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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

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

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

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

C Name of organization
BAPTIST MEMORIAL HOSPITAL

Doing Business As

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

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

D Employer identification number
62-0123940

E Telephone number
(901) 227-5117

G Gross receipts $ 677,857,426

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

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

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

H(c) Group Exemption Number ▶

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

J Web site: ▶ BMHCC ORG

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

L Year of Formation 1954

M State of legal domicile TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
BAPTIST MEMORIAL HOSPITAL PROVIDES QUALITY MEDICAL HEALTHCARE (see Schedule O, page 36) REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of employees (Part V, line 2a)	5	4,879
6	Total number of volunteers (estimate if necessary)	6	364
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	155,850
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-7,934

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	974,073	1,048,533
9	Program service revenue (Part VIII, line 2g)	547,094,987	637,508,098
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,039,251	508,106
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,713,116	9,359,464
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	556,821,427	648,424,201
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		1,677,435
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	204,699,807	247,847,182
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	337,235,097	351,455,240
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	541,934,904	600,979,857
19	Revenue less expenses Subtract line 18 from line 12	14,886,523	47,444,344

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	625,593,919	677,575,117
21	Total liabilities (Part X, line 26)	258,766,289	260,008,904
22	Net assets or fund balances Subtract line 21 from line 20	366,827,630	417,566,213

Part II Signature Block

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

Please Sign Here

Signature of officer — Date: 2010-07-22

STEPHEN C REYNOLDS PRESIDENT
Type or print name and title

Paid Preparer's Use Only

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

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

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

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

1 Briefly describe the organization's mission

BAPTIST MEMORIAL HOSPITAL PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 552,413,207 including grants of $) (Revenue $ 639,818,999)

BAPTIST MEMORIAL HOSPITAL PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE PATIENTS OF EVERY RACE, CREED AND SOCIOECONOMIC GROUP COME TO BAPTIST MEMORIAL HOSPITAL FROM MANY STATES AND COUNTRIES WITH ILLNESSES THAT ARE OFTEN VERY SERIOUS ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE OPERATION AND STABILITY OF BAPTIST MEMORIAL HOSPITAL, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES, AND FURTHER, THAT OUR MISSION IS TO SERVE THE COMMUNITY WITH RESPECT TO PROVIDING HEALTH CARE SERVICES AND HEALTHCARE EDUCATION (See Schedule O, Pg 36 for continuation) THEREFORE, IN KEEPING WITH ITS COMMITMENT TO SERVE ALL MEMBERS OF ITS COMMUNITY, BAPTIST MEMORIAL HOSPITAL PROVIDES THE FOLLOWING --FREE CARE AND/OR SUBSIDIZED CARE WHERE THE NEED AND/OR AN INDIVIDUAL'S INABILITY TO PAY COEXIST,--CARE PROVIDED TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST, AND--HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITYTHESE ACTIVITIES INCLUDE WELLNESS PROGRAMS, COMMUNITY EDUCATION PROGRAMS, PROGRAMS FOR THE ELDERLY, HANDICAPPED, MEDICALLY UNDERSERVED, AND A VARIETY OF BROAD COMMUNITY SUPPORT ACTIVITIES BAPTIST MEMORIAL HOSPITAL SERVICED 37,306 PATIENT DISCHARGES AND PROVIDED MORE THAN 183,257 OUTPATIENT SERVICES DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 2009 EMPHASIS IS NOW ON OUTPATIENT SERVICES BAPTIST MEMORIAL HOSPITAL PROVIDES MANY OUTPATIENT SERVICES, WHICH WILL CONTINUE TO CUT HOSPITAL COSTS AND PATIENT STAYS MOST PATIENTS PREFER TO RECUPERATE AT HOME AND WITH THE OUTPATIENT SERVICES PROVIDED AT BAPTIST MEMORIAL HOSPITAL, PATIENTS NOW HAVE THAT OPTION DURING THE YEAR ENDING SEPTEMBER 30, 2009, BAPTIST MEMORIAL HOSPITAL PROGRAM SERVICES PRODUCED THE FOLLOWING RESULTS --THE SURGERY DEPARTMENT HAD 30,237 PATIENT VISITS AT A COST OF $74,509,957 --THE CARDIOVASCULAR DEPARTMENT PERFORMED 238,478 PROCEDURES AT A COST OF $36,677,964 --THE PHARMACY DEPARTMENT DISPENSED 6,006,946 DOSES OF MEDICATION AT A COST OF $43,203,339 --THE RADIOLOGY DEPARTMENT PERFORMED OVER 278,406 PROCEDURES AT A COST OF $23,842,651 CHARITY CARE IS PROVIDED THROUGH INPATIENT, OUTPATIENT AND COMMUNITY-BASED PROGRAMS INPATIENT SERVICES ARE PROVIDED TO PATIENTS WHO ARE MEDICALLY INDIGENT RESIDENTS OF THE STATES OF ARKANSAS, MISSISSIPPI, TENNESSEE, AND OTHER STATES BAPTIST MEMORIAL HOSPITAL ALSO MAINTAINS A CLINIC TO SERVE THIS POPULATION ON AN OUTPATIENT BASIS STAFF PHYSICIANS AT BAPTIST MEMORIAL HOSPITAL, AS WELL AS PHYSICIANS IN THE MEDICAL RESIDENCY PROGRAMS, GIVE COUNTLESS HOURS OF THEIR TIME TREATING PATIENTS WHO CANNOT PAY THE UNREIMBURSED AMOUNT OF CHARITY CARE WAS $27,367,871 THE UNREIMBURSED AMOUNT OF CONTRACTUAL ALLOWANCES WAS $685,506,243 BAPTIST MEMORIAL HOSPITAL HAD SEVERAL NOTEWORTHY ACCOMPLISHMENTS AND NEW SERVICE LINES DURING THE PERIOD ENDING SEPTEMBER 30, 2009 SOME OF THESE ARE BAPTIST MEMORIAL HOSPITAL WAS THE PILOT HOSPITAL FOR A UNIQUE PATIENT SAFETY AND QUALITY PROJECT THAT WAS LAUNCHED BY HUMANA, INC THROUGH THE PROJECT, HUMANA WILL MONITOR CERTAIN SAFETY AND QUALITY GOALS ALREADY ESTABLISHED AT BAPTIST MEMORIAL HOSPITAL THESE GOALS WILL BE REVIEWED ANNUALLY BY HUMANA OVER A PERIOD OF THREE YEARS AS THE PROGRAMS SAFETY AND QUALITY GOALS ARE MET EACH YEAR, HUMANA WILL RECOGNIZE BAPTIST MEMORIAL HOSPITAL BY CONTINUING TO FUND NURSING SCHOLARSHIPS AT THE BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES SOME OF BAPTIST MEMORIAL HOSPITAL'S CURRENT SAFETY AND QUALITY INITIATIVES INCLUDE THOSE TARGETED AT SAFE MEDICATION USE, LEGIBILITY OF MEDICATION ORDERS, PAIN MANAGEMENT AND FALLS BAPTIST MEMORIAL HOSPITAL HAS BEEN RECOGNIZED NATIONALLY FOR OUR PATIENT SAFETY AND QUALITY EFFORTS BAPTIST MEMORIAL HOSPITAL (MEMPHIS AND COLLIERVILLE LOCATIONS) SINCE FEBRUARY 2002, THE AUTOLOGOUS STEM CELL TRANSPLANT UNIT (ASCT UNIT), PART OF BAPTIST MEMORIAL HOSPITAL-MEMPHIS' OUTPATIENT CENTER HAS BEEN OPERATING SUCCESSFULLY TREATMENT BEGINS IN THE PHYSICIAN'S OFFICE IN WHICH THE PATIENT UNDERGOES STANDARD INDUCTION CHEMOTHERAPY THE PHYSICIAN THEN DETERMINES WHETHER THE PATIENT IS CHEMO-SENSITIVE IF THE PATIENT IS CHEMO SENSITIVE, THE PATIENT IS REFERRED TO THE ASCT UNIT AND PROCEEDS TO THE NEXT PHASE OF TREATMENT--MODERATE DOSE, OR MOBILIZATION CHEMOTHERAPY THE PURPOSE IS TO MOBILIZE STEM CELLS SO THEY CAN BE HARVESTED THE CELLS ARE TESTED, PROCESSED, FROZEN AND STORED FOR LATER USE DURING THE THIRD PHASE OF TREATMENT OR HIGH-DOSE CHEMOTHERAPY PEDIATRIC DEPARTMENT P D PARROT, THE OFFICIAL MASCOT AND REPRESENTATIVE OF BAPTIST MEMORIAL HOSPITAL'S PEDIATRIC SERVICES DEPARTMENT, CONTINUES TO HOST SPECIAL EVENTS FOR AREA SCHOOLS TEACHING THEM ABOUT HEALTH AND SAFETY P D PARROT ALSO HOSTS SEVERAL ACTIVITIES THROUGHOUT THE AREA FOR CHILDREN, SUCH AS P D PARROT'S BIG BACK YARD, PROVIDING GAMES, ART ACTIVITIES AND MUSIC IN AREA PARKS BAPTIST MEMORIAL HOSPITAL-MEMPHIS' PEDIATRIC INTERMEDIATE CARE UNIT (PICU) IS A FOUR-BED OPEN UNIT THAT ALLOWS SICK CHILDREN AND THOSE RECOVERING FROM SURGERY TO BE CLOSELY MONITORED IN A HIGH-TECH ENVIRONMENT CHILDREN IN THE PICU, WHICH FEATURES STATE-OF-THE-ART EQUIPMENT AND SPECIALIZED MEDICAL DEVICES, CAN BE CARED FOR AND OBSERVED BY NURSES WHILE THEIR PARENTS STAY WITH THEM BAPTIST HEART INSTITUTE BAPTIST MEMORIAL HOSPITAL CELEBRATED THE GRAND OPENING OF THE BAPTIST HEART INSTITUTE ON SEPTEMBER 6, 2001 THE STATE-OF-THE-ART FACILITY IS 165,000 SQUARE FEET IT COMPRISES A SURGERY ADDITION, CARDIAC CATHETERIZATION LABS, A PRE- AND POST-CARDIAC CATH UNIT, CARDIO-PULMONARY TRANSPLANT UNIT, CARDIOVASCULAR RECOVERY/CARDIOVASCULAR INTENSIVE CARE UNIT, A CARDIOVASCULAR STEP-DOWN UNIT, TWO CARDIAC MEDICINE UNITS AND THE CARDIAC INTERVENTION UNIT BY COMBINING ALL CARDIOVASCULAR SERVICES UNDER ONE ROOF, IT WILL BE MORE CONVENIENT FOR BOTH PATIENTS AND PHYSICIANS BAPTIST CLINICAL RESEARCH CENTER THE BAPTIST CLINICAL RESEARCH CENTER CURRENTLY CONDUCTS CLINICAL RESEARCH STUDIES TO TEST NEW DRUGS AND TECHNOLOGY SINCE BEING ESTABLISHED IN 1989, THE 8-MEMBER STAFF HAS WORKED WITH PHYSICIANS, PHARMACEUTICAL COMPANIES AND OTHER RESEARCH ORGANIZATIONS TO COMPLETE NUMEROUS STUDIES IN A VARIETY OF AREAS THE BAPTIST CLINICAL RESEARCH CENTER IS CURRENTLY CONDUCTING A NUMBER OF STUDIES IN A VARIETY OF AREAS (See Schedule O, pg 45 for continuation)

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

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

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

4e Total program service expenses $ 552,413,207 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(Continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			No
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	4,879		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			No
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

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

Section B. Policies

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

Section C. Disclosure

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

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

☐ own website ☐ another's website ☑ upon request

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

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

CYNDI PITTMAN
350 N HUMPHREYS BLVD
MEMPHIS, TN 381202177
(901) 226-0508

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

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

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

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

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

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

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

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

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

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								1,458,996	7,871,033	755,425

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 65

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
QUALITY REIMBURSEMENTS SVC 150 N SANTA ANITA AVE 570-A ARCADIA, CA 91006	REIMBURSEMENT SERVICES	4,691,475
FRESENIUS MEDICAL CARE PO BOX 62760 NEW ORLEANS, LA 701622760	DIALYSIS SVCS	3,146,405
UNIV OF TN HEALTH SCIENCE CTR 62 S DUNLAP ST RM 300 MEMPHIS, TN 38163	RESIDENT SVCS	2,593,193
CROTHALL SVCS GROUP 13028 COLLECTION CTE DR CHICAGO, IL 60693	LAUNDRY SVCS	2,516,768
EMCARE INC 7032 COLLECTIONS CTR DR CHICAGO, IL 60693	PHYSICIAN SVCS	1,110,719
2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶		47

Part VIII **Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d	1,048,533			
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)** ▶	1,048,533			
Program Service Revenue		Business Code				
	2a	HOSPITAL REVENUE	541,200	637,508,098	637,352,248	155,850
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 637,508,098				
	3	Investment income (including dividends, interest other similar amounts) ▶	5,017,395			5,017,395
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
		(i) Real / (ii) Personal				
	6a	Gross Rents: 2,703,629 /				
	b	Less rental expenses: /				
	c	Rental income or (loss): 2,703,629 /				
	d	Net rental income or (loss) ▶	2,703,629			2,703,629
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 24,855,013 / 68,923				
	b	Less cost or other basis and sales expenses: 29,294,253 / 138,972				
	c	Gain or (loss): -4,439,240 / -70,049				
	d	Net gain or (loss) ▶	-4,509,289			-4,509,289
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events ▶				
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue	Business Code			
	11a	CAFETERIA	722,210	3,694,610		3,694,610
	b	OTHER REVENUE	900,099	1,381,607	1,381,607	
	c	OTHER THAN TEMP IMPAIR	523,000	929,294	929,294	
	d	All other revenue _____		650,324		650,324
	e	**Total. Add lines 11a-11d** ▶ $ 6,655,835				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	648,424,201	639,663,149	155,850	7,556,669

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,677,435	1,677,435		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,980,363	1,881,345	99,018	
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	192,321,985	182,705,886		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,744,811	10,207,570	537,241	
9 Other employee benefits	28,555,272	27,127,508	1,427,764	
10 Payroll taxes	14,244,751	13,532,513	712,238	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	37,543,521	33,038,298	4,505,223	
12 Advertising and promotion	198,843	174,982	23,861	
13 Office expenses	154,086,851	135,596,429	18,490,422	
14 Information technology				
15 Royalties				
16 Occupancy	13,161,228	11,581,881	1,579,347	
17 Travel	307,132	270,276	36,856	
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings	121,675	107,074	14,601	
20 Interest	1,448,840	1,274,979	173,861	
21 Payments to affiliates	53,003,596	46,643,165	6,360,431	
22 Depreciation, depletion, and amortization	30,190,487	26,567,629	3,622,858	
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)				
a BAD DEBT	50,040,905	50,040,905	0	
b REPAIRS & MAINTENANCE	8,779,487	7,725,948	1,053,539	
c TAX & LICENSES	2,257,014	1,986,172	270,842	
d PATIENT/EMP/VISITOR REL	244,792	215,417	29,375	
e RECRUITING EXPENSES	45,386	39,940	5,446	
f All other expenses	25,483	17,855	7,628	
25 **Total functional expenses.** Add lines 1 through 24f	600,979,857	552,413,207	48,566,650	0
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		18,645	1	22,162
	2	Savings and temporary cash investments		14,694,943	2	13,995,514
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		78,255,007	4	71,426,408
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		14,410,650	8	15,478,926
	9	Prepaid expenses and deferred charges		3,056,581	9	4,101,529
	10a	Land, buildings, and equipment cost basis	10a 671,829,718			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 339,558,547	335,322,269	10c	332,271,171
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		101,219,715	12	161,345,486
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		78,616,109	15	78,933,921
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		625,593,919	16	677,575,117
Liabilities	17	Accounts payable and accrued expenses		33,784,164	17	32,756,530
	18	Grants payable			18	
	19	Deferred revenue		9,224	19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		186,195,000	23	173,420,000
	24	Unsecured notes and loans payable			24	
	25	Other liabilities *Complete Part X of Schedule D*		38,777,901	25	53,832,374
	26	**Total liabilities.** *Add lines 17 through 25*		258,766,289	26	260,008,904
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		366,783,898	27	417,522,481
	28	Temporarily restricted net assets		43,732	28	43,732
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		366,827,630	33	417,566,213
	34	Total liabilities and net assets/fund balances		625,593,919	34	677,575,117

Part XI Financial Statements and Reporting

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HOSPITAL

Employer identification number
62-0123940

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

h Provide the following information about the organizations the organization supports

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

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

Public Support

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

Total Support

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

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

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

Computation of Public Support Percentage

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

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

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

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

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

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

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

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

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

Section A. Public Support

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

Total Support

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

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

Computation of Public Support Percentage

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

Computation of Investment Income Percentage

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

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

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

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

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

Facts and Circumstances Test

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

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2008

Open to Public Inspection

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

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

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

Name of the organization	Employer identification number
BAPTIST MEMORIAL HOSPITAL	62-0123940

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

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

2 Political expenditures $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV	Yes		42,818
j	Total lines 1c through 1i			42,818
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	BAPTIST MEMORIAL HOSPITAL PAYS ANNUAL DUES TO THE TENNESSEE HOSPITAL ASSOCIATION AND AMERICAN HOSPITAL ASSOCIATION A PORTION OF THE DUES IS RELATED TO LOBBYING EXPENSES THE PARENT COMPANY, BAPTIST MEMORIAL HEALTH CARE CORPORATION, PAYS CONSULTANTS WHO MONITOR & ADVISE THE ORGANIZATION ON LEGISLATIVE AND REGULATORY MATTERS THAT MAY AFFECT THE ORGANIZATION AND ITS AFFILIATES THESE CONSULTANTS MAY ADVOCATE POSITIONS WITH THE LEGISLATIVE BODIES OF GOVERNMENT AT LOCAL, STATE AND FEDERAL LEVELS

Part IV Supplemental Information

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493203008100

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HOSPITAL

Employer identification number
62-0123940

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		31,499,281		31,499,281
b Buildings		428,477,788	185,830,600	242,647,188
c Leasehold improvements		1,901,703	1,667,584	234,119
d Equipment		180,866,618	133,367,987	47,498,631
e Other		29,084,328	18,692,376	10,391,952
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				332,271,171

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

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other VHA	256,416	F
Other SBC PENSION FUNDS	3,165,261	F
Other INVESTMENTS-GROUP ASSET FUNDS	157,923,809	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	161,345,486	

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

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

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

(a) Description	(b) Book value
DUE FROM AFFILIATES	62,839,420
OTHER RECEIVABLES, NET OF ALLOWANCES	2,824,235
BOND ISSUE COSTS	974,428
CONSTRUCTION IN PROCESS	2,152,253
ESTIMATED SETTLEMENTS WITH THIRD PARTIES	10,143,585
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	78,933,921

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
POST RETIREMENT BENEFIT OBLIGATION	34,328,638
ESTIMATED SETTLEMENTS WITH THIRD PARTIES	2,689,790
OTHER L/T LIABILITIES	2,203,834
DUE TO AFFILIATES	14,610,112
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	53,832,374

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

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

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

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

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.
▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HOSPITAL

Employer identification number
62-0123940

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a		
b	If "Yes," is it a written policy?	1b		
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____%	3a		
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____%	3b		
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4		
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a		
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a		
6b	If "Yes," does the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from *worksheets 1 and 2)*						
b Unreimbursed Medicaid (from *worksheet 3, column a)*						
c Unreimbursed costs—other means-tested government programs (from *Worksheet 3, column b)*						
d **Total** Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from (worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

Part III Bad Debt, Medicare, and Collection Practices *(Optional for 2008)*

Section A—Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost) 2			
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy 3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B—Medicare

5	Enter total revenue received from Medicare (including DSH and IME) 5		
6	Enter Medicare allowable costs of care relating to payments on line 5 6		
7	Enter line 5 less line 6—surplus or (shortfall) 7		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit, and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C—Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V **Facility Information** *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
BAPTIST MEMORIAL HOSPITAL-MEMPHIS 6019 WALNUT GROVE RD MEMPHIS,TN 38120	X	X					X		
BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE 1500 POPLAR AVE COLLIERVILLE,TN 38017	X	X					X		
BAPTIST MEMORIAL HOSPITAL FOR WOMEN 6225 HUMPHREYS BLVD MEMPHIS,TN 38120	X	X					X		

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

2 **Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

3 **Patient Education of Eligibility for Assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

4 **Community Information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HOSPITAL

Employer identification number
62-0123940

Part I General Information on Grants and Assistance

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

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

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

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

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL EDUCATION & RESEARCH INSTITUTE 440 SOUTH CLEVELAND MEMPHIS,TN 38104	62-1587133	501(c)(3)		213,799	BOOK VALUE	MED SUPPLIES	MEDICAL MISSION TRIPS
SUSAN G KOMEN CANCER FOUNDATION6025 WALNUT GROVE MEMPHIS,TN 38120	75-1835298	501(c)(3)	20,000				BREAST CANCER ERADICATION INITIATIVE SPONSOR
AMERICAN CANCER SOCIETY1378 UNION AVE MEMPHIS,TN 38104	13-1788491	501(c)(3)	5,000				SPONSOR CAMP HORIZONS
BAPTIST COLLEGE OF HEALTH SCIENCES1003 MONROE AVE MEMPHIS,TN 38104	62-1599670	501(c)(3)	1,423,827				GENERAL DONATION/SCHOLARSHIPS

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 4

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

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

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

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

See Additional Data Table

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HOSPITAL

Employer identification number
62-0123940

Part I Questions Regarding Compensation

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

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

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

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

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

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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 62-0123940
Name: BAPTIST MEMORIAL HOSPITAL

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
STEPHEN C REYNOLDS	(I)							
	(II)	867,243	685,531	2,390,335	43,500	162,797	4,149,406	
GREGORY M DUCKETT	(I)							
	(II)	317,472	241,248	26,280	34,500	5,138	624,638	
DAVID C HOGAN	(I)							
	(II)	565,518	406,993	559,337	43,500	2,268	1,577,616	
ROBERT S GORDON	(I)							
	(II)	524,569	385,236	22,085	51,250	7,870	991,010	
CYNDI PITTMAN	(I)	157,008	12,679		13,229	3,899	186,815	
	(II)			255			255	
GLENN BAKER	(I)							
	(II)	145,077	29,468	83,089	32,743	30,601	320,978	
ANITA VAUGHN	(I)							
	(II)	180,997	36,571	8,460	9,100	5,319	240,447	
TERRI S SEAGO	(I)	94,435			15,829	1,047	111,311	
	(II)							
MARGARET H WILLIAMS	(I)	76,408	7,722		12,870	5,102	102,102	
	(II)							
JEFFREY D NOWELL	(I)			4,900			4,900	
	(II)							
JASON M LITTLE	(I)							
	(II)	233,326	150,936	11,007	34,500	7,664	437,433	
JOHN STANFORD	(I)	153,731	12,708	1,961	30,434	2,788	201,622	
	(II)							
DANA DYE	(I)	203,580			27,000	1,950	232,530	
	(II)							
ALBERT Y FUNG	(I)	175,437		406	33,325	11,898	221,066	
	(II)							
AMY W MORGAN	(I)	156,244	250	-536	13,523	6,264	175,745	
	(II)							
GLORIA LAMB	(I)	128,749	10,361	392	20,785	14,994	175,281	
	(II)							
BRIAN JONES	(I)	127,924		4,550	22,125	20,721	175,320	
	(II)							
GORDON LINTZ	(I)	93,468	12,101	24,518	22,239	4,653	156,979	
	(II)							

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HOSPITAL

Employer identification number
62-0123940

Part I Bond Issues *(Required for 2008)*

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	THE HEALTH EDUCATIONAL & HOUSING FACILITY BOARD OF SHELBY COUNTY TN	52-1283414	821697VP1	09-24-2004	245,034,740	EXPANSION AND UPGRADES TO HOSPITALS		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HOSPITAL

Employer identification number
62-0123940

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 3		BAPTIST MEMORIAL HEALTH CARE CORPORATION AS SOLE MEMBER OF BAPTIST MEMORIAL HOSPITAL PROVIDES CERTAIN LEGAL, FINANCE, QUALITY, AND PERSONNEL SERVICES PURSUANT TO A SHARED SERVICE AGREEMENT

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

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

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

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

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

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

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

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

Identifier	Return Reference	Explanation
Form 990, Part VII	Contact Addresses for Officers, Directors, Etc	CYNDI PITTMAN - 6019 WALNUT GROVE RD MEMPHIS, TN 38120 GLENN BAKER - 1500 W POPLAR AVE COLLIERVILLE, TN 38017 JOHN STANFORD - 6019 WALNUT GROVE MEMPHIS, TN 38120 ALBERT Y FUNG - 6019 WALNUT GROVE MEMPHIS, TN 38120 DANA DYE - 6019 WALNUT GROVE RD MEMPHIS, TN 38120 AMY W MORGAN - 6225 HUMPHREYS BLVD MEMPHIS, TN 38120 ANITA VAUGHN - 6225 HUMPHREYS BLVD MEMPHIS, TN 38120 GLORIA LAMB - 6019 WALNUT GROVE RD MEMPHIS, TN 38120 BRIAN JONES - 6019 WALNUT GROVE MEMPHIS, TN 38120 GORDON LINTZ - 6019 WALNUT GROVE MEMPHIS, TN 38120 TERRI S SEAGO - 1500 W POPLAR AVE COLLIERVILLE, TN 38017 MARGARET H WILLIAMS - 6225 HUMPHREYS BLVD MEMPHIS, TN 38120

Identifier	Return Reference	Explanation
FORM 990 PART III, LINE 4a STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS		(CONTINUED FROM SCHEDULE O, PG 40) BAPTIST MEMORIAL HOSPITAL AND ITS EMPLOYEES HAVE WON SEVERAL NATIONAL AWARDS FOR QUALITY AND SERVICE SOME OF THESE INCLUDE BAPTIST MEMORIAL HOSPITAL-MEMPHIS RECEIVED THE 2009 DISTINGUISHED HOSPITAL AWARD FOR CLINICAL EXCELLENCE FOR BEING IN THE TOP 5% OF HOSPITALS IN THE NATION FOR THE FOLLOWING REASONS --RANKED AMONG THE TOP 5% IN THE NATION FOR CARDIAC SURGERY --ONLY HOSPITAL IN TENNESSEE TO BE RANKED AMONG THE TOP 5% IN THE NATION FOR CARDIAC SURGERY --RANKED AMONG THE TOP 5% IN THE NATION FOR TREATMENT OF STROKE BAPTIST MEMORIAL HOSPITAL-MEMPHIS RECEIVED THE FOLLOWING EXCELLENCE AWARDS FROM HEALTHGRADES --2009 CARDIAC SURGERY EXCELLENCE AWARD --2009 STROKE EXCELLENCE AWARD --2009 GI CARE EXCELLENCE AWARD --2009 PULMONARY CARE EXCELLENCE AWARD --2009 CRITICAL CARE EXCELLENCE AWARD BAPTIST MEMORIAL HOSPITAL-MEMPHIS RECEIVED THESE ADDITIONAL HEALTHGRADES DESIGNATIONS 2009 CARDIAC RATINGS- --RANKED #1 IN TENNESSEE FOR CARDIAC SURGERY --RANKED BEST IN THE MEMPHIS AREA FOR CARDIAC SURGERY --FIVE-STAR RATED FOR CARDIAC SURGERY --FIVE-STAR RATED FOR CORONARY BYPASS SURGERY --RECEIVED THE HIGHEST POSSIBLE STAR RATINGS FOR CORONARY BYPASS SURGERY 2009 STROKE RATINGS- --RANKED #1 IN TENNESSEE FOR TREATMENT OF STROKE --ONLY MEMPHIS AREA HOSPITAL FIVE-STAR RATED FOR TREATMENT OF STROKE --ONLY MEMPHIS AREA HOSPITAL TO RECEIVE THE 2009 STROKE CARE EXCELLENCE AWARD --ONLY MEMPHIS AREA HOSPITAL RANKED AMONG THE TOP 5% IN THE NATIONAL FOR TREATMENT OF STROKE --FIVE-STAR RATED FOR THE TREATMENT OF STROKE --RECEIVED THE HIGHEST POSSIBLE STAR RATING FOR TREATMENT OF STROKE 2009 ORTHOPEDIC RATINGS- --FIVE STAR RATED FOR BACK & NECK SURGERY --FIVE-STAR RATED FOR OVERALL SPINE SURGERY --RANKED AMONG THE TOP 10 (#6) IN TENNESSEE FOR SPINE SURGERY 2009 GI RATINGS- --ONLY MEMPHIS AREA HOSPITAL TO RECEIVE THE 2009 GI CARE EXCELLENCE AWARD --RANKED #2 IN TENNESSEE FOR OVERALL GI CARE --RANKED #1 IN TENNESSEE FOR GI SURGERY --RANKED BEST IN THE MEMPHIS AREA FOR OVERALL GI CARE --RANKED BEST IN THE MEMPHIS AREA FOR GI SURGERY --RANKED AMONG THE TOP 5% IN THE NATION FOR OVERALL GI CARE --RANKED AMONG THE TOP 5% IN THE NATION FOR GI SURGERY --ONLY MEMPHIS AREA HOSPITAL RANKED AMONG THE TOP 5% IN THE NATION FOR GI CARE AND SURGERY --FIVE-STAR RATED FOR OVERALL GI SERVICES --FIVE-STAR RATED FOR GI SURGERY AND PROCEDURES --FIVE-STAR RATED FOR CHOLECYSTECTOMY --FIVE-STAR RATED FOR THE TREATMENT OF GI BLEED --FIVE-STAR RATED FOR THE TREATMENT OF PANCREATITIS 2009 PULMONARY RATINGS- --ONLY MEMPHIS AREA HOSPITAL TO RECEIVE 2009 PULMONARY CARE EXCELLENCE AWARD --RANKED AMONG THE TOP 10% IN THE NATION FOR PULMONARY CARE --ONLY MEMPHIS AREA HOSPITAL TO BE RANKED AMONG THE TOP 10% IN THE NATION FOR PULMONARY CARE --RANKED AMONG THE TOP 10 (#8) IN TENNESSEE FOR PULMONARY CARE --RATED BEST IN THE MEMPHIS AREA FOR PULMONARY CARE --FIVE-STAR RATED FOR PULMONARY CARE --FIVE-STAR RATED FOR COMMUNITY ACQUIRED PNEUMONIA 2009 VASCULAR RATINGS- --ONLY MEMPHIS AREA HOSPITAL FIVE-STAR RATED FOR CAROTID ENDARTERECTOMY --FIVE-STAR RATED FOR CAROTID ENDARTERECTOMY --RANKED AMONG THE TOP 5 (#5) IN TENNESSEE FOR VASCULAR SURGERY 2009 CRITICAL CARE RATINGS- --RANKED AMONG THE TOP 5% IN THE NATION FOR CRITICAL CARE --RATED BEST IN THE MEMPHIS AREA FOR CRITICAL CARE --RANKED AMONG THE TOP 3 (#3) IN TENNESSEE FOR CRITICAL CARE --FIVE-STAR RATED FOR CRITICAL CARE --ONLY MEMPHIS AREA HOSPITAL FIVE-STAR RATED FOR CRITICAL CARE --FIVE-STAR RATED FOR TREATMENT OF SEPSIS --FIVE-STAR RATED FOR TREATMENT OF PULMONARY EMBOLISM --FIVE-STAR RATED FOR TREATMENT OF RESPIRATORY FAILURE BAPTIST MEMORIAL HOSPITAL IS THE RECIPIENT OF THE CONSUMER CHOICE AWARD AS MEMPHIS' MOST PREFERRED HOSPITAL FOR OVERALL QUALITY AND IMAGE FOR THE THIRTEENTH CONSECUTIVE YEAR FROM THE NATIONAL RESEARCH CORPORATION BAPTIST MEMORIAL HOSPITAL HAS ALSO BEEN RATED AS A BEST IN VALUE HOSPITAL BY DATA ADVANTAGE, A HEALTH CARE INFORMATION COMPANY BAPTIST HAS ALSO BEEN DESIGNATED AS A THOMSON REUTERS 100 TOP HOSPITALS FOR PERFORMANCE IMPROVEMENT LEADERS BAPTIST MEMORIAL HOSPITAL WAS THE ONLY AREA HOSPITAL TO MAKE THE LIST, WHICH INCLUDES SUCH REKNOWN HOSPITALS AS DUKE UNIVERSITY HOSPITAL, ST THOMAS HOSPITAL, AND VANDERBILT UNIVERSITY MEDICAL CENTER THE BAPTIST CENTERS FOR CANCER CARE RADIATION ONCOLOGY CENTER (A DIVISION OF BAPTIST MEMORIAL HOSPITAL) RECEIVED THE 2008 OUTPATIENT EXCELLENCE AWARD FOR ONCOLOGY CENTERS BY VARIAN MEDICAL SYSTEMS BAPTIST MEMORIAL HOSPITAL DOES NOT LIMIT ITS CONCERN FOR THE COMMUNITY TO PATIENT CARE IT HAS FOUR OTHER AREAS THAT MAKE CONTRIBUTIONS TO IMPROVING THE CONDITION OF INDIVIDUALS IN THE MID-SOUTH THESE AREAS ARE EDUCATION OF HEALTH CARE PROFESSIONALS, COMMUNITY RELATIONS ACTIVITIES, DONATIONS TO THE COMMUNITY, AND VOLUNTEERISM BAPTIST MEMORIAL HOSPITAL HAS A COMMITMENT TO INSURING THAT AN EDUCATED AND TRAINED WORK FORCE OF HEALTH CARE PROFESSIONALS IS AVAILABLE TO THE MEMPHIS COMMUNITY SIGNIFICANT EXPENSES WERE INCURRED IN CONNECTION WITH PROGRAM COSTS FOR EDUCATION BAPTIST MEMORIAL HOSPITAL ALSO SUPPORTS AN INTERN AND RESIDENCY PROGRAM THROUGH THE UNIVERSITY OF TENNESSEE-MEMPHIS COMMUNITY RELATIONS ACTIVITIES BAPTIST MEMORIAL HOSPITAL PROVIDED THE FOLLOWING SPECIAL ACTIVITIES THROUGH VARIOUS SERVICES AND DEPARTMENTS IN THE HOSPITAL AN AWARD-WINNING ADOPT-A-SCHOOL PROGRAM THAT INCLUDED THE FOLLOWING --AN INCENTIVE PROGRAM FOR ACADEMIC ATTENDANCE --SPECIAL TEACHER CELEBRATIONS --CAREER DAY SPEAKERS OTHER COMMUNITY RELATIONS' ACTIVITIES INCLUDED --SUPPLIES FOR THE GREATER IMANI CHURCH HEALTH FAIR --AN INNER-CITY HEALTH FAIR FOR INDIVIDUALS IN A DISTRICT WITH GREATER THAN AVERAGE INCIDENCE OF HYPERTENSION, DIABETES AND OTHER HEALTH PROBLEMS --EMPLOYEE ACTIVITIES TO RAISE MONEY FOR AMERICAN HEART ASSOCIATION, ALS, AND SUSAN G KOMEN RACE FOR THE CURE --FREE PROSTATE SCREENINGS --FREE SCREENINGS PROVIDED TO THE COMMUNITY IN CONJUNCTION WITH PERIPHERAL ARTERY DISEASE --PARTICIPATION IN RELAY FOR LIFE --FALL FEST PICNIC FOR CURRENT AND FORMER HEART TRANSPLANT PATIENTS AND THEIR FAMILIES DONATIONS TO THE COMMUNITY BAPTIST MEMORIAL HOSPITAL DONATES EQUIPMENT THAT IS RETIRED FROM SERVICE MEETING ROOMS WERE DONATED TO VARIOUS COMMUNITY GROUPS FOR NO CHARGE --DIABETES CLASSES --AMERICAN CANCER SOCIETY'S LOOK GOOD, FEEL BETTER SEMINARS CLASSES & SEMINARS BAPTIST MEMORIAL HOSPITAL OFFERED VARIOUS CLASSES AND SEMINARS AT NO COST TO PARTICIPANTS FOR SUCH THINGS AS SURGICAL OPTIONS FOR WEIGHT LOSS VOLUNTEERISM BAPTIST MEMORIAL HOSPITAL ENCOURAGES VOLUNTEERISM IN ITS EMPLOYEES THROUGH THE PUBLICATION OF A MONTHLY NEWSLETTER, VARIOUS VOLUNTEER APPRECIATION ACTIVITIES, AND T-SHIRTS THE MONTHLY NEWSLETTER LISTS VOLUNTEER OPPORTUNITIES IN SHELBY COUNTY

Identifier	Return Reference	Explanation
		BAPTIST MEMORIAL HOSPITAL FOR WOMEN BAPTIST MEMORIAL HOSPITAL FOR WOMEN, A DIVISION OF BAPTIST MEMORIAL HOSPITAL, IS ONLY ONE OF FIFTEEN FREESTANDING WOMEN'S HOSPITALS IN AMERICA IT WAS DESIGNED ENTIRELY TO MEET THE NEEDS OF WOMEN THROUGH EVERY STAGE OF LIFE--FROM CHILDBIRTH TO MENOPAUSE RESEARCH SHOWS THAT WOMEN MAKE 80 PERCENT OF THE DECISIONS ON HEALTH CARE AND BAPTIST WANTED TO MEET THEIR NEEDS BAPTIST MEMORIAL HOSPITAL FOR WOMEN INCORPORATES THE BAPTIST WOMEN'S HEALTH CENTER THE BAPTIST WOMEN'S HEALTH CENTER WAS ORIGINALLY LOCATED WITHIN THE BAPTIST MEMORIAL HOSPITAL-MEMPHIS BUILDING, BUT WAS MOVED TO THE BAPTIST WOMEN'S HOSPITAL BUILDING UPON ITS COMPLETION THE WOMEN'S HEALTH CENTER IS A FULL-SERVICE MAMMOGRAPHY AND OSTEOPOROSIS TESTING CENTER FOR WOMEN LAST YEAR THE BAPTIST WOMEN'S HEALTH CENTER PERFORMED 49,007 PROCEDURES, 35,059 OF WHICH WERE MAMMOGRAMS THE BAPTIST WOMEN'S HEALTH CENTER WAS AMONG THE FIRST SEVEN IN THE NATION TO HAVE A FULL-FIELD DIGITAL MAMMOGRAPHY MACHINE, WHICH PROVIDES A THREE-DIMENSIONAL IMAGE OF THE BREAST THE BAPTIST WOMEN'S HEALTH CENTER HAS FOUR FEMALE RADIOLOGISTS WHO SERVE THE WOMEN IN ARKANSAS, MISSISSIPPI, MISSOURI AND TENNESSEE AT EACH OF BAPTIST MEMORIAL HOSPITAL'S METRO LOCATIONS THE BAPTIST WOMEN'S HEALTH CENTER ALSO OPERATES THE ONLY DIGITAL MOBILE MAMMOGRAPHY UNIT IN THE REGION LAST YEAR, MORE THAN 2,213 MAMMOGRAMS WERE PERFORMED BY THE MOBILE MAMMOGRAPHY UNIT A SEPARATE LOCATION FOR THE BAPTIST WOMEN'S HEALTH CENTER OPERATES WITHIN MACY'S DEPARTMENT STORE IN THE OAK COURT MALL IN MEMPHIS THE CENTER IS OPEN TUESDAY THROUGH FRIDAY FROM 12 AM TO 4 P M , AND SATURDAYS FROM 10 AM TO 1 30 P M NO APPOINTMENT IS NECESSARY IF THERE IS A WAIT, THE PATIENT IS GIVEN A NEW TIME LATER IN THE DAY LEAVING THE WOMEN TIME TO SHOP UNTIL THEIR EXAM THE ALL-FEMALE STAFF ALSO PROVIDES BREAST CARE AND SELF-EXAMINATION INSTRUCTION, AS WELL AS OTHER EDUCATIONAL PROGRAMS THE WOMEN'S HEALTH BOUTIQUE LOCATED WITHIN THE BAPTIST WOMEN'S HOSPITAL OFFERS ONE-ON-ONE PRIVATE SERVICE WITH CERTIFIED PROSTHESES AND POST-SURGICAL FITTERS OF WIGS AND OTHER ITEMS A CERTIFIED LACTATION CONSULTANT WILL HELP NURSING MOTHERS WITH BREASTFEEDING ISSUES THE BAPTIST WOMEN'S HOSPITAL ALSO HAS A MEDICAL LIBRARY THAT IS OPEN TO THE PUBLIC IT SERVES AS A RESOURCE CENTER FOR PATIENTS, THEIR FAMILIES, AND HEALTH CARE PROFESSIONALS THE LIBRARY HAS BOOKS, CD-ROM PRODUCTS, VIDEO-TAPES, BROCHURES AND TEACHING MODELS, AS WELL AS INTERNET ACCESS THE COMPREHENSIVE BREAST CENTER OFFERS A MULTI-DISCIPLINARY APPROACH TO DIAGNOSING AND TREATING BREAST CANCER IT ENCOMPASSES THE BAPTIST WOMEN'S HEALTH CENTER, THE MULTI-DISCIPLINARY BREAST CONFERENCE, AND THE NEW BREAST RISK MANAGEMENT CENTER NURSE NAVIGATORS ARE AVAILABLE IN THE BAPTIST WOMEN'S HEALTH CENTER TO HELP GUIDE A PATIENT THROUGH HER JOURNEY OF BREAST CANCER TREATMENT PATIENTS CAN ALSO RECEIVE SECOND AND THIRD OPINIONS ABOUT TREATMENT OPTIONS FROM LOCAL BREAST CANCER EXPERTS AT THE BREAST CONFERENCES AND FINALLY WITH THE NEW BREAST RISK MANAGEMENT CENTER, PATIENTS CAN TAKE A PRO-ACTIVE APPROACH TO THEIR HEALTH AS PART OF THE BREAST RISK MANAGEMENT CENTER, RISK ASSESSMENT, GENETIC COUNSELING AND GENETIC TESTING ARE AVAILABLE THE COMPREHENSIVE BREAST CENTER IS ONE OF ONLY A FEW HOSPITAL-BASED CENTERS TO IDENTIFY HIGH-RISK WOMEN BEFORE A CANCER DIAGNOSIS WOMEN WHO ARE CONCERNED ABOUT THEIR RISK OF DEVELOPING BREAST CANCER CAN MEET WITH AN ONCOLOGY CERTIFIED NURSE AND CERTIFIED GENETIC COUNSELORS THAT WILL MAKE RECOMMENDATIONS ON THE BEST METHODS FOR PREVENTING AND DETECTING CANCER BASED UPON THE INDIVIDUAL'S RISK ASSESSMENT THE BAPTIST WOMEN'S HOSPITAL PROVIDED SEMINARS ON WOMEN'S ISSUES TO OB-GYN PHYSICIANS, FAMILY PRACTICE PHYSICIANS, NEONATOLOGISTS, NURSE PRACTITIONERS, RISK MANAGEMENT PERSONNEL, AND ALLIED HEALTH PROFESSIONALS WHO HAVE AN ACTIVE ROLE IN WOMEN'S HEALTH CARE THE SEMINARS FOCUSED ON WOMENS HEALTH CARE ISSUES IN THE NEW MILLENNIUM TOPICS INCLUDED INITIATIVES IN WOMEN'S HEALTH, PERIMENOPAUSE AND MENOPAUSE, PHYSICIAN BURNOUT, COMPLEMENTARY MEDICINE IN OBSTETRICS AND GYNECOLOGY, AND OTHERS THE ACCREDITED PROGRAM-WHICH FEATURED NATIONALLY KNOWN EXPERTS-WAS FREE TO BAPTIST MEMORIAL HOSPITAL PHYSICIANS, RESIDENTS, NURSE PRACTITIONERS, AND ALLIED HEALTH AND RISK MANAGEMENT PERSONNEL A 180-SEAT COMMUNITY EDUCATION CLASSROOM IS USED FOR PRENATAL CLASSES, SUPPORT GROUPS, AND SEMINARS THE FACILITY HAS THE MOST ADVANCED INFANT SECURITY SYSTEM AVAILABLE THE BAPTIST WOMEN'S HOSPITAL ALSO OFFERS CLASSES AND SEMINARS FREE TO THE PUBLIC SOME OF THESE PROGRAMS WERE --ENERGY SMART MEMPHIS --DIGITAL CAMERA 101 --ESTATE PLANNING IN TURBULENT TIMES --CHILDREN & DEPRESSION --NEW YEAR'S RESOLUTIONS --PARENTS UNDERSTANDING THE INTERNET --WOMEN AND HEART DISEASE --HOME STAGING --PARKINSON'S DISEASE --LIFELOCK/IDENTITY THEFT --CHANGES --HOSPICE CARE --LIFE BLOOD DRIVES --SLEEP EDUCATION --PINK RIBBON OPEN --DRAWING CLOSER TO GOD --SKIN CANCER SCREENING --ARE YOU AT RISK? --PREVENTING CERVICAL CANCER --H1N1 FLU VIRUS --LASER EYE COSMETIC SURGERY --DEALING WITH ALZHEIMERS DONATIONS DONATED SCHOOL SUPPLIES AND UNIFORMS TO SHEFFIELD ELEMENTARY SCHOOL DONATED FUNDS TO --UNIVERSITY OF MEMPHIS ALUMNI ASSOCIATION --SUSAN G KOMEN RACE FOR THE CURE --HADASSAH --UNIVERSITY OF MEMPHIS FOUNDATION --THE BREAST CANCER ERADICATION INITIATIVE --THE STEPHANIE VASOFSKY CERVICAL CANCER FOUNDATION --WOMEN'S FOUNDATION FOR A GREATER MEMPHIS --SHELBY COUNTY METRO FRATERNAL ORDER OF POLICE --ARKANSAS DHS/ DIVISION OF MEDICAL SERVICES

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HOSPITAL

Employer identification number
62-0123940

Part I Identification of Disregarded Entities

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

Part II Identification of Related Tax-Exempt Organizations

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

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
NORTHEAST ARKANSAS BAPTIST MEMORIAL HEALTH CARE LLC 3024 STADIUM BLVD JONESBORO, AR72401 81-0572898	HEALTH CARE/HOSPITAL	AR	BAPTIST MEMORIAL HOSPITAL-JONESBORO	RELATED				No			No
NORTHEAST ARKANSAS BAPTIST HEALTH SERVICES GROUP LLC 3024 STADIUM BLVD JONESBORO, AR72401 27-1471186	OPERATE A PREFERRED PROVIDER ORGANIZATION	AR	NORTHEAST ARKANSAS BAPTIST MEM HLTH CARE LLC	RELATED				No			No

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

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

Part V Transactions with Related Organizations

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

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

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

Part VI Unrelated Organizations Taxable as a Partnership

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

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

Additional Data Return to Form

Software ID:
Software Version:
EIN: 62-0123940
Name: BAPTIST MEMORIAL HOSPITAL

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
BAPTIST MEMORIAL HEALTH CARE CORPORATION 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 58-1521475	MANAGEMENT, ADMINISTRATIVE & DATA PROCESSING SERVICES FOR AFFILIATES	TN	501(c)(3)	509(a)(3)	N/A
BAPTIST MEMORIAL HEALTH CARE SYSTEM INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 58-1456556	CARRY OUT THE HEALTH CARE MISSIONS OF THE BAPTIST CONVENTIONS OF AR, MS, TN	TN	501(c)(3)	509(a)(3)	N/A
BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC 1003 MONROE AVE MEMPHIS, TN38104 62-1599670	EDUCATION OF HEALTH CARE PROFESSIONALS	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HOSPITAL INC
BAPTIST MEMORIAL HEALTH SERVICES INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1509127	PROVISION OF HEALTH CARE PROVIDERS & HOME MEDICAL EQUIPMENT & SERVICES	TN	501(c)(3)	509(a)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-0123940	HEALTH CARE/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
MEDICAL FINANCIAL SERVICES INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1112364	COLLECTION AGENCY FOR BAPTIST ENTITIES	TN	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-BOONEVILLE INC 100 HOSPITAL ST BOONEVILLE, MS38829 64-0663760	HEALTH CARE/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-DESOTO INC 7601 SOUTHCREST PKWY SOUTHAVEN, MS38671 64-0682111	HEALTH CARE/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC 2520 FIFTH ST COLUMBUS, MS39703 62-1519754	HEALTH CARE/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-HUNTINGDON INC 631 RB WILSON DR HUNTINGDON, TN38344 62-1166050	HEALTH CARE/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-LAUDERDALE INC 326 ASBURY RD RIPLEY, TN38063 62-1088703	HEALTH CARE/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC 2301 S LAMAR OXFORD, MS38655 64-0772726	HEALTH CARE/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-TIPTON INC 1995 HWY 51 SOUTH COVINGTON, TN38019 62-1113167	HEALTH CARE/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-UNION CITY INC 1201 BISHOP ST UNION CITY, TN38261 62-1138045	HEALTH CARE/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC 200 HWY 30 WEST NEW ALBANY, MS38652 63-0997281	HEALTH CARE/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC 2100 EXETER RD GERMANTOWN, TN38138 58-1645396	HEALTH CARE/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOME CARE INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 58-1562973	HOME HEALTH CARE & HOSPICE SERVICES	TN	501(c)(3)	509(a)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL MEDICAL GROUP INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1545731	PROVISION OF HEALTH CARE PROVIDERS FOR TN FACILITIES	TN	501(c)(3)	509(a)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HEALTH SERVICS INC-MS 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1545710	PROVISION OF HEALTH CARE PROVIDERS FOR MS FACILITIES	MS	501(c)(3)	509(a)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL MEDICAL MINISTRIES EMP HLTH & WELFARE TRUST 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1407946	BAPTIST EMPLOYEE HEALTH PLAN	TN	501(c)(9)		BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MINOR MEDICAL CENTERS INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1538114	NON-EMERGENCY MEDICAL CLINICS	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC
BAPTIST MEMORIAL HEALTH CARE FOUNDATION 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 58-1544781	SOLICIT,RAISE, MANAGE, APPLY & INVEST FUNDS IN SUPPORT OF BAPTIST ENTITIES	TN	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-JONESBORO INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 26-1214372	HEALTH CARE/HOSPITAL	AR	501(c)(3) PENDING		BAPTIST MEMORIAL HEALTH CARE CORPORATION

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	L	52,026,313
(2)	BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC	Q	234,819
(3)	BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC	B	1,423,827
(4)	BAPTIST MEMORIAL HEALTH CARE FOUNDATION	C	1,048,533
(5)	BAPTIST MEMORIAL MEDICAL MINISTRIES EMPLOYEE HEALTH & WELFARE TRUST	Q	24,923,353
(6)	BAPTIST MEMORIAL HEALTH CARE FOUNDATION	P	127,658
(7)	BAPTIST MEMORIAL MEDICAL GROUP INC	O	1,427,344
(8)	BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC	O	3,215,669
(9)	MEDICAL FINANCIAL SERVICES INC	R	1,670,911
(10)	BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC	I	383,290
(11)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	N	157,209
(12)	BAPTIST HEALTH SERVICES GROUP OF THE MIDSOUTH	Q	203,167
(13)	BAPTIST MEMORIAL HEALTH CARE CORPORATION & AFFILIATES	E	23,317,445

Additional Data

Software ID:
Software Version:
EIN: 62-0123940
Name: BAPTIST MEMORIAL HOSPITAL

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HARRY L SMITH , DIRECTOR	20	X						0	0	0
A WATSON BELL , DIRECTOR	20	X						0	0	0
DANA KELLY , DIRECTOR	20	X						0	0	0
JAMES M GLASGOW JR , DIRECTOR	20	X						0	0	0
SPENCE WILSON , DIRECTOR	20	X						0	0	0
MILTON MAGEE , DIRECTOR	20	X						0	0	0
THOMAS GREENWELL MD , DIRECTOR	20	X						0	0	0
VINCENT SMITH MD , DIRECTOR	20	X						0	0	0
WILLIAM RICHARDS MD , DIRECTOR	20	X						0	0	0
JOE HOLLY MD , DIRECTOR	20	X						0	0	0
STEPHEN C REYNOLDS , PRESIDENT	20			X				0	3,943,109	206,297
GREGORY M DUCKETT , SECRETARY	20			X				0	585,000	39,638
DAVID C HOGAN , VP	20			X				0	1,531,848	45,768
ROBERT S GORDON , VP	20			X				0	931,890	59,120
CYNDI PITTMAN , CFO	40 00			X				169,687	255	17,128
GLENN BAKER , CEO/ADMIN	40 00			X				0	257,634	63,344
ANITA VAUGHN , CEO/ADMIN	40 00			X				0	226,028	14,419
TERRI S SEAGO , CFO	40			X				94,435	0	16,876
MARGARET H WILLIAMS , CFO	40 00			X				84,130	0	17,972
JEFFREY D NOWELL , CFO	40 00			X				4,900	0	0
JASON M LITTLE , CEO/ADMIN	40 00			X				0	395,269	42,164
JOHN STANFORD , ASST ADMINISTRATOR	40 00				X			168,400	0	33,222
DANA DYE , CNO	40 00				X			203,580	0	28,950
ALBERT Y FUNG , CHIEF PHYSICIST	40 00					X		175,843	0	45,223
AMY W MORGAN , PHAR	40 00					X		155,958	0	19,787
GLORIA LAMB , DIR SURGERY	40 00					X		139,502	0	35,779
BRIAN JONES , PHAR	40 00					X		132,474	0	42,846
GORDON LINTZ , ASST ADMINISTRATOR	40 00					X		130,087	0	26,892