIONGENERAL DONATION			

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DLN: 93493091005010

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

**Compensation Information** 

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Department of the Treasury Internal Revenue Service

Name of the organization

BAPTIST MEMORIAL HEALTH CARE FOUNDATION

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.

58-1544781 **Questions Regarding Compensation** Νo Yes Check the appropriate 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 Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 **1**b Yes 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 Yes 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 During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? 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. 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 Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III 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 6a The organization? Νo Any related organization? 6b Yes If "Yes," to line 6a or 6b, describe in Part III 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 Νo 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 ın Part III

Νo

#### 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)(1)-(111) 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-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
STEPHEN C REYNOLDS	(ı) (ıı)	867,243	685,531	2,390,335	43,500	162,797	4,149,406	
GREGORY M DUCKETT	(1) (11)	317,472	241,248	26,280	34,500	5,138	624,638	
J SCOTT FOUNTAIN	(1) (11)	306,872	232,908	6,584 15,000	34,500	4,194	352,150 247,908	
	(ii)							
	(i)							
	(ii)							
	(ii)							
	(i)							
	(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

Ident if ier	Ret urn Ref erence	Explanation
	Part I, Line 1a	THE OFFICERS RECEIVE A PERQUISITE ALLOWANCE WHICH IS INCLUDED IN THEIR SALARIES
	,	BAPTIST MEMORIAL HEALTH CARE CORPORATION (THE PARENT) HAS A SHORT-TERM INCENTIVE PLAN BASED ON FIVE CATEGORIES AS FOLLOWS 20% QUALITY AND PATIENT SAFETY 20% CUSTOMER SATISFACTION 40% FINANCIAL STABILITY 10% MARKET SHARE 10% PATIENT THROUGHPUT UNDER FINANCIAL STABILITY, WE HAVE TWO GOALS ONE GOAL IS BASED ON OPERATING MARGIN (50% OF THE 40%, WHICH IS 20%) AND THE SECOND GOAL IS BASED ON NET INCOME (50% OF THE 40%, WHICH IS 20%) BAPTIST MEMORIAL HEALTH CARE FOUNDATION RESULTS ARE EXCLUDED FROM THE SHORT-TERM INCENTIVE PLAN

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DLN: 93493091005010

OMB No 1545-0047

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#### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

**Non-Cash Contributions** 

Name of the organization BAPTIST MEMORIAL HEALTH CARE FOUNDATION **Employer identification number** 58-1544781

(a) Check of Check of Check of fapplicable (b) Number of Contributions (c) Revenues reported on Form 990, Part VIII, line applicable (c) Revenues reported (c) Revenues repo		na	
1 Art—Works of art		,	
2 Art—Historical treasures . 3 Art—Fractional interests . 4 Books and publications . 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities—Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . 13 Qualified conservation contribution (historic structures) 14 Qualified conservation contribution (other) 15 Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other 18 Collectibles 19 Food inventory			
3 Art—Fractional interests			
4 Books and publications			
5 Clothing and household goods			
goods			
6 Cars and other vehicles			
8 Intellectual property			
9 Securities—Publicly traded . X 1 22,809 FMV  10 Securities—Closely held stock			
10 Securities—Closely held stock .  11 Securities—Partnership, LLC, or trust interests  12 Securities—Miscellaneous  13 Qualified conservation contribution (historic structures)  14 Qualified conservation contribution (other)  15 Real estate—Residential .  16 Real estate—Commercial  17 Real estate—Other  18 Collectibles  19 Food inventory			
11 Securities—Partnership, LLC, or trust interests  12 Securities—Miscellaneous  13 Qualified conservation contribution (historic structures)  14 Qualified conservation contribution (other)  15 Real estate—Residential .  16 Real estate—Commercial  17 Real estate—Other  18 Collectibles  19 Food inventory			
or trust interests  12 Securities—Miscellaneous  13 Qualified conservation contribution (historic structures)  14 Qualified conservation contribution (other)  15 Real estate—Residential .  16 Real estate—Commercial  17 Real estate—Other  18 Collectibles  19 Food inventory			
13 Qualified conservation contribution (historic structures)  14 Qualified conservation contribution (other)  15 Real estate—Residential .  16 Real estate—Commercial  17 Real estate—Other  18 Collectibles  19 Food inventory			
contribution (historic structures)			
contribution (other)			
16 Real estate—Commercial .   17 Real estate—Other .   18 Collectibles .     19 Food inventory .			
17 Real estate—Other   18 Collectibles   19 Food inventory			
18 Collectibles			
19 Food inventory			
20 Drugs and medical supplies .			
21 Taxidermy			
22 Historical artifacts			
23 Scientific specimens			
24 Archeological artifacts			
MOBILITY			
26 Other (describe FURNITURE ) X 1 7,000 FMV			
27 Other (describe)			
28 Other (describe)			
29 Number of Forms 8283 received by the organization during the tax year for contributions for			
which the organization completed Form 8283, Part IV, Donee  Acknowledgement	1.		
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at		Yes	No
least three years from the date of the initial contribution, and which is not required to be used for exempt purposes			
for the entire holding period?	30a		No
<b>b</b> If "Yes", describe the arrangement in Part II			
Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
<b>b</b> If "Yes", describe in Part II			<u> </u>
33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II			

Part II Supplemental Infor 32b, and 33. Also com	32b, and 33. Also complete this part for any additional information.		
Identifier	ReturnReference	Explanation	
240111111	Notal III Colored	Explanation	
	1	1	

## OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

► 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.

**Supplemental Information to Form 990** 

Name of the organization
BAPTIST MEMORIAL HEALTH CARE FOUNDATION

**Employer identification number** 

58-1544781

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		BAPTIST MEMORIAL HEALTH CARE FOUNDATION IS A NON-STOCK CORPORATION WHOSE SOLE MEMBER IS BAPTIST MEMORIAL HEALTH CARE CORPORATION

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		BAPTIST MEMORIAL HEALTH CARE CORPORATION AS THE SOLE MEMBER OF BAPTIST MEMORIAL HEALTH CARE FOUNDATION ELECTS ITS BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		BAPTIST MEMORIAL HEALTH CARE CORPORATION AS THE SOLE MEMBER OF BAPTIST MEMORIAL HEALTH CARE FOUNDATION APPROVES THE BOARD OF DIRECTORS ACTIONS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE FORM 990 IS REVIEWED BEFORE FILING WITH THE IRS BY BAPTIST MEMORIAL HEALTH CARE CORPORATION'S SR V P/CFO, THE V P OF FINANCE, THE FOUNDATION'S CONTROLLER, AND BY OUR OUTSIDE INDEPENDENT ACCOUNTING AND TAX FIRM THE FORM 990 IS REVIEWED BY THE GOVERNING BODY AFTER FILING WITH THE IRS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		BAPTIST MEMORIAL HEALTH CARE FOUNDATION REQUIRES THAT ALL EMPLOYEES AND BOARD MEMBERS ANNUALLY DISCLOSE AND SIGN A CONFLICT OF INTEREST STATEMENT

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE BOARD OF DIRECTORS REVIEW AND APPROVE COMPENSATION OF THE CORPORATE CEO AND OTHER TOP MANAGEMENT PERSONNEL USING COMPARABILITY DATA AND OTHER SOURCES AS NEEDED THE BOARD OF DIRECTORS, CEO, AND OTHER TOP MANAGEMENT USE THE SAME TYPE OF INFORMATION TO APPROVE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES

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

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

ldentifier	Return Reference	Explanation
DRM 990, ART XI, LINE	AUDIT COMMITTEE EXPLANATION	BAPTIST MEMORIAL HEALTH CARE FOUNDATION HAS AN AUDIT COMMITTEE THAT CHOOSES THE AUDIT FIRM, OVERSEES AND REVIEWS THE AUDIT REPORTS, AND THEN FOLLOWS UP ON ANY NECESSARY CHANGES AND RECOMENDATIONS THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS

ldentifier	Return Reference	Explanation
Part III, line 4a Statement of Program Sevice Accomplishments	(continued from Schedule O, page 63)	Donor Restricted Funds Baptist Memorial Health Care Foundation administers a number of donor-restricted funds which provide benefits to patients of the affiliate hospitals, as well as, the community at large Baptist Memorial Health Care Foundation provides support for both the charity need of patients and employees through Charitable Care and Employee Emergency Assistance funds Baptist Memorial Health Care Foundation routinely makes purchases to benefit charity care patients and their family members when there are hardship circumstances. Examples of such purchases include bus tickets for travel from the hospital, minor equipment and prescription drugs needed upon discharge. These expenditures were paid directly to the service provider or to a vendor. Baptist Memorial Health Care Foundation also made disbursements on behalf of employees who suffered catastrophic or unforeseen losses during the year. A committee made up of Pastoral Care, Baptist Memorial Health Care Foundation and Baptist Memorial Health Care Corporation employee campaign volunteers approves expenditure applications for funding from the Employee Emergency Assistance Fund. Distributions of assistance are generally limited to \$500 per occurrence. During fiscal year 2009, Baptist Memorial Health Care Foundation made disbursements in excess of \$157,000 on behalf of indigent patients and the uninsured and on behalf of employees for these unforeseen losses and emergencies. In total, Baptist Memorial Health Care Foundation spent approximately \$2.4 million from donor-restricted funds to support service areas such as pediatric care, stroke services, hospice, medical research, charity care, clinical scholarships, cardiology, cancer care and nursing education.

ldentifier	Return Reference	Explanation
PART V, LINES 1a and 2a	STATEMENTS REGARDING OTHER IRS FILINGS AND TAX COMPLIANCE	Line 1a All forms 1099 are prepared by the accounts payable department of our parent, Baptist Memorial Health Care Corporation. All forms 1099 are issued using the federal tax identification number of Baptist Memorial Health Care Corporation. However, no form 1096 is prepared because the forms are filed electronically. Line 2a. The payroll function is centralized at the Payroll Department of Baptist Memorial Health Care Corporation, our parent company. The Corporate Payroll Department is responsible for all salaries and wages of the employees for the Baptist System. The W-3s and W-2s are submitted electronically using the Baptist Memorial Health Care Corporation federal tax identification number, according to 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. Thus, the amount reported on Part V, line 2a reflects the number of employees at this facility who received a W-2, and is also included on the Corporate W-3 filed for this period.

**Identification of Disregarded Entities** 

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

#### DLN: 93493091005010

OMB No 1545-0047 2008

Open to Public Inspection

Schedule R (Form 990) 2008

## **SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

Part I

**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.

Name of the organization BAPTIST MEMORIAL HEALTH CARE FOUNDATION

**Employer identification number** 

58-1544781

(A) Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	( <b>D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	ions				
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(F) Public charity stat (if section 501(c))	tus Direct controlling entity
See Additional Data Table					

Cat No 50135Y

(A) Name, address, and EIN of related organization	( <b>B)</b> Primary acti	(C) Legal	( <b>D</b> ) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	<b>(F)</b> Share of total income	( <b>G</b> ) Share of end-of- year assets	(H) Dispropition allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
				+				-			
				1							
Part IV Identification of Ro	elated Orga	1				T (=)			(=)		
(A) Name, address, and EIN of related org	ganization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D)</b> Direct controllin entity	g ( <b>E)</b> Type of entity (C corp, S corp, or trust)	( <b>F)</b> Share of total ind	come	Sh end-	are of Perc	( <b>H)</b> entage nership	
HEALTH TECH AFFILIATES INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1278576		BUYING AND LEASING REAL & PERSONAL PROPERTY	TN	N/A	С						
BAPTIST MEMORIAL HEALTH SERVICES GROU MIDSOUTH INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1534210	P OF THE	HEALTH INSURANCE CONTRACTING	TN	N/A	С						
SOUTHCREST PROPERTY OWNERS ASSOCIAT 7601 SOUTHCREST PKWY SOUTHAVEN, MS38671 64-0768703	ION	BOOKKEEPING & DATA PROCESSING FOR THE SOUTHCREST DEVELOPMENT	MS	N/A	С						
GERMANTOWN BUSINESS PARK OWNERS ASS 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 20-1158216	SOCIATION	BOOKKEEPING & DATA PROCESSING FOR THE GERMANTOWN BUSINESS PARK DEVELOPMENT	TN	N/A	С						

(5)

(6)

Part V	<b>Transactions with Related Organizations</b>
	<del></del>

Part V Transactions with Related Organizations					
Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
<b>1</b> During the tax year, did the orgranization engage in any of the following transaction	ns with one or more related organizations listed in Parts I.	[-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled ent	eity		1a		No
<b>b</b> Gift, grant, or capital contribution to other organization(s)			1b	Yes	
<b>c</b> Gift, grant, or capital contribution from other organization(s)			1c		No
<b>d</b> Loans or loan guarantees to or for other organization(s)			1d		No
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 org	ganization(s)		1k	Yes	
I Performance of services or membership or fundraising solicitations by other orga	anızatıon(s)		11		No
m Sharing of facilities, equipment, mailing lists, or other assets			1m	Yes	
n Sharing of paid employees			1n	Yes	
• Reimbursement paid to other organization for expenses			10	Yes	
p Reimbursement paid by other organization for expenses			<b>1</b> p		No
<b>q</b> Other transfer of cash or property to other organization(s)			1q		No
r O ther transfer of cash or property from other organization(s)			1r	Yes	
2 If the answer to any of the above is "Yes," see the instructions for information o	n who must complete this line, including covered relation:	ships and transaction thresholds			
(A)	(B)	(c)			
Name of other organization(s)	Transaction type(a-r)	Amount Involved			
(1)					
See					
Additional Data					
Table					
(2)					
(2)		<u> </u>			
(3)					
(4)					

## 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

									_	
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1		r J
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	D / Form	

(A)
Name, address, and EIN of related organization

BAPTIST MEMORIAL HOSPITAL-JONESBORO INC

350 N HUMPHREYS BLVD

MEMPHIS, TN381202177

26-1214372

**(F)** Direct Controlling

Entity

BAPTIST MEMORIAL

HEALTH CARE

CORPORATION

501(c)(3) PENDING

AR

Software ID: **Software Version:** 

**EIN:** 58-1544781

(B)

Primary Activity

Name: BAPTIST MEMORIAL HEALTH CARE FOUNDATION

(State

or Foreign

Country)

(D)

Exempt Code

section

(E)

Public charity

status

(ıf 501(c)(3))

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations **(C)** Legal Domicile

BAPTIST MEMORIAL HEALTH CARE CORPORATION  350 N HUMPHREYS BLVD  MEMPHIS, TN381202177	(PARENT) MANAGEMENT, ADMINISTRATIVE & FINANCIAL SERVICES FOR	TN	501(c)(3)	509(a)(3)	N/A
58-1521475 BAPTIST MEMORIAL HEALTH CARE SYSTEM INC	CARRY OUT THE HEALTH				
350 N HUMPHREYS BLVD MEMPHIS, TN381202177 58-1456556	CARE MISSIONS OF THE BAPTIST CONVENTIONS OF AR, MS, TN	TN	501(c)(3)	509(a)(3)	N/A
BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC					BAPTIST MEMORIAL
1003 MONROE MEMPHIS, TN38104 62-1599670	EDUCATION OF HEALTH CARE PROFESSIONALS	TN	501(c)(3)	509(a)(1)	HEALTH CARE CORPORATION
BAPTIST MEMORIAL HEALTH SERVICES INC	PROVISION OF HEALTH CARE				BAPTIST MEMORIAL
350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1509127	PROVIDERS & HOME MEDICAL EQUIPMENT/SERVICES	TN	501(c)(3)	509(a)(2)	HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL INC	HEALTH CARE				BAPTIST MEMORIAL HEALTH CARE
350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-0123940	FACILITY/HOSPITAL	TN	501(c)(3)	509(a)(1)	CORPORATION
MEDICAL FINANCIAL SERVICES INC	COLLECTION AGENCY FOR				BAPTIST MEMORIAL HEALTH CARE
350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1112364 BAPTIST MEMORIAL HOSPITAL-BOONEVILLE INC	BAPTIST ENTITIES	TN	501(c)(3)	509(a)(3)	CORPORATION
	HEALTH CARE				BAPTIST MEMORIAL HEALTH CARE
100 HOSPITAL ST BOONEVILLE, MS38829 64-0663760 BAPTIST MEMORIAL HOSPITAL-DESOTO INC	FACILITY/HOSPITAL	MS	501(c)(3)	509(a)(1)	CORPORATION
	HEALTH CARE		E01/ \\( \)	E00( )(1)	BAPTIST MEMORIAL HEALTH CARE
7601 SOUTHCREST PKWY SOUTHAVEN, MS38671 64-0682111 BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC	FACILITY/HOSPITAL	MS	501(c)(3)	509(a)(1)	CORPORATION
	HEALTH CARE		E01/ \\( \)	500(.)(1)	BAPTIST MEMORIAL HEALTH CARE
2520 FIFTH ST COLUMBUS, MS39703 62-1519754	FACILITY/HOSPITAL	MS	501(c)(3)	509(a)(1)	CORPORATION
BAPTIST MEMORIAL HOSPITAL-HUNTINGDON INC					BAPTIST MEMORIAL
631 RB WILSON DR HUNTINGDON, TN38344 62-1166050	HEALTH CARE FACILITY/HOSPITAL	TN	501(c)(3)	509(a)(1)	HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-LAUDERDALE INC					BAPTIST MEMORIAL
326 ASBURY ST RIPLEY, TN 38063 62-1088703	HEALTH CARE FACILITY/HOSPITAL	TN	501(c)(3)	509(a)(1)	HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC	HEALTH CARE				BAPTIST MEMORIAL
2301 S LAMAR OXFORD, MS38655 64-0772726	HEALTH CARE FACILITY/HOSPITAL	MS	501(c)(3)	509(a)(1)	HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-TIPTON INC	LIEALTH CARE				BAPTIST MEMORIAL
1995 HWY 51 SOUTH COVINGTON, TN38019 62-1113167	HEALTH CARE FACILITY/HOSPITAL	TN	501(c)(3)	509(a)(1)	HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-UNION CITY INC					BAPTIST MEMORIAL
1201 BISHOP ST UNION CITY, TN38261 62-1138045	HEALTH CARE FACILITY/HOSPITAL	TN	501(c)(3)	509(a)(1)	HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC					BAPTIST MEMORIAL
200 HWY 30 WEST NEW ALBANY, MS38652 63-0997281	HEALTH CARE FACILITY/HOSPITAL	MS	501(c)(3)	509(a)(1)	HEALTH CARE CORPORATION
BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC					BAPTIST MEMORIAL
2100 EXETER RD GERMANTOWN, TN38138 58-1645396	HEALTH CARE FACILITY/HOSPITAL	TN	501(c)(3)	509(a)(1)	HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOME CARE INC					BAPTIST MEMORIAL
350 N HUMPHREYS BLVD MEMPHIS, TN381202177 58-1562973	HOME HEALTH CARE & HOSPICE SERVICES	TN	501(c)(3)	509(a)(2)	HEALTH CARE CORPORATION
BAPTIST MEMORIAL MEDICAL GROUP INC	PROVISION OF HEALTH CASE				BAPTIST MEMORIAL
350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1545731	PROVISION OF HEALTH CARE PROVIDERS FOR TN FACILITIES	TN	501(c)(3)	509(a)(2)	HEALTH CARE CORPORATION
BAPTIST MEMORIAL HEALTH SERVICES INC-MS	PROVISION OF HEALTH CARE				BAPTIST MEMORIAL
350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1545710	PROVISION OF HEALTH CARE PROVIDERS FOR MS FACILITIES	MS	501(c)(3)	509(a)(2)	HEALTH CARE CORPORATION
BAPTIST MEMORIAL MEDICAL MINISTRIES EMPLOYEE HEALTH & WELFARE TRUST	DA DITIGIT EMBLIONES INTERIOR				BAPTIST MEMORIAL
350 N HUMPHREYS BLVD	BAPTIST EMPLOYEE HEALTH PLAN	TN	501(c)(9)		HEALTH CARE CORPORATION
MEMPHIS, TN381202177 62-1407946 BAPTIST MINOR MEDICAL CENTERS INC					PARTICT MEMORYAL
350 N HUMPHREYS BLVD	NON-EMERGENCY MEDICAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE
MEMPHIS, TN381202177 62-1538114	CLINICS		\-\\-\\-\\-\\	, , , , , , , , , , , , , , , , , , ,	CORPORATION
RAPTIST MEMORIAL HOSPITAL-10 NESRORO INC	i .	i .	1	i	i

HEALTH CARE

FACILITY/HOSPITAL

# Form 990, Schedule R, Part V - Transactions with Related Organizations (A)

101111	(A)  Name of other organization	<b>(B)</b> Transaction type(a-r)	(C) A mount Involved (\$)
(1)	BAPTIST MEMORIAL HOSPITAL-INC	В	1,637,661
(2)	BAPTIST MEMORIAL HOSPITAL-DESOTO INC	В	60,840
(3)	BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC	В	54,895
(4)	BAPTIST MEMORIAL REGIONAL REHAB SERVICES INC	В	66,888
(5)	BAPTIST COLLEGE OF HEALTH SCIENCES INC	В	1,386,629
(6)	BAPTIST MEMORIAL HOME CARE INC	В	494,320
(7)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	В	1,176,286
(8)	BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC	В	207,828
(9)	BAPTIST MEMORIAL HOSPITAL-N MISSISSIPPI INC	В	155,143
(10)	BAPTIST MEMORIAL HEALTH CARE CORPORATION & AFFILIATES	К	3,156,949
(11)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	R	84,000
(12)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	N	250,820
(13)	BAPTIST MEMORIAL HOME CARE INC	0	266,086
(14)	BAPTIST MEMORIAL REGIONAL REHAB SERVICES INC	0	65,969
(15)	BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC	0	87,227
(16)	BAPTIST MEMORIAL HOSPITAL INC	0	129,026
(17)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	М	69,652

69,652

М

## Software ID: Software Version:

**EIN:** 58-1544781

Name: BAPTIST MEMORIAL HEALTH CARE FOUNDATION

## Form 990, Part VII - Section Aaa

		<b>(C)</b> Position (check all that apply)							<b>(E)</b>	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
JOSEPH H POWELL , DIRECTOR	20	Х						0	15,000	0	
STEPHEN C REYNOLDS , DIRECTOR/PRESIDENT	4 00	Х		х				0	3,943,109	206,297	
JOHNNIE D AMONETTE , DIRECTOR	20	Х						0	0	0	
MAURY BRONSTEIN , DIRECTOR	20	Х						0	0	0	
HELIO LEMMI MD , DIRECTOR	20	Х						0	0	0	
PAM ARRINDELL , DIRECTOR	20	Х						0	0	0	
ROBERT F FOGLEMAN , DIRECTOR	20	Х						0	0	0	
HENRY W MORGAN SR , DIRECTOR	20	Х						0	0	0	
NEAL S BECKFORD MD , DIRECTOR	20	Х						0	0	0	
JOHN T KEETON JR , DIRECTOR	20	Х						0	0	0	
CLAUDE OGLESBY MD , DIRECTOR	20	Х						0	0	0	
KEMMONS WILSON JR , DIRECTOR	20	Х						0	0	0	
BROOKE SPARKS , DIRECTOR	20	Χ						0	0	0	
RODNEY T WOLF MD , DIRECTOR	20	Х						0	0	0	
JOSEPH WELLER , DIRECTOR	20	Х						0	0	0	
ORAL EDWARDS , DIRECTOR	20	Χ						0	0	0	
MILTON MAGEE , DIRECTOR	20	Х						0	0	0	
KATHY BLAIR , DIRECTOR	20	Х						0	0	0	
GREGORY M DUCKETT , SECRETARY	20			Х				0	585,000	39,638	
J SCOTT FOUNTAIN , SVP/CHIEF DEVELOPMENT OF	20 00			x				313,456	247,908	38,694	
JENNIFER S PRASCHER , DIRECTOR DEVELOPMENT	40 00				х			107,668	0	17,759	
SHARON WHEELER , DIRECTOR- ADVANCEMENT SER	40 00				х			80,470	0	17,978	

### Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

THE ORGANIZATION'S PRIMARY MISSION IS TO SOLICIT & RECEIVE CONTRIBUTIONS...(Schedule O, pg 57) GIFTS, GRANTS, DEVISES, OR BEQUESTS OF REAL AND/OR PERSONAL PROPERTY FROM INDIVIDUALS, FOUNDATIONS, PARTNERSHIPS, ASSOCIATIONS, GOVERNMENTAL BODIES, PUBLIC AND/OR PRIVATE CORPORATIONS AND TO MAINTAIN, USE, AND APPLY, DIRECTLY OR INDIRECTLY, THE WHOLE OR ANY PART OF THE INCOME THEREFROM AND THE PRINCIPAL THEREOF EXCLUSIVELY FOR THE BENEFIT OF, OR TO CARRY OUT THE PURPOSES OF THE BAPTIST MEMORIAL HEALTH CARE SYSTEM.

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

Baptist Memorial Health Care Foundation, the fundraising arm of Baptist Memorial Health Care Corporation, raises money to benefit various Baptist Memorial Health Care Corporation programs and services...(See Schedule O, page 57 for continuation) Funds raised by Baptist Memorial Health Care Foundation help accomplish Baptist Memorial Health Care Corporation's charitable care objectives and provide resources for enhanced patient care, education and groundbreaking clinical research. The Baptist Memorial Health Care Foundation solicits, receives, and manages contributions, gifts, grants and bequests.

## Software ID: Software Version:

**EIN:** 58-1544781

Name: BAPTIST MEMORIAL HEALTH CARE FOUNDATION

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

organization supp	)								
(i) Name of Supported Organization	<b>(ii)</b> EIN	(iii)  Type of organization (described on lines 1-9 above or IRC section)	organization (i) listed in your don lines 1-9		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the US?		(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
BAPTIST MEMORIAL HOSPITAL INC	620123940	7	Yes		Yes		Yes		1637661
BAPTIST MEMORIAL HOSPITAL-BOONEVILLE INC	640663760	7	Yes		Yes		Yes		9519
BAPTIST MEMORIAL HOSPITAL-DESOTO INC	640682111	7	Yes		Yes		Yes		60840
BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC	621519754	7	Yes		Yes		Yes		54895
BAPTIST MEMORIAL HOSPITAL-HUNTINGDON INC	621166050	7	Yes		Yes		Yes		26414
BAPTIST MEMORIAL HOSPITAL-LAUDERDALE INC	621088703	7	Yes		Yes		Yes		7806
BAPTIST MEMORIAL HOSPITAL-TIPTON INC	621113167	7	Yes		Yes		Yes		31663
BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC	640772726	7	Yes		Yes		Yes		155143
BAPTIST MEMORIAL HOSPITAL-UNION CITY INC	621138045	7	Yes		Yes		Yes		6608
BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC	630997281	7	Yes		Yes		Yes		207828
NEA BAPTIST BAPTIST MEMORIAL HEALTH CARE LLC	810572898	7	Yes		Yes		Yes		2272
BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC	581645396	7	Yes		Yes		Yes		66888
BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC	621599670	6	Yes		Yes		Yes		1386629
BAPTIST MINOR MEDICAL CENTERS INC	621538114	501(c)(3)/509(a)(1)	Yes		Yes		Yes		20078
BAPTIST MEMORIAL HEALTH CARE CORPORATION & AFFILIATES	581521475	501(c)(3)/509(a)(3)	Yes		Yes		Yes		1649501
BAPTIST MEMORIAL HOME CARE INC	581562973	501(c)(3)/509(a)(2)	Yes		Yes		Yes		494320