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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

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 COLLEGE OF HEALTH SCIENCES INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1003 MONROE AVE

City or town, state or country, and ZIP + 4
MEMPHIS, TN 38104

D Employer identification number
62-1599670

E Telephone number
(901) 227-4640

G Gross receipts $ 30,117,212

F Name and address of principal officer
BETTY SUE MCGARVEY
1003 MONROE AVE
MEMPHIS,TN 38104

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

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

H(c) Group exemption number ▶

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

J Website: ▶ BCHS EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1994 | **M** State of legal domicile TN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
PREPARE HEALTH CARE PROFESSIONALS FOR PRACTICE IN THE COMMUNITY

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	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of employees (Part V, line 2a)	5	225
6	Total number of volunteers (estimate if necessary)	6	30
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	12,076,411	11,476,854
9	Program service revenue (Part VIII, line 2g)	11,643,537	12,275,395
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	101,432	784,741
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	172,893	5,377
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,994,273	24,542,367
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,401,660	9,804,010
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)	9,534,616	9,968,234
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)	2,558,223	2,774,375
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	22,494,499	22,546,619
19	Revenue less expenses Subtract line 18 from line 12	1,499,774	1,995,748

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	21,131,761	22,120,638
21	Total liabilities (Part X, line 26)	3,379,441	3,580,259
22	Net assets or fund balances Subtract line 21 from line 20	17,752,320	18,540,379

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

Sign Here

▶ Signature of officer — Date: 2011-08-05

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

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-empolyed ▶ ☐ | Preparer's 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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

EDUCATE HEALTH CARE PROFESSIONALS IN NURSING AND HEALTH SCIENCES

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 $ 21,360,111 including grants of $ 9,804,010) (Revenue $ 12,280,772)

GROUNDED IN CHRISTIAN PRINCIPLES AND BUILDING ON THE LEGACY OF PROFESSIONAL HEALTHCARE EDUCATION WHICH BEGAN IN 1912, BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES IS A PRIVATE, COEDUCATIONAL, URBAN, SPECIALIZED INSTITUTION IN PARTNERSHIP WITH THE BAPTIST MEMORIAL HEALTH CARE CORPORATION, THE COLLEGE FOCUSES ON THE PREPARATION OF HEALTHCARE PRACTITIONERS FOR THE SOUTHERN REGION, PARTICULARLY THE TRI-STATE AREA OF TENNESSEE, ARKANSAS, AND MISSISSIPPI THE COLLEGE SEEKS TO ATTRACT DIVERSE STUDENTS WHO DEMONSTRATE A COMMITMENT TO SPIRITUAL VALUES AND ETHICS, ACADEMIC EXCELLENCE, AND LIFELONG PROFESSIONAL DEVELOPMENT SEE CONTINUATION AT SCHEDULE O, PAGE 38 THE COLLEGE CURRICULUM, WHILE SPECIALIZED, REFLECTS THE IMPORTANCE OF A STRONG GENERAL EDUCATION FOUNDATION FOR THE HEALTHCARE PROFESSIONAL THE EDUCATIONAL PROGRAMS OF THE COLLEGE EMPHASIZE THE IMPORTANCE OF COLLABORATION, TEAMWORK AND SERVICE IN PROMOTING THE HEATH AND WELLNESS OF THE COMMUNITIES SERVED BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES PROVIDES QUALITY BACCALAUREATE, POST-SECONDARY CERTIFICATE, AND CONTINUING EDUCATION IN A CHRISTIAN ATMOSPHERE IN ORDER TO PREPARE HEALTHCARE PROFESSIONALS FOR THE DIVERSE PRACTICE ENVIRONMENT OF THE TWENTY-FIRST CENTURY THE ADMINISTRATION, FACULTY AND STAFF OF THE COLLEGE BELIEVE THAT THE COLLEGE HAS A RESPONSIBILITY TO THE COMMUNITY BEYOND THAT OF PREPARING COMPETENT HEALTH CARE PRACTITIONERS THAT RESPONSIBILITY INCLUDES SERVING AS A HEALTH CARE RESOURCE AND PROVIDING VOLUNTEER SERVICES IN A VARIETY OF WAYS THE ACTIVE PARTICIPATION OF STAFF AND THE OPPORTUNITY FOR INVOLVEMENT OF STUDENTS PROMOTES THE SPIRIT OF VOLUNTEERISM THIS CONTINUING COMMITMENT TO VOLUNTEERISM WILL IMPACT NOT ONLY THE PRACTICE OF GRADUATES BUT ALSO THEIR LIVES AS CITIZENS AND MEMBERS OF THE COMMUNITY BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES WAS CHARTERED IN DECEMBER 1994 AS A SPECIALIZED COLLEGE OFFERING BACCALAUREATE DEGREES IN NURSING (BSN) AND HEALTH SCIENCES (BHS) THE COLLEGE IS ACCREDITED BY THE COMMISSION ON COLLEGES OF THE SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS (SACS) TO AWARD THE BACHELOR OF SCIENCE IN NURSING AND THE BACHELOR OF HEALTH SCIENCES IN RADIOLOGICAL SCIENCES, RESPIRATORY CARE, HEALTH CARE MANAGEMENT, DIAGNOSTIC MEDICAL SONOGRAPHY, NUCLEAR MEDICINE, RADIATION THERAPY, AND MEDICAL RADIOGRAPHY ACCREDITATION STATUS WAS RECEIVED IN DECEMBER 1999, AND THE ACCREDITATION WAS RETROACTIVE TO JANUARY 1999, MEANING THAT THE FIRST COLLEGE SENIORS GRADUATED FROM AN ACCREDITED COLLEGE IN MAY 1999 THE BACCALAUREATE NURSING PROGRAM IS APPROVED BY THE TENNESSEE BOARD OF NURSING AND IS ACCREDITED BY THE COMMISSION ON COLLEGIATE NURSING EDUCATION, THE ACCREDITATION BODY AFFILIATED WITH THE AMERICAN ASSOCIATION OF COLLEGES OF NURSING ALL ALLIED HEALTH MAJORS ARE ACCREDITED BY THE APPROPRIATE NATIONAL PROFESSIONAL ORGANIZATIONS THE COLLEGE'S PRACTICAL NURSING AND MEDICAL CODING CERTIFICATE PROGRAMS CEASED ENROLLMENT IN 2004 WHILE PROGRAM REVIEWS WERE COMPLETED BASED ON ANALYSIS OF COMMUNITY WORKFORCE NEEDS, BOTH PROGRAMS ARE NO LONGER OFFERED BY THE COLLEGE EDUCATION HAS BEEN A KEY COMPONENT IN THE MISSION OF BAPTIST MEMORIAL HOSPITAL, THE PARENT ORGANIZATION OF THE COLLEGE, SINCE 1912 THE HOSPITAL'S SCHOOL OF NURSING ENROLLED ITS FIRST STUDENTS AS THE HOSPITAL OPENED ITS DOORS TO PATIENTS IN JULY OF THAT YEAR THE LAST DIPLOMA NURSING CLASS GRADUATED IN MAY 1997 SINCE 1912, BAPTIST HAS FOCUSED ON PROVIDING NURSING STUDENTS WITH CRITICAL THINKING, PROBLEM SOLVING, EVALUATION AND TECHNICAL SKILLS-THE SKILLS NECESSARY TO PROVIDE HOLISTIC CARE THESE SKILLS ARE IN ADDITION TO THE DEVELOPMENT OF OUTSTANDING CLINICAL AND PATIENT CARE SKILLS NURSING STUDENTS IN THE PAST, AND TODAY, LEARN TO COLLABORATE WITH OTHER MEMBERS OF THE HEALTHCARE TEAM AND UTILIZE THE RESOURCES AVAILABLE TO HELP CLIENTS ACHIEVE THE HIGHEST LEVEL OF HEALTH THEY ALSO LEARN TO PRACTICE IN A VARIETY OF COMMUNITY SETTINGS WHERE HEALTH CARE IS PROVIDED BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES OFFERS TWO TRACKS FOR THE NURSING BACCALAUREATE DEGREE ONE IS FOR THE GENERIC STUDENT JUST BEGINNING A FOUR-YEAR DEGREE WHO WILL SIT FOR THE LICENSING EXAM TO BECOME A REGISTERED NURSE (RN), AND THE OTHER TRACK IS A RN/BSN COMPLETION TRACK FOR THE LICENSED NURSE SEEKING TO ACHIEVE A BACCALAUREATE DEGREE THE COLLEGE OFFERS BOTH A DAY AND A NIGHT/WEEKEND BSN SCHEDULING OPTION FOR GENERIC BSN STUDENTS THE COHORT MODEL, A SCHEDULING ALTERNATIVE FOR REGISTERED NURSES SEEKING TO COMPLETE THEIR BACCALAUREATE EDUCATION, CONTINUES TO BE A POPULAR OPTION ALLIED HEALTH EDUCATION BEGAN IN 1956 WITH THE MEDICAL RADIOGRAPHY PROGRAM OF BAPTIST MEMORIAL HOSPITAL IN RESPONSE TO THE NEED FOR ADVANCED SPECIALIZATION, NUCLEAR MEDICINE WAS ADDED IN 1961, RADIATION THERAPY IN 1975, AND DIAGNOSTIC MEDICAL SONOGRAPHY IN 1986 THESE DIPLOMA PROGRAMS WERE TRANSITIONED INTO THE RADIOLOGICAL SCIENCES MAJOR WITH THE OPENING OF THE COLLEGE IN FALL OF 1995 BEGINNING IN THE 2001 ACADEMIC YEAR, IN RESPONSE TO CHANGING WORKFORCE SKILL REQUIREMENTS, SEPARATE MAJORS WERE ESTABLISHED IN MEDICAL RADIOGRAPHY, NUCLEAR MEDICINE, RADIATION THERAPY, AND DIAGNOSTIC MEDICAL SONOGRAPHY, AND FRESHMEN WERE ENROLLED IN THESE NEW MAJORS THE NEW MAJORS REPLACED THE RADIOLOGICAL SCIENCES DUAL MAJOR AFTER THE 2003 GRADUATION RESPIRATORY CARE EDUCATION WAS INTRODUCED IN 1970 AS A DIPLOMA PROGRAM OF BAPTIST MEMORIAL HOSPITAL AND LATER TRANSITIONED INTO A BACCALAUREATE PROGRAM WITH THE OPENING OF THE COLLEGE IN ADDITION TO THE GENERIC TRACK FOR ACHIEVING A DEGREE, THE COLLEGE ALSO OFFERS A COHORT MODEL FOR CERTIFIED RESPIRATORY THERAPISTS TO COMPLETE THEIR BACCALAUREATE EDUCATION THE HEALTH CARE MANAGEMENT MAJOR WAS INTRODUCED IN FALL 2001 IN RESPONSE TO INCREASED DEMAND FOR HEALTHCARE MANAGERS IN THE BAPTIST MEMORIAL HEALTH CARE CORPORATION AND THE SURROUNDING HEALTHCARE COMMUNITY STUDENTS IN THIS PROGRAM OF STUDY RECEIVE A BUSINESS MANAGEMENT EDUCATION WITH SPECIAL EMPHASIS ON THE UNIQUE OPERATIONAL ASPECTS OF HEALTHCARE BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES ADMITS STUDENTS OF ANY RACE, COLOR, NATIONAL OR ETHNIC ORIGIN IT DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL OR ETHNIC ORIGIN IN ADMINISTRATION OF ITS EDUCATIONAL POLICIES, ADMISSION POLICIES, SCHOLARSHIP AND LOAN PROGRAMS, AND ATHLETIC AND OTHER SCHOOL ADMINISTERED PROGRAMS DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 2010, THE COLLEGE ENROLLED 1033 DIFFERENT STUDENTS IN THE FOLLOWING PROGRAMS --THE BACCALAUREATE GENERIC PROGRAM HAD 994 STUDENTS --THE BACCALAUREATE COMPLETION PROGRAM HAD 37 STUDENTS --THE SPECIAL STUDENTS PROGRAM HAD 2 STUDENTS IN THE FISCAL YEAR ENDING SEPTEMBER 30, 2010, THE COLLEGE AWARDED A TOTAL OF 195 BACCALAUREATE DEGREES, 151 AS BACHELORS OF SCIENCE IN NURSING (BSN) AND 54 WERE BACHELORS OF HEALTH SCIENCES (BHS) THE NUMBERS BY MAJORS OF THE BHS DEGREES WERE 8 GRADUATES IN DIAGNOSTIC MEDICAL SONOGRAPHY, 18 IN MEDICAL RADIOGRAPHY, 7 IN NUCLEAR MEDICINE TECHNOLOGY, 6 IN RADIATION THERAPY, 3 IN RESPIRATORY CARE, AND 2 IN HEALTH CARE MANAGEMENT ON SEPTEMBER 30, 2010, THE FALL BACCALAUREATE ENROLLMENT WAS 1,022 IN FISCAL YEAR ENDING SEPTEMBER 30, 2007, BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES WAS AWARDED A FIVE YEAR TITLE III GRANT TOTALING $1,024,155 THIS GRANT IS TO FUND INITIATIVES DESIGNED TO IMPROVE STUDENT SUCCESS IN SCIENCE AND MATH FOUNDATION COURSES THIS SUCCESS SHOULD TRANSLATE INTO IMPROVED RETENTION AND PERSISTENCE TO GRADUATION SEE SCHEDULE O PAGE 45 FOR CONTINUATION

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

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

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

4e **Total program service expenses** ▶ $ 21,360,111

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, line10? *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	Yes	
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	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

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? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
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? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
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, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**			
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	225		
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)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial 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 12		
b	Enter the number of voting members that are independent . .	1b 9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3	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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

LEANNE SMITH
1003 MONROE AVE
MEMPHIS,TN 38104
(901) 572-2440

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			
See add'l data										

1b Total . . . . . ▶	571,903	4,313,953	434,264

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 ▶ 4

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶ 0

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	1,672,844			
	e	Government grants (contributions)	1e	9,804,010			
	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		11,476,854			
Program Service Revenue			Business Code				
	2a	TUITION/HOUSING FEES	900,099	9,123,947	9,123,947		
	b	MEDICARE REIMBURSEMENT	900,099	3,151,448	3,151,448		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		12,275,395			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		740,636			740,636
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	5,618,950				
	b	Less cost or other basis and sales expenses	5,574,845				
	c	Gain or (loss)	44,105				
	d	Net gain or (loss)		44,105			44,105
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	PROVIDED FOR CONVENIEN	722,210	5,377	5,377		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		5,377			
	12	**Total revenue.** See Instructions		24,542,367	12,280,772	0	784,741

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				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	9,804,010	9,804,010		
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	284,625	257,870	26,755	
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	7,799,277	7,066,145	733,132	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	403,722	365,772	37,950	
9 Other employee benefits	893,376	809,399	83,977	
10 Payroll taxes	587,234	532,034	55,200	
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	273,275	247,587	25,688	
12 Advertising and promotion	65,168	65,168		
13 Office expenses	760,310	688,841	71,469	
14 Information technology				
15 Royalties				
16 Occupancy	340,063	308,097	31,966	
17 Travel	74,794	67,763	7,031	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	32,085	29,069	3,016	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	500,604	453,547	47,057	
23 Insurance	13,986	12,671	1,315	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a REPAIR & MAINTENANCE	436,860	395,795	41,065	
b DUES & SUBSCRIPTIONS	199,549	180,791	18,758	
c STUDENT ACTIVITIES	38,034	38,034	0	
d GRADUATION EXPENSES	16,995	16,995	0	
e SPECIAL EVENTS	10,568	9,575	993	
f All other expenses	12,084	10,948	1,136	
25 **Total functional expenses.** Add lines 1 through 24f	22,546,619	21,360,111	1,186,508	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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		3,175	1	3,050
	2	Savings and temporary cash investments		17,932,690	2	18,554,282
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	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			8	
	9	Prepaid expenses and deferred charges		156,771	9	452,926
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 5,905,017			
	b	Less accumulated depreciation	10b 3,854,018	1,964,831	10c	2,050,999
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,074,294	15	1,059,381
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		21,131,761	16	22,120,638
Liabilities	17	Accounts payable and accrued expenses		669,490	17	831,706
	18	Grants payable			18	
	19	Deferred revenue		2,676,289	19	2,748,553
	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		33,662	25	0
	26	**Total liabilities.** Add lines 17 through 25		3,379,441	26	3,580,259
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		15,607,441	27	18,108,288
	28	Temporarily restricted net assets		2,144,879	28	432,091
	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		17,752,320	33	18,540,379
	34	Total liabilities and net assets/fund balances		21,131,761	34	22,120,638

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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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?	3a		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	3b		

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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 COLLEGE OF HEALTH SCIENCES INC

Employer identification number
62-1599670

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?

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

h Provide the following information about the 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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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 III Support Schedule for Organizations Described in IRC 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public 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
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **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	Employer identification number
BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC	62-1599670

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		
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-		

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

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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 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		1
j	Total lines 1c through 1i			1
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).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	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 BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES DID NOT PAY CONSULTANT FEES, "1" HAS BEEN USED SO THAT THE 'YES' ANSWER NEXT TO LINE I WILL BE TRANSMITTED WITH THE E-FILED FORM 990

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC

Employer identification number
62-1599670

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		6,210	1,708	4,502
c Leasehold improvements		797,609	411,799	385,810
d Equipment		5,101,198	3,440,511	1,660,687
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				2,050,999

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	24,542,367
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	22,546,619
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,995,748
4	Net unrealized gains (losses) on investments	4	748,228
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,955,917
9	Total adjustments (net) Add lines 4 - 8	9	-1,207,689
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	788,059

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	14,860,222
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	0
3	Subtract line **2e** from line **1**			3	14,860,222
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	9,682,145		
c	Add lines **4a** and **4b**			4c	9,682,145
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	24,542,367

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

1	Total expenses and losses per audited financial statements			1	12,864,474
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	0
3	Subtract line **2e** from line **1**			3	12,864,474
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	9,682,145		
c	Add lines **4a** and **4b**			4c	9,682,145
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	22,546,619

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	THE COLLEGE ADOPTED THE PROVISIONS OF ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, INCOME TAXES (FORMERLY FINANCIAL ACCOUNTING STANDARDS BOARD (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 PRIMARLIY 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 THE COLLEGE EVALUATED THE EFFECT OF ASC TOPIC 740 AND DETERMINED THAT NO ADJUSTMENTS TO ITS FINANCIAL STATEMENTS WERE REQUIRED UPON THE ADOPTION OF ASC TOPIC 740 ON OCTOBER 1, 2009 AS OF SEPTEMBER 30, 2010, THE COLLEGE HAD NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS UNDER ASC TOPIC 740 REQUIRING ADJUSTMENTS TO ITS CONSOLIDATED FINANCIAL STATEMENTS IN THE EVENT THE COLLEGE WERE TO RECOGNIZE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IT WOULD BE RECOGNIZED IN THE FINANCIAL STATEMENTS AS INTEREST EXPENSE GENERALLY, TAX YEARS 2006-2009 ARE OPEN TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES, RESPECTIVELY THERE ARE NO INCOME TAX EXAMINATIONS CURRENTLY IN PROCESS
Part XI, Line 8 - Other Adjustments		TRANSFERS TO/FROM BAPTIST MEMORIAL HOSPITAL - 1955917
Part XII, Line 4b - Other Adjustments		GRANT REVENUE 9682145
Part XIII, Line 4b - Other Adjustments		GRANT EXPENSES 9682145

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SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC

Employer identification number
62-1599670

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain	3	Yes	
	EACH APPLICANT RECEIVES A PACKET OF INFORMATION IN WHICH THIS STATEMENT IS OUTLINED AND DISCUSSED THE STATEMENT IS ALSO POSTED IN ALL ADVERTISING MATERIALS AND AT THE COLLEGE IN A CONSPICUOUS PLACE SO THAT ALL WHO ENTER MAY SEE IT			
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	7	Yes	

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC

Employer identification number
62-1599670

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

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

3 Enter total number of other organizations . . . ▶

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FEDERAL PELL GRANT (TUITION AID)	634	1,942,136			
FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT PROGRAM (TUITION AID)	218	57,760			
FEDERAL FAMILY EDUCATION LOAN PROGRAM (TUITION LOANS)	776	3,867,835			
ACADEMIC COMPETITIVENESS GRANT (TUITION AID)	19	10,550			
U S DEPARTMENT OF HEALTH AND EDUCATION HIGHER EDUCATION INSTITUTIONAL AID--TITLE III GRANT (GRANT TO HELP IMPROVE STUDENT SCORES IN MATH & SCIENCE)	1185	121,865			
FEDERAL DIRECT STUDENT LOANS	798	3,799,580			
U S DEPT OF HEALTH & HUMAN SERVICES SCHOLARSHIPS FOR DISADVANTAGED STUDENTS	9	4,284			

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 ALL GRANT EXPENDITURES ARE INITIATED BY THE TITLE III COORDINATOR AND APPROVED BASED ON THE ESTABLISHED APPROVAL MATRIX FOR PURCHASING ALL PURCHASES FOLLOW GUIDELINES OUTLINED IN THE EDUCATION DEPARTMENT GENERAL ADMINISTRATIVE REGULATIONS (EDGAR) AND ARE MONITORED ON A MONTHLY BASIS THROUGH FINANCIAL STATEMENT REVIEW TO ENSURE COMPLIANCE WITH APPROVED GRANT BUDGET CATEGORIES BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES USES THE REIMBURSEMENT METHOD WHEN REPORTING EXPENDITURES TO THE DEPARTMENT OF EDUCATION FOR GRANT FUNDS IN ORDER TO ADHERE TO REGULATIONS REQUIRING THAT A MINIMAL AMOUNT OF TIME ELAPSE BETWEEN THE TRANSFER OF FUNDS AND THE ACTUAL EXPENDITURE OF THOSE FUNDS ANNUALLY, THE TITLE III RECEIPTS AND EXPENDITURES ARE AUDITED BY INDEPENDENT AUDITORS AND ARE INCLUDED SEAPRATELY ON THE SCHEDULE OF FEDERAL AWARDS IN THE FINAL AUDIT ADDITIONALLY, AT THE END OF YEAR ANNUAL CYCLE IN THE GRANT, AN ANNUAL PERFORMANCE REVIEW IS SUBMITTED TO THE DEPARTMENT OF EDUCATION FOR REVIEW AND APPROVAL ALL EXPENDITURES MUST BE LISTED AND COMPARED TO BUDGET IN THIS REVIEW REPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC

Employer identification number
62-1599670

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☑ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		No
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
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
JASON LITTLE	(i)	0	0	0	0	0	0	0
	(ii)	276,101	152,551	16,172	31,769	28,271	504,864	0
BETTY SUE MCGARVEY	(i)	0	0	0	0	0	0	0
	(ii)	195,269	47,072	13,030	45,306	16,847	317,524	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
WILLIAM J SOBOTOR	(i)	119,148	0	-22	18,319	17,398	154,843	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 PRESIDENT RECEIVES A PERQUISITE ALLOWANCE WHICH IS INCLUDED IN HER SALARY
	Part I, Line 1b	THE PRESIDENT RECEIVES A PERQUISITE ALLOWANCE THE ALLOWANCE IS INCLUDED IN HER SALARY AND IS TAXABLE TO HER 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 PRESIDENT 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'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

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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 COLLEGE OF HEALTH SCIENCES INC

Employer identification number
62-1599670

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 3		BAPTIST MEMORIAL HEALTH CARE CORPORATION PROVIDES BAPTIST COLLEGE OF HEALTH SCIENCES WITH CERTAIN LEGAL, FINANCE, QUALITY, AND PERSONNEL SERVICES PURSUANT TO A SHARED SERVICES AGREEMENT

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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 COLLEGE OF HEALTH SCIENCES INC

Employer identification number
62-1599670

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 ORGANIZATION	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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) 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	N/A	C			
BAPTIST HEALTH SERVICES GROUP OF THE MIDSOUTH INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1534210	HEALTH INSURANCE CONTRACTING	TN	N/A	C			
SOUTHCREST PROPERTY OWNERS ASSOCIATION 7601 SOUTHCREST PKWY SOUTHAVEN, MS38671 64-0768703	BOOKKEEPING & DATA PROCESSING FOR THE SOUTHCREST DEVELOPMENT	MS	N/A	C			
GERMANTOWN BUSINESS PARK OWNERS ASSOCIATION 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 20-1158216	BOOKKEEPING & DATA PROCESSING FOR THE GERMANTOWN BUSINESS PARK DEVELOPMENT	TN	N/A	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

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

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

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

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 62-1599670
Name: BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC

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, ADMINSTRATIVE & 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 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-GOLDEN TRIANGLE INC 2520 FIFTH ST COLUMBUS, MS39703 62-1519754	HEALTH CARE FACILITY/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-HUNTINGDON INC 631 RB WILSON DR HUNTINGDON, TN38344 62-1166050	HEALTH CARE FACILITY/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION
BAPTIST MEMORIAL HOSPITAL-LAUDERDALE INC 326 ASBURY RD RIPLEY, TN38063 62-1088703	HEALTH CARE 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 SERVICES INC 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 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
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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	BAPTIST MEMORIAL HOSPITAL	C	1,500,844
(1)	BAPTIST MEMORIAL HOSPITAL	P	3,151,448
(2)	BAPTIST MEMORIAL HOSPITAL	R	586,567
(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION & AFFILIATES	C	172,000
(4)	BAPTIST MEMORIAL MEDICAL MINISTRIES EMPLOYEE HEALTH & WELFARE TRUST	Q	809,695
(5)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	R	678,880
(6)	BAPTIST MEMORIAL HOSPITAL	Q	287,752
(7)	BAPTIST MEMORIAL HOSPITAL	J	1
(8)	BAPTIST MEMORIAL HEALTH CARE CORPORATION & AFFILIATES	D	419,264

Additional Data

Software ID:

Software Version:

EIN: 62-1599670

Name: BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHEN C REYNOLDS DIRECTOR	20	X						0	2,903,388	69,618
JAMES GLASGOW DIRECTOR	20	X						0	0	0
MILTON MAGEE DIRECTOR	20	X						0	0	0
GROVER C BOWLES D SC DIRECTOR	20	X						0	0	0
CHARLES BAKER DIRECTOR	20	X						0	0	0
ROBERT E TOOMS MD DIRECTOR	20	X						0	0	0
MARTHA PERINE BEARD MS DIRECTOR	20	X						0	0	0
HARRY L SMITH DIRECTOR	20	X						0	0	0
WILLIAM E COCHRAN OD DIRECTOR	20	X						0	0	0
HENRY P SULLIVANT MD DIRECTOR	20	X						0	0	0
JASON LITTLE DIRECTOR	20	X						0	444,824	60,040
JOYCE ROBINSON DIRECTOR	20	X						0	0	0
MICHAEL CARTER MD DIRECTOR	20	X						0	0	0
ZACH CHANDLER DIRECTOR	20	X						0	103,338	14,399
BETTY SUE MCGARVEY PRESIDENT	40 00			X				0	255,371	62,153
GREGORY M DUCKETT SECRETARY	20			X				0	607,032	62,915
GENA L SMITH V P BUSINESS SERVICES	40 00			X				96,936	0	33,867
WILLIAM J SOBOTOR V P PROVOST	40 00			X				119,126	0	35,717
REX A THOMPSON V P BUSINESS SERVICES	40 00			X				38,425	0	13,795
ANNE M PLUMB DEAN	40 00					X		112,794	0	34,525
ELIZABETH A ARCHER ASSOC PROFESSOR	40 00					X		103,770	0	20,311
LINDA D REED DEAN	40 00					X		100,852	0	26,924

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
REPAIR & MAINTENANCE	436,860	395,795	41,065	
DUES & SUBSCRIPTIONS	199,549	180,791	18,758	
STUDENT ACTIVITIES	38,034	38,034	0	
GRADUATION EXPENSES	16,995	16,995	0	
SPECIAL EVENTS	10,568	9,575	993	

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

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		BAPTIST MEMORIAL HOSPITAL AS THE SOLE MEMBER OF BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES, INC 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 CORPORATION'S SR V P/CFO, THE V P OF CORPORATE FINANCE, AND THE COLLEGE V P OF BUSINESS SERVICES IN ADDITION, THE FORM 990 IS REVIEWED ANNUALLY 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 OF ALL OF THE BAPTIST ENTITIES AFTER SUBMITTING TO THE IRS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES 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 CHIEF EXECUTIVE OFFICER

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 18		BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES MAKES COPIES OF ITS FORMS 1023 AND 990 AVAILABLE FOR PUBLIC INSPECTION TO ANY ONE WHO REQUESTS THEM AS REQUIRED BY THE IRS

Identifier	Return Reference	Explanation
Form 990, Part VII	Contact Addresses for Officers, Directors, Etc	STEPHEN C REYNOLDS - 350 N HUMPHREYS BLVD , MEMPHIS, TN 38120-2177 GREGORY M DUCKETT - 350 N HUMPHREYS BLVD , MEMPHIS, TN 38120-2177 JASON LITTLE - 350 N HUMPHREYS BLVD , MEMPHIS, TN 38120-2177 ZACH CHANDLER - 350 N HUMPHREYS BLVD , MEMPHIS, TN 38120-2177

Identifier	Return Reference	Explanation
PART XI, LINE 2(C)	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 III, LINE 4a, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	CONTINUED FROM SCHEDULE O, PAGE 41	FINANCIAL ASSISTANCE BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES OFFERS FINANCIAL ASSISTAN CE TO STUDENTS IN NEED ASSISTANCE IS PROVIDED THROUGH A VARIETY OF SOURCES INCLUDING SCHO LARSHIPS, GRANTS, A WORK-STUDY PROGRAM, A LOAN PROGRAM, AND A TUITION DEFERRAL PROGRAM FUN DED BY THE BAPTIST MEMORIAL HEALTH CARE CORPORATION AND THE COLLEGE ALL FINANCIAL AID IS AWARDED ON A NON-DISCRIMINATORY BASIS SINCE JULY, 2000, THE COLLEGE HAS ALSO PARTICIPATED IN FEDERAL FINANCIAL AID PROGRAMS FOR STUDENTS INSTITUTIONAL SCHOLARSHIPS/ACADEMIC AWARD S --NURSING ALUMNI SCHOLARSHIPS ALUMNI FROM THE FORMER BAPTIST MEMORIAL HOSPITAL SCHOOL O F NURSING AND THE COLLEGE HAVE PROVIDED FOR SEVERAL ANNUAL SCHOLARSHIPS THROUGH GIFTS TO T HE BAPTIST MEMORIAL HEALTH CARE FOUNDATION THESE SCHOLARSHIPS ARE AWARDED TO STUDENTS MAJ ORING IN NURSING WHO HAVE COMPLETED 61 CREDIT HOURS OR MORE THE SCHOLARSHIP AWARDS ARE BA SED ON COLLEGE GRADE POINT AVERAGE (GPA) WITH CONSIDERATION GIVEN TO FINANCIAL NEED -- ALL IED HEALTH ALUMNI SCHOLARSHIPS ALUMNI FROM THE FORMER BAPTIST MEMORIAL HOSPITAL SCHOOLS A ND BCHS HAVE PROVIDED FOR SEVERAL ANNUAL SCHOLARSHIPS THROUGH GIFTS TO THE BAPTIST FOUNDAT ION THESE SCHOLARSHIPS ARE AWARDED TO ALLIED HEALTH MAJORS WHO HAVE COMPLETED 61 CREDIT H OURS OR MORE THE SCHOLARSHIP AWARDS ARE BASED ON COLLEGE GPA WITH CONSIDERATION GIVEN TO FINANCIAL NEED --ELIZABETH FARNELL GRADUATION AWARD THE RECIPIENT OF THIS GRADUATION AWA RD ATTAINS THE HIGHEST GPA AMONG THE NURSING GRADUATES IN THE GENERIC PROGRAM AND HAS DEMO NSTRATED OUTSTANDING CLINICAL PERFORMANCE AS EVALUATED BY THE FACULTY --ELIZABETH FARNELL SCHOLARSHIPS THIS SCHOLARSHIP WAS ESTABLISHED BY THE ESTATE OF MS FARNELL, FORMER VICE- PRESIDENT OF NURSING AND ADMINISTRATOR OF THE BAPTIST HOSPITAL SCHOOL OF NURSING, TO BE US ED FOR NURSING SCHOLARSHIPS THE MINIMUM GPA REQUIRED FOR THIS AWARD IS 3 5 --DR LING H LEE GRADUATION AWARD THIS GRADUATION AWARD IS GIVEN ANNUALLY TO A SENIOR WHO ATTAINS THE HIGHEST GPA AMONG THE RADIOLOGICAL SCIENCES GRADUATES IN THE GENERIC PROGRAM -- DR LING H LEE SCHOLARSHIP THIS SCHOLARSHIP IS AWARDED ANNUALLY TO A STUDENT MAJORING IN RADIOLOG ICAL SCIENCES WHO HAS DEMONSTRATED BOTH OUTSTANDING ACADEMIC PERFORMANCE AND FINANCIAL NEE D THIS GENEROUS SCHOLARSHIP PROVIDES FOR EXPENSES FOR A FULL SCHOOL YEAR THE MINIMUM GPA REQUIRED FOR THIS AWARD IS 3 5 --DR JOHN ROCKETT GRADUATION AWARD THIS GRADUATION AWAR D IS GIVEN ANNUALLY TO A SENIOR GRADUATING IN NUCLEAR MEDICINE TECHNOLOGY WITH A MAJOR-SPE CIFIC GPA OF 3 5 THE RECIPIENT MUST ALSO DEMONSTRATE A COMMITMENT TO CLINICAL EXCELLENCE --BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES BOARD OF DIRECTORS GRADUATION AWARD THIS G RADUATION AWARD IS GIVEN ANNUALLY TO A SENIOR GRADUATING WITH A GPA OF 3 5 OR GREATER THE RECIPIENT MUST DEMONSTRATE A COMMITMENT TO COMMUNITY SERVICE AND EXHIBIT A POTENTIAL FOR LEADERSHIP THE RECIPIENT MUST ALSO DISPLAY CHRISTIAN PRINCIPLES IN ALL ASPECTS OF PATIENT CARE AND COLLEGE LIFE --SMITH & NEPHEW/JACK R BLAIR SCHOLARSHIP THIS SCHOLARSHIP IS OP EN TO A STUDENT WHO IS CURRENTLY ENROLLED AT THE COLLEGE CRITERIA INCLUDE A 3 5 GPA, FINA NCIAL NEED, COMMUNITY SERVICE AND A STATEMENT OF PROFESSIONAL GOALS --SMITH & NEPHEW/DR ROBERT TOOMS SCHOLARSHIP THIS SCHOLARSHIP WAS ESTABLISHED BY SMITH & NEPHEW OF MEMPHIS IN HONOR OF DR ROBERT E TOOMS, A PROMINENT MEMPHIS ORTHOPEDIC SURGEON IN ADDITION TO MANY POSITIONS AT THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER, DR TOOMS WAS PRESIDENT O F THE MEDICAL STAFF AT BAPTIST MEMORIAL HOSPITAL AND CHIEF OF STAFF OF THE CAMPBELL CLINIC FROM 1987-1994 AND CURRENTLY SERVES ON THE BAPTIST COLLEGE OF HEALTH SCIENCES BOARD OF DI RECTORS THIS AWARD IS GIVEN ANNUALLY TO A CURRENT NURSING STUDENT AND IS BASED ON ACADEMI C ACHIEVEMENT AND PROFESSIONAL GOALS --JOSEPH POWELL SCHOLARSHIPS FUNDED THROUGH A GRANT FROM THE BAPTIST MEMORIAL HEALTH CARE FOUNDATION, THESE SCHOLARSHIPS ARE AWARDED TO FOUR INCOMING FRESHMEN WITH A MINIMUM ACT OF 24 AND GPA OF 3 25 THESE SCHOLARSHIPS ARE BASED O N ACADEMIC ACHIEVEMENT, A STATEMENT OF PROFESSIONAL GOALS AND COMMUNITY SERVICE -- RUBY TU RRELL SCHOLARSHIP AT LEAST ONE SCHOLARSHIP IS AWARDED ANNUALLY TO AN INCOMING FRESHMAN SE EKING A NURSING DEGREE REQUIREMENTS FOR RECEIVING THIS AWARD ARE A MINIMUM ACT OF 24 AND A HIGH SCHOOL GPA OF 3 25 ADDITIONAL CRITERIA INCLUDE A STATEMENT OF PROFESSIONAL GOALS A ND COMMUNITY SERVICE --BAPTIST MEMORIAL HEALTH CARE FOUNDATION SCHOLARSHIPS FUNDED THROU GH A GRANT FROM THE BAPTIST MEMORIAL HEALTH CARE FOUNDATION, TWENTY SCHOLARSHIPS ARE AVAIL ABLE TO INCOMING FRESHMEN AND TO INCUMBENT STUDENTS THESE SCHOLARSHIPS ARE AWARDED ON THE BASIS OF ACADEMIC ACHIEVEMENT, PROFESSIONAL GOALS AND COMMUNITY SERVICE --SISTERS OF ST FRANCIS SCHOLARSHIPS ESTABLISHED BY THE SISTERS OF ST FRANCIS IN HONOR OF ST JOSEPH SC HOOL OF NURSING ALUMNI, THESE SCHOLARSHIPS ARE AWARDED TO HIGH SCHOOL STUDENTS ENTERING TH E COLLEGE AND ARE BASED ON ACADEMIC ACHIEVEMENT, A

Identifier	Return Reference	Explanation
PART III, LINE 4a, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	CONTINUED FROM SCHEDULE O, PAGE 41	STATEMENT OF PROFESSIONAL GOALS, COMMUNITY SERVICE AND FINANCIAL NEED --CHARLES R BAKER SCHOLARSHIPS ESTABLISHED BY MR CHARLES R BAKER, THESE SCHOLARSHIPS ARE AWARDED BASED O N ACADEMIC ACHIEVEMENT, PROFESSIONAL GOALS, PERSONAL ACHIEVEMENT AND COMMUNITY SERVICE TR ANSFER STUDENTS ARE GIVEN FIRST PRIORITY FOR THESE AWARDS --DONALD R POUNDS SCHOLARSHIP ESTABLISHED BY MR DONALD POUNDS, SENIOR VICE-PRESIDENT AND CFO OF THE BAPTIST MEMORIAL H EALTH CARE CORPORATION, THIS SCHOLARSHIP IS AWARDED ANNUALLY TO AN ENTERING FRESHMAN MALE STUDENT WITH EXCEPTIONAL ACADEMIC CREDENTIALS --JOSEPHINE CIRCLE SCHOLARSHIP THIS SCHOLA RSHIP WAS ESTABLISHED BY JOSEPHINE CIRCLE, INC , AN ORGANIZATION FOUNDED IN 1914 BY THE LA TE MRS GUSTON T FITZHUGH JOSEPHINE CIRCLE IS DEVOTED EXCLUSIVELY TO HIGHER EDUCATION OF DESERVING YOUNG MEN AND WOMEN --LULA CURTIS SCOTT SCHOLARSHIP THIS SCHOLARSHIP WAS ESTA BLISHED TO HONOR MS LULA CURTIS SCOTT, A LONG-TIME FACULTY MEMBER OF THE BAPTIST MEMORIAL HOSPITAL SCHOOL OF NURSING MS SCOTT CONTINUES HER DEDICATION THROUGH SERVICE ON THE ALU MNI ADVISORY BOARD OF BAPTIST COLLEGE OF HEALTH SCIENCES --MYRA WHITAKER MAYBEE SCHOLARSH IP THIS SCHOLARSHIP WAS ESTABLISHED IN MEMORY OF MRS MYRA WHITAKER MAYBEE BY HER HUSBAND , MR LOWELL PHILLIP MAYBEE MRS MAYBEE WAS A GRADUATE OF THE BAPTIST MEMORIAL HOSPITAL S CHOOL OF NURSING AND SPENT THE MAJORITY OF HER CAREER IN PERIOPERATIVE NURSING THIS SCHOL ARSHIP WAS ESTABLISHED TO HONOR HER AND THE CAREER THAT SHE CHERISHED --LLOYD BARKER MEMO RIAL SCHOLARSHIP THIS SCHOLARSHIP WAS ESTABLISHED FROM THE ESTATE OF ROBERT F ALLEN TO H ONOR HIS BROTHER-IN-LAW, REV LLOYD BARKER REV BARKER SERVED AS A CHAPLAIN AT BAPTIST ME MORIAL HOSPITAL-MEDICAL CENTER AND TAUGHT STUDENTS AT THE BAPTIST MEMORIAL HOSPITAL SCHOOL OF NURSING THIS SCHOLARSHIP IS AWARDED BASED ON ACADEMIC ACHIEVEMENT, PROFESSIONAL GOALS , AND COMMUNITY SERVICE --CAROL J PATTERSON MEMORIAL SCHOLARSHIP THIS SCHOLARSHIP WAS E STABLISHED BY DENISE BURNETT OF O R NURSES, INC IN MEMORY OF HER LATE BUSINESS PARTNER, CAROL J PATTERSON MS PATTERSON RECEIVED HER TRAINING AT NEW YORK'S MT SINAI HOSPITAL S CHOOL OF NURSING IN 1961, SERVED AS A LIEUTENANT IN THE UNITED STATES NAVY NURSE CORPS , A ND WORKED AT ST FRANCIS HOSPITAL BEFORE FORMING O R NURSES, INC IN 1988 THIS AWARD IS GIVEN ANNUALLY TO A NURSING STUDENT AND IS AWARDED ON ACADEMIC ACHIEVEMENT AND PROFESSIONA L GOALS --DENESE SHUMAKER NURSING SCHOLARSHIP THIS SCHOLARSHIP WAS ESTABLISHED TO HONOR DENESE SHUMAKER FOR HER LIFELONG CONTRIBUTIONS TO THE BAPTIST MEMORIAL HOSPITAL SCHOOL OF NURSING, BAPTIST COLLEGE OF HEALTH SCIENCES AND THE BAPTIST MEMORIAL HEALTH CARE CORPORATI ON CRITERIA FOR THIS AWARD INCLUDE ACADEMIC AND PROFESSIONAL ACHIEVEMENT, FINANCIAL NEEDS , AND A DESIRE TO WORK WITHIN THE BAPTIST MEMORIAL HEALTH CARE CORPORATION --I V MURPHRE E MEMORIAL SCHOLARSHIP THIS SCHOLARSHIP WAS ESTABLISHED BY A BEQUEST FROM MISS I V MURPH REE MISS MURPHREE GRADUATED FROM THE BAPTIST MEMORIAL HOSPITAL SCHOOL OF NURSING IN 1935 AND WAS A PRIVATE DUTY NURSE FOR MORE THAN 50 YEARS SHE WAS THE COLLEGE'S OLDEST LIVING G RADUATE THIS SCHOLARSHIP IS AWARDED ANNUALLY TO A NURSING STUDENT AND IS AWARDED ON ACADE MIC ACHIEVEMENT AND PROFESSIONAL GOALS --MARY C BRONSTEIN SCHOLARSHIP THIS SCHOLARSHIP WAS ESTABLISHED BY MEMPHIS INTERNIST AND CARDIOLOGIST, DR MAURY W BRONSTEIN,IN HONOR OF HIS WIFE MARY BRONSTEIN DURING HIS 51 YEARS OF SERVICE WITH BAPTIST, DR BRONSTEIN ESTABL ISHED MEMPHIS' FIRST CORONARY CARE UNIT AT BAPTIST HOSPITAL AND HELD MANY LEADERSHIP POSTS , INCLUDING PRESIDENT OF THE MEDICAL STAFF, CHIEF OF STAFF, AND CHAIRMAN OF THE DEPARTMENT OF MEDICINE THIS AWARD IS GIVEN ANNUALLY TO A NURSING STUDENT AND IS BASED ON ACADEMIC A CHIEVEMENT, PROFESSIONAL GOALS AND FINANCIAL NEED

Identifier	Return Reference	Explanation
		--ROBERT F SCATES SCHOLARSHIPS THE ROBERT F SCATES SCHOLARSHIPS WERE ESTABLISHED BY A B EQUEST FROM MR ROBERT F SCATES, SR , WHO WORKED IN THE HEALTH CARE FIELD FOR 50 YEARS AN D WAS A FORMER VICE PRESIDENT AT BAPTIST MEMORIAL HOSPITAL IN MEMPHIS MR SCATES RECEIVED A DISTINGUISHED SERVICE AWARD FROM THE TENNESSEE HOSPITAL ASSOCIATION AND SERVED FOR 10 Y EARS AS A DELEGATE TO THE AMERICAN HOSPITAL ASSOCIATION HE WAS A LIFE FELLOW OF THE AMERI CAN COLLEGE OF HEALTHCARE EXECUTIVES AND A FORMER BOARD MEMBER OF THE SOUTHEASTERN HOSPITA L CONFERENCE IN ADDITON, MR SCATES WAS A FOUNDING MEMBER AND FORMER PRESIDENT OF LIFEBLO OD, WHICH HAS BEEN THE MEMPHIS COMMUNITY'S LEADING PROVIDER OF BLOOD TO AREA HOSPITALS SIN CE 1974 THIS SCHOLARSHIP IS AWARDED BASED UPON ACADEMIC ACHIEVEMENT, PROFESSIONAL GOALS, AND COMMUNITY SERVICE GRANTS/OTHER SCHOLARSHIPS --LETTIE PATE WHITEHEAD FOUNDATION GRANTS A GENEROUS GIFT FROM THE LETTIE PATE WHITEHEAD FOUNDATION ALLOWS THE COLLEGE TO AWARD GR ANTS IN VARY ING AMOUNTS TO STUDENTS WHO MEET SPECIFIED ELIGIBILITY CRITERIA --EDSCHOLAR S CHOLARSHIP ESTABLISHED BY EDSOUTH BANK, THIS SCHOLARSHIP IS BASED ON ACADEMIC ACHIEVEMENT , PROFESSIONAL GOALS, PERSONAL ACHIEVEMENT AND COMMUNITY SERVICE THIS AWARD IS FOR A TENN ESSEE RESIDENT WHO IS A FIRST-TIME FRESHMAN --UPS SCHOLARSHIP THIS SCHOLARSHIP WAS ESTAB LISHED FROM A GENEROUS DONATION BY THE UNITED PARCEL SERVICE SCHOLARS PROGRAM THE UPS FOU NDATION FOR INDEPENDENT HIGHER EDUCATION SUPPORTS SCHOLARSHIPS AT 665 INDEPENDENT COLLEGES AND NATIONWIDE AS WELL AS SEVERAL NATIONAL MERIT SCHOLARS EACH YEAR THE DONATION TO BAPT IST MEMORIAL COLLEGE OF HEALTH SCIENCES WAS MADE POSSIBLE THROUGH OUR AFFILIATION WITH THE TENNESSEE INDEPENDENT COLLEGES AND UNIVERSITIES ASSOCIATION --HUMANA SCHOLARSHIPS FOR PA TIENT SAFETY THESE SCHOLARSHIPS ARE MADE POSSIBLE THROUGH A GENEROUS GIFT FROM HUMANA, IN C , AND IS THE RESULT OF A PARTNERSHIP DESIGNED TO INCREASE CONSUMER CONFIDENCE AND TRUST IN THE NATION'S HEALTH CARE SYSTEM THIS SCHOLARSHIP PROGRAM IS AN INNOVATIVE WAY TO RECOG NIZE THE COMMITMENT TO ONGOING PATIENT SAFETY AND QUALITY TRAINING WITHIN THE BAPTIST HEAL TH CARE HOSPITAL SYSTEM --TENNESSEE EDUCATION LOTTERY SCHOLARSHIPS THIS SCHOLARSHIP WAS ESTABLISHED BY THE LEGISLATURE OF THE STATE OF TENNESSEE FROM PROCEEDS OF THE LOTTERY THE SE SCHOLARSHIPS ARE AWARDED TO TENNESSEE HIGH SCHOOL GRADUATES ATTENDING COLLEGE IN THE ST ATE WHO ACHIEVED AT LEAST A 19 ACT SCORE AND A 3 0 HIGH SCHOOL GPA THE FIRST AWARDS WERE GRANTED IN THE FALL OF 2004 --FOLLETT SCHOLARSHIP THIS SCHOLARSHIP, ESTABLISHED BY THE F OLLETT CORPORATION, IS AWARDED ANNUALLY TO AN INCUMBENT STUDENT BASED ON ACADEMIC ACHIEVEM ENT, PROFESSIONAL GOALS AND COMMUNITY SERVICE FOLLETT PROVIDES BOOKSTORE SERVICES ON OUR CAMPUS AND SUPPLIES THE FUNDING FOR THIS GENEROUS SCHOLARSHIP FEDERAL AND STATE FINANCIAL AID IN 2010, BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES DISBURSED APPROXIMATELY $10 MILL ION IN FEDERAL AND STATE FINANCIAL AID TO ENROLLED STUDENTS FEDERAL AND STATE PROGRAMS IN CLUDE --FEDERAL PELL GRANT --FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT (FSEOG) - -FEDERAL STAFFORD LOANS (SUBSIDIZED AND UNSUBSIDIZED) --FEDERAL PARENT LOANS (PLUS) --FEDE RAL ACADEMIC COMPETITIVENESS GRANT --US DEPARTMENT OF HEALTH AND HUMAN SERVICES SCHOLARSHI PS --TENNESSEE STUDENT ASSISTANCE PROGRAM --TENNESSEE EDUCATION SCHOLARSHIP PROGRAM WORK STUDY THE BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES WORK-STUDY PROGRAM ALLOWS THE COLLEG E TO EMPLOY STUDENTS IN GOOD ACADEMIC STANDING IN VARIOUS POSITIONS ON CAMPUS THESE POSIT IONS ARE FUNDED THROUGH THE COLLEGE'S OPERATING BUDGET TUITION DEFERRAL PROGRAM FUNDED BY THE BAPTIST MEMORIAL HEALTH CARE FOUNDATION, THIS PROGRAM ALLOWS UP TO SEVENTY-FIVE ELIGI BLE CLINICAL STUDENTS PER YEAR TO DEFER TUITION DURING THEIR JUNIOR AND SENIOR YEARS AT TH E COLLEGE THIS AGREEMENT REQUIRES A WORK COMMITMENT AT A BAPTIST MEMORIAL HEALTH CARE FAC ILITY FOLLOWING GRADUATION AND LICENSURE EQUAL TO ONE YEAR OF EMPLOYMENT FOR EACH YEAR OF TUITION DEFERRAL COMMUNITY INVOLVEMENT AS PART OF ITS COMMUNITY SERVICE EFFORTS, BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES HAS TREMENDOUS INVOLVEMENT IN THE EFFORTS TOWARDS HELP ING THE HOMELESS IN THE MEMPHIS DOWNTOWN AREA BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES HAS ALSO ADOPTED THE HOMELESS CHILDREN AND YOUTH PROGRAM OF THE MEMPHIS/SHELBY COUNTY SCH OOL SYSTEM SCHOOL SUPPLIES WERE PROVIDED FOR 100 CHILDREN IN ADDITION, THE COLLEGE IS AC TIVELY INVOLVED IN THE ANNUAL WALK FOR THE HOMELESS, THE THANKSGIVING CLINIC THAT PROVIDES A MEAL AND HEALTH SCREENINGS, AND SEVERAL FUNDRAISING EVENTS WHEREBY MONIES ARE GIVEN TO BAPTIST OPERATION OUTREACH, A SIGNATURE PROGRAM OF BAPTIST MEMORIAL HEALTH CARE CORPORATIO N ANOTHER MAJOR ACTIVITY HAS BEEN PARTICIPATION IN LIFEBLOOD DONOR DRIVES A BAPTIST MEMO RIAL COLLEGE OF HEALTH SCIENCES STAFF MEMBER SERVES ON THE LIFEBLOOD COMMITTEE AND OTHER S TAFF MEMBERS ASSIST WITH THE DRIVES THREE BLOOD D

Identifier	Return Reference	Explanation
		RIVES WERE HELD AT THE COLLEGE DURING THE YEAR WITH 125 PARTICIPANTS ANOTHER MAJOR ACTIVI TY HAS BEEN PARTICIPATION FROM FACULTY AND STAFF IN MEETING HEALTHCARE AND SPIRITUAL NEEDS THROUGH MISSION TRIPS TO BELIZE, HAITI AND GUATEMALA OTHER EXAMPLES OF COMMUNITY SERVICE AND DONATIONS PROVIDED FOR THE YEAR WHICH ENDING SEPTEMBER 30, 2010 INCLUDE --COLLEGE FA CULTY AND STAFF PARTICIPATED IN THE BAPTIST MEMORIAL HEALTH CARE CORPORATION SPONSORED HAB ITAT FOR HUMANITY THAT BUILT A HOME FOR A FAMILY OF EIGHT --VOLUNTEERING FOR MEMPHIS CENTE R INDEPENDENT LIVING FACILITY, AND THE VA HOSPITAL --PROVIDING FOOD FOR POOR THROUGH MORE THAN A MEAL PROGRAM --TUTORING AND READING TO ELEMENTARY SCHOOL CHILDREN AND HOMELESS CHIL DREN -- SERVING AS CHAPLAIN FOR GERMANTOWN FIRE DEPARTMENT --PROVIDING ASSISTANCE WITH SUMM ER CAMP AT A LOCAL CHURCH --VOLUNTEERS FOR TEEN CAMP GOOD GRIEF --COORDINATING AWARENESS O F AMERICAN HEART ASSOCIATION WEAR RED DAY --PARTICIPATION AS JURORS FOR STUDENT PROJECTS T HINK SHOW --VOLUNTEER AS COMMISSIONER IN MENTAL HEALTH ORGANIZATION --PROVIDING FOOD FOR T HE STOP HUNGER NOW PROGRAM --DONATIONS WERE MADE TO COMMUNITY SERVICE ORGANIZATIONS SUCH A S THE UNITED WAY, MARCH FOR BABIES WALK, THE AMERICAN HEART ASSOCIATION, AND THE WALK FOR THE HOMELESS THROUGH EMPLOYEE CONTRIBUTIONS OF TIME AND MONEY BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES' EMPLOYEES PROVIDED OVER 3,000 COMMUNITY SERVICE HOURS APPROXIMATELY 4,4 00 PEOPLE WERE SERVED IN 50 DIFFERENT PROGRAMS THE COST OF PERSONNEL, MATERIALS, AND MISC ELLANEOUS EXPENSES NOT PREVIOUSLY MENTIONED WAS OVER $46,000

Identifier	Return Reference	Explanation
PART V STATEMENTS REGARDING OTHER IRS FILINGS & TAX COMPLIANCE		LINE 1a ALL FORMS 1099 ARE PREPARED BY THE ACCOUNTS PAYABLE DEPARTMENT OF BAPTIST MEMORIAL HEALTH CARE CORPORATION ALL FORMS 1099 ARE ISSUED USING THE FEDERAL TAX IDENTIFICATION NUMBER OF BAPTIST MEMORIAL HEALTH CARE CORPORATION THE 1099S ARE NOT PROCESSED BY ENTITY, BUT BY VENDOR GROUP MANY VENDORS PERFORM SERVICES FOR MULTIPLE BAPTIST ENTITIES, SO ONLY ONE 1099 IS ISSUED PER VENDOR WITH THE TOTAL AMOUNT PAID FOR SERVICES THIS NUMBER IS REPORTED ON BAPTIST MEMORIAL HEALTH CARE CORPORATION'S FORM 990, PART V, LINE 1a LINE 2a THE PAYROLL FUNCTION IS CENTRALIZED AT THE PAYROLL DEPARTMENT OF BAPTIST MEMORIAL HEALTH CARE CORPORATION THE CORPORATE PAYROLL DEPARTMENT IS RESPONSIBLE FOR ALL SALARIES AND WAGES OF THE EMPLOYEES FOR ENTIRE THE BAPTIST SYSTEM THE W-3s AND W-2s ARE SUBMITTED ELECTRONICALLY TO THE IRS USING BAPTIST MEMORIAL HEALTH CARE CORPORATION'S FEDERAL TAX IDENTIFICATION NUMBER, ACCORDING TO THE GUIDELINES ASSOCIATED WITH COMMON PAYMASTER HOWEVER, THE EMPLOYEE INFORMATION IS ALLOCATED TO ITS RESPECTIVE FACILITY FOR FINANCIAL REPORTING PURPOSES AND THEY ARE REPORTED TO THE STATE BY EACH FACILITY 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