



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 10-01-2009 and ending 09-30-2010

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

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

C Name of organization

BAPTIST MEMORIAL HOSPITAL- GOLDEN TRIANGLE INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

2520 5TH STREET NORTH

Room/suite

City or town, state or country, and ZIP + 4

COLUMBUS, MS 39701

F Name and address of principal officer

STEPHEN C REYNOLDS

350 N HUMPHREYS BLVD

MEMPHIS, TN 38120

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

H(c) Group exemption number

D Employer identification number

62-1519754

E Telephone number

(601) 244-1500

G Gross receipts \$

149,702,512

I Tax-exempt status

☒ 501(c) (3) ☐ (Insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

BMHCC.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1983

M State of legal domicile

MS

Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE PROVIDES QUALITY HEALTH CARE (See Schedule O, pg 47) SERVICES TO THE COMMUNITY REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE		
	2	Check this box ☒ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5	Total number of employees (Part V, line 2a)	5	1,072
	6	Total number of volunteers (estimate if necessary)	6	112
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	14,581
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	-2,213
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	75,033	1,252,371
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	144,929,010	146,921,249
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-97,488	19,062
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,227,541	1,143,194
			146,134,096	149,335,876
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	202,723	224,078
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	49,810,831	49,529,781
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ☐ 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	83,178,231	85,225,343
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	133,191,785	134,979,202
	19	Revenue less expenses Subtract line 18 from line 12	12,942,311	14,356,674
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	113,077,705	113,911,885
	21	Total liabilities (Part X, line 26)	34,021,602	26,260,501
	22	Net assets or fund balances Subtract line 21 from line 20	79,056,103	87,651,384

Part II

Signature Block

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

Signature of officer

2011-08-05

Date

STEPHEN C REYNOLDS PRESIDENT

Type or print name and title

Preparer's signature

Date

Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

EIN

Phone no

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

☐ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2009)

1 Briefly describe the organization's mission

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 \$)	126,278,039 including grants of \$	(Revenue \$)	147,046,929
	BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE. ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE OPERATION AND STABILITY OF BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES, AND FURTHER, THAT OUR MISSION IS TO SERVE THE COMMUNITY WITH RESPECT TO PROVIDING HEALTH CARE SERVICES AND HEALTHIER EDUCATION. (See continuation at Schedule O, pg 47) THEREFORE, IN KEEPING WITH ITS COMMITMENT TO SERVE ALL MEMBERS OF ITS COMMUNITY, BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE PROVIDES THE FOLLOWING --FREE CARE AND/OR SUBSIDIZED CARE WHERE THE NEED AND/OR AN INDIVIDUAL'S INABILITY TO PAY COEXIST,--CARE PROVIDED TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST, AND--HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITY--THESE ACTIVITIES INCLUDE WELLNESS PROGRAMS, COMMUNITY EDUCATION PROGRAMS, SPECIAL PROGRAMS FOR THE ELDERLY, HANDICAPPED, MEDICALLY UNDERSERVED, AND A VARIETY OF BROAD COMMUNITY SUPPORT ACTIVITIES. BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE SERVICED 7,557 INPATIENTS, AND PROVIDED MORE THAN 94,727 OUTPATIENT SERVICES DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 2010. DURING THE YEAR ENDING SEPTEMBER 30, 2010, BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE PROGRAM SERVICES PRODUCED THE FOLLOWING RESULTS --THE SKILLED NURSING DEPARTMENT HAD 38,471 PATIENT VISITS AT A COST OF \$13,588,561 --THE LABORATORY DEPARTMENT PERFORMED 374,739 PROCEDURES AT A COST OF \$5,745,810 --THE PHARMACY DISPENSED 1,102,556 UNIT DOSES OF MEDICATION AT A COST OF \$9,784,498 --THE RADIOLOGY DEPARTMENT PERFORMED 91,571 PROCEDURES AT A COST OF \$8,606,982 --THE EMERGENCY ROOM HAD 47,497 PATIENTS AT A COST OF \$3,801,488. BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE PROVIDES CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS FROM WHICH THE HOSPITAL RECEIVES AT LESS THAN MARKET VALUE REIMBURSEMENT. RECOGNIZING ITS MISSION TO THE COMMUNITY, SERVICES ARE PROVIDED TO BOTH MEDICARE AND MEDICAID PATIENTS. TO THE EXTENT REIMBURSEMENT IS BELOW COST, BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE RECOGNIZES THESE AMOUNTS AS CHARITY CARE IN MEETING ITS MISSION TO THE ENTIRE COMMUNITY. DURING THE YEAR ENDING SEPTEMBER 30, 2010, THE UNREIMBURSED VALUE OF PROVIDING CARE TO THESE PATIENTS WAS \$168,293,208. CHARITY CARE IS ALSO PROVIDED THROUGH MANY REDUCED PRICE SERVICES AND FREE PROGRAMS OFFERED THROUGHOUT THE YEAR BASED UPON ACTIVITIES AND SERVICES WHICH BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE BELIEVES WILL SERVE A BONA FIDE COMMUNITY HEALTH NEED. BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE HAS PROVIDED A NUMBER OF SERVICES IN THE COMMUNITY SUCH AS --DIABETES SUPPORT GROUPS--BACK TO SCHOOL HEALTH FAIR--FREE BLOOD PRESSURE CHECKS AND SCREENINGS AT UNIVERSITY MALL FOR THE ENTIRE COMMUNITY--SENIOR EXERCISE CLASSES AT FIRST BAPTIST CHURCH FOR NO-CHARGE--SPEAKERS FOR VARIOUS EVENTS--A FREE MATERNITY FAIR--BREAST CANCER WORKSHOPS--RELAY FOR LIFE-AMERICAN CANCER SOCIETY. BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE FEELS THAT ITS PEOPLE ARE ITS MOST VALUABLE ASSET. TO SHARE THIS ASSET WITH THE COMMUNITY AT LARGE, ALL PERSONNEL ARE ENCOURAGED TO GET INVOLVED BY VOLUNTEERING. A PARTIAL LIST OF ORGANIZATIONS AND ACTIVITIES IN WHICH BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE PARTICIPATES THROUGH ITS VOLUNTEERS' EFFORTS INCLUDE THE FOLLOWING --LOWNDES COUNTY BOYS AND GIRLS CLUBS--SIBLING CLASSES--CHILDBIRTH CLASSES--COMMUNITY CPR CLASSES--CPR AND FIRST AID CLASSES--DIABETIC EDUCATION CLASS--BABY-SITTING CLASSES--AMERICAN HEART ASSOCIATION--AMERICAN CANCER SOCIETY--MARCH OF DIMES--DIABETES SUPPORT GROUP--LOWNDES COUNTY UNITED WAY--GIRL SCOUTS OF AMERICA--COLUMBUS KIWANIS CLUB--BOY SCOUTS OF AMERICA--ALZHEIMER SUPPORT GROUPS--BEREAVEMENT CAMP--DEPRESSION & POSTPARTUM CLASSES. BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE ALSO CONTRIBUTED TO NUMEROUS OTHER HELPFUL ORGANIZATIONS AND ACTIVITIES THROUGH DONATED USE OF HOSPITAL FACILITIES. SOME OF THESE ARE AS FOLLOWS --MISSISSIPPI UNIVERSITY FOR WOMEN NURSING STUDENTS --VOLUNTEER CHAPLAIN'S BREAKFAST (MONTHLY)--GOLDEN TRIANGLE FOUNDATION--AMERICAN HEART WALK MEETINGS--COMMUNITY EDUCATION PROGRAMS --MARCH OF DIMES--MULTIPLE SCLEROSIS--COMMUNITY CPR COURSE--COLUMBUS LOWNDES CHAMBER OF COMMERCE.			

[illegible][illegible]

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

4e	Total program service expenses	\$ 126,278,039
-----------	---------------------------------------	-----------------------

Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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
14b	• 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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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		No
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		No
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		No
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	Section 501(c)(3) organizations. 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	Yes	
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? Note. 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	1a0		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	
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	2a1,072	2b	Yes
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (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: 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	6	
b	Enter the number of voting members that are independent	1b	6	
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	Yes	

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		No
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		No

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶MS
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ JIMMY ROBERTSON 2520 5TH STREET NORTH COLUMBUS, MS 39701 (601) 244-2568

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

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

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-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			
DON DAVIS DIRECTOR	20	X						0	0	0
JAMES WOODWARD MD DIRECTOR (EX-OFFICIO)	20	X						0	0	0
ALLEN B PUCKETT III DIRECTOR	20	X						0	0	0
ALLEGRA BRIGHAM DIRECTOR	20	X						0	0	0
MIKE WATERS DIRECTOR	20	X						0	0	0
RICHARD ROLLINS DIRECTOR	20	X						0	0	0
EDWIN P CADE CEO/ADMINISTRATOR	40 00			X				0	212,106	55,233
GREGORY M DUCKETT SECRETARY	20			X				0	607,032	62,915
DAVID C HOGAN V P	20			X				0	1,957,103	64,232
STEPHEN C REYNOLDS PRESIDENT	20			X				0	2,903,388	69,618
JAMES A ROBERTSON CFO	40 00			X				121,936	0	33,709
WILLIAM KOWALSKY PHYSICIST	40 00					X		191,187	0	54,602
WALTER A KLEIS PHARMACIST	40 00					X		145,817	0	33,489
SAUL J VYDAS PHYSICIAN	40 00					X		162,970	0	38,073
SALEEM A ALI PHYSICIAN	40 00					X		192,750	0	6,240
JOHN D OWINGS PHARMACIST	40 00					X		147,869	0	14,411

1b Total	962,529	5,679,629	432,522
-----------------	---------	-----------	---------

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 **18**

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	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	
5	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
COLUMBUS ANESTHESIA ASSOC 65 FIRST COLONY CR COLUMBUS, MS 39702	ANESTHESIA SERVICES	1,710,000
MICHAEL J BOLAND MD 255 BAPTIST BLVD 402 COLUMBUS, MS 39705	PHYSICIAN SERVICES	308,147
THOMAS VINSON MD 255 BAPTIST BLVD 306 COLUMBUS, MS 39705	PHYSICIAN SERVICES	205,000
PRYOR & MORROW ARCHITECTS PO BOX 167 COLUMBUS, MS 39703	ARCHITECT SERVICES	144,801
RICHARD C VALLETTE MD 2600 5TH ST N COLUMBUS, MS 39703	PHYSICIAN SERVICES	129,044

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 **7**

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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	261,745			
	e	Government grants (contributions)	1e	990,626			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f			1,252,371		
Program Service Revenue			Business Code				
	2a	HOSPITAL REVENUE, NET	900,099	146,350,005	146,350,005		
	b	OTHER OPERATING REVENUE	518,210	571,244	571,244		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			146,921,249		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			61,794		61,794
	4	Income from investment of tax-exempt bond proceeds . . .					
	5	Royalties					
	6a	Gross Rents	(i) Real 555,625	(ii) Personal 6,371			
	b	Less rental expenses					
	c	Rental income or (loss)	555,625	6,371			
	d	Net rental income or (loss)		561,996		12,371	549,625
	7a	Gross amount from sales of assets other than inventory	(i) Securities 320,904	(ii) O ther 3,000			
	b	Less cost or other basis and sales expenses	326,643	39,993			
	c	Gain or (loss)	-5,739	-36,993			
	d	Net gain or (loss)		-42,732			-42,732
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
	b	Less direct expenses					
	c	Net income or (loss) from fundraising events . . .					
	9a	Gross income from gaming activities See Part IV, line 19					
	b	Less direct expenses					
	c	Net income or (loss) from gaming activities . . .					
	10a	Gross sales of inventory, less returns and allowances					
	b	Less cost of goods sold					
	c	Net income or (loss) from sales of inventory . . .					
Miscellaneous Revenue		Business Code					
11a	CAFETERIA REVENUE	722,210	410,339		2,210	408,129	
b	P/S INVESTMENT INCOME	621,400	114,333	114,333			
c	PAT /EMP CONVENIENCES	900,099	45,179			45,179	
d	All other revenue		11,347	11,347			
e	Total. Add lines 11a-11d			581,198			
12	Total revenue. See Instructions			149,335,876	147,046,929	14,581	1,021,995

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	224,078	224,078		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	690,393	635,162	55,231	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	38,713,195	35,616,139	3,097,056	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,460,320	1,343,494	116,826	
9	Other employee benefits	5,788,820	5,325,714	463,106	
10	Payroll taxes	2,877,053	2,646,889	230,164	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	5,526,942	5,084,787	442,155	
12	Advertising and promotion	475,436	437,401	38,035	
13	Office expenses	26,469,240	24,351,701	2,117,539	
14	Information technology				
15	Royalties				
16	Occupancy	2,883,665	2,652,972	230,693	
17	Travel	125,362	115,333	10,029	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	42,547	39,143	3,404	
20	Interest	903,164	830,911	72,253	
21	Payments to affiliates	11,860,836	10,911,969	948,867	
22	Depreciation, depletion, and amortization	7,451,429	6,855,315	596,114	
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	BAD DEBT, NET OF RECOVE	25,990,581	25,990,581	0	
b	REPAIRS & MAINTENANCE	2,469,861	2,272,272	197,589	
c	RECRUITING EXP	810,326	745,500	64,826	
d	DUES & SUBSCRIPTIONS	165,131	151,921	13,210	
e	PATIENT/EMPLOYEE/VISITO	30,989	28,510	2,479	
f	All other expenses	19,834	18,247	1,587	
25	Total functional expenses. Add lines 1 through 24f	134,979,202	126,278,039	8,701,163	0
26	Joint costs. Check here ☐ 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			6,199	1	6,500
	2	Savings and temporary cash investments			1,911,864	2	5,724,066
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			12,791,374	4	15,043,070
	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				7	
	8	Inventories for sale or use			6,214,630	8	6,404,601
	9	Prepaid expenses and deferred charges			1,499,213	9	1,619,420
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	157,388,324	84,801,231	10c	81,549,778
	b	Less accumulated depreciation	10b	75,838,546			
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11			1,278,551	12	
	13	Investments—program-related See Part IV, line 11			1,613,265	13	1,508,528
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			2,961,378	15	2,055,922
	16	Total assets. Add lines 1 through 15 (must equal line 34)			113,077,705	16	113,911,885
Liabilities	17	Accounts payable and accrued expenses			5,969,836	17	5,857,298
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	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				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			28,051,766	25	20,403,203
	26	Total liabilities. Add lines 17 through 25			34,021,602	26	26,260,501
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			79,056,103	27	87,651,384
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			79,056,103	33	87,651,384
	34	Total liabilities and net assets/fund balances			113,077,705	34	113,911,885

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c 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	
d 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 ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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 . . .		

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 MEMORIAL HOSPITAL- GOLDEN TRIANGLE INC	Employer identification number 62-1519754
--	--

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 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 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

Additional Data

Software ID:

Software Version:

EIN: 62-1519754

Name: BAPTIST MEMORIAL HOSPITAL- GOLDEN TRIANGLE
INC

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, NET OF RECOVER	25,990,581	25,990,581	0	
REPAIRS & MAINTENANCE	2,469,861	2,272,272	197,589	
RECRUITING EXP	810,326	745,500	64,826	
DUES & SUBSCRIPTIONS	165,131	151,921	13,210	
PATIENT/EMPLOYEE/VISITOR	30,989	28,510	2,479	

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 MEMORIAL HOSPITAL- GOLDEN TRIANGLE INC	Employer identification number 62-1519754
--	--

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)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<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)															
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?		☐ Yes	☐ No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 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					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV	Yes		17,794
	j Total lines 1c through 1i			17,794
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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).		
		2a	
		2b	
		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
Part II-B, Line 1i	Explanation of Other Lobbying Activities	BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE PAYS ANNUAL MEMBERSHIP DUES TO THE MISSISSIPPI HOSPITAL ASSOCIATION AND THE AMERICAN HOSPITAL ASSOCIATION A PORTION OF THE DUES IS RELATED TO LOBBYING EXPENDITURES THE PARENT, BAPTIST MEMORIAL HEALTH CARE CORPORATION, PAYS CONSULTANTS WHO MONITOR AND ADVISE THE ORGANIZATION ON LEGISLATIVE AND REGULATORY MATTERS THAT MAY AFFECT THE ORGANIZATION AND ITS AFFILIATES THESE CONSULTANTS MAY ADVOCATE POSITIONS WITH THE LEGISLATIVE AND REGULATORY BODIES OF GOVERNMENT AT LOCAL, STATE AND FEDERAL LEVELS

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 MEMORIAL HOSPITAL- GOLDEN TRIANGLE INC

Employer identification number
62-1519754

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
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▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2009

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

(ii)

related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		832,513		832,513
b Buildings		93,696,407	28,494,251	65,202,156
c Leasehold improvements				
d Equipment		62,656,189	47,217,298	15,438,891
e Other		203,215	126,997	76,218
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				81,549,778

Part XI

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

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

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 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
Part X	Description of Uncertain Tax Positions Under FIN 48	BAPTIST MEMORIAL HEALTH CARE CORPORATION ADOPTED THE PROVISIONS OF ASC TOPIC 740, INCOME TAXES (FORMERLY FASB INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AN INTERPRETATION OF FASB STATEMENT NO. 109), ON OCTOBER 1, 2009. APPLICATION OF ASC TOPIC 740 TO A TAX-EXEMPT ORGANIZATION IS PRIMARILY DIRECTED AT THE CHARACTERIZATION OF INCOME AS TAX-EXEMPT (RELATED OR EXCLUDED EXEMPT FUNCTION INCOME) AND/OR TAXABLE AS UNRELATED BUSINESS INCOME AS DEFINED IN THE CODE. BAPTIST MEMORIAL HEALTH CARE CORPORATION EVALUATED THE EFFECT OF ASC TOPIC 740 AND DETERMINED THAT NO ADJUSTMENTS TO ITS COMBINED FINANCIAL STATEMENTS WERE REQUIRED UPON THE ADOPTION OF ASC TOPIC 740 ON OCTOBER 1, 2009. AS OF SEPTEMBER 30, 2010, BAPTIST MEMORIAL HEALTH CARE CORPORATION HAD NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS UNDER ASC TOPIC 740 REQUIRING ADJUSTMENTS TO ITS COMBINED FINANCIAL STATEMENTS. IN THE EVENT BAPTIST MEMORIAL HEALTH CARE CORPORATION WERE TO RECOGNIZE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IT WOULD BE RECOGNIZED IN THE COMBINED FINANCIAL STATEMENTS AS INTEREST EXPENSE. GENERALLY, TAX YEARS 2006 THROUGH 2009 ARE OPEN TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES, RESPECTIVELY. THERE ARE NO INCOME TAX EXAMINATIONS CURRENTLY IN PROCESS.

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 MEMORIAL HOSPITAL- GOLDEN TRIANGLE INC

Employer identification number
62-1519754

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 ☒ Applied uniformly to all hospitals ☐ Generally tailored to individual hospitals ☐ Applied uniformly to most hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <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 ☒ 100%☐ 150%☐ 200%☐ Other _____% 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 ☐ 200%☐ 250%☒ 300%☐ 350%☐ 400%☐ Other _____% 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"?	3a	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)		14,561	5,457,028	0	5,457,028	5 010 %
b Unreimbursed Medicaid (from Worksheet 3, column a)		20,832	19,149,549	17,706,280	1,443,269	1 320 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)		1,709	1,760,697	1,674,013	86,684	0 080 %
d Total Charity Care and Means-Tested Government Programs		37,102	26,367,274	19,380,293	6,986,981	6 410 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		64,066	41,548	0	41,548	0 040 %
f Health professions education (from Worksheet 5)		0				
g Subsidized health services (from Worksheet 6)		48,252	41,077,391	40,173,280	904,111	0 830 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)		103,147	234,991	0	234,991	0 220 %
j Total Other Benefits		215,465	41,353,930	40,173,280	1,180,650	1 090 %
k Total. Add lines 7d and 7j		252,567	67,721,204	59,553,573	8,167,631	7 500 %

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
1Physical improvements and housing	1	0	1,150	0	1,150	0 %
2Economic development						
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development	1	90	1,062	0	1,062	0 %
9Other						
10Total	2	90	2,212		2,212	

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	Yes	
2Enter the amount of the organization's bad debt expense (at cost)	2	5,233,116	
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	104,357	
4Provide 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

5Enter total revenue received from Medicare (including DSH and IME)	5	22,637,846	
6Enter Medicare allowable costs of care relating to payments on line 5	6	22,640,463	
7Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-2,617	
8Describe 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: ☒ Cost accounting system ☐ Cost to charge ratio ☐ Other			

Section C. Collection Practices

9aDoes the organization have a written debt collection policy?	9a	Yes	
9bIf "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				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

[illegible]

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

See additional data

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

See additional 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

Part VI, Line 3 PATIENTS ARE INFORMED OF THEIR ELIGIBILTY FOR ASSISTANCE IN PERSON UPON ENTERING THE HOSPITAL FACILITY EACH PATIENT IS ASSIGNED AN ADMISSIONS PERSON WHO PROVIDES WRITTEN INFORMATION AS WELL AS VERBAL INFORMATION

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

See additional data

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

Part VI, Line 5 BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE CONDUCTS SEVERAL HEALTH FAIRS, SEMINARS AND CLASSES THROUGHOUT THE YEAR FOR THE COMMUNITIES IT SERVES BAPTIST ALSO IS INVOLVED IN LOCAL COMMUNITY AND NON-PROFIT ORGANIZATIONS SUCH AS THE AMERICAN CANCER SOCIETY RACE FOR THE CURE, WALK AMERICA, ST JUDE, AND MANY OTHERS NOT ONLY DO WE PROVIDE MONETARY DONATIONS, BUT OUR EMPLOYEES ARE ACTIVE VOLUNTEERS IN THESE WORTHY CAUSES

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)

Part VI, Line 6 THE HOSPITALS HAVE OPEN MEDICAL STAFFS, COMMUNITY BOARD INVOLVMENT, SUPPORT SERVICES, FREE AND/OR REDUCED MAMMOGRAMS, HEALTH FAIRS, DONATION OF SUPPLIES AND MONEY, AND MANY OTHER THINGS

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

Part VI, Line 7 BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE IS AN AFFILIATE OF BAPTIST MEMORIAL HEALTH CARE CORPORATION BAPTIST MEMORIAL HEALTH CARE CORPORATION IS THE SOLE MEMBER OF A NUMBER OF HOSPITALS, MINOR MEDICAL CENTERS, HOME CARE AND HOSPICE SERVICES, AND PHYSICIAN SERVICES IN WEST TENNESSEE, NORTH MISSISSIPPI, AND EAST ARKANSAS

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

TN,MS,AR

Additional Data

Software ID:
Software Version:
EIN: 62-1519754
Name: BAPTIST MEMORIAL HOSPITAL- GOLDEN TRIANGLE
INC

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7 OUR COST ACCOUNTING PROCESS REFLECTS FULLY LOADED COST FOR ALL OF OUR PATIENT POPULATIONS FULLY LOADED COST INCLUDES DIRECT, CAPITAL, AND INDIRECT COST AFTER WORKING WITH OUR DEPARTMENT DIRECTORS AND CFOS TO MAKE SURE THE DOLLARS IN THE GENERAL LEDGER ARE IN THE CORRECT PLACE TO REFLECT OUR TIME AND EFFORTS SPENT THROUGHOUT THE YEAR, WE DEVELOP RELATIVE VALUE UNITS TO ALLOCATE THE ACTUAL GENERAL LEDGER COST DOWN TO THE PROCEDURE CHARGE CODES FROM OUR PATIENT ACCOUNTING SYSTEM ALL OVERHEAD IS ALLOCATED DOWN TO THE REVENUE PRODUCING DEPARTMENTS BASED ON VARIOUS STATISTICS ONCE EVERY CHARGE CODE HAS GONE THROUGH THE COST AND AUDIT PROCESS, WE CAN RUN THE PATIENT LEVEL REPORTS USED FOR THE FORM 990 TO GET TO THE COST INFORMATION NEEDED

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7g SUBSIDIZED HEALTH SERVICES DOES NOT INCLUDE ANY COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7f PER IRS INSTRUCTIONS, BAD DEBT EXPENSE WAS NOT INCLUDED IN THE CALCULATION OF THE PERCENTAGE OF TOTAL CHARITY CARE AND COMMUNITY BENEFITS COST ON SCHEDULE H, LINE 7, COLUMN (F)

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 4 FROM THE CONSOLIDATED AUDITED FINANCIAL STATEMENT OF BAPTIST MEMORIAL HEALTH CARE CORPORATION AND SUBSIDIARIES IN DECEMBER 2010, THE FASB RATIFIED ISSUE 09-H, HEALTH CARE ENTITIES PRESENTATION AND DISCLOSURE OF NET PATIENT SERVICE REVENUE, PROVISION FOR BAD DEBTS, AND THE ALLOWANCE FOR DOUBTFUL ACCOUNTS THIS REQUIRES HEALTH CARE ENTITIES TO PRESENT THE PROVISION FOR BAD DEBTS AS A COMPONENT OF NET REVENUES WITHIN THE REVENUE SECTION OF THE STATEMENT OF OPERATIONS AS PRESENTLY WRITTEN, A HEALTH CARE ENTITY IS REQUIRED TO DISCLOSE (a) ITS POLICY FOR CONSIDERING COLLECTIBILITY IN THE TIMING AND AMOUNT OF REVENUE AND BAD DEBT RECOGNIZED, (b) PATIENT SERVICE REVENUE (NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS) BEFORE ANY PROVISION FOR BAD DEBTS, AND (c) A TABULAR RECONCILIATION, DESCRIBING THE MATERIAL ACTIVITY IN THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR THE PERIOD BY MAJOR PAYOR CLASS NONPUBLIC ENTITIES WILL BE REQUIRED TO PROVIDE THE NEW DISCLOSURES AND STATEMENT OF OPERATIONS PRESENTATION IN FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2011, WITH EARLY ADOPTION PERMITTED THE REQUIREMENT TO REPORT THE PROVISION FOR BAD DEBTS AS A COMPONENT OF THE NET REVENUE WILL BE APPLIED RETROSPECTIVELY FOR ALL PERIODS PRESENTED, WHILE THE NEW DISCLOSURE REQUIREMENTS WILL BE APPLIED PROSPECTIVELY ON DECEMBER 8, 2010, THE FASB ANNOUNCED THEY WERE AGAIN SEEKING PUBLIC COMMENTS ON THIS ISSUE BAPTIST MEMORIAL HEALTH CARE CORPORATION HAS NOT EARLY-ADOPTED OR DETERMINED THE EFFECT ON THEIR COMBINED FINANCIAL STATEMENTS THE COSTING METHODOLGY USED IN DETERMINING THE AMOUNTS REPORTED ON LINES 2 AND 3 A BAD DEBT REPORT IS RUN TO PULL ALL PATIENTS THAT HAVE BEEN MOVED TO A BAD DEBT ACCOUNT LOCATION WE TAKE THE TOTAL ACCOUNT BALANCE OF ALL THE PATIENTS IN THE BAD DEBT LOCATION AND DIVIDE IT BY THE TOTAL CHARGES OF THE SAME PATIENT POPULATION WE MULTIPLY THE RESULTING RATIO BY THE TOTAL COST OF THE SAME PATIENT POPULATION THIS GIVES US THE COST ASSOCIATED WITH THE TOTAL AMOUNT OF THE ACCOUNT BALANCE MOVED TO THE BAD DEBT STATUS WE RUN A QUERY OUT OF OUR INTERNAL DATA WAREHOUSE SYSTEM THAT IDENTIFIES THIS PATIENT POPULATION THIS INFORMATION IS ENTERED INTO THE STANDARD NOTE SECTION OF EACH PATIENT RECORD WE QUALIFY OUR PATIENT QUERY BY THE STANDARD NOTES THAT REPRESENT WHEN A PATIENT REFUSES TO COMPLETE THE PAPERWORK, IF THE INFORMATION PROVIDED BY THE PATIENT IS INCOMPLETE, OR WHEN A SELF-PAY MINIMUM DISCOUNT NOTE IS ENTERED ON THE PATIENT RECORD WE THEN TAKE THIS PATIENT POPULATION AND RUN A REPORT THAT GIVES US THE TOTAL COST OF THE PATIENT POPULATION

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 8 WE CAN'T GET THE PAYMENT AND MEDICARE ALLOWABLE COST INFORMATION FROM THE COST REPORT IN THE FORMAT THAT WE NEED, SO WE DO THE FOLLOWING FOR LINE 5, WE TAKE THE TOTAL PAYMENTS FOR MEDICARE PATIENTS FROM SCHEDULE 6 PATIENT POPULATION AND DIVIDE THAT BY THE TOTAL HOSPITAL MEDICARE PAYMENTS WE MULTIPLY THE RESULTING RATIO BY THE REVENUE NUMBERS THAT COME FROM THE COST REPORT FOR LINE 6, WE USE THE SAME CONCEPT TO GET THE COST INFORMATION WE GET THE TOTAL COST OF MEDICARE PATIENTS FROM SCHEDULE 6 AND DIVIDE THAT NUMBER BY THE TOTAL COST OF THE TOTAL MEDICARE PATIENT POPULATION OF THE HOSPITAL WE THEN MULTIPLY THIS RATIO BY THE COST INFORMATION FROM THE COST REPORT

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 9b MEDICAL FINANCIAL SERVICES, INC , THE HOSPITAL'S COLLECTION AGENCY, WILL DETERMINE IF THE PATIENT HAS A CHARITY APPLICATION ON FILE AND IS DEEMED TO BE A CHARITY CASE IF IT IS DETERMINED THAT THE PATIENT IS A CHARITY CASE, THEN MEDICAL FINANCIAL SERVICES, INC WILL LOOK AT THE AMOUNT OF THE CHARITY DISCOUNT TO DETERMINE WHETHER TO MAKE A SETTLEMENT OFFER DEPENDING UPON THE CIRCUMSTANCES AT THE TIME, THE ENTIRE AMOUNT OWED MAY BE WRITTEN OFF OTHER PATIENTS, WHO ARE NOT CHARITY PATIENTS, GENERALLY ARE NOT OFFERED A DISCOUNT ON THE AMOUNT OWED IF THE ACCOUNT IS 0-6 MONTHS OLD MEDICAL FINANCIAL SERVICES, INC WILL TRY TO SET UP A PAYMENT PLAN IF THE PATIENT HAS INSURANCE AND THE BILL WAS FILED WITH THEIR INSURANCE COMPANY, THE PRIOR PPO ADJUSTMENT IS GIVEN THE AMOUNT OF DISCOUNT INCREASES AS THE AGE OF THE DEBT INCREASES AS THE AGE OF THE DEBT INCREASES, DETERMINING FACTORS ARE ALSO CONSIDERED SUCH AS THE ABILITY OF THE PATIENT TO PAY, THE AGE AND HEALTH OF THE PATIENT, FAMILY CIRCUMSTANCES, CREDIT SCORE, ETC RISK FACTORS ARE ALSO CONSIDERED WHEN DETERMINING WHETHER TO SETTLE AN ACCOUNT RISK FACTORS INCLUDE HARDSHIP AND CATASTROPHE, OTHER DEBTS, AND FUTURE EXPECTANCIES

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

PART I, LINE 6a THE COMMUNITY BENEFIT REPORT IS PREPARED BY THE HOSPITAL'S SOLE MEMBER, BAPTIST MEMORIAL HEALTH CARE CORPORATION THE COMMUNITY BENEFIT REPORT IS MADE AVAILABLE TO THE PUBLIC BY MAIL AND AVAILABLE AT EACH AFFILIATE OF BAPTIST MEMORIAL HEALTH CARE CORPORATION

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

Part VI, Line 2 BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER OF THE HOSPITAL, PROVIDES NEEDS ASSESSMENTS THROUGH THE HEALTH SERVICES RESEARCH DEPARTMENT IN ADDITION, LOCAL ADVISORY BOARDS PROVIDE FEEDBACK TO THE LOCAL HOSPITAL ADMINISTRATORS THE HEALTH SERVICES RESEARCH DEPARTMENT USES VARIOUS TOOLS TO ASSIST THEM IN THE ASSESSMENTS ONE OF THE TOOLS USED BY HEALTH SERVICES RESEARCH DEPARTMENT IS YACUBIAN RESEARCH, INC COMMUNITY OPINION SURVEY THIS IS A QUARTERLY RANDOM-DIGIT DIALING TELEPHONE SURVEY THE MEMPHIS METRO MARKET HAS 500 RESPONDENTS PER QUARTER SURVEYS INCLUDE QUESTIONS ASKING RESPONDENTS TO GRADE THE QUALITY OF HEALTH CARE SERVICES IN THEIR COMMUNITY THE SERVICES ARE GRADED FROM A-F IF A SERVICE IS GIVEN A RATING OF C OR BELOW, THE RESPONDENTS ARE ASKED FOR IDEAS FOR IMPROVEMENT THESE CAN BE REVIEWED BY AREA, COUNTY, TOWN, ZIP CODE, AGE, GENDER, AND RACE THE IMPROVEMENTS REQUESTED GENERALLY INVOLVE REQUESTS FOR MORE AND BETTER DOCTORS AND STAFF, AND LESS WAIT TIME MEDICAL STAFF SURVEYS ARE ALSO USED TO ASSESS NEEDS THESE ARE CONDUCTED BY MAIL OR INTERNET (WHICH EVER IS PREFERRED BY THE RESPONDENT) BY PRESS-GANEY, A NATIONALLY KNOWN RESEARCH COMPANY FOR BOTH PATIENT SATISFACTION AND PHYSICIAN SATISFACTION IN THIS SURVEY, CONDUCTED EVERY OTHER YEAR, RESPONDENTS ARE QUESTIONED ABOUT THE NEED FOR NEW SERVICES OR PHYSICIAN SPECIALTIES IN THE HOSPITAL OR COMMUNITY THERE ARE USUALLY MULTI-PHYSICIAN RECOMMENDATIONS FOR ADDITIONAL EQUIPMENT AND CERTAIN TYPES OF PHYSICIAN SPECIALISTS THIS IS USED AS A STARTING POINT FOR DETERMINING POTENTIAL PRIORITIES FOR PHYSICIAN RECRUITING COMMUNITY NEEDS ASSESSMENT FOR ADDITIONAL PHYSICIANS IN THE COMMUNITY IS ALSO CONDUCTED POPULATION-BASED DEMAND ESTIMATES ARE OBTAINED FROM THE MEDSTAT INFORMUM MEDI-EDGE SOFTWARE, AND TAKES INTO ACCOUNT THE AGE AND GENDER OF THE POPULATION THIS IS THEN COMPARED TO THE SUPPLY OF PHYSICIANS AS DETERMINED THROUGH SEVERAL DIFFERENT SOURCES-INCLUDING OUR OWN CALLING OF OFFICES TO DETERMINE THE FULL TIME EQUIVALENT OF PHYSICIANS AVAILABLE IN THE SPECIALTY OF INTEREST THE DEMAND MINUS THE SUPPLY GIVES THE "NET NEED" CURRENTLY, AND IN 5 YEARS THE REQUEST FOR THESE ANALYSES ARE MADE BY THE HOSPITAL'S CHIEF EXECUTIVE OFFICERS' BASED ON THE PRIORITIES GIVEN BY THE MEDICAL STAFF AND ACCORDING TO KNOWLEDGE OF CERTAIN PHYSICIANS THAT ARE LIKELY TO BE LEAVING THE AREA IN THE NEXT YEAR OR TWO GENERALLY THE DEMAND AND SUPPLY ESTIMATES ARE FOR A GEOGRAPHIC AREA DEFINED BY THE HALF-WAY MARK BETWEEN OUR FACILITY AND THE COMMUNITY HAVING A SIMILAR SIZED MEDICAL FACILITY OF A COMPETITOR IN LARGER MARKET AREAS, THE PHYSICIAN NEEDS ARE GENERALLY CONCENTRATED AROUND HIGHLY SPECIALIZED PHYSICIANS WHO MAY BE LEAVING OR RETIRING THE SOFTWARE PACKAGE HAS MODULES THAT ARE USED TO DETERMINE THE NEED FOR NEW FACILITIES, SUCH AS HOSPITALS, URGENT CARE CENTERS, EXPANDED EMERGENCY ROOMS, ETC THIS IS REVIEWED IF THERE IS AN INCREASE IN POPULATION GROWTH PATIENT SATISFACTION SURVEYS ARE ANOTHER TOOL USED TO ASSESS NEED PRESS GANEY MAELS SURVEYS EVERY TWO WEEKS TO A RANDOM SAMPLE OF DISCHARGED PATIENTS THE GOAL IS TO GET APPROXIMATELY 350 COMPLETED SURVEYS PER YEAR IN EACH OF THE VARIOUS CARE SETTINGS PER FACILITY THESE CARE SETTINGS INCLUDE INPATIENT, OUTPATIENT, EMERGENCY ROOMS, OUTPATIENT SURGERY, OUTPATIENT DIAGNOSTICS, HOME HEALTH CARE, URGENT CARE CENTERS, ETC BASED ON THESE SURVEYS, THE NEED FOR SPECIFIC CHANGES IN PROCESSES OR TYPES OF PERSONNEL ARE ASSESSED TO MEET THE NEEDS OF THE COMMUNITIES WE SERVE NATIONAL RESEARCH CORPORATION IS A RESEARCH COMPANY THAT INTERVIEWS 600 PEOPLE IN OUR COMMUNITY SERVICE AREA EACH YEAR VIA THE INTERNET THESE PEOPLE ARE A PART OF A PANEL SELECTED TO REPRESENT THE CHARACTERISTICS OF THE COMMUNITY THIS SURVEY PROVIDES AN ON-LINE TOOL FOR DETERMINING SELF-REPORTED PERCENTAGES WITH CHRONIC CONDITIONS AND USE OF PREVENTIVE SERVICES IN AREAS OF SIMILAR SIZE AND CHARACTERISTICS AROUND THE COUNTRY

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

Part VI, Line 4 BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE SERVICES THE LOWNDES COUNTY, MISSISSIPPI AND GOLDEN TRIANGLE AREA SOME PATIENTS COME FROM ALABAMA AND OTHER MISSISSIPPI COUNTIES SURROUNDING THE GOLDEN TRIANGLE AREA THE AFRICAN-AMERICAN COMMUNITY COMPRISES ABOUT 41 9% OF OUR PRIMARY SERVICE AREA HISPANICS MAKE UP ABOUT 1 5%, AND CAUCASIONS ARE ABOUT 55 1% DEMOGRAPHIC SNAPSHOTS ARE PROVIDED BY THE INDEPENDENT OUTSIDE FIRM OF CLARITAS, INC OUR OWN HEALTH SERVICES RESEARCH DEPARTMENT AT BAPTIST MEMORIAL HEALTH CARE CORPORATION (AS SOLE MEMBER) CALCULATES THE DISTRIBUTION OF INPATIENT DISCHARGES (EXCLUDING NEWBORNS) BY COUNTY THIS IS SORTED IN DESCENDING NUMBER PER COUNTY AND DETERMINES THOSE COUNTIES WITH UP TO 75-77% OF THE DISCHARGES AND THESE CONTIGUOUS COUNTIES COMPRISE THE PRIMARY MARKET AREA COUNTIES COMPRISING 78-95% OF THE DISCHARGES ARE DESIGNATED THE SECONDARY MARKET, WHILE THE REMAINING 5% IS THE TERTIARY MARKET BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE'S PRIMARY MARKET SERVICE AREA HAS 107,504 PERSONS WITH THE COMBINED PRIMARY AND SECONDARY AREA HAVING 234,499 PERSONS OTHER ITEMS SUCH AS AGE, HOUSEHOLD INCOME, AND RACE/ETHNICITY PERCENTAGES, AS COMPARED TO THE NATION AS A WHOLE, ARE ALSO USED IN THE MIX DUNN AND BRADSTREET DATA IS ALSO USED TO DETERMINE THE COMMUNITIES LARGEST EMPLOYERS

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BAPTIST MEMORIAL HOSPITAL- GOLDEN TRIANGLE INC

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
62-1519754

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
MISSISSIPPI UNIVERSITY FOR WOMEN FOUNDATION 110 COLLEGE ST COLUMBUS, MS 397015800	237050717	501(c)(3)	211,578				NURSING PROGRAM AND GENERAL DONATION
COLUMBUS LOWNDES DEVELOPMENT LINKPO BOX 1328 COLUMBUS, MS 39703	640387161	501(c)(6)	12,500				GENERAL DONATION

2

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

▶

3

Enter total number of other organizations

▶

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 MEMORIAL HOSPITAL- GOLDEN TRIANGLE INC

Employer identification number
62-1519754

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		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☒ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b	If 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		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		No
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?		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?		No
b	Any related organization?		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?		No
b	Any related organization?		No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		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		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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				
EDWIN P CADE	(i)	0	0	0	0	0	0	0
	(ii)	184,986	14,107	13,013	34,968	20,265	267,339	0
GREGORY M DUCKETT	(i)	0	0	0	0	0	0	0
	(ii)	346,035	244,262	16,735	36,750	26,165	669,947	0
DAVID C HOGAN	(i)	0	0	0	0	0	0	0
	(ii)	630,023	406,143	920,937	46,500	17,732	2,021,335	0
STEPHEN C REYNOLDS	(i)	0	0	0	0	0	0	0
	(ii)	1,013,401	665,439	1,224,548	46,500	23,118	2,973,006	0
JAMES A ROBERTSON	(i)	108,143	9,533	4,260	14,742	18,967	155,645	0
	(ii)	0	0	0	0	0	0	0
WILLIAM KOWALSKY	(i)	191,187	0	0	39,460	15,142	245,789	0
	(ii)	0	0	0	0	0	0	0
WALTER A KLEIS	(i)	145,482	0	335	13,971	19,518	179,306	0
	(ii)	0	0	0	0	0	0	0
SAUL J VYDAS	(i)	150,970	0	12,000	21,895	16,178	201,043	0
	(ii)	0	0	0	0	0	0	0
SALEEM A ALI	(i)	190,915	0	1,835	0	6,240	198,990	0
	(ii)	0	0	0	0	0	0	0
JOHN D OWINGS	(i)	147,869	0	0	14,357	54	162,280	0
	(ii)	0	0	0	0	0	0	0

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	THE OFFICERS RECEIVE A PERQUISITE ALLOWANCE WHICH IS INCLUDED IN THEIR SALARIES
	Part I, Line 1b	THE PRESIDENT, VICE PRESIDENTS, AND ADMINISTRATORS RECEIVE A PERQUISITE ALLOWANCE. THE ALLOWANCE IS INCLUDED IN THEIR SALARIES AND IS TAXABLE TO THEM AS ADDITIONAL INCOME. THE ORGANIZATION ALSO HAS AN ACCOUNTABLE PLAN, BUT A DISCRETIONARY SPENDING ACCOUNT IS NOT PART OF AN ACCOUNTABLE PLAN. IF ANY OF THE OTHER ITEMS LISTED ON SCHEDULE J, PART I, LINE 1a WERE APPLICABLE, THE RECIPIENTS WOULD BE REQUIRED TO FOLLOW THE ORGANIZATION'S WRITTEN POLICY REGARDING PAYMENT OR REIMBURSEMENT.
Supplemental Information	Part III	PART I, LINE 3: BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER, HAS A GOVERNANCE COMMITTEE MADE UP OF THE BOARD OF DIRECTORS, WHO ALONG WITH THE HUMAN RESOURCE DEPARTMENT, UTILIZES INDEPENDENT COMPENSATION CONSULTANTS, COMPENSATION STUDIES, AND APPROVAL BY THE COMPENSATION COMMITTEE TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR AND OTHER KEY PERSONNEL.

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization BAPTIST MEMORIAL HOSPITAL- GOLDEN TRIANGLE INC	Employer identification number 62-1519754
--	--

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

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

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

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE FORM 990 IS REVIEWED BY BAPTIST MEMORIAL HEALTH CARE CORPORATIONS SR V P/CFO, THE V P OF CORPORATE FINANCE, AND THE HOSPITAL CFO IN ADDITION, THE FORM 990 IS REVIEWED ON A ROTATING BASIS OF EVERY THREE YEARS BY AN OUTSIDE INDEPENDENT ACCOUNTING AND TAX FIRM THE FORM 990 HAS NOT BEEN REVIEWED BY THE BOARD OF DIRECTORS HOWEVER, BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER, HAS A GOVERNANCE COMMITTEE THAT IS APPOINTED BY ITS BOARD OF DIRECTORS THE BAPTIST MEMORIAL HEALTH CARE CORPORATION GOVERNANCE COMMITTEE CONSISTS OF THREE OR MORE MEMBERS ALL OF WHICH MAY OR MAY NOT BE MEMBERS OF THE BOARD OF DIRECTORS THE BAPTIST MEMORIAL HEALTH CARE CORPORATION GOVERNANCE COMMITTEE WILL REVIEW THE FORM 990 AFTER SUBMITTING IT TO THE IRS

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		BAPTIST MEMORIAL HEALTH CARE CORPORATION'S HUMAN RESOURCE DEPARTMENT, THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS, AND AN INDEPENDENT COMPENSATION CONSULTING FIRM PERFORM ANNUAL REVIEWS EACH DECEMBER AND APPROVE COMPENSATION OF THE CEO AND OTHER TOP MANAGEMENT PERSONNEL. THEY USE COMPARABILITY DATA AND OTHER SOURCES AS NEEDED. THE CEO AND OTHER TOP MANAGEMENT USE THE SAME TYPE OF INFORMATION TO APPROVE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES. ON DECEMBER 8, 2008 THE COMPENSATION WAS REVIEWED AND APPROVED FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2009 FOR THE PRESIDENT, THE VICE PRESIDENTS, AND THE CEO/ADMINISTRATOR.

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

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

Identifier	Return Reference	Explanation
Form 990, Part VII	Contact Addresses for Officers, Directors, Etc	GREGORY M DUCKETT - 350 N HUMPHREYS BLVD , MEMPHIS, TN 381202177 DAVID C HOGAN - 350 N HUMPHREYS BLVD , MEMPHIS, TN 381202177 STEPHEN C REYNOLDS - 350 N HUMPHREYS BLVD , MEMPHIS, TN 381202177

Identifier	Return Reference	Explanation
PART XI, LINE 2c FINANCIAL STATEMENTS AND REPORTING		BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER, HAS AN AUDIT COMMITTEE THAT CHOOSES THE AUDIT FIRM, OVERSEES AND REVIEWS THE AUDIT REPORTS, AND THEN FOLLOWS UP ON ANY NECESSARY CHANGES AND RECOMMENDATIONS THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS

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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
BAPTIST MEMORIAL HOSPITAL- GOLDEN TRIANGLE INC

Employer identification number
62-1519754

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
NORTHEAST ARKANSAS BAPTIST MEMORIAL HEALTH CARE LLC 3024 STADIUM BLVD JONESBORO, AR 72401 81-0572898	OPERATION OF BAPTIST MEMORIAL HOSPITAL- JONESBORO, INC	AR			BAPTIST MEMORIAL HOSPITAL- JONESBORO INC
NORTHEAST ARKANSAS BAPTIST HEALTH SERVICES GROUP LLC 3024 STADIUM BLVD JONESBORO, AR 72401 27-1471186	OPERATE A PREFERRED PROVIDER ORGANIZATON	AR			BAPTIST MEMORIAL HOSPITAL- JONESBORO INC

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
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) 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) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) 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
HEALTH TECH AFFILIATES INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1278576	BUYING AND LEASING REAL & PERSONAL PROPERTY	TN	BAPTIST MEMORIAL HEALTH CARE CORPORATION	C			
BAPTIST HEALTH SERVICES GROUP OF THE MIDSOUTH INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1534210	HEALTH INSURANCE CONTRACTING	TN	BAPTIST MEMORIAL HEALTH CARE CORPORATION	C			
SOUTHCREST PROPERTY OWNERS ASSOCIATION 7601 SOUTHCREST PKWY SOUTHAVEN, MS38671 64-0768703	BOOKKEEPING/DATA PROCESSING FOR SOUTHCREST DEV	MS	BAPTIST MEMORIAL HEALTH CARE CORPORATION	C			
GERMANTOWN BUSINESS PARK OWNERS ASSOCIATION 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 20-1158216	BOOKKEEPING DATA PROCESSING FOR GERMANTOWN BUS PARK DEV	TN	BAPTIST MEMORIAL HEALTH CARE CORPORATION	C			

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

No

1b

No

1c

Yes

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

No

1n

No

1o

No

1p

No

1q

Yes

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) BAPTIST MEMORIAL HEALTH CARE CORPORATION	L	11,860,836
(2) BAPTIST MEMORIAL HEALTH CARE FOUNDATION	C	257,743
(3) BAPTIST MEMORIAL HOSPITAL-DESOTO	D	18,891,623
(4) BAPTIST MEMORIAL HEALTH SERVICES INC-MS	Q	5,582,746
(5) BAPTIST MEMORIAL MEDICAL MINISTRIES EMPLOYEE HEALTH & WELFARE TRUST	Q	5,372,559
(6) BAPTIST MEMORIAL HEALTH CARE CORPORATION & AFFILIATES	Q	6,716,304

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.

[illegible]

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity
BAPTIST MEMORIAL HEALTH CARE CORPORATION 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 58-1521475	MANAGEMENT, ADMINISTRATIVE, & FINANCIAL SERVICES	TN	501(c)(3)	509(a)(3)	N/A
BAPTIST MEMORIAL HEALTH CARE SYSTEM INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 58-1456556	CARRY OUT THE HEALTH CARE MISSIONS OF THE BAPTIST CONVENTIONS OF AR, MS ,TN	TN	501(c)(3)	509(a)(3)	N/A
BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC 1003 MONROE MEMPHIS, TN38104 62-1599670	EDUCATION OF HEALTH CARE PROFESSIONALS	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HOSPITAL INC
BAPTIST MEMORIAL HEALTH SERVICES INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1509127	PROVISION OF HEALTH CARE PROVIDERS & HOME MEDICAL EQUIPMENT/SERVICES	TN	501(c)(3)	509(a)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-0123940	HEALTH CARE FACILITY/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
MEDICAL FINANCIAL SERVICES INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1112364	COLLECTION AGENCY FOR BAPTIST ENTITIES	TN	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-BOONEVILLE INC 100 HOSPITAL ST BOONEVILLE, MS38829 64-0663760	HEALTH CARE FACILITY/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-DESOTO INC 7601 SOUTHCREST PKWY SOUTHAVEN, MS38671 64-0682111	HEALTH CARE FACILITY/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-HUNTINGDON INC 631 R B WILSON DR HUNTINGDON, TN38344 62-1166050	HEALTH CARE FACILITY/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-LAUDERDALE INC 326 ASBURY RIPLEY, TN38063 62-1088703	HEALTH CARE FACILITY/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC 2301 S LAMAR OXFORD, MS38655 64-0772726	HEALTH CARE FACILITY/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-TIPTON INC 1995 HWY 51 SOUTH COVINGTON, TN38019 62-1113167	HEALTH CARE FACILITY/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-UNION CITY INC 1201 BISHOP ST UNION CITY, TN38261 62-1138045	HEALTH CARE FACILITY/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC 200 HWY 30 WEST NEW ALBANY, MS38652 63-0997281	HEALTH CARE FACILITY/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICESINC 2100 EXETER RD GERMANTOWN, TN38138 58-1645396	HEALTH CARE FACILITY/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOME CARE INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 58-1562973	HOME HEALTH CARE & HOSPICE SERVICES	TN	501(c)(3)	509(a)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL MEDICAL GROUP INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1545731	PROVISION OF HEALTH CARE PROVIDERS FOR TN FACILITIES	TN	501(c)(3)	509(a)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HEALTH SERVICES INC-MS 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1545710	PROVISION OF HEALTH CARE PROVIDERS FOR MS FACILITIES	MS	501(c)(3)	509(a)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL MEDICAL MINISTRIES EMP HLTH & WELFARE TRUST 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1407946	BAPTIST EMPLOYEE HEALTH PLAN	TN	501(c)(9)		BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MINOR MEDICAL CENTERS INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1538114	NON-EMERGENCY MEDICAL CLINICS	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC
BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 58-1544781	SOLICIT, RAISE, MANAGE, APPLY, & INVEST FUNDS IN SUPPORT OF BAPTIST ENTITIES	TN	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-JONESBORO INC 3024 STADIUM BLVD JONESBORO, AR72401 26-1214372	HEALTH CARE FACILITY/HOSPITAL	AR	501(c)(3)	509(a)(1)	NEA BAPTIST HEALTH SYSTEM INC
NEA BAPTIST HEALTH SYSTEM INC 3024 STADIUM BLVD JONESBORO, AR72401 27-1799652	HEALTH CARE SERVICE PROVIDER	AR	501(c)(3) PENDING		BAPTIST MEMORIAL HEALTH CARE CORPORATION
NEA CLINIC CHARITABLE FOUNDATION INC 3024 STADIUM BLVD JONESBORO, AR72401 71-0850123	HEALTH CARE SERVICE PROVIDER	AR	501(c)(3)	509(a)(1)	NEA BAPTIST HEALTH SYSTEM INC

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	L	11,860,836
(1)	BAPTIST MEMORIAL HEALTH CARE FOUNDATION	C	257,743
(2)	BAPTIST MEMORIAL HOSPITAL-DESOTO	D	18,891,623
(3)	BAPTIST MEMORIAL HEALTH SERVICES INC-MS	Q	5,582,746
(4)	BAPTIST MEMORIAL MEDICAL MINISTRIES EMPLOYEE HEALTH & WELFARE TRUST	Q	5,372,559
(5)	BAPTIST MEMORIAL HEALTH CARE CORPORATION & AFFILIATES	Q	6,716,304