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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009</b>				
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> BAPTIST HEALTH		<b>D Employer identification number</b> 71-0236856
		Doing Business As		<b>E Telephone number</b> (501) 202-2000
		Number and street (or P O box if mail is not delivered to street address) 9601 I-630 EXIT 7	Room/suite	<b>G Gross receipts \$</b> 776,104,881
		City or town, state or country, and ZIP + 4 LITTLE ROCK, AR 72205		
		<b>F Name and address of principal officer</b> BOB ROBERTS CFO 9601 I-630 EXIT 7 LITTLE ROCK, AR 72205		
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
<b>J Website:</b> WWW.BAPTIST-HEALTH.COM		<b>H(c)</b> Group exemption number		
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L Year of formation</b> 1955	<b>M State of legal domicile</b> AR

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities BAPTIST HEALTH EXISTS TO PROVIDE QUALITY PATIENT CENTERED SERVICES TO THE CITIZENS OF ARKANSAS WITH CHRISTIAN COMPASSION AND PERSONAL CONCERN CONSISTENT WITH OUR CHARITABLE PURPOSES		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 1	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 1	
	5	Total number of employees (Part V, line 2a)	5 7,27	
	6	Total number of volunteers (estimate if necessary)	6 62	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 4,315,89	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b -288,29	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,302,981	Current Year 1,933,379
	9	Program service revenue (Part VIII, line 2g)	2,033,121,615	719,861,496
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-7,591,092	5,232,397
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,166,038	49,077,609
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,056,999,542	776,104,881
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	1,532,500
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	350,766,163	363,326,580
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,746,315,039	409,156,356
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,097,081,202	774,015,436
	19	Revenue less expenses Subtract line 18 from line 12	-40,081,660	2,089,445
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 757,210,062	End of Year 804,543,619
	21	Total liabilities (Part X, line 26)	398,841,866	390,077,330
	22	Net assets or fund balances Subtract line 21 from line 20	358,368,196	414,466,289

<b>Part II Signature Block</b>					
<b>Sign Here</b>	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				
	***** Signature of officer			2010-11-11 Date	
	ROBERT C ROBERTS CFO Type or print name and title				
<b>Paid Preparer's Use Only</b>	Preparer's signature 		Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 			EIN 	
	BKD LLP PO BOX 3667 LITTLE ROCK, AR 722033667			Phone no  (501) 372-1040	

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

BAPTIST HEALTH EXISTS TO PROVIDE QUALITY PATIENT CENTERED SERVICES, PROMOTE AND PROTECT THE VOLUNTARY NOT-FOR-PROFIT HEALTHCARE SYSTEM, PROVIDE QUALITY HEALTH EDUCATION, AND RESPOND TO THE CHANGING HEALTH NEEDS OF THE CITIZENS OF ARKANSAS WITH CHRISTIAN COMPASSION AND PERSONAL CONCERN CONSISTENT WITH OUR CHARITABLE PURPOSES

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 501(c)(4) organizations and section 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 \$ 652,373,085 including grants of \$ 1,532,500 ) (Revenue \$ 719,861,496 )

SEE SCHEDULE O

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 \$ 652,373,085

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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes		
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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 similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10		No	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes		
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.				
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.				
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.				
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.				
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.				
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12		No	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		12A	Yes	
13	Is the organization a school 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 United States?	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 United States? 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 U S ? 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 U S ? If "Yes," complete Schedule F, Part III	16		No	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities 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		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	345	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	7,276	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
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: <input type="text"/> 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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and 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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			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	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8	
9 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

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	19	
b	Enter the number of voting members that are independent . . .	1b	18	
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	
9	Is there any officer, director, 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 . . . . .	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a		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? . . . . .	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
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	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
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	Yes	
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	Yes	

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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 ▶ BOB ROBERTS CFO 9601 I-630 EXIT 7 LITTLE ROCK, AR 72205 (501) 202-2000

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

• 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

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

Form 990 (2009)



<b>1b Total</b> . . . . .	4,138,980	0	423,535
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**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **173**

		<b>Yes</b>	<b>No</b>
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		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
MEDICAL SERVICES GROUP LTD	MEDICAL/CLINICAL	6,119,930
RADIOLOGY CONSULTANTS	RADIOLOGY	1,604,009
ANESTHESIOLOGY SERV LTD	ANESTHESIA	1,265,000
STUTTGART MEDICAL CLINIC LTD	MEDICAL/CLINICAL	3,064,674
FOLEY LARDNER LLP	LEGAL	1,411,440

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **35**

Part VIII

Statement of Revenue

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 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	1,404,703				
	e	Government grants (contributions)	1e	301,004				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	227,672				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f . . . . .			1,933,379			
Program Service Revenue			Business Code					
	2a	PATIENT SERVICE REVENUE	621,990	719,861,496	719,861,496	0	0	
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .			719,861,496			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .						
				8,251,371	0	128,958	8,122,413	
	4	Income from investment of tax-exempt bond proceeds . . .			0			
	5	Royalties . . . . .			0			
	6a	(i) Real		(ii) Personal				
		5,048,498		85,143				
		5,048,498		85,143				
	d	Net rental income or (loss) . . . . .			5,133,641	0	202,920	4,930,721
	7a	(i) Securities		(ii) Other				
		-2,468,275		-550,699				
		-2,468,275		-550,699				
	d	Net gain or (loss) . . . . .			-3,018,974	0	0	-3,018,974
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .		a				
		Less direct expenses . . . . .		b				
	c	Net income or (loss) from fundraising events . . .			0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .		a				
Less direct expenses . . . . .		b						
c	Net income or (loss) from gaming activities . . .			0				
10a	Gross sales of inventory, less returns and allowances . . . . .		a					
	Less cost of goods sold . . . . .		b					
c	Net income or (loss) from sales of inventory . . .			0				
Miscellaneous Revenue		Business Code						
11a	CAFETERIA REVENUE		722,210	3,551,705	0	785,145	2,766,560	
b	DRUG STORE REVENUE		446,110	3,950,979	0	3,189,969	761,010	
c	PATIENT BLOOD FEES		900,099	8,636,448	0	0	8,636,448	
d	All other revenue . . . . .			27,804,836	0	8,899	27,795,937	
e	Total. Add lines 11a-11d . . . . .			43,943,968				
12	Total revenue. See Instructions . . . . .			776,104,881	719,861,496	4,315,891	49,994,115	

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	1,532,500	1,532,500		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	2,809,747	0	2,809,747	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages	282,247,267	222,975,341	59,271,926	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	34,913,569	27,756,287	7,157,282	0
9	Other employee benefits . . . . .	23,122,076	18,382,050	4,740,026	0
10	Payroll taxes . . . . .	20,233,921	16,104,178	4,129,743	0
11	Fees for services (non-employees)				
a	Management . . . . .	0			
b	Legal . . . . .	2,576,895	2,050,951	525,944	0
c	Accounting . . . . .	0			
d	Lobbying . . . . .	0			
e	Professional fundraising See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	117,142	93,233	23,909	0
g	Other . . . . .	37,698,923	30,004,573	7,694,350	0
12	Advertising and promotion . . . . .	1,680,778	1,337,731	343,047	0
13	Office expenses . . . . .	7,813,487	6,218,754	1,594,733	0
14	Information technology . . . . .	5,460,306	4,345,858	1,114,448	0
15	Royalties . . . . .	0			
16	Occupancy . . . . .	8,026,776	6,388,511	1,638,265	0
17	Travel . . . . .	4,660,775	3,709,511	951,264	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	99,353	79,075	20,278	0
20	Interest . . . . .	5,610,043	4,465,033	1,145,010	0
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	47,736,911	37,993,807	9,743,104	0
23	Insurance . . . . .	5,055,371	4,023,570	1,031,801	0
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 EXPENSE	96,960,474	96,960,474	0	0
b	MEDICAL SUPPLIES & EXPENSES	99,965,392	99,965,392	0	0
c	PHARMACEUTICAL EXPENSE	31,734,952	25,257,848	6,477,104	0
d	DIETARY MEAL COSTS	5,528,600	4,400,213	1,128,387	0
e	REPAIRS & MAINTENANCE	11,585,352	9,220,782	2,364,570	0
f	All other expenses	36,844,826	29,107,413	7,737,413	0
25	Total functional expenses. Add lines 1 through 24f	774,015,436	652,373,085	121,642,351	0
26	Joint costs. Check here <input type="checkbox"/> 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			53,096,533	1	47,936,565
	2	Savings and temporary cash investments . . . . .				2	
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			101,787,879	4	120,895,830
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 . . . . .			0	7	650,704
	8	Inventories for sale or use . . . . .			1,831,618	8	7,915,247
	9	Prepaid expenses and deferred charges . . . . .			19,254,877	9	10,929,853
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	675,168,699	331,158,919	10c	300,382,579
	b	Less: accumulated depreciation . . . . .	10b	374,786,120			
	11	Investments—publicly traded securities . . . . .				11	
	12	Investments—other securities. See Part IV, line 11 . . . . .				12	
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			250,080,236	15	315,832,841
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			757,210,062	16	804,543,619
Liabilities	17	Accounts payable and accrued expenses . . . . .			56,819,861	17	75,924,337
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .			141,083,397	20	122,667,265
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables 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 . . . . .			2,343,507	23	5,863,352
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			0	24	1,159,717
	25	Other liabilities. Complete Part X of Schedule D . . . . .			198,595,101	25	184,462,659
	26	Total liabilities. Add lines 17 through 25 . . . . .			398,841,866	26	390,077,330
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			358,368,196	27	414,466,289
	28	Temporarily restricted net assets . . . . .				28	
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 . . . . .			358,368,196	33	414,466,289
	34	Total liabilities and net assets/fund balances . . . . .			757,210,062	34	804,543,619

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b> If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . .	Yes	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b> 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? . . . . .	Yes	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization BAPTIST HEALTH	Employer identification number 71-0236856
--	--

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches **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).**
- 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 33 1/3% 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 33 1/3% 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).**
- 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?  

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

(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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
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						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. 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% support test—2008. 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—2009. 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—2008. 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 a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6 )						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						

14First 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**

☐

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for <b>2009</b> (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from <b>2008</b> Schedule A, Part III, line 17	18	

19a**33 1/3% support tests—2009.** 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% support tests—2008.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

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), then

- 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 990-EZ, Part VI, line 47 (Lobbying Activities), then

- 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) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization BAPTIST HEALTH	Employer identification number 71-0236856
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 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 Complete if the organization is exempt under section 501(c)(3).

- 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 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 Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 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 funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 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 For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were 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 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

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

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)		5,517													
c Total lobbying expenditures (add lines 1a and 1b)		5,517													
d Other exempt purpose expenditures		652,162,817													
e Total exempt purpose expenditures (add lines 1c and 1d)		652,168,334													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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)		250,000													
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	0	15,474	1,103	1,000,000	1,016,577
b Lobbying ceiling amount (150% of line 2a, column(e))					1,524,866
c Total lobbying expenditures	0	77,287	4,922	5,517	87,726
d Grassroots non-taxable amount	0	3,869	276	250,000	254,145
e Grassroots ceiling amount (150% of line 2d, column (e))					381,218
f Grassroots lobbying expenditures	0	0	0		0

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		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

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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 (see instructions)	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

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
BAPTIST HEALTH

Employer identification number  
71-0236856

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?	
	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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 for any other purpose conferring impermissible private benefit	
	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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)  
☐ Protection of natural habitat  
☐ Preservation of open space

☐ Preservation of an historically importantly land area  
☐ Preservation of a certified historic structure

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

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, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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

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 the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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

(i)

unrelated organizations . . . . .

3a(i)

☐ Yes

☐ No

(ii)

related organizations . . . . .

3a(ii)

☐ Yes

☐ No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

3b

☐ Yes

☐ No

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) Accumulated depreciation	(d) Book value
1a Land . . . . .		20,372,638		20,372,638
b Buildings . . . . .		232,943,827	113,772,170	119,171,657
c Leasehold improvements . . . . .		146,879,575	78,297,676	68,581,899
d Equipment . . . . .		257,944,638	176,758,663	81,185,975
e Other . . . . .		17,028,021	5,957,611	11,070,410
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				300,382,579



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	776,104,881
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	774,015,436
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,089,445
4	Net unrealized gains (losses) on investments	4	21,223,570
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	32,785,078
9	Total adjustments (net) Add lines 4 - 8	9	54,008,648
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	56,098,093

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	797,328,451
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	21,223,570
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	21,223,570
3	Subtract line 2e from line 1 . . . . .	3	776,104,881
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	776,104,881

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	774,015,436
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	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	774,015,436
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	774,015,436

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 IV, 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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS	FORM 990, SCHEDULE D, PART XI, LINE 8	CHANGE IN INTEREST IN NET ASSETS OF AFFILIATED FOUNDATIONS 1,278,000 CHANGE IN DEFINED BENEFIT PLANS GAINS AND LOSSES 31,565,000 OTHER CHANGES IN NET ASSETS (57,922) ----- ----- TOTAL CHANGES IN NET ASSETS 32,785,078



SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.**  
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
BAPTIST HEALTH

Employer identification number  
71-0236856

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Does the organization have a charity care policy? If "No," skip to question 6a . . . . .	1a	Yes	
b	If "Yes," is it a written policy? . . . . .	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div>			
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 <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%<input type="checkbox"/> 150%<input type="checkbox"/> 200%<input checked="" type="checkbox"/> Other _____ 300 %</div>	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . . <div><input type="checkbox"/> 200%<input type="checkbox"/> 250%<input type="checkbox"/> 300%<input type="checkbox"/> 350%<input checked="" type="checkbox"/> 400%<input type="checkbox"/> Other _____</div>	3b	Yes	
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	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . .	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .	5b	Yes	
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 eligible for free or discounted care? . . . . .	5c		No
6a	Does the organization prepare an annual community benefit report? . . . . .	6a	Yes	
6b	If "Yes," does the organization make it available to the public? . . . . .	6b	Yes	
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) . . . .			9,227,604	0	9,227,604	1 360 %
b Unreimbursed Medicaid (from Worksheet 3, column a) . . . .			65,456,715	52,095,277	13,361,438	1 970 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) . . . . .						
d Total Charity Care and Means-Tested Government Programs . . . . .			74,684,319	52,095,277	22,589,042	3 330 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			190,437	31,927	158,510	0 020 %
f Health professions education (from Worksheet 5) . . . .			11,091,988	6,986,507	4,105,481	0 610 %
g Subsidized health services (from Worksheet 6) . . . .						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8) . . . .			1,677,962	0	1,677,962	0 250 %
j Total Other Benefits . . . .			12,960,387	7,018,434	5,941,953	0 880 %
k Total. Add lines 7d and 7j . . . .			87,644,706	59,113,711	28,530,995	0

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(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		30,750		30,750	
9	Other					
10	Total		30,750		30,750	

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	No
2	Enter the amount of the organization's bad debt expense (at cost)	2	26,115,350
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	2,339,681
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, and 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	280,409,069
6	Enter Medicare allowable costs of care relating to payments on line 5	6	262,235,426
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	18,173,643
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		
Section C. Collection Practices			
9a	Does the organization have a written debt collection policy?	9a	Yes
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	Yes

Part IVManagement Companies and Joint Ventures

(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 ORTHOARKANSAS	ASC	51.000 %	0 %	49.000 %
2 SURGICAL PAVILLION	ASC	50.000 %	0 %	50.000 %
3 SPRINGHILL SURGERY	ASC	50.000 %	0 %	50.000 %
4 SPRINGHILL IMAGING	DIAGNOSTIC IMAGING	1.620 %	0 %	98.380 %
5 AUTUMN ROAD LLC	REAL ESTATE	59.720 %	0 %	37.080 %
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V

Facility Information

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 HEALTH MED CTR ARKADELPHIA 3050 TWIN RIVERS DRIVE ARKADELPHIA, AR 719234299	X	X			X		X		
BAPTIST HEALTH MED CTR HEBER SPRINGS 1800 BYPASS ROAD HEBER SPRINGS, AR 72543	X	X			X		X		
BAPTIST HEALTH MED CTR LITTLE ROCK 9601 INTERSTATE 630 EXIT 7 LITTLE ROCK, AR 722057299	X	X					X		
BAPTIST HEALTH MED CTR NORTH LITTLE ROCK 3333 SPRINGHILL DRIVE NORTH LITTLE ROCK, AR 72116	X	X					X		
BAPTIST HLTH REHAB INSTITUTE LITTLE ROCK 9601 INTERSTATE 630 EXIT 7 LITTLE ROCK, AR 722057299	X								REHAB HOSPITAL

Part VI

Supplemental Information

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.

IN ADDITION TO INCOME CRITERIA BASED ON FPG, A 20% DISCOUNT IS PROVIDED TO ALL PATIENTS WITHOUT INSURANCE OR GOVERNMENTAL COVERAGE OR ASSISTANCE. A 30 DAY PROMPT PAY ADDITIONAL DISCOUNT OF 25% OF THE REMAINING BALANCE IS ALSO PROVIDED.

A LIST OF ALL ORGANIZATIONS, HEALTH IMPROVEMENT INITIATIVES, AND COMMUNITY OUTREACH THAT IS SUPPORTED BY BAPTIST HEALTH ANNUALLY IS POSTED ON OUR WEBSITE, POSTED IN VARIOUS PRINT MEDIA OUTLETS AND A SUMMARY IS MAILED TO OVER 2,000 COMMUNITY LEADERS IN ARKANSAS.

BAD DEBT EXPENSE IN THE AMOUNT OF \$96,960,474 IS INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A) ("TOTAL FUNCTIONAL EXPENSES"), BUT IS SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGES IN THIS COLUMN.

BAPTIST HEALTH USES THE MEDICARE COST REPORT COST TO CHARGE RATIO METHODOLOGY.

THE CORPORATION REPORTS PATIENT ACCOUNTS RECEIVABLE FOR SERVICES RENDERED AT NET REALIZABLE AMOUNTS FROM THIRD-PARTY PAYERS, PATIENTS AND OTHERS. THE CORPORATION PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON A REVIEW OF OUTSTANDING RECEIVABLES, HISTORICAL COLLECTION INFORMATION AND EXISTING ECONOMIC CONDITIONS. AS A SERVICE TO THE PATIENT, THE CORPORATION BILLS THIRD-PARTY PAYERS DIRECTLY AND BILLS THE PATIENT PRIOR TO THE PATIENT LIABILITY BEING DETERMINED. PATIENT ACCOUNTS RECEIVABLE ARE DUE IN FULL WHEN BILLED. ACCOUNTS ARE CONSIDERED DELINQUENT AND SUBSEQUENTLY WRITTEN OFF AS BAD DEBTS BASED ON INDIVIDUAL CREDIT EVALUATION AND SPECIFIC CIRCUMSTANCES OF THE ACCOUNT. BAPTIST HEALTH USES THE ALLOWANCE METHOD FOR CALCULATING BAD DEBTS. BAD DEBTS WERE THEN MULTIPLIED BY THE COST TO CHARGE RATIO TO GET BAD DEBT EXPENSE AT COST UNDER THE CHARITY POLICY THAT WAS IN PLACE DURING 2009, IF A MEDICAID PATIENT EXHAUSTED BENEFITS OR OTHERWISE HAD SERVICES THAT WERE NOT COVERED, RESULTING IN AN AMOUNT DUE FROM THE PATIENT, THAT PATIENT WAS REQUIRED TO COMPLETE A FINANCIAL ASSISTANCE FORM IN ORDER TO QUALIFY FOR CHARITY CARE. SINCE THE AMOUNT DUE FROM THE PATIENT WAS OFTEN NOT IDENTIFIED UNTIL AFTER THE MEDICAID BILLING PROCESS WAS COMPLETE, THE TIMING MADE IT DIFFICULT TO GET THE PROPER FORMS COMPLETED BY THE PATIENT. IN ORDER TO ADDRESS THIS ISSUE, OUR CHARITY POLICY WAS REVISED DURING 2010, ALLOWING US TO AUTOMATICALLY APPLY CHARITY STATUS TO THESE PATIENTS BASED ON THEIR MEDICAID ELIGIBILITY.

MEDICARE COST TO CHARGE RATIO.

EVERY UNINSURED PATIENT IS SEEN BY A FINANCIAL COUNSELOR WHO EDUCATES THE PATIENT AND FAMILY MEMBERS ABOUT OUR FINANCIAL ASSISTANCE POLICY, ASSISTS IN COMPLETION OF A FINANCIAL ASSISTANCE APPLICATION WHEN APPROPRIATE, AND PROVIDES ASSISTANCE IN DETERMINING ELIGIBILITY UNDER FEDERAL, STATE, OR LOCAL PROGRAMS SUCH AS MEDICAID. CHARITY CARE AND OTHER FINANCIAL ASSISTANCE IS PROVIDED WHEN ELIGIBLE AND COLLECTION EFFORTS CEASE ONCE ELIGIBILITY IS DETERMINED.

**2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves. THROUGH THE UTILIZATION AND ANALYSIS OF THIRD PARTY INFORMATION AVAILABLE TO US THROUGH NUMEROUS SOURCES, SOME EXAMPLES INCLUDE ARKANSAS DEPARTMENT OF HEALTH, DEMOGRAPHIC INFORMATION AVAILABLE THROUGH UNIVERSITY OF ARKANSAS AT LITTLE ROCK CENSUS DATA CENTER, CLARITAS, THOMSON MEDSTAT ANNUAL PULSE HEALTHCARE SURVEY AS A PART OF THE MARKET EXPERT PRODUCT AND NATIONAL RESEARCH CORPORATION HEALTHCARE MARKET GUIDE. WE ALSO UTILIZE QUANTITATIVE (SURVEYS) AND QUALITATIVE RESEARCH (FOCUS GROUPS) CONDUCTED ON A PERIODIC OR ON AN AS NEEDED BASIS. WE ALSO UTILIZE INPUT FROM NUMEROUS COMMUNITY ADVISORY GROUPS, COMMUNITY OUTREACH ACTIVITIES AND ASSESSMENTS, PHYSICIAN INPUT, EMPLOYEE INPUT, AND ANALYSIS OF HISTORICAL INTERNAL DATA.

**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. EVERY UNINSURED PATIENT IS SEEN BY A FINANCIAL COUNSELOR WHO EDUCATES THE PATIENT AND FAMILY MEMBERS ABOUT OUR FINANCIAL ASSISTANCE POLICY, ASSISTS IN COMPLETION OF A FINANCIAL ASSISTANCE APPLICATION WHEN APPROPRIATE, AND PROVIDES ASSISTANCE IN DETERMINING ELIGIBILITY UNDER FEDERAL, STATE, OR LOCAL PROGRAMS SUCH AS MEDICAID. CHARITY CARE AND OTHER FINANCIAL ASSISTANCE IS PROVIDED WHEN ELIGIBLE AND COLLECTION EFFORTS CEASE ONCE ELIGIBILITY IS DETERMINED.

**4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves. IN THE UNITED HEALTH GROUP STATE HEALTH RANKING FOR 2009, ARKANSAS HOLDS THE 40TH WORST RANKING THROUGHOUT THE U.S. FOR THE GENERAL HEALTH OF ITS POPULATION. THE REPORT SHOWED SINCE 1990, ARKANSAS HAS FAILED TO MATCH OTHER STATES' IMPROVEMENT IN SMOKING, REDUCTION IN RISK FOR HEART DISEASE, OR DECREASES IN INFANT MORTALITY. THE RELATED FACTORS OF LOW INCOME AND OBESITY ARE A MAJOR CONCERN. CARDIOVASCULAR DISEASE IS THE LEADING CAUSE OF DEATH IN ARKANSAS. THE STATE RANKS FIFTH IN THE NATION IN DEATHS FROM HEART DISEASE AND FIRST IN DEATHS FROM STROKE. AS A PERCENTAGE OF THE STATE'S POPULATION, MORE PEOPLE IN ARKANSAS THAN THOSE IN THE GENERAL U.S. POPULATION HAVE HIGH BLOOD PRESSURE, SMOKE CIGARETTES, AND ARE COMPLETELY PHYSICALLY INACTIVE. WHILE THE AVERAGE PER CAPITA INCOME IN 2008 WAS \$27,466 FOR THE NATION, IT WAS ONLY \$21,270 IN ARKANSAS. IN ADDITION, CDC STATISTICS SHOW 26.3% OF AMERICANS ARE OBESE, YET IT RISES TO 29.3% AMONG ARKANSANS. ARKANSAS HAS A HIGHER PERCENT OF POPULATION WITHOUT HEALTH INSURANCE, 18.7% IN ARKANSAS VERSUS 15.4% FOR THE UNITED STATES. ONE IN FIVE FULLY EMPLOYED PEOPLE AND SUBSEQUENTLY THEIR FAMILIES ARE WITHOUT HEALTH INSURANCE. THE UNINSURED POSE THE GREATEST THREAT TO THE CONTINUED VIABILITY OF HEALTH SYSTEMS LIKE BAPTIST HEALTH. THE LITTLE ROCK MARKET AREA IS SERVED BY THREE MAJOR MEDICAL CENTERS INCLUDING BAPTIST HEALTH MEDICAL CENTER, LITTLE ROCK, ST. VINCENT'S INFIRMARY (SVI), AND THE UNIVERSITY OF ARKANSAS MEDICAL SCIENCE, FOUR COMMUNITY HOSPITALS INCLUDING BAPTIST HEALTH MEDICAL CENTER NORTH LITTLE ROCK, ST. VINCENT'S INFIRMARY NORTH, REBSAMEN HOSPITAL, AND SOUTHWEST HOSPITAL, SEVEN NICHE OR SPECIALTY HOSPITALS INCLUDING ARKANSAS CHILDREN'S HOSPITAL, ARKANSAS HEART HOSPITAL, ARKANSAS SURGICAL HOSPITAL, ST. VINCENT'S INFIRMARY DOCTORS, ST. VINCENT'S INFIRMARY REHABILITATION HOSPITAL, AND BAPTIST HEALTH REHABILITATION INSTITUTE, FOUR PSYCHIATRIC OR DRUG REHABILITATION FACILITIES, AND TWO LONG TERM ACUTE CARE HOSPITALS. THERE ARE A TOTAL NUMBER OF 3,695 LICENSED BEDS IN THE LITTLE ROCK MARKET AND THIS INCLUDES 3,313 INPATIENT BEDS AND 382 REHABILITATION BEDS. WITHIN A 13-COUNTY REGIONAL MARKET IN CENTRAL ARKANSAS, THERE ARE 29 HOSPITALS WITH A TOTAL OF 5,253 BEDS. WHILE BAPTIST HEALTH SERVES PATIENTS FROM ALL 75 COUNTIES IN ARKANSAS, 85% OF OUR INPATIENT DISCHARGES ORIGINATE IN THE 13-COUNTY REGION IN CENTRAL ARKANSAS. ACCORDING TO 2008 DATA FROM THE ARKANSAS DEPARTMENT OF HEALTH, BAPTIST HEALTH PROVIDES 11.6% OF STATE-WIDE INPATIENT DISCHARGES. THIS PERCENTAGE HAS SLOWLY DECREASED SINCE 2004 WHEN IT WAS 12.3%. IN THE 13-COUNTY REGION IN CENTRAL ARKANSAS, BAPTIST HEALTH AVERAGED 28.1% OF INPATIENT DISCHARGES OVER THE 2005 - 2008 TIME PERIOD. THIS HAS REMAINED CONSISTENT SINCE 2001. IN THE THIRTEEN-COUNTY PRIMARY MARKET OF CENTRAL ARKANSAS, 71.3% OF THE POPULATION IS WHITE, 22.1% IS BLACK, 3.4% IS HISPANIC, 1.2% ARE ASIAN & PACIFIC ISLANDERS, AND 2.0% ARE OF OTHER RACIAL DESCENT. THOSE DEMOGRAPHIC PERCENTAGES MIRROR OUR PATIENT PERCENTAGES.

**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. THESE COSTS REPRESENT GRANTS MADE UNDER THE COMMUNITY MATCH & MEDICAL EDUCATION FINANCIAL ASSISTANCE PROGRAMS TO FUND PLACEMENT OF PHYSICIANS IN UNDERSERVED AREAS.

**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.). SINCE 1920, BAPTIST HEALTH, A 501(C)(3) NONPROFIT, HAS BEEN DELIVERING QUALITY HEALTHCARE TO THE PEOPLE OF ARKANSAS. TODAY IT HAS BECOME ONE OF ARKANSAS' LEADING HEALTHCARE ORGANIZATIONS AS WELL AS THE STATE'S FOURTH LARGEST PRIVATE EMPLOYER WITH MORE THAN 7,800 EMPLOYEES. BAPTIST HEALTH CONSISTS OF SEVEN HOSPITALS WITH APPROXIMATELY 1,303 LICENSED BEDS INCLUDING 150 REHABILITATION BEDS, A 400 RESIDENT RETIREMENT CENTER, A PHYSICIAN SERVICE ORGANIZATION, A HMO JOINT VENTURE, A 12 HOSPITAL VHA AFFILIATE NETWORK, SCHOOLS FOR NURSING AND ALLIED HEALTH, AND MANY OTHER HEALTH-RELATED SERVICES. IT IS GOVERNED BY AN INDEPENDENT BOARD OF COMMUNITY LEADERS. FOUR OF BAPTIST HEALTH'S MEDICAL FACILITIES ARE LOCATED IN THE CENTER OF THE STATE IN THE LITTLE ROCK AREA. IN THE REMAINING AREAS OF THE STATE, BAPTIST HEALTH WORKS CLOSELY WITH ONE OR MORE MAJOR PARTNERS. IN THE SOUTHEAST: GREAT RIVERS TECHNICAL INSTITUTE AND MCGEHEE DESHA COUNTY HOSPITAL IN MCGEHEE, THE MAINLINE HEALTH SYSTEMS IN PORTLAND, AND THE JEFFERSON COMPREHENSIVE CARE CENTER IN PINE BLUFF. IN THE SOUTHWEST: BAPTIST HEALTH MEDICAL CENTER ARKADELPHIA. IN THE NORTHWEST: BOSTON MOUNTAIN RURAL HEALTH CENTER IN MARSHALL, FAIRFIELD BAY AND CLINTON. IN THE NORTH-CENTRAL AREA: WHITE RIVER RURAL HEALTH CENTERS IN AUGUSTA AND BAPTIST HEALTH MEDICAL CENTER HEBER SPRINGS. FAMILIES FROM THROUGHOUT THE STATE OF ARKANSAS CAN ACCESS THE BAPTIST HEALTH SYSTEM WITH THE OVER 180 POINTS OF ACCESS INCLUDING HOSPITALS, SURGERY CENTERS, PHYSICIAN CLINICS, WELLNESS CENTERS, COMMUNITY HEALTH CENTERS, THERAPY CENTERS, HOME HEALTH AGENCIES AND OTHER CENTERS. IN ADDITION, BAPTIST HEALTH PROVIDES STATE-WIDE TELEPHONE ACCESS TO HEALTHCARE INFORMATION AND PHYSICIAN REFERRAL SERVICES THROUGH BAPTIST HEALTH HEALTHLINE, AND MEDICAL EMERGENCY AIR TRANSPORT THROUGH BAPTIST HEALTH MED FLIGHT. AS A MAJOR INITIATIVE, BAPTIST HEALTH IS DEVELOPING AND MAINTAINING COMMUNITY-BASED CLINICS ESPECIALLY IN ARKANSAS' RURAL AREAS. TODAY, THERE ARE 16 BAPTIST HEALTH WELLNESS AND COMMUNITY HEALTH CLINICS. THEY PROVIDE A WIDE RANGE OF HEALTHCARE SERVICES INCLUDING HEALTH SEMINARS, A CONTINUUM OF CARE WITH REFERRALS TO APPROPRIATE SERVICES WITHIN A COMMUNITY, IMMUNIZATION, AND SCREENING FOR BREAST CANCER, STROKE, HIGH BLOOD PRESSURE, GLUCOSE, AND CHOLESTEROL. IN 2009, BAPTIST HEALTH RESPONDED TO 11,808 PATIENT VISITS AT THESE CLINICS. AS IT CONTINUES TO ADD MORE CLINICS, MORE PEOPLE ARE FINDING THEM TO BE ACCESSIBLE AND COMPARATIVELY LOW IN COST, IF NOT FREE.

**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 communities served.

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

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
BAPTIST HEALTH

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Employer identification number  
71-0236856

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" to 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 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARCARE INCPO BOX 497 AUGUSTA,AR 720060497	581666179	501(C)(3)	942,500	0	N/A	N/A	GENERAL SUPPORT
BOSTON MOUNTAIN RURAL HEALTH CENTER INCPO BOX 1030 MARSHALL,AR 726501030	710717967	501(C)(3)	250,000	0	N/A	N/A	GENERAL SUPPORT
MAINLINE HEALTH SYSTEMS INCPO BOX 100 PORTLAND,AR 71663	710623643	501(C)(3)	265,000	0	N/A	N/A	GENERAL SUPPORT
JEFFERSON COMPREHENSIVE CARE CENTER INC1101 TENNESSEE STREET PINE BLUFF,AR 71601	710433902	501(C)(3)	75,000	0	N/A	N/A	GENERAL SUPPORT

2

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

4

3

Enter total number of other organizations . . . . .

0

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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.

[illegible]

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
BAPTIST HEALTH

Employer identification number  
71-0236856

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are 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	Yes
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	Yes
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		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
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	Yes
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		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
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	Yes
	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 accrued 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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

**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) Retirement and other 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 reportable compensation				
RUSSELL D HARRINGTON JR	(i)	602,300	0	350,252	93,656	9,248	1,055,456	0
	(ii)	0	0	0	0	0	0	0
DOUGLAS WEEKS	(i)	283,500	0	12,529	27,249	8,376	331,654	0
	(ii)	0	0	0	0	0	0	0
LARRY LAZENBY	(i)	262,000	0	116,508	32,157	5,748	416,413	0
	(ii)	0	0	0	0	0	0	0
HARRISON DEAN	(i)	262,000	0	12,095	22,733	7,376	304,204	0
	(ii)	0	0	0	0	0	0	0
ROBERT C ROBERTS	(i)	270,000	0	16,432	27,645	9,996	324,073	0
	(ii)	0	0	0	0	0	0	0
JILL MASSIET	(i)	168,074	0	0	11,752	8,876	188,702	0
	(ii)	0	0	0	0	0	0	0
KATHRYN T MARTIN	(i)	142,600	0	27,576	12,760	6,312	189,248	0
	(ii)	0	0	0	0	0	0	0
DR PETER M MARVIN	(i)	257,000	0	22,460	49,878	5,612	334,950	0
	(ii)	0	0	0	0	0	0	0
DR PHILIP L MIZELL	(i)	270,800	0	343,120	23,307	4,692	641,919	0
	(ii)	0	0	0	0	0	0	0
DR SCOTT YOUNG	(i)	306,292	0	0	5,570	9,996	321,858	0
	(ii)	0	0	0	0	0	0	0
DR JOHN HERRING	(i)	118,742	97,070	0	2,746	6,876	225,434	0
	(ii)	0	0	0	0	0	0	0
MARSHA CUNNINGHAM	(i)	174,325	2,223	21,082	22,932	8,042	228,604	0
	(ii)	0	0	0	0	0	0	0
	(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
NQ PLAN EXPLANATION	PART I QUESTION 4B	THE FOLLOWING INDIVIDUALS INCLUDED ON FORM 990, PART VII, SECTION A, PARTICIPATE IN A NONQUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP). BELOW ARE REPORTABLE AMOUNTS FOR 2009: BOX 5 W-2 NONTAXABLE AMOUNT ON ACTUAL DEFERRED SCHEDULE J CASH COMPENSATION COL(B)(III) PAYMENT ON SCH J COL(C) NAME SEE NOTE(A) SEE NOTE(B) SEE NOTE(C) HARRINGTON \$186,848 \$ 74,685 \$ NONE WEEKS NONE NONE NONE LAZENBY 96,681 35,772 NONE DEAN NONE NONE 900 ROBERTS NONE NONE 5,364 MASSIET NONE NONE 1,512 MARTIN 21,360 7,903 NONE MARVIN NONE NONE NONE MIZELL 333,369 127,246 NONE CUNNINGHAM 12,528 4,217 NONE (A) THIS IS TAXABLE PRESENT VALUE OF PAYMENTS VESTED IN 2009, BUT TO BE RECEIVED IN FUTURE YEARS AFTER RETIREMENT OVER EXECUTIVE'S LIFETIME. (B) THIS IS DISTRIBUTION FROM SERP TO COVER INCOME TAXES DUE FOR 2009. (C) THIS IS PLAN AMOUNT PRESENT VALUE EARNED IN 2009. IT IS NOT TAXABLE BECAUSE IT IS NOT VESTED.
COMPENSATION CONTINGENT ON NET EARNINGS	PART I QUESTION 6B	THE FOLLOWING INDIVIDUALS, PURSUANT TO A WRITTEN PLAN, WERE PAID COMPENSATION (INCLUDED IN FORM W-2 BOX 5) BASED IN PART ON NET EARNINGS OF PARKWAY VILLAGE FOR 2008 AND ALSO IN PART ON ACHIEVING CERTAIN OUTCOME GOALS FOR CLINICAL QUALITY, PATIENT SATISFACTION, AND EMPLOYEE SATISFACTION. THIS PAYMENT FOR 2008 RESULTS WAS APPROVED BY THE BOARD OF TRUSTEES AND PAID IN 2009. SCH J, COL (B)(ii) ----- MARSHA CUNNINGHAM \$ 2,223.

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2009
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	
Name of the organization BAPTIST HEALTH	Employer identification number 71-0236856

Part I

Bond Issues

	(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	CITY OF LITTLE ROCK AR HEALTH FACILITIES BOARD	52-1542297	537373CK6	07-17-2003	13,413,378	REFUNDED BONDS ISSUED 12/29/1993		X		X
B	CITY OF N LITTLE ROCK HEALTH FACILITIES BOARD	71-0858262	660551DF6	03-31-2009	50,156,572	REFUNDED BONDS ISSUED 12/19/1996		X		X
C	CITY OF NLR AR HEALTH FACILITIES BOARD	71-0858262	660551CA8	06-14-2005	26,463,486	REFUNDED BONDS ISSUED 12/12/1996,		X		X
D	AR HOSPITAL & HEALTH CARE FACILITY BOARD	90-0628435	422500AU2	04-19-2006	20,974,191	CONSTRUCT HOSPITAL FACILITY		X		X

Part II

Proceeds

		A		B		C		D		E	
1	Total proceeds of issue	13,422,268		50,382,384		27,654,285		21,788,563			
2	Gross proceeds in reserve funds	0		5,056,977		0		0			
3	Proceeds in refunding or defeasance escrows	13,151,378		50,130,632		26,214,567		0			
4	Other unspent proceeds	494,562		7,086		0		493,008			
5	Issuance costs from proceeds	262,000		668,362		134,056		419,484			
6	Working capital expenditures from proceeds	0		0		0		0			
7	Capital expenditures from proceeds	0		0		0		20,006,743			
8	Year of substantial completion	2003		2009		2005		2007			
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?	X		X		X		X			
10	Were the bonds issued as part of an advance refunding issue?	X		X		X		X			
11	Has the final allocation of proceeds been made?	X		X		X		X			
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X				X		X			

Part III

Private Business Use

		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?		X		X						
2	Are there any lease arrangements with respect to the financed property which may result in private business use?	X		X							

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?		X		X						
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
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?		X		X						
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		2 500 %		3 950 %						
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 section 501(c)(3) organization, or a state or local government		0 %		0 %						
6	Total of lines 4 and 5		2 500 %		3 950 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV

Arbitrage

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

Schedule L  
(Form 990 or 990-EZ)

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization BAPTIST HEALTH	Employer identification number 71-0236856
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
2	Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ _____			
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ _____			

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total . . . . . ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JUDY HENRY	LEGAL COUNSEL	116,919	PAID TO WL&J, LLP		No
TOMMY MAY	COMMON BOARD MEMBER	83,600,000	BLUE CROSS PAID TO BAPTIST		No

SCHEDULE O  
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
BAPTIST HEALTH

Employer identification number  
71-0236856

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACTIVITY	FORM 990, PG 3, PART III, LINE a	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS - BAPTIST HEALTH PROVIDES ACCESS TO A FULL RANGE OF COMPREHENSIVE HEALTH CARE SERVICES TO INDIVIDUALS REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, DISABILITY, AGE, OR ABILITY TO PAY. ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS ESSENTIAL TO BAPTIST HEALTH FOR THE CONTINUED OPERATION, FINANCIAL STABILITY, AND ABILITY TO PROVIDE NEEDED NEW SERVICES AND TECHNOLOGY, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE HEALTH CARE AND ESSENTIAL MEDICAL SERVICES. FURTHER, OUR MISSION IS TO SERVE THIS COMMUNITY WITH RESPECT TO PROVIDING COMPREHENSIVE HEALTH CARE SERVICES AND HEALTH EDUCATION. THEREFORE, IN KEEPING WITH BAPTIST HEALTH'S COMMITMENT TO SERVE THE RESIDENTS OF ITS COMMUNITY, WE PROVIDE - SUBSIDIZED EDUCATION TO HEALTH CARE PROFESSIONALS, - FREE AND SUBSIDIZED CARE TO THOSE WHO CANNOT PAY, - CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT REIMBURSEMENT BELOW OUR REGULAR RATES PAID BY OTHER THIRD PARTIES, - HEALTH EDUCATION AND PROGRAMS/SERVICES TO ENHANCE THE HEALTH STATUS OF THE COMMUNITY, AND - IN-KIND DONATIONS TO NON-PROFIT COMMUNITY AGENCIES TO ENHANCE THEIR SERVICES TO THE COMMUNITY. SUCH SERVICES AND PROGRAMS ARE PROVIDED WHERE THE NEED AND/OR INDIVIDUAL'S INABILITY TO PAY CO-EXISTS. THESE ACTIVITIES INCLUDE WELLNESS AND PREVENTION EDUCATION PROGRAMS, COMMUNITY DIAGNOSTIC SCREENING PROGRAMS, SPECIAL PROGRAMS FOR THE ELDERLY, YOUTH AT RISK, HANDICAPPED, MEDICALLY UNDER SERVED, MEDICAL CARE FOR THE UNINSURED, AND A VARIETY OF BROAD COMMUNITY SUPPORT ACTIVITIES. BAPTIST HEALTH SERVED 44,618 INPATIENTS AND PROVIDED FOR 474,144 OUTPATIENT AND EMERGENCY ROOM VISITS DURING 2009. ALSO SERVED WERE 6,016 HOME HEALTH AND HOSPICE PATIENTS.
CONFLICT OF INTEREST POLICY	FORM 990, PG 6, PART VI, LINE 12 (c)	DIRECTORS AND ABOVE ANNUALLY SUBMIT A WRITTEN STATEMENT AND ANSWER A QUESTIONNAIRE. THE DIRECTOR OF HUMAN RESOURCES INVESTIGATES ANY POTENTIAL CONFLICTS AND TAKES APPROPRIATE ACTION DEPENDING ON THE NATURE OF THE CONFLICT. THE BOARD MEMBERS ARE REQUIRED TO ANNUALLY SUBMIT A WRITTEN STATEMENT AND ANSWER A QUESTIONNAIRE. A SUBCOMMITTEE OF THE BOARD REVIEWS ANY CONFLICTS AND REPORTS THOSE TO THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE DETERMINES THE APPROPRIATE ACTION DEPENDING ON THE NATURE OF THE CONFLICT.
COMPENSATION DETERMINATION PROCESS	FORM 990, PG 6, PART VI, LINE 15 (A) & 15(B)	THE EXECUTIVE COMMITTEE OF THE BOARD APPOINTS DIRECTORS TO THE COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE APPROVES THE INITIAL SALARY AND ANY SUBSEQUENT SALARY ADJUSTMENTS OF ALL PERSONNEL AT THE LEVEL OF DIRECTOR AND ABOVE. THE COMPENSATION COMMITTEE OBTAINS AN INDEPENDENT SALARY SURVEY ON AN ANNUAL BASIS FOR USE IN DETERMINING THE APPROPRIATE RANGES OF ALL PERSONNEL AT THE LEVEL OF DIRECTOR AND ABOVE.
AVAILABILITY OF CERTAIN ORGANIZATION DOCUMENTS	FORM 990, PG 6, PART VI, LINE 19	COPIES OF THE ORGANIZATION'S POLICIES AND GOVERNING DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC.
AUDITED FINANCIAL STATEMENTS	FORM 990, PG 3, PART IV, LINE 12 & PG 11, PART XI, 2B	THE FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTANT ON A CONSOLIDATED BASIS. THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.
FORM 990 REVIEW PROCESS	FORM 990, PG 6, PART VI, LINE 11	FORM 990 IS REVIEWED BY THE VICE PRESIDENT OF FINANCE, THE CFO, THE CEO AND THE EXECUTIVE COMMITTEE OF THE BOARD PRIOR TO FILING.
CLASSES OF MEMBERS OF THE ORGANIZATION	FORM 990, PG 6, PART VI, LINE 6	THE CORPORATION SHALL NOT HAVE OR ISSUE SHARES OF STOCK AND NO DIVIDENDS SHALL BE PAID, AND NO PART OF THE INCOME OF THE CORPORATION SHALL BE DISTRIBUTED TO ITS MEMBERS, DIRECTOR, OR OFFICERS. THE CORPORATION SHALL HAVE ONE CLASS OF MEMBERS CONSISTING OF THOSE PERSONS RECOMMENDED BY THE BOARD OF TRUSTEES AND ELECTED BY THE MEMBERS AT THEIR ANNUAL MEETING IN THE MANNER SPECIFIED IN THE CORPORATION'S CONSTITUTION AND BYLAWS. THERE SHALL BE NO MEMBERSHIP DUES OR FEES. THE BUSINESS OF THE CORPORATION SHALL BE CONDUCTED BY THE BOARD OF DIRECTORS WHICH MAY ALSO BE REFERRED TO AS THE BOARD OF TRUSTEES. THE NUMBER OF DIRECTORS OF THE CORPORATION SHALL BE NOT LESS THAN EIGHTEEN (18) AND NOT MORE THAN TWENTY-ONE (21) AND THEIR TERMS OF OFFICE SHALL BE THREE (3) YEARS EXCEPT AS OTHERWISE PROVIDED IN THE BYLAWS. THE DIRECTORS SHALL BE PERMITTED TO HOLD OFFICE FOR MORE THAN ONE TERM BY RE-ELECTION EXCEPT AS OTHERWISE PROVIDED IN THE BYLAWS. EACH MEMBER OF THE CORPORATION SHALL BE ENTITLED TO ONE VOTE. THE VOTE FOR TRUSTEES SHALL BE BY BALLOT. EXCEPT AS OTHERWISE MAY BE PROVIDED BY THE BYLAWS, ALL ELECTIONS SHALL BE DECIDED BY A MAJORITY VOTE OF THE MEMBERS PRESENT.
ELECTION OF GOVERNING BODY	FORM 990, PG 6, PART VI, LINE 7(a)	THE BUSINESS AND PROPERTY OF THE CORPORATION SHALL BE MANAGED AND CONTROLLED SOLELY BY A BOARD OF TRUSTEES, EACH MEMBER OF WHICH, SAVING THOSE ELECTED TO FILL A VACANCY OR UNEXPIRED TERM, SHALL BE ELECTED BY THE MEMBERSHIP OF THE CORPORATION, EACH FOR A TERM OF THREE YEARS, BEGINNING ON JANUARY 1 AND EXPIRING ON DECEMBER 31. NO TRUSTEE SHALL BE ELIGIBLE TO SERVE MORE THAN TWO SUCCESSIVE TERMS OF THREE YEARS EACH, BUT ANY FORMER TRUSTEE SHALL BE ELIGIBLE FOR ELECTION TO THE BOARD OF TRUSTEES AFTER AT LEAST ONE YEAR'S ABSENCE THEREFROM, HOWEVER, ANY TRUSTEE WHO IS ELECTED AS AN OFFICER FOR THE ENSURING CORPORATE YEAR SHALL BE ELIGIBLE FOR REELECTION AS A TRUSTEE FOR A TERM OF ONE YEAR. ANY TRUSTEE WHO IS SERVING, OR WHO HEREAFTER SHALL SERVE, AN UNEXPIRED TERM SHALL BE ELIGIBLE TO SUCCEED HIMSELF FOR TWO TERMS. ALL OFFICERS SHALL BE ELECTED FOR A TERM OF ONE YEAR, AND EACH SHALL BE ELIGIBLE TO SUCCEED HIMSELF. EACH OFFICER ELECTED AT A MEETING OF THE BOARD OF TRUSTEES SHALL SERVE FOR THE TERM BEGINNING JANUARY 1 AND EXPIRING DECEMBER 31, PROVIDED, VACANCIES IN OFFICE MAY BE FILLED AT ANY REGULAR OR SPECIAL MEETING OF THE BOARD OF TRUSTEES, AND THE HOLDERS OF ANY NEWLY CREATED OFFICE MAY LIKEWISE BE ELECTED AT ANY MEETING OF THE BOARD, AND EACH SHALL SERVE UNTIL THE TERM EXPIRES ON THE FOLLOWING 31ST DAY OF DECEMBER. THE RIGHT OF A MEMBER TO VOTE AND TO EXERCISE ANY OTHER PRIVILEGES OF MEMBERSHIP SHALL CEASE ON THE TERMINATION OF HIS MEMBERSHIP. THE RIGHT OF MEMBERSHIP IS NONTRANSFERABLE. ANY MEMBER MAY BE REMOVED FROM MEMBERSHIP AND FROM OFFICE BY THE AFFIRMATIVE VOTE OF TWO-THIRDS (2/3) OF THE MEMBERS PRESENT AT ANY LAWFUL REGULAR MEETING, OR AT ANY SPECIAL MEETING CALLED FOR THAT PURPOSE, BECAUSE OF PERSONAL, PROFESSIONAL, OR BUSINESS CONDUCT DEEMED DETRIMENTAL TO THE INTERESTS OF THE CORPORATION OR WHICH BRINGS THE MEMBER INTO DISREPUTE, FOR LACK OF SYMPATHY WITH THE PROCEDURES AND OBJECTIVES OF THE CORPORATION OR FOR REFUSAL TO RENDER REASONABLE ASSISTANCE IN CARRYING ON ITS PURPOSE.

Identifier	Return Reference	Explanation
DECISIONS OF THE GOVERNING BODY SUBJECT TO APPROVAL BY MEMBERS	FORM 990, PG 6, PART VI, LINE 7(b)	ANY AMENDMENT TO THESE ARTICLES OF INCORPORATION MUST BE ADOPTED BY BOTH THE BOARD OF DIRECTORS AND THE MEMBERSHIP OF THE CORPORATION IN THE FOLLOWING MANNER: BY A VOTE OF A MAJORITY OF THE DIRECTORS THEN IN OFFICE, THE BOARD OF DIRECTORS MAY APPROVE AN AMENDMENT AT A REGULAR MEETING OF THE BOARD OF DIRECTORS OR AT A SPECIAL MEETING CALLED FOR THAT PURPOSE. ANY PROPOSED AMENDMENT SHALL BE PRESENTED IN WRITING TO EACH DIRECTOR AT LEAST TEN (10) DAY IN ADVANCE OF THE MEETING AT WHICH IT IS TO BE VOTED UPON. THE MEMBERS MAY APPROVE AN AMENDMENT TO THESE ARTICLES OF INCORPORATION BY TWO-THIRDS OF THE VOTES CAST AT ANY REGULAR MEETING OF THE MEMBERSHIP OR AT ANY SPECIAL MEETING CALLED FOR THE PURPOSE OF CONSIDERING A PROPOSED AMENDMENT. NOT LESS THAN (30) NOR MORE THAN SIXTY (60) DAYS BEFORE THE MEETING DATE, THE CORPORATION SHALL GIVE WRITTEN NOTICE OF THE MEETING TO ITS MEMBERS, AND THE NOTICE MUST STATE THAT THE PURPOSE, OR ONE OF THE PURPOSES, OF THE MEETING IS TO CONSIDER THE PROPOSED AMENDMENT AND THE NOTICE SHALL CONTAIN OR BE ACCOMPANIED BY A COPY OF THE PROPOSED AMENDMENT.

DELEGATION OF MANAGEMENT DUTIES FORM 990, PART VI, SECTION A, LINE 3 BAPTIST HEALTH HAS ENTERED INTO A MULTI-YEAR ENGAGEMENT WITH AN OUTSIDE COMPANY, ACCRETIVE HEALTH, THAT PROVIDES MANAGEMENT AND TECHNICAL SUPPORT FOR REVENUE CYCLE SERVICES THIS COMPANY REPORTS DIRECTLY TO THE SENIOR MANAGEMENT OF BAPTIST HEALTH AND FINAL APPROVAL AND RESPONSIBILITY FOR DECISIONS IN THESE AREAS REMIAN WITH BAPTIST HEALTH SENIOR MANAGEMENT

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

Cat No 51056K

Schedule O (Form 990) 2009

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships  ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990. ▶ See separate instructions.	OMB No 1545-0047
		2009
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	
Name of the organization BAPTIST HEALTH	Employer identification number 71-0236856

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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
STARBUCKS 9601 I-630 EXIT 7 LITTLE ROCK, AR 72205 14-1865945	FOOD SERVICE	AR	450,981	251,873	NA

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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
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See Additional Data Table

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	
							Yes	No		Yes	No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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
See Additional Data Table							



Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

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

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a Yes

1b No

1c No

1d Yes

1e No

1f No

1g No

1h No

1i Yes

1j Yes

1k No

1l No

1m No

1n No

1o Yes

1p Yes

1q No

1r No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

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)	(b)	(c)	(d)		(e)	(f)		(g)	(h)	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?		Share of end-of-year assets	Disproportionate allocations?		Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	
			Yes	No		Yes	No		Yes	No

Software ID:

Software Version:

EIN: 71-0236856

Name: BAPTIST HEALTH

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 HEALTH FOUNDATION  9601 INTERSTATE 630 EXIT 7 LITTLE ROCK, AR72205 23-7169407	SUPPORT	AR	501(C)(3)	7	NA
PARKWAY HEALTH CENTER INC  14324 CHENAL PKWY LITTLE ROCK, AR72211 71-0675933	LTC NURSING	AR	501(C)(3)	11A	NA
PARKWAY VILLAGE INC  14300 CHENAL PARKWAY LITTLE ROCK, AR72211 71-0574341	RETIREMENT	AR	501(C)(3)	9	NA
ARKANSAS HEALTH GROUP  11001 EXECUTIVE CENTER DRIVE SUITE LITTLE ROCK, AR72211 71-0781138	HEALTHCARE	AR	501(C)(3)	9	NA
MULTI SERVICES MANAGEMENT  9601 INTERSTATE 630 LITTLE ROCK, AR72205 71-0743531	SUPPORT	AR	501(C)(3)	13	NA
BAPTIST HEALTH EXTENDED CARE  9601 INTERSTATE 630 EXIT 7 LITTLE ROCK, AR72205 26-1286647	MEDICAL CTR	AR	501(C)(3)	3	NA
TWIN RIVERS MEDICAL CENTER  3050 TWIN RIVERS DR ARKADELPHIA, AR71923 71-0541647	MEDICAL CTR	AR	501(C)(3)	7	NA
BAPTIST HEALTH HOSPITALS  9601 INTERSTATE 630 EXIT 7 LITTLE ROCK, AR72205 61-1570855	MEDICAL CTR	AR	501(C)(3)	3	NA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(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
ORTHOARKANSAS SURGERY CENTER LLC  10301 KANIS ROAD LITTLE ROCK, AR72205 71-0818555	ORTHOPEDIC	AR	NA	RELATED	372,029	198,160		No	0		No
BAPTIST IMAGING BENTON LLC  11001 EXECUTIVE CENTER DRIVE LITTLE ROCK, AR72211 20-3962574	DIAGNOSTIC CT	AR	NA	RELATED	-342,403	3,590,671		No	0		No
AUTUMN ROAD LLC  PO BOX 3730 LITTLE ROCK, AR72203 71-0786625	REAL ESTATE	AR	MULTI-MGMT SVCS	RELATED	247,785	2,959,610		No	0		No
ENDOSCOPY CENTER OF LITTLE ROCK LLC  409 N UNIVERSITY LITTLE ROCK, AR72205 02-0703428	ENDOSCOPY	AR	MULTIMANAGEMENT	RELATED	80,698	193,789		No	0		No
MAUMELLE FAMILY PRACTICE LLC  11001 EXECUTIVE CENTER DRIVE SUITE LITTLE ROCK, AR72211 71-0824329	MEDICAL CARE	AR	MULTIMANAGEMENT	RELATED	-7,329	484,443		No	0		No
BAPTIST HEALTH IMAGING CENTER  HIGHWAY 10 LLC PO BOX 55092 LITTLE ROCK, AR72215 46-0510287	DIAGNOSTIC CT	AR	MULTIMANAGEMENT	RELATED	5,136,836	715,738		No	0		No
THE SURGICAL PAVILION LLC  9500 KANIS ROAD SUITE 01 LITTLE ROCK, AR72205 71-0802581	SURGICAL CENT	AR	MULTIMANAGEMENT	RELATED	342,419	1,366,756		No	0		No
ARKANSAS MEDICAL CYCLOTRON LLC  PO BOX 13267 MAUMELLE, AR72113 01-0765487	MEDICAL EQUIP	AR	MULTIMANAGEMENT	RELATED	202,644	291,445		No	0		No

Form 990, Schedule R, 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
MULTIMANAGEMENT SERVICES INC 9601 INTERSTATE 630 EXIT 7 LITTLE ROCK, AR722057299 71-0599194	MANAGEMENT	AR	NA	C CORPORATION	46,908,437	31,683,177	100 000 %
MEDICAL LABORATORIES OF ARKANSAS INC 9601 INTERSTATE 630 EXIT 7 LITTLE ROCK, AR72205 33-1133952	MEDICAL LAB	AR	NA	C CORPORATION	7,188,357	1,803,097	100 000 %
BAPTIST MEDCARE INC 9601 INTERSTATE 630 EXIT 7 LITTLE ROCK, AR72205 71-0678160	MEDICAL CARE	AR	NA	C CORPORATION	18,806,877	17,378,880	100 000 %
HOMELINK HOME HEALTH CARE SERVICE INC 9601 INTERSTATE 630 EXIT 7 LITTLE ROCK, AR72205 71-0599195	HOME CARE	AR	NA	C CORPORATION	519,959	1,582,804	100 000 %
HOTEL PROPERTIES INC 9601 INTERSTATE 630 EXIT 7 LITTLE ROCK, AR72205 71-0599188	HOTELS	AR	NA	C CORPORATION	665,484	3,064,346	100 000 %
SERVICE FINANCE CORPORATION 9601 INTERSTATE 630 EXIT 7 LITTLE ROCK, AR72205 71-0333251	FINANCE SERVI	AR	NA	C CORPORATION	276,447	506,181	100 000 %
SERVICE PROFESSIONALS INC 9601 INTERSTATE 630 EXIT 7 LITTLE ROCK, AR72205 71-0663406	HOUSEKEEPING	AR	NA	C CORPORATION	15,368,433	5,388,276	100 000 %
WESTSIDE PROPERTIRES INC 9601 INTERSTATE 630 EXIT 7 LITTLE ROCK, AR72205 71-0532013	REAL ESTATE	AR	NA	C CORPORATION	181,328	565,900	100 000 %
INTEGRATED HEALTH RESOURCES LTD 9601 I-630 LITTLE ROCK, AR72205 33-1133950	MEDICAL LAB	AR	NA	C CORPORATION	0	0	100 000 %
IMS-NET OF ARKANSAS 9601 INTERSTATE 630 EXIT 7 LITTLE ROCK, AR72205 71-0903951	INFORM NETWO	AR	NA	C CORPORATION	0	0	51 000 %
BAPTIST MEDICAL SYSTEMS HMO INC 9601 I-30 EXIT 7 LITTLE ROCK, AR72205 71-0622925	MEDICAL SVCS	AR	NA	C CORPORATION	135,931	21,519,200	50 000 %
HMO PARTNERS INC 601 GAINES ST LITTLE ROCK, AR72201 71-0747497	HEALTH MAINT	AR	NA	C CORPORATION	75,869,753	64,179,139	25 000 %
BHWC CORPORATION 11001 EXECUTIVE CENTER DRIVE SUITE LITTLE ROCK, AR72211 71-0819731	RENT MED EQUI	AR	NA	C CORPORATION	44,380	570,872	50 000 %

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1) MULTIMANAGEMENT SERVICES INC	A	331,878
(2) PARKWAY VILLAGE INC	D	7,602,000
(3) MULTIMANAGEMENT SERVICES INC	D	33,081,139
(4) ARKANSAS HEALTH GROUP	I	362,625
(5) BAPTIST HEALTH EXTENDED CARE HOSPITAL	I	453,250
(6) AUTUMN ROAD LLC	J	528,363
(7) ARKANSAS HEALTH GROUP	O	6,584,350
(8) MULTIMANAGEMENT SERVICES INC	O	812,856
(9) SERVICE PROFESSIONALS INC	O	10,494,324
(10) SERVICE FINANCE CORPORATION	O	130,207
(11) BAPTIST HEALTH EXTENDED CARE HOSPITAL	P	1,940,642
(12) BAPTIST HEALTH HOSPITALS	P	798,341
(13) PARKWAY VILLAGE INC	P	68,526
(14) SERVICE PROFESSIONALS INC	P	60,000
(15) MEDICAL LABS OF ARKANSAS INC	P	1,408,805

Additional Data

Software ID:

Software Version:

EIN: 71-0236856

Name: BAPTIST HEALTH

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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			
JACK BLACKSHEAR MD TRUSTEE	1 0	X						0	0	0
ELIZABETH CAMPBELL TRUSTEE	1 0	X						0	0	0
STEVEN COLLIER MD TRUSTEE	1 0	X						0	0	0
MIKE COULSON CHAIRMAN	1 0	X		X				0	0	0
PHIL COX VICE CHAIRMAN	1 0	X		X				0	0	0
BARBARA GRAVES SECRETARY	1 0	X		X				0	0	0
JAMES E HARRIS TRUSTEE	1 0	X						0	0	0
JUDY SIMMONS HENRY TRUSTEE	1 0	X						0	0	0
HERREN HICKINGBOTHAM TRUSTEE	1 0	X						0	0	0
DR REX HORNE TRUSTEE	1 0	X						0	0	0
JIM JONES TRUSTEE	1 0	X						0	0	0
LOUIS LEE TRUSTEE	1 0	X						0	0	0
KENT LOCKWOOD TRUSTEE	1 0	X						0	0	0
VIRGIL MILLER TRUSTEE	1 0	X						0	0	0
JOHN MILLS TRUSTEE	1 0	X						0	0	0
MIKE PIERCE TRUSTEE	1 0	X						0	0	0
SEN MARY ANNE SALMON TRUSTEE	1 0	X						0	0	0
SEN TRACY STEELE TRUSTEE	1 0	X						0	0	0
ED CHOATE TRUSTEE	1 0	X						0	0	0
RUSSELL D HARRINGTON JR PRESIDENT & CEO	40 0				X			952,552	0	102,904
DOUGLAS WEEKS SENIOR VP & ADMINISTRATOR	40 0				X			296,029	0	35,625
LARRY LAZENBY SENIOR VP DIVERSIFIED SERVICES	40 0				X			378,508	0	37,905
HARRISON DEAN SENIOR VP & ADMINISTRATOR	40 0				X			274,095	0	30,109
ROBERT C ROBERTS SENIOR VICE PRESIDENT & CFO	40 0				X			286,432	0	37,641
JILL MASSIET VICE PRESIDENT PATIENT CARE	40 0				X			168,074	0	20,628

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
KATHRYN T MARTIN VICE PRESIDENT PATIENT CARE	40 0				X			170,176	0	19,072
DR PETER M MARVIN VP CLINICAL AFFAIRS	40 0					X		279,460	0	55,490
DR PHILIP L MIZELL VP CLINICAL AFFAIRS	40 0					X		613,920	0	27,999
DR SCOTT YOUNG MEDICAL DIR - TRANSPLANT SVCS	40 0					X		306,292	0	15,566
DR JOHN HERRING DIRECTOR GREERS FERRY CLINIC	40 0					X		215,812	0	9,622
MARSHA CUNNINGHAM VP LONG TERM CARE	40 0					X		197,630	0	30,974

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BAD DEBT EXPENSE	96,960,474	96,960,474	0	0
MEDICAL SUPPLIES & EXPENSES	99,965,392	99,965,392	0	0
PHARMACEUTICAL EXPENSE	31,734,952	25,257,848	6,477,104	0
DIETARY MEAL COSTS	5,528,600	4,400,213	1,128,387	0
REPAIRS & MAINTENANCE	11,585,352	9,220,782	2,364,570	0



Additional Data

Software ID:

Software Version:

EIN: 71-0236856

Name: BAPTIST HEALTH

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
INVESTMENT UNCONSOL SUBS	7,604,665
OTHER ASSETS	5,095,370
ADVANCE TO AFFILIATES, NET	42,799,881
OTHER INVESTMENTS	0
UNAMORTIZED BOND ISSUE COSTS	14,077,025
INTERNALLY DESIGNATED FUNDS	8,212,958
INDENTURED FUNDS	8,190,081
CAPITAL IMPROVEMENT INVESTMENT	228,593,947
EST 3RD-PARTY PAYER SETTLEMENT	1,258,914