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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☒

1 Briefly describe the organization's mission

BAPTIST MEMORIAL HEALTH CARE CORPORATION IS AFFILIATED WITH A NUMBER OF TAX EXEMPT HOSPITALS LOCATED IN ARKANSAS, MISSISSIPPI, AND TENNESSEE AND SUPPLIES MANAGEMENT, CONSULTING AND SUPPORT SERVICES TO THEM THROUGH ITS CORPORATE STAFF (SEE SCHEDULE O, pg 45) MANAGEMENT SERVICES ARE PROVIDED TO THESE RELATED ORGANIZATIONS THAT PROVIDE QUALITY HEALTH CARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE THE SUPPORT SERVICES INCLUDE CLINICAL, FINANCIAL, LEGAL, AND OPERATIONAL BY PROVIDING THESE SERVICES ON A CENTRALIZED AND COORDINATED BASIS THE AFFILIATED ORGANIZATIONS ARE RUN MORE EFFICIENTLY AND EFFECTIVELY THE QUALITY OF SERVICES IS HIGHER AND IS MORE COST EFFECTIVE, AND THE DATA GENERATED IS MORE MEANINGFUL THESE EFFICIENCIES CONTRIBUTE IMPORTANTLY TO THE EXEMPT PURPOSE OF THE RELATED ORGANIZATIONS AND ALLOW THEM TO ACCOMPLISH THEIR CHARITABLE PURPOSES AND TO BETTER UTILIZE THEIR RESOURCES WHERE THEY ARE NEEDED MOST-PROVIDING BETTER CARE FOR THE COMMUNITY

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)	1) (Expenses \$)	150,705,577	including grants of \$	1,111,455)	(Revenue \$) 136,084,462
	<p>BAPTIST MEMORIAL HEALTH CARE CORPORATION IS AFFILIATED WITH A NUMBER OF TAX EXEMPT HOSPITALS LOCATED IN ARKANSAS, MISSISSIPPI, AND TENNESSEE AND SUPPLIES MANAGEMENT, CONSULTING AND SUPPORT SERVICES TO THEM THROUGH ITS CORPORATE STAFF. MANAGEMENT SERVICES ARE PROVIDED TO THESE RELATED ORGANIZATIONS THAT PROVIDE QUALITY HEALTH CARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE. THE SUPPORT SERVICES INCLUDE CLINICAL, FINANCIAL, LEGAL, AND OPERATIONAL (SEE SCHEDULE O, PG 45 FOR CONTINUATION) BY PROVIDING THESE SERVICES ON A CENTRALIZED AND COORDINATED BASIS. THE AFFILIATED ORGANIZATIONS ARE RUN MORE EFFICIENTLY AND EFFECTIVELY. THE QUALITY OF SERVICES IS HIGHER AND IS MORE COST EFFECTIVE, AND THE DATA GENERATED IS MORE MEANINGFUL. THESE EFFICIENCIES CONTRIBUTE IMPORTANTLY TO THE EXEMPT PURPOSE OF THE RELATED ORGANIZATIONS AND ALLOW THEM TO ACCOMPLISH THEIR CHARITABLE PURPOSES AND TO BETTER UTILIZE THEIR RESOURCES WHERE THEY ARE NEEDED MOST--PROVIDING BETTER CARE FOR THE COMMUNITY. BAPTIST MEMORIAL HEALTH CARE CORPORATION'S MISSION IS TO HEAL, PREACH, AND TEACH. THESE ARE NOT JUST WORDS, BUT SOMETHING WE DO EVERYDAY WITH PRIDE FOR OUR PATIENTS, OUR COMMUNITY AND EACH OTHER. A VERY IMPORTANT DEPARTMENT WITHIN THE BAPTIST MEMORIAL HEALTH CARE CORPORATION IS CORPORATE AUDIT AND CONSULTING SERVICES. THIS DEPARTMENT PROVIDES VALUE-ADDED SERVICES THROUGH FINANCIAL, OPERATIONAL AND COMPLIANCE REVIEWS OF ENTITIES THROUGHOUT THE CORPORATE SYSTEM. AUDITS OF HOSPITAL ENTITIES ARE PERFORMED ON A ROTATIONAL BASIS, WITH THE GOAL OF COMPLETING FIVE TO SIX FULL-SCOPE AUDITS EACH YEAR. AUDITS OF OTHER CORPORATE ENTITIES AND SPECIAL PROJECTS ARE BASED ON ASSESSMENTS PERFORMED AND INPUT FROM MANAGEMENT, EXTERNAL AUDITORS AND OTHERS. CORPORATE AUDIT AND CONSULTING SERVICES (CACS) PROVIDES SUPPORT TO THE REVENUE AND REIMBURSEMENT GROUP. WHOSE GOAL IS THE IMPROVEMENT AND COMPLIANCE OF REVENUE PROCESSES THROUGHOUT THE SYSTEM. SUPPORT IS ALSO PROVIDED TO THE CORPORATE COMPLIANCE DEPARTMENT. CACS WORKS CLOSELY WITH THE EXTERNAL AUDITORS AS AN INTEGRATED PART OF THEIR TEAM (PROVIDING OVER 1,000 HOURS OF ASSISTANCE DURING THE ANNUAL AUDIT). PROVIDING THIS SUPPORT ENABLES BAPTIST MEMORIAL HEALTH CARE CORPORATION TO MAINTAIN EXTERNAL FEES PAID TO CONSULTANTS AND OUTSIDE ACCOUNTING FIRMS AS LOW AS POSSIBLE DURING THE PERFORMANCE AUDITS AND OTHER SPECIAL PROJECTS. REVIEWS MAY BE INCORPORATED TO ASSESS THE ENTITIES' INTERNAL CONTROL SYSTEMS, AS WELL AS TO ASSESS COMPLIANCE WITH LAWS AND REGULATIONS IN A NUMBER OF AREAS INCLUDING BILLING PRACTICES, CONFIDENTIALITY OF PATIENT INFORMATION, PHYSICIAN TRANSACTIONS, WAGE AND HOUR RELATIONS AND FINANCIAL REPORTING. RECOMMENDATIONS ARE MADE TO MANAGEMENT FOR CORRECTIVE ACTIONS IDENTIFIED, IF ANY. ANOTHER DEPARTMENT THAT IS VERY IMPORTANT IN MEETING OUR MISSION TO HEAL, PREACH, AND TEACH IS THE CORPORATE COMMUNICATIONS DEPARTMENT. THIS DEPARTMENT SERVES AS A SYSTEM RESOURCE FOR PROTECTING THE BAPTIST IMAGE AND TELLING THE BAPTIST STORY. THE DEPARTMENT CONTINUES TO SAVE BAPTIST MEMORIAL HEALTH CARE CORPORATION THOUSANDS OF DOLLARS EACH FISCAL YEAR BY PROVIDING COMMUNICATIONS SERVICES FOR ALL BAPTIST AFFILIATED ENTITIES. VERSES HAVING TO PAY OUTSIDE VENDORS FOR THEIR SERVICES. BAPTIST MEMORIAL HEALTH CARE CONTINUES TO SUPPORT THE OPERATION. OUTREACH MOBILE HEALTH CARE CLINIC FOR THE HOMELESS AND UNINSURED. SINCE BAPTIST MEMORIAL HEALTH CARE BEGAN ITS SUPPORT OF THE PROGRAM IN 2003, THE VAN HAS TREATED MORE THAN 20,000 PATIENTS, OVER 80 PERCENT OF WHOM ARE UNINSURED. EVERY WEEK, THE MOBILE UNIT VISITS ORGANIZATIONS THAT PROVIDE SERVICES TO THE HOMELESS AND UNINSURED. THE STAFF ON THE UNIT PROVIDE PRIMARY HEALTH CARE SERVICES AND TREAT MINOR ILLNESSES. BAPTIST MEMORIAL HEALTH CARE COORDINATED AND FUNDED THE MOBILE CLINIC, WHICH PROVIDES ACUTE AND PRIMARY MEDICAL CARE, INFORMATION ON DISEASE PREVENTION AND GUIDANCE TO MEMPHIANS WITHOUT PERMANENT HOUSING. THE PROGRAM REACHES APPROXIMATELY 1500 PATIENTS PER YEAR. OPERATION OUTREACH PATIENTS RECEIVE FREE SERVICES SUCH AS SCREENINGS FOR COMMON HEALTH PROBLEMS, HEALTH AND DEVELOPMENT ASSESSMENTS FOR CHILDREN, IMMUNIZATIONS AND OTHER PREVENTIVE CARE, DIAGNOSIS OF MEDICAL PROBLEMS AND HEALTH NEEDS, AND TREATMENT AND MANAGEMENT OF SPECIFIC HEALTH PROBLEMS AND MINOR INJURIES. THE CLINIC ALSO PROVIDES SOME DENTAL AND VISION CARE FOR PATIENTS AS WELL. THE PROGRAM IS A PARTNERSHIP BETWEEN BAPTIST MEMORIAL HEALTH CARE CORPORATION AND CHRIST COMMUNITY HEALTH SERVICES, WHICH OWNS THE MOBILE UNIT AND OPERATES IT AN ADDITIONAL THREE TO FOUR DAYS PER WEEK. THE BAPTIST OPERATION OUTREACH MOBILE CLINIC IS BAPTIST MEMORIAL HEALTH CARE'S SIGNATURE COMMUNITY OUTREACH PROGRAM AND THE CORNERSTONE OF OUR COMMUNITY INVOLVEMENT EFFORTS. IT IS A MEMBER OF COMMUNITY ALLIANCE FOR THE HOMELESS, AN ORGANIZATION THAT HELPS ENSURE HOMELESS PROVIDER AGENCIES AND HOMELESS PEOPLE CAN PARTICIPATE IN PLANNING FOR THE "CONTINUUM OF CARE" SYSTEM OF SERVICES, SHELTER AND HOUSING. FOR MORE INFORMATION ON BAPTIST MEMORIAL HEALTH CARE CORPORATION'S COMMUNITY INVOLVEMENT AND COMMITMENT, PLEASE VISIT OUR WEB SITE, WWW.BAPTISTONLINE.ORG. BAPTIST MEMORIAL HEALTH CARE CORPORATION AND THE MEDICAL EDUCATION AND RESEARCH INSTITUTE (MERI) ARE BOTH WELL KNOWN FOR THEIR COMMITMENT TO THE ADVANCEMENT OF MEDICAL RESEARCH AND EDUCATION. MERI CONTRIBUTES TO THE MEDICAL COMMUNITY BY PROVIDING EXCELLENT ANATOMIC TEACHING LABS FOR HANDS-ON INSTRUCTION, WHICH HELPS TO IMPROVE THE TRANSFER OF TECHNOLOGY FROM THE LAB TO ACTUAL PATIENTS. IT ALSO SUPPORTS RESEARCH THAT WOULD BE DIFFICULT OR IMPOSSIBLE TO PERFORM AT MOST OTHER LABORATORIES, INCLUDING MAINSTREAM UNIVERSITY LABS. PHYSICIANS TRAVEL FROM ALL OVER THE WORLD TO UTILIZE THE FACILITY BECAUSE IT ALLOWS THEM TO CONTINUALLY IMPROVE THEIR SKILLS, INCREASE THEIR KNOWLEDGE, DEVELOP NEW TECHNIQUES AND MORE. BAPTIST MEMORIAL HEALTH CARE CORPORATION EMPHASIZES CUSTOMER SERVICE. CUSTOMER SERVICE HAS BECOME PART OF THE BAPTIST MEMORIAL HEALTH CARE CORPORATE CULTURE. TERMED "SERVICE FIRST", BAPTIST MEMORIAL HEALTH CARE CORPORATION AND ITS AFFILIATED ENTITIES THROUGHOUT THE MID-SOUTH ARE FINDING BETTER WAYS TO SERVE OUR CUSTOMERS AND EXCEED THEIR EXPECTATIONS. BAPTIST MEMORIAL HEALTH CARE CORPORATION HAS ALSO PROVIDED A NUMBER OF OTHER SERVICES TO THE COMMUNITY. IT RECOGNIZES THAT ITS PEOPLE ARE ITS MOST VALUABLE ASSET. TO SHARE THIS ASSET WITH THE COMMUNITY AT LARGE, ALL PERSONNEL ARE ENCOURAGED TO GET INVOLVED BY VOLUNTEERING. BELOW IS A PARTIAL LISTING OF THE ORGANIZATIONS AND ACTIVITIES BAPTIST MEMORIAL HEALTH CARE CORPORATION SUPPORTED IN 2011: --ALZHEIMER'S ASSOCIATION--AGAPE CHILD & FAMILY SERVICES--ALS ASSOCIATION--AMERICAN CANCER SOCIETY--AMERICAN DIABETES ASSOCIATION--AMERICAN HEART ASSOCIATION--AMERICAN RED CROSS--ARTS MEMPHIS--BELLEVUE BAPTIST CHRISTIAN MOBILE DENTAL CLINIC--BOY SCOUTS OF AMERICA--BOYS & GIRLS CLUB--CHRIST COMMUNITY HEALTH SERVICES--CHRISTIAN MEDICAL & DENTAL SOCIETY--CHURCH HEALTH CENTER--COMMUNITY ALLIANCE FOR THE HOMELESS--CROSSLINK INTERNATIONAL--DIXON GALLERY & GARDENS--DRESS FOR SUCCESS--DYERSBURG STATE COMMUNITY COLLEGE--FACING HISTORY AND OURSELVES--GIRL SCOUTS HEART OF THE SOUTH--HABITAT FOR HUMANITY--HARWOOD CENTER--HEALTHY MEMPHIS COMMON TABLE--JUNIOR ACHIEVEMENT--JUVENILE DIABETES RESEARCH FOUNDATION--LEADERSHIP MEMPHIS--LEMOYNE OWEN COLLEGE--LITERACY MIDSOUTH--LOCAL FARMERS MARKETS--LORRAINE FOUNDATION (CIVIL RIGHTS MUSEUM)--MARCH OF DIMES--MEMPHIS AREA CHAMBER OF COMMERCE--MEMPHIS ATHLETIC MINISTRIES--MEMPHIS BIOWORKS FOUNDATION--MEMPHIS BRANCH NAACP--MEMPHIS HOUSING AUTHORITY--MEMPHIS TOMORROW--MEMPHIS-MIDSOUTH AFFILIATE OF SUSAN G. KOMEN FOR THE CURE--METROPOLITAN INTER-FAITH ASSOCIATION--MID-SOUTH FOOD BANK--MIDSOUTH MINORITY BUSINESS COUNCIL--MISSISSIPPI NURSES ASSOCIATION--NATIONAL ASSOC. OF HEALTH SERVICES EXECUTIVES--NATIONAL COUNCIL ON HEALTH CARE FOR THE HOMELESS--PINK TIE EVENT FOR CANCER SURVIVORS--SALVATION ARMY AND KROC CENTER--SCHOOLS THROUGHOUT THE COMMUNITIES IN WHICH WE OPERATE--SHELBY COUNTY FARMS PARK ALLIANCE--SISTERHOOD SHOWCASE--THE LEADERSHIP ACADEMY--THE REGIONAL MEDICAL CENTER--THE UNIVERSITY OF MEMPHIS--TN MEN'S HEALTH NETWORK--UNION UNIVERSITY--UNITED WAY OF THE MID-SOUTH--UNIVERSITY OF TENNESSEE--BAPTIST MEMORIAL HEALTH CARE CORPORATION REALIZES THAT MODERN HEALTH CARE IS MORE THAN MEDICINE, TECHNOLOGY AND TECHNIQUE. IT IS ALSO ABOUT SHARING EXPERIENCES AND HELPING FRIENDS AND NEIGHBORS DEAL WITH ILLNESS.</p>				

[illegible][illegible]

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

4e	Total program service expenses	\$ 150,705,577
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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 (see instruction)? 	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b 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. 	11b Yes	
c 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. 	11c	No
d 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. 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	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, Parts II and IV	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, Parts III and IV	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 (see instructions)	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
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

<div>Part V</div> <div>Statements Regarding Other IRS Filings and Tax Compliance</div>			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	554
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	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a	573
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: See instructions for 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?	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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?			
14a			
14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			
14b			

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.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Does the organization have members or stockholders?	6	No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	No
10b	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	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	No
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	15b	Yes
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
16b	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ BRENDA SWEARENGEN 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 (901) 227-5304

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

Check if Schedule O contains a response to any question in this Part VII ☐

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.

- 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, if any 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, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

Part VII

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								16,751,026	624,467	1,815,319

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 **102**

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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
HARRIS SHELTON HANOVER WALSH PLLC 999 S SHADY GROVE RD 300 MEMPHIS, TN 38120	LEGAL	3,411,777
BAKER DONELSON BEARMAN & CALDWELL 700 N STATE ST 500 JACKSON, MS 39202	LEGAL	1,798,734
KIESEWETTER WISE ET AL 3725 CHAMPION HILLS DR 3000 MEMPHIS, TN 38125	LEGAL	1,578,477
DUNBAR DAVIS PLLC 324 JACKSON AVE E OXFORD, MS 38655	LEGAL	687,353
HOLLAND RAY UPCHURCH PO BOX 409 TUPELO, MS 38802	LEGAL	249,449
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 ▶12		

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	540,345				
	e	Government grants (contributions)	1e	60,000				
	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		600,345				
	Program Service Revenue	2a	Business Code					
		MANAGEMENT FEE REVENUE		541200	134,960,400	134,925,643	34,757	
b		OTHER REVENUE/LOSS		541200	306,180	298,877	7,303	
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			135,266,580			
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)			5,458,176		74,100
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties						
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less rental expenses	658,839					
	c	Rental income or (loss)	919,990					
	d	Net rental income or (loss)	-261,151					
					-261,151			-261,151
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less cost or other basis and sales expenses	49,137,119	94,775				
	c	Gain or (loss)	44,446,379	785,059				
	d	Net gain or (loss)	4,690,740	-690,284				
					4,000,456			4,000,456
	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	BHSG ALLOCATION	541200		1,419,891		1,419,891		
b	NON-OPERATING REVENUE	900099		763,720	763,720			
c	BAD DEBT RECOVERY	900099		96,222	96,222			
d	All other revenue							
e	Total. Add lines 11a-11d			2,279,833				
12	Total revenue. See Instructions			147,344,239	136,084,462	1,536,051	9,123,381	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,111,455	1,111,455		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	19,210,209	19,168,685	41,524	
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	37,784,477	37,702,803	81,674	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,249,938	4,239,471	10,467	
9	Other employee benefits	7,338,879	7,318,944	19,935	
10	Payroll taxes	3,093,330	3,086,072	7,258	
a	Fees for services (non-employees)				
	Management				
b	Legal	4,217,475	4,217,475		
c	Accounting	1,226,918	1,226,918		
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	1,498,302	1,488,753	9,549	
g	Other	10,721,420	10,653,092	68,328	
12	Advertising and promotion	2,285,734	2,262,648	23,086	
13	Office expenses	5,524,896	5,523,223	1,673	
14	Information technology				
15	Royalties				
16	Occupancy	956,557	956,557		
17	Travel	849,862	847,856	2,006	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	242,990		242,990	
20	Interest	1,854,705	1,846,595	8,110	
21	Payments to affiliates	162,420	162,349	71	
22	Depreciation, depletion, and amortization	18,722,282	18,637,469	84,813	
23	Insurance	8,750,015	8,750,015		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	REPAIR & MAINTENANCE	19,724,717	19,640,549	84,168	
b	DUES & SUBSCRIPTIONS	1,432,084	1,429,963	2,121	
c	TAX & LICENSES	277,652	277,652	0	
d	RECRUITING EXPENSES	70,116	70,085	31	
e	OTHER	42,370	42,352	18	
f	All other expenses	44,613	44,596	17	
25	Total functional expenses. Add lines 1 through 24f	151,393,416	150,705,577	687,839	0
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			199	1	200
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			6,762,067	4	18,384,455
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			6,462,444	9	6,658,138
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	248,449,684			
	b	Less: accumulated depreciation	10b	168,864,205	77,063,980	10c	79,585,479
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11			162,750,785	12	129,663,835
	13	Investments—program-related. See Part IV, line 11			891,742	13	10,143,095
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			165,995,040	15	171,654,905
16	Total assets. Add lines 1 through 15 (must equal line 34)			419,926,257	16	416,090,107	
Liabilities	17	Accounts payable and accrued expenses			18,211,017	17	22,752,530
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			100,020,850	23	110,939,916
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			119,216,219	25	97,325,659
	26	Total liabilities. Add lines 17 through 25			237,448,086	26	231,018,105
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			182,478,171	27	185,072,002
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			182,478,171	33	185,072,002
34	Total liabilities and net assets/fund balances			419,926,257	34	416,090,107	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	147,344,239
2	Total expenses (must equal Part IX, column (A), line 25)	2	151,393,416
3	Revenue less expenses Subtract line 2 from line 1	3	-4,049,177
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	182,478,171
5	Other changes in net assets or fund balances (explain in Schedule O)	5	6,643,008
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	185,072,002

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization BAPTIST MEMORIAL HEALTH CARE CORPORATION	Employer identification number 58-1521475
--	--

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 described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☒

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

a

☒

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☒

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
See Additional Data Table									
Total									1 34,925,644

Part II

Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))					14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Explanation
Schedule A, Part IV, Supplemental Information LINE H, COLUMN (vii) BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER OF THE SUPPORTED ENTITIES, PROVIDES CERTAIN LEGAL, FINANCE, QUALITY, AND PERSONNEL SERVICES PURSUANT TO A SHARED SERVICES AGREEMENT

Additional Data

Software ID:

Software Version:

EIN: 58-1521475

Name: BAPTIST MEMORIAL HEALTH CARE CORPORATION

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

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) BAPTIST MEMORIAL HOSPITAL INC	620123940	3	Yes		Yes		Yes		61008137
(B) BAPTIST MEMORIAL HOSPITAL- BOONEVILLE INC	640663760	3	Yes		Yes		Yes		2252712
(C) BAPTIST MEMORIAL HOSPITAL- DESOTO INC	640682111	3	Yes		Yes		Yes		23136997
(D) BAPTIST MEMORIAL HOSPITAL- GOLDEN TRIANGLE INC	621519754	3	Yes		Yes		Yes		13387856
(E) BAPTIST MEMORIAL HOSPITAL- HUNTINGDON INC	621166050	3	Yes		Yes		Yes		1620457
(F) BAPTIST MEMORIAL HOSPITAL- LAUDERDALE INC	621088703	3	Yes		Yes		Yes		0
(G) BAPTIST MEMORIAL HOSPITAL- NORTH MISSISSIPPI INC	640772726	3	Yes		Yes		Yes		14038981
(H) BAPTIST MEMORIAL HOSPITAL- TIPTON INC	621113167	3	Yes		Yes		Yes		2956496
(I) BAPTIST MEMORIAL HOSPITAL-UNION CITY INC	621138045	3	Yes		Yes		Yes		3831057
(J) BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC	630997281	3	Yes		Yes		Yes		5070818
(K) BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICESINC	581645396	3	Yes		Yes		Yes		3514190
(L) BAPTIST COLLEGE OF HEALTH SCIENCES INC	621599670	2	Yes		Yes		Yes		0
(M) BAPTIST MEMORIAL HOSPITAL- JONESBORO INC	261214372	3	Yes		Yes		Yes		3046197
(N) BAPTIST MEMORIAL HEALTH SERVICES INC	621509127	501(C)(3)	Yes		Yes		Yes		368299
(O) BAPTIST MEMORIAL MEDICAL GROUP-MS	621545710	501(C)(3)	Yes		Yes		Yes		145524
(P) BAPTIST MEMORIAL MEDICAL GROUP	621545731	501(C)(3)	Yes		Yes		Yes		165267
(Q) MEDICAL FINANCIAL SERVICES INC	621112364	501(C)(3)	Yes		Yes		Yes		89951
(R) BAPTIST MINOR MEDICAL CENTERS INC	621538114	501(C)(3)	Yes		Yes		Yes		292705

Additional Data

Software ID:

Software Version:

EIN: 58-1521475

Name: BAPTIST MEMORIAL HEALTH CARE CORPORATION

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 PRESIDENT/CEO/DIRECTOR	31 40	X		X				3,203,534	0	69,866
ORAL W EDWARDS DIRECTOR	80	X						0	0	0
ALLEN B PUCKETT III DIRECTOR	80	X						0	0	0
DANA E KELLY DIRECTOR	80	X						0	0	0
JAMES M GLASGOW JR DIRECTOR	80	X						0	0	0
MILTON E MAGEE DIRECTOR	80	X						0	0	0
KATIE WINCHESTER DIRECTOR	80	X						0	0	0
JOHN STANFORD DDS DIRECTOR	80	X						0	0	0
DALE MORRIS MD DIRECTOR	80	X						0	0	0
MICHAEL CARY DIRECTOR	80	X						0	0	0
LARRY MCCLENDON DIRECTOR	80	X						0	0	0
MARTHA PERRINE BEARD DIRECTOR	80	X						0	0	0
A WATSON BELL DIRECTOR	80	X						0	0	0
NANCY WAVERWATER ADMINISTRATOR/TRINITY	40 00			X				223,383	0	48,301
GLENN F BAKER CEO/ADMIN	40 00			X				295,493	0	48,915
DAVID W BARHAM V P /OPERATIONS FINANCE	38 80			X				304,394	0	58,178
PAUL B BETZ CEO/ADMIN	40 00			X				240,318	0	52,988
BARRY BONDURANT CEO/ADMIN	40 00			X				139,497	0	31,837
JAMES W BOSWELL VP/CEO BAPTIST MEM MEDICAL GROUP, INC	38 40			X				149,405	0	0
LARRY V BRAUGHTON VP/HUMAN RESOURCES	39 90			X				637,820	0	62,044
SUSAN M BREEDEN CEO/ADMIN	40 00			X				187,925	0	32,451
EDWIN P CADE CEO/ADMIN	40 00			X				252,320	0	55,477
ZACHARY R CHANDLER V P /MARKET LEADER	37 50			X				396,423	0	45,915
RICHARD D DREWRY JR V P /CHIEF MED OFFICER	38 90			X				460,628	0	33,724
GREGORY M DUCKETT SR VP & CORP SEC	34 60			X				645,685	0	65,419

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			
DAVID R ELLIOTT V P /CEO MGD CARE	40 00			X				360,092	0	48,438
JAMES SCOTT FOUNTAIN SR VP/CDO FOUNDATION	20 00			X				0	583,600	74,766
ROBERT S GORDON EXEC V P /CAO	37 70			X				1,036,560	0	72,623
WALTER J GRACE CEO/ADMIN	40 00			X				123,355	23,139	26,451
WILLIAM A GRIFFIN V P FINANCE	40 00			X				304,137	0	57,400
DAVID HOGAN EVP/COO	38 70			X				1,997,734	0	64,393
JAMES R HUFFMAN III CEO/ADMIN	40 00			X				243,998	0	54,750
DONALD H HUTSON CEO/ADMIN	40 00			X				287,230	0	38,367
BEVERLY D JORDAN V P /CNO	40 00			X				460,889	0	53,440
DON L KENNEDY CEO/ADMIN	40 00			X				131,231	0	24,952
RANDY J KING V P /MARKET LEADER	40 00			X				494,695	0	56,925
JASON M LITTLE EXEC V P /COO	35 80			X				567,768	0	45,787
BETTY SUE MCGARVEY COLLEGE PRESIDENT	40 00			X				267,274	0	62,359
BRAD H PARSONS CEO/ADMIN	40 00			X				121,409	17,728	27,642
DONALD R POUNDS SR V P /CFO	39 20			X				768,960	0	56,642
SUSAN W STRALKA CEO/ADMIN	40 00			X				296,887	0	44,655
WILLIAM A TUTTLE V P	38 60			X				204,799	0	43,871
ANITA S VAUGHN CEO/ADMIN	40 00			X				265,200	0	58,942
DERICK B ZIEGLER CEO/ADMIN	40 00			X				313,735	0	39,769
RICHARD D REISELT V P /CHIEF INFO OFFICER	40 00			X				236,990	0	57,651
JIMMY D AINSWORTH V P /MARKET LEADER	40 00			X				262,129	0	21,951
ROSARIO LINSEY-GIULIAN DIR QUALITY & MED MGMT	40 00					X		183,056	0	46,486
TERRY L PAHDE DIR COMP/BENEFITS HR	40 00					X		180,770	0	25,146
TERRY S BARRON DIR PHYSICIAN SVS	40 00					X		172,821	0	34,817
WAID RAY ASST CORP COUNSEL	40 00					X		166,453	0	40,124

(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			
KEITH W SCARBROUGH ADMIN DIR INFO SYS	40.00					X		166,029	0	31,857

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

2010

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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, Part V, line 35a (Proxy Tax), then

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

Name of the organization BAPTIST MEMORIAL HEALTH CARE CORPORATION	Employer identification number 58-1521475
--	--

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV	Yes		
	j Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	82,667
	b If "Yes," enter the amount of any tax incurred under section 4912			82,667
	c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
	d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year		
b	Carryover from last year		
c	Total		
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
Explanation of Other Lobbying Activities	Part II-B, Line 1i	BAPTIST MEMORIAL HEALTH CARE CORPORATION PAYS CONSULTANTS WHO MONITOR & ADVISE THE ORGANIZATION ON LEGISLATIVE & REGULATORY MATTERS THAT MAY AFFECT THE ORGANIZATION & ITS AFFILIATES. THESE CONSULTANTS MAY ADVOCATE POSITIONS WITH GOVERNMENTAL BODIES AT LOCAL, STATE & FEDERAL LEVELS.

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

2010

Open to Public
Inspection

Name of the organization
BAPTIST MEMORIAL HEALTH CARE CORPORATION

Employer identification number
58-1521475

Part I

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

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

Part II

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

1

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

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

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
2a	
2b	
2c	
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

1b

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

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii)

Assets included in Form 990, Part X

▶ \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2010

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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

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
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		17,502,775		17,502,775
b Buildings		37,271,731	11,856,289	25,415,442
c Leasehold improvements		65,004	65,004	0
d Equipment		193,287,025	156,792,742	36,494,283
e Other		323,149	150,170	172,979
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				79,585,479

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

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Description of Uncertain Tax Positions Under FIN 48	Part X	BAPTIST MEMORIAL HEALTH CARE CORPORATION ADOPTED THE PROVISIONS OF FASB ASC TOPIC 740, INCOME TAXES, ON OCTOBER 1, 2009 FOR UNCERTAIN TAX POSITIONS. APPLICATION OF ASC TOPIC 740 TO A TAX-EXEMPT ORGANIZATION IS PRIMARILY DIRECTED AT THE CHARACTERIZATION OF INCOME AS TAX EXEMPT (RELATED OR EXCLUDED EXEMPT FUNCTION INCOME) AND/OR TAXABLE AS UNRELATED BUSINESS INCOME AS DEFINED IN THE CODE. BAPTIST MEMORIAL HEALTH CARE CORPORATION EVALUATED THE EFFECT OF FASB ASC TOPIC 740 FOR UNCERTAIN TAX POSITIONS AND DETERMINED THAT NO ADJUSTMENTS TO ITS COMBINED FINANCIAL STATEMENTS WERE REQUIRED UPON THE ADOPTION. AS OF SEPTEMBER 30, 2011 AND 2010, BAPTIST MEMORIAL HEALTH CARE CORPORATION HAD NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS UNDER FASB ASC TOPIC 740 REQUIRING ADJUSTMENTS TO ITS COMBINED FINANCIAL STATEMENTS. IN THE EVENT BAPTIST MEMORIAL HEALTH CARE CORPORATION WERE TO RECOGNIZE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IT WOULD BE RECOGNIZED IN THE COMBINED FINANCIAL STATEMENTS AS INTEREST EXPENSE. GENERALLY TAX YEARS 2007 THROUGH 2010 ARE OPEN TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES, RESPECTIVELY. THERE ARE NO INCOME TAX EXAMINATIONS CURRENTLY IN PROCESS.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BAPTIST MEMORIAL HEALTH CARE CORPORATION

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

2010

Open to Public
Inspection

Employer identification number
58-1521475

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. Part II can be duplicated if additional space is needed. ▶ ☐

1 (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
See Additional Data Table							

2

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

▶ 44

3

Enter total number of other organizations

▶ 5

Part III

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

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

Part IV

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 ALL ORGANIZATIONS ARE REQUIRED TO SUBMIT PROOF OF TAX EXEMPT STATUS THAT IS VERIFIED BY THE IRS DATABASE BEFORE THEY CAN PROCEED WITH THEIR REQUEST THEY MAY USE OUR ONLINE CHARITABLE REQUEST APPLICATION TO SUBMIT A REQUEST IF THEY ARE NOT A 501(c)(3) ORGANIZATION, THEY ARE REQUIRED TO SUBMIT A COPY OF THEIR DETERMINATION LETTER FROM THE IRS VALIDATING THEIR EXEMPT STATUS BEFORE WE CAN PROVIDE ANY IN-KIND GIVEAWAYS OR SERVICES (CONTINUED ON PAGE 38) WE ALSO MONITOR THE FUNDS TO ENSURE THEY ARE USED FOR THE PURPOSE GRANTED WE MAKE EVERY EFFORT TO DIRECT OUR FUNDING TO A PROGRAM FOR A SPECIFIC PURPOSE ORGANIZATIONS ARE ASKED TO SHOW RESULTS AND DOCUMENTATION ANNUALLY BEFORE THEIR REQUEST CAN BE CONSIDERED FOR FUTURE FUNDING THE REQUESTS ARE REVIEWED AND APPROVED BY VARIOUS INDIVIDUALS DEPENDING UPON THE TYPE AND AMOUNT OF THE REQUEST SMALL AMOUNTS MAY BE APPROVED BY THE SYSTEM COORDINATOR, CASH SPONSORSHIPS MAY BE APPROVED BY THE SYSTEM DIRECTOR OF COMMUNICATIONS, ANYTHING OVER \$10,000 MAY BE APPROVED BY THE BAPTIST MEMORIAL HEALTH CARE FOUNDATION SENIOR V P , AND ANYTHING OVER \$50,000 NEEDS APPROVAL BY THE CORPORATE PRESIDENT/CEO FOR MORE INFORMATION ABOUT BAPTIST CHARITABLE GIVING GUIDELINES, PLEASE VISIT HTTP //WWW BAPTISTONLINE ORG/SERVICES/COMMUNITY/INVOLVEMENT/GIVING ASP

Software ID:

Software Version:

EIN: 58-1521475

Name: BAPTIST MEMORIAL HEALTH CARE CORPORATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
AGAPE CHILD & FAMILY SERVICES111 RACINE ST MEMPHIS,TN 38111	23-7039683	501(C)(3)	12,500				GENERAL DONATION
ALS ASSOCIATION4825 TROUSDALE DR 107 NASHVILLE,TN 37220	94-3124723	501(C)(3)	5,000				GENERAL DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
AMERICAN CANCER SOCIETY1378 UNION AVE MEMPHIS,TN 38103	23-7040934	501(C)(3)	25,000				GENERAL DONATION
AMERICAN DIABETES ASSN1701 BEAUREGARD ST ALEXANDRIA,VA 22311	13-1623888	501(C)(3)	5,000				GENERAL DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
AMERICAN HEART ASSN 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	30,000				GENERAL DONATION
AMERICAN RED CROSS 2025 E STREET NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	10,000				GENERAL DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
ARTHRITIS FOUNDATION 209 10TH AVE S 228 NASHVILLE,TN 37203	62-6018658	501(C)(3)	17,500				GENERAL DONATION
BARTLETT CHAMBER FOUNDATION2969 ELMORE PARK RD BARTLETT,TN 38134	26-1993309	501(C)(3)	6,000				DONATION TO COMMUNITY DEVELOPMENT INITIATIVE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
B'NAI B'RIT4311 WILSHIRE BLVD 300 LOS ANGELES,CA 90010	53-0179971	501(C)(3)	6,400				SPONSOR AWARD DINNER
BOSTON COLLEGE55 LEE RD CHESTNUT HILL,MA 02467	04-2103545	501(C)(3)	5,000				CORPORATE CITIZENSHIP DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
DIXON GALLERY & GARDENS4339 PARK AVE MEMPHIS,TN 38117	62-0943809	501(C)(3)	48,750				GENERAL DONATION
WINGS CANCER FOUNDATION INC100 N HUMPHREYS BLVD MEMPHIS,TN 38120	62-1742388	501(C)(3)		6,315	FMV	CARE BAGS	PROVIDE CARE BAGS TO PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
DYERSBURG STATE COMMUNITY COLLEGE 1510 LAKE RD DYERSBURG,TN 38024	62-1378726	501(C)(3)	57,141				DONATION TO NURSING FUND
CHRIST COMMUNITY HEALTH SERVICES INC 2953 BROAD AVE MEMPHIS,TN 38112	62-1583270	501(C)(3)	187,055				SUPPORT OPERATION OUTREACH PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
CITY OF BARTLETT PERFORMING ARTS3663 APPLING RD BARTLETT,TN 38134	62-1608015	501(C)(3)	5,000				SPONSORSHIP
CHICKASAW COUNCIL171 S HOLLYWOOD ST MEMPHIS,TN 381124802	62-6249663	501(C)(3)	10,000				SPONSOR DISTNGUISHED CITIZENS DINNER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
CHRISTIAN MEDICAL & DENTAL SOCIETYPO BOX 7500 BRISTOL,TN 37621	36-2284267	501(C)(3)	5,000				GENERAL DONATION
CROSSLINK INTERNATIONAL200 E PARKWAY N MEMPHIS,TN 38112	54-1827160	501(C)(3)	10,000				GENERAL DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
GIRL SCOUTS OF AMERICA 420 5TH AVE NEW YORK, NY 10018	13-1624016	501(C)(3)	10,000				HEALTHY LIVING SPONSORSHIP
COMMUNITY FOUNDATION OF GREATER MEMPHIS 1900 UNION AVE MEMPHIS, TN 38104	58-1723645	501(C)(3)	30,000				SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
HEALTHSPRING USA LLC 530 GREAT CIRCLE RD NASHVILLE,TN 37228			5,000				SILVER STAR SPONSORSHIP
LEADERSHIP MEMPHIS119 S MAIN ST 3425 MEMPHIS,TN 38103	62-1043517	501(C)(3)	12,500				CORPORATE SPONSOR

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
LIBERTY BOWL FESTIVAL ASSN3767 GETWELL RD MEMPHIS,TN 38118	62-6064769	501(C)(4)	12,500				SPONSOR
LORRAINE FOUNDATION 450 MULBERRY ST MEMPHIS,TN 38103	58-1484027	501(C)(3)	10,000				SPONSOR FREEDOM AWARDS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
MARCH OF DIMES1275 MAMARONECK AVE WHITE PLAINS,NY 10605	13-1846366	501(C)(3)	15,000				GENERAL DONATION
PRESBYTERIAN DAY SCHOOL4025 MASON RD MEMPHIS,TN 38111	62-0811568	501(C)(3)	15,000				CONFERENCE SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
MEMPHIS AREA WOUND OSTOMY5700 MASON RD MEMPHIS, TN 38120	26-1326171	501(C)(6)	10,000				NURSING CONFERENCE SPONSORSHIP
MEMPHIS BRANCH NAACP 588 VANCE AVE MEMPHIS, TN 38126	62-0637884	501(C)(3)	25,000				SPONSORSHIP OF FREEDOM FUND GALA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
MEMPHIS BROOKS MUSEUM OF ART1934 POPLAR AVE MEMPHIS,TN 38104	62-6063304	501(C)(3)	5,000				DONATION TO ALZHEIMER'S PROGRAM
MEMPHIS CATHOLIC URBAN SCHOOLS INC 5825 SHELBY OAKS DR MEMPHIS,TN 38134	06-1691074	501(C)(3)	80,500				EDUCATION THAT WORKS & INTERNSHIP PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
MEMPHIS CITY SCHOOLS 2597 AVERY AVE RM 208 MEMPHIS,TN 38112	26-4477567	501(C)(3)	6,500				OPERATION OUTREACH FOR HOMELESS CHILDREN &YOUTH
MEMPHIS SYMPHONY ORCHESTRA585 S MENDENHALL RD MEMPHIS,TN 38117	62-6015885	501(C)(3)	20,000				MASTERWORKS SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
MEMPHIS-SHELBY COUNTY CRIME COMMISSION600 JEFFERSON AVE 400 MEMPHIS,TN 38105	62-1693848	501(C)(3)	5,000				SPONSORSHIP
MEMPHIS TOMORROW17 W PONTOTOC AVE 100 MEMPHIS,TN 38103	62-1867308	501(C)(3)	50,000				SPONSORHSIP OF EDUCATION CAMPAIGN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
MEMPHIS ZOO2000 PRENTIS PLACE MEMPHIS, TN 38112	23-7236155	501(C)(3)	5,000				SPONSOR ZOO LIGHTS & ICE SKATING PARK
METHODIST HEALTH CARE-MEMPHIS1211 UNION AVE 700 MEMPHIS, TN 38104	58-1454711	501(C)(3)	101,494				CHARITY PATIENT PMTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
MIDSOUTH MINORITY BUSINESS COUNCILPO BOX 3050 MEMPHIS,TN 38173	62-1198163	501(C)(6)	10,000				ECONOMIC DEVELOPMENT SPONSOR
MIDSOUTH FOOD BANK 239 S DUDLEY ST MEMPHIS,TN 38104	62-1340755	501(C)(3)	14,000				DONATION TO KIDS BACK PACK PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSISSIPPI NURSES ASSN31 WOODGREEN PL MADISON,MS 39110	64-0321143	501(C)(6)	5,000				PLATINUM SPONSOR NIGHTINGALE AWARDS
REGIONAL MEDICAL CENTER FOUNDATION877 JEFFERSON AVE MEMPHIS,TN 38103	58-1737037	501(C)(3)	5,000				GENERAL DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
SALVATION ARMYPO BOX 1428 ALEXANDRIA,VA 22313	13-2923701	501(C)(3)	5,000				DONATION FOR PURDUE CENTER OF HOPE
SHELBY COUNTY BOOKS FROM BIRTH5865 RIDGEWAY CENTER PKWY 300 MEMPHIS,TN 38120	20-2962326	501(C)(3)	10,000				GENERAL DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
SHELBY FARMS PARKS CONSERVANCY500 PINE LAKE DR MEMPHIS,TN 38134	26-0350397	501(C)(3)	20,000				SPONSORSHIP
SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY DALLAS,TX 752446125	71-1835298	501(C)(3)	25,000				RACE FOR THE CURE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
THE EXCHANGE CLUB FAMILY OF THE MIDSOUTH INC2180 UNION AVE MEMPHIS,TN 38104	58-1502697	501(C)(3)	5,000				DONATION TO CHILDREN'S DOMESTIC VIOLENCE PROGRAM
THE LEADERSHIP ACADEMY22 N FRONT ST MEMPHIS,TN 38103	58-1607228	501(C)(3)	12,500				ANNUAL SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
UNIVERSITY OF MEMPHIS 635 NORMAL ST MEMPHIS,TN 38103	62-6048540	501(C)(3)	109,000				SCHOLARSHIPS
UNIVERSITY OF TENNESSEE62 S DUNLAP RM 300 MEMPHIS,TN 38163	62-6001636	501(C)(3)	15,800				VARIOUS PROGRAM DONATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
WOLF RIVER CONSERVANCYPO BOX 11031 MEMPHIS,TN 38111	62-1245975	501(C)(3)	5,000				SPONSORSHIP

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization BAPTIST MEMORIAL HEALTH CARE CORPORATION	Employer identification number 58-1521475
--	--

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input checked="" type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	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		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> 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 from the organization or a related organization?	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 accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is 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				
See Additional Data Table								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III

Supplemental Information

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

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

Software ID:

Software Version:

EIN: 58-1521475

Name: BAPTIST MEMORIAL HEALTH CARE CORPORATION

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
STEPHEN C REYNOLDS	(i) (ii)	1,017,704 0	752,307 0	1,433,523 0	46,500 0	23,366 0	3,273,400 0	0 0
NANCY W AVERWATER	(i) (ii)	162,617 0	40,471 0	20,295 0	29,710 0	18,591 0	271,684 0	0 0
GLENN F BAKER	(i) (ii)	155,411 0	39,375 0	100,707 0	35,114 0	13,801 0	344,408 0	0 0
DAVID W BARHAM	(i) (ii)	219,605 0	58,846 0	25,943 0	35,658 0	22,520 0	362,572 0	0 0
PAUL B BETZ	(i) (ii)	183,570 0	41,605 0	15,143 0	32,163 0	20,825 0	293,306 0	0 0
BARRY BONDURANT	(i) (ii)	106,998 0	17,441 0	15,058 0	11,589 0	20,248 0	171,334 0	0 0
JAMES W BOSWELL	(i) (ii)	121,960 0	0 0	27,445 0	0 0	0 0	149,405 0	0 0
LARRY V BRAUGHTON	(i) (ii)	276,887 0	197,995 0	162,938 0	36,750 0	25,294 0	699,864 0	0 0
SUSAN M BREEDEN	(i) (ii)	139,454 0	33,315 0	15,156 0	30,990 0	1,461 0	220,376 0	0 0
EDWIN P CADE	(i) (ii)	183,687 0	41,965 0	26,668 0	35,161 0	20,316 0	307,797 0	0 0
ZACHARY R CHANDLER	(i) (ii)	315,545 0	59,071 0	21,807 0	24,750 0	21,165 0	442,338 0	0 0
RICHARD D DREWRY JR	(i) (ii)	341,415 0	96,905 0	22,308 0	14,042 0	19,682 0	494,352 0	0 0
GREGORY M DUCKETT	(i) (ii)	341,408 0	238,951 0	65,326 0	36,750 0	28,669 0	711,104 0	0 0
DAVID R ELLIOTT	(i) (ii)	259,916 0	79,938 0	20,238 0	33,504 0	14,934 0	408,530 0	0 0
JAMES SCOTT FOUNTAIN	(i) (ii)	0 321,067	0 232,133	0 30,400	0 49,500	0 25,266	0 658,366	0 0
ROBERT S GORDON	(i) (ii)	594,502 0	414,957 0	27,101 0	53,520 0	19,103 0	1,109,183 0	0 0
WALTER J GRACE	(i) (ii)	106,156 9,974	0 13,165	17,199 0	6,149 0	20,302 0	149,806 23,139	0 0
WILLIAM A GRIFFIN	(i) (ii)	221,913 0	61,910 0	20,314 0	35,717 0	21,683 0	361,537 0	0 0
DAVID HOGAN	(i) (ii)	631,021 0	438,378 0	928,335 0	46,500 0	17,893 0	2,062,127 0	0 0
JAMES R HUFFMAN III	(i) (ii)	184,723 0	43,866 0	15,409 0	33,200 0	21,550 0	298,748 0	0 0
DONALD H HUTSON	(i) (ii)	199,379 0	72,676 0	15,175 0	19,482 0	18,885 0	325,597 0	0 0
BEVERLY D JORDAN	(i) (ii)	267,196 0	173,124 0	20,569 0	36,750 0	16,690 0	514,329 0	0 0
DON L KENNEDY	(i) (ii)	90,560 0	21,738 0	18,933 0	9,801 0	15,151 0	156,183 0	0 0
RANDY J KING	(i) (ii)	278,181 0	164,628 0	51,886 0	36,750 0	20,175 0	551,620 0	0 0
JASON M LITTLE	(i) (ii)	348,403 0	194,405 0	24,960 0	24,500 0	21,287 0	613,555 0	0 0
BETTY SUE MCGARVEY	(i) (ii)	192,912 0	54,505 0	19,857 0	43,650 0	18,709 0	329,633 0	0 0
BRAD H PARSONS	(i) (ii)	107,072 5,500	0 10,862	14,337 1,366	9,132 0	18,510 0	149,051 17,728	0 0
DONALD R POUNDS	(i) (ii)	450,645 0	295,114 0	23,201 0	30,625 0	26,017 0	825,602 0	0 0
SUSAN W STRALKA	(i) (ii)	166,950 0	38,486 0	91,451 0	36,288 0	8,367 0	341,542 0	0 0
WILLIAM A TUTTLE	(i) (ii)	149,093 0	35,388 0	20,318 0	24,030 0	19,841 0	248,670 0	0 0
ANITA S VAUGHN	(i) (ii)	204,405 0	45,068 0	15,727 0	38,803 0	20,139 0	324,142 0	0 0
DERICK B ZIEGLER	(i) (ii)	216,663 0	42,322 0	54,750 0	19,667 0	20,102 0	353,504 0	0 0
RICHARD D REISELT	(i) (ii)	175,628 0	41,122 0	20,240 0	37,101 0	20,550 0	294,641 0	0 0
JIMMY D AINSWORTH	(i) (ii)	86,327 0	83,449 0	92,353 0	14,728 0	7,223 0	284,080 0	0 0
ROSARIO LINSEY-GIULIAN	(i) (ii)	161,420 0	21,636 0	0 0	28,135 0	18,351 0	229,542 0	0 0
TERRY L PAHDE	(i) (ii)	157,652 0	22,468 0	650 0	21,168 0	3,978 0	205,916 0	0 0
TERRY S BARRON	(i) (ii)	142,230 0	30,591 0	0 0	20,116 0	14,701 0	207,638 0	0 0
WAID RAY	(i) (ii)	146,645 0	19,808 0	0 0	19,703 0	20,421 0	206,577 0	0 0
KEITH W SCARBROUGH	(i) (ii)	72,518 0	18,286 0	75,225 0	12,325 0	19,532 0	197,886 0	0 0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization BAPTIST MEMORIAL HEALTH CARE CORPORATION	Employer identification number 58-1521475
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Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE FORM 990 IS REVIEWED BY BAPTIST MEMORIAL HEALTH CARE CORPORATION'S PRESIDENT/CEO, SR V P/CFO AND THE V P. OF CORPORATE FINANCE. IN ADDITION, THE FORMS 990 AND 990T ARE 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 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 HEALTH CARE CORPORATION 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 14, 2009 THE COMPENSATION WAS REVIEWED AND APPROVED FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2010 FOR THE PRESIDENT, THE VICE PRESIDENTS, AND THE CEO/ADMINISTRATORS.

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

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

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized losses on investments -5,157,264 Prior period adjustments -1,673 ADJUSTMENT TO EQUITY EARNINGS IN INVESTMENT -1,282,813 ADJUSTMENT TO PENSION LIABILITY -1,783,427 TRANSFER TO/FROM BAPTIST MEMORIAL HOSPITAL-TIPTON 12,387,160 TRANSFER TO/FROM BAPTIST MEMORIAL HEALTH SERVICES, INC 3,500,000 TRANSFER TO/FROM MEDICAL FINANCIAL SERVICES, INC 3,500,000 TRANSFER TO/FROM BAPTIST MEMORIAL MEDICAL GROUP, INC -4,518,975 Total to Form 990, Part XI, Line 5 6,643,008

Identifier	Return Reference	Explanation
	PART XII, LINE 2c FINANCIAL STATEMENTS AND REPORTING	BAPTIST MEMORIAL HEALTH CARE CORPORATION 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

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► 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.

Name of the organization
BAPTIST MEMORIAL HEALTH CARE CORPORATION

Employer identification number
58-1521475

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
(1) NORTHEAST ARKANSAS BAPTIST MEMORIAL HEALTH CARE LLC 3024 STADIUM BLVD JONESBORO, AR 72401 81-0572898	OPERATION OF BAPTIST MEMORIAL HOSPITAL- JONESBORO, INC	AR			N/A
(2) NORTHEAST ARKANSAS BAPTIST HEALTH SERVICES GROUP LLC 3024 STADIUM BLVD JONESBORO, AR 72401 27-1471186	OPERATE A PREFERRED PROVIDER ORGANIZATION	AR			N/A

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
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) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												

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
(1) HEALTH TECH AFFILIATES INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1278576	BUYING & LEASING REAL & PERSONAL PROPERTY	TN	BAPTIST MEMORIAL HEALTH CARE CORPORATION	C			100 000 %
(2) BAPTIST MEMORIAL HEALTH SERVICES GROUP OF THE MID-SOUTH INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1534210	HEALTH INSURANCE CONTRACTING	TN	BAPTIST MEMORIAL HEALTH CARE CORPORATION	C			100 000 %
(3) SOUTHCREST PROPERTY OWNERS ASSOCIATION 7601 SOUTHCREST PKWY SOUTHAVEN, MS38671 64-0768703	BOOKKEEPING & DATA PROCESSING FOR THE SOUTHCREST DEVELOPMENT	MS	BAPTIST MEMORIAL HEALTH CARE CORPORATION	C			100 000 %
(4) GERMANTOWN BUSINESS PARK OWNERS ASSOCIATION 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 20-1158216	BOOKKEEPING & DATA PROCESSING FOR THE GERMANTOWN BUSINESS PARK DEVELOPMENT	TN	BAPTIST MEMORIAL HEALTH CARE CORPORATION	C			100 000 %

Part V

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

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

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

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

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

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

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

Yes

No

1a Yes

1b Yes

1c Yes

1d Yes

1e Yes

1f

1g

1h

1i

1j

1k Yes

1l

1m Yes

1n Yes

1o

1p

1q Yes

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	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Software ID:

Software Version:

EIN: 58-1521475

Name: BAPTIST MEMORIAL HEALTH CARE CORPORATION

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 section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
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 ARK, MS, TN	TN	501(c)(3)	509(a)(3)	N/A		No
BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC 1003 MONROE MEMPHIS, TN38104 62-1599670	EDUCATION OF HEALTH CARE PROFESSIONALS	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HOSPITAL INC		No
BAPTIST MEMORIAL HEALTH SERVICES INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1509127	PROVISION OF HEALTH CARE PROVIDERS & HOME MEDICAL EQUIPMENT	TN	501(c)(3)	509(a)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
BAPTIST MEMORIAL HOSPITAL INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-0123940	HEALTH CARE/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
MEDICAL FINANCIAL SERVICES INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1112364	COLLECTION AGENCY FOR BAPTIST FACILITIES	TN	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
BAPTIST MEMORIAL HOSPITAL-BOONEVILLE INC 100 HOSPITAL ST BOONEVILLE, MS38829 64-0663760	HEALTH CARE/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
BAPTIST MEMORIAL HOSPITAL-DESOTO INC 7601 SOUTHCREST PKWY SOUTHAVEN, MS38671 64-0682111	HEALTH CARE/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC 2520 FIFTH ST COLUMBUS, MS39703 62-1519754	HEALTH CARE/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
BAPTIST MEMORIAL HOSPITAL-HUNTINGDON INC 631 RB WILSON DR HUNTINGDON, TN38344 62-1166050	HEALTH CARE/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
BAPTIST MEMORIAL HOSPITAL-LAUDERDALE INC 326 ASBURY RD RIPLEY, TN38063 62-1088703	HEALTH CARE/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC 2301 S LAMAR OXFORD, MS38655 64-0772726	HEALTH CARE/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
BAPTIST MEMORIAL HOSPITAL-TIPTON INC 1995 HWY 51 SOUTH COVINGTON, TN38019 62-1113167	HEALTH CARE/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No

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 section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
BAPTIST MEMORIAL HOSPITAL-UNION CITY INC 1201 BISHOP ST UNION CITY, TN38261 62-1138045	HEALTH CARE/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC 200 HWY 30 WEST NEW ALBANY, MS38652 63-0997281	HEALTH CARE/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC 2100 EXETER RD GERMANTOWN, TN38138 58-1645396	HEALTH CARE/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
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		No
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		No
BAPTIST MEMORIAL MEDICAL GROUP INC-MS 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1545710	PROVISION OF HEALTH CARE PROVIDERS FOR MS FACILITIES	MA	501(c)(3)	509(a)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
BAPTIST MEMORIAL MEDICAL MIN 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		No
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		No
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		No
BAPTIST MEMORIAL HOSPITAL-JONESBORO INC 3024 STADIUM BLVD JONESBORO, AR72401 26-1214372	HEALTH CARE/HOSPITAL	AR	501(c)(3)	509(a)(1)	NEA BAPTIST HEALTH SYSTEM INC		No
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		No
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		No

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 section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
THE STERN CARDIOVASCULAR FOUNDATION INC 8060 WOLF RIVER BLVD GERMANTOWN, TN38138 27-4396698	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3) PENDING		BAPTIST MEMORIAL MEDICAL GROUP INC		No
FAMILY CANCER CENTER FOUNDATION INC 6029 WALNUT GROVE RD MEMPHIS, TN38120 45-2842963	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3) PENDING		BAPTIST MEMORIAL MEDICAL GROUP INC		No
INTEGRITY ONCOLOGY FOUNDATION INC 6286 BRIARCREST AVE STE 308 MEMPHIS, TN38120 45-3303687	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3) PENDING		BAPTIST MEMORIAL MEDICAL GROUP INC		No
MEMPHIS LUNG PHYSICIANS FOUNDATION INC 6025 WALNUT GROVE RD MEMPHIS, TN38120 45-2832975	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3) PENDING		BAPTIST MEMORIAL MEDICAL GROUP INC		No
BOSTON BASKIN CANCER FOUNDATION INC 6029 WALNUT GROVE RD MEMPHIS, TN38120 45-3303607	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3) PENDING		BAPTIST MEMORIAL MEDICAL GROUP INC		No
BAPTIST CLINICAL RESEARCH INSTITUTE INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 45-3032246	FACILITATE MEDICAL & SCIENTIFIC RESEARCH	TN	501(c)(3) PENDING		BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
BAPTIST MEMORIAL PATIENT SAFETY ORGANIZATION INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 45-3032372	ESTABLISHING, MAINTAINING & MANAGING A PATIENT SAFETY ORGANIZATION	TN	501(c)(3) PENDING		BAPTIST MEMORIAL HEALTH CARE CORPORATION		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BAPTIST-DESOTO SURGERY CENTER 40 BURTON HILLS BLVD STE 500 NASHVILLE, TN37215 20-0804946	AMBULATORY SURGERY	TN	N/A	N/A				No			No	
BAPTIST-EAST MEMPHIS SURGERY CENTER 80 HUMPHREYS CENTER 101 MEMPHIS, TN38120 62-1846584	AMBULATORY SURGERY	TN	N/A	N/A				No			No	
BAPTIST-GERMANTOWN SURGERY CENTER LP 40 BURTON HILLS BLVD STE 500 NASHVILLE, TN37215 62-1829424	AMBULATORY SURGERY	TN	N/A	N/A				No			No	
BAPTIST & PHYSICIANS OP SURGERY CENTER OF N MS 40 BURTON HILLS BLVD STE 500 NASHVILLE, TN37215 62-0925692	AMBULATORY SURGERY	MS	N/A	N/A				No			No	
BAPTIST N MS IMAGING SERVICES LLC 40 BURTON HILLS BLVD STE 500 NASHVILLE, TN37215 26-2641267	DIAGNOSTIC SERVICES	MS	N/A	N/A				No			No	
EAST MEMPHIS UROLOGY CENTER LP 40 BURTON HILLS BLVD STE 500 NASHVILLE, TN37215 62-1810940	AMBULATORY UROLOGICAL SERVICES	TN	N/A	N/A				No		Yes		
HAMILTON EYE INSTITUTE SURGERY CENTER LP 930 MADISON AVE THIRD FLOOR MEMPHIS, TN38103 20-2873438	AMBULATORY SURGERY	TN	N/A	N/A				No			No	
MEDICAL ALTERNATIVES 4565 SHELBY RD MEMPHIS, TN38083 62-1488427	HOME INFUSION PRODUCTS & SERVICES TO PATIENTS	TN	N/A	N/A				No		Yes		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproporionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MEMPHIS BIOMED VENTURES I LLP 17 W PONTOTOC SUITE 200 MEMPHIS, TN38103 94-3424417	MEDICAL RESEARCH	TN	N/A	N/A				No			No	
MEMPHIS SURGERY CENTER LTD LP 3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL35244 62-1218330	AMBULATORY SURGERY	TN	N/A	N/A				No			No	
MEMPHIS-SC LLC 3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL35244 62-1590322	AMBULATORY SURGERY	TN	N/A	N/A				No		Yes		
MEMPHIS-SP LLC 3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL35244 62-1590324	AMBULATORY SURGERY	TN	N/A	N/A				No		Yes		
MIDTOWN SURGERY CENTER LP 40 BURTON HILLS BLVD STE 500 NASHVILLE, TN37215 62-1619344	AMBULATORY SURGERY	TN	N/A	N/A				No		Yes		
NORTHWEST TENNESSEE SURGERY CENTER LLC 1722 E REELFOOT UNION CITY, TN38261 62-1685508	AMBULATORY SURGERY	TN	N/A	N/A				No			No	
SM-B BUILDING LLC 5900 POPLAR AVE STE 100 MEMPHIS, TN38119 62-1834236	PHYSICIAN OFFICES	TN	N/A	N/A				No			No	
TENNESSEE LITHOTRIPERS LP 9825 SPECTRUM DR BLDG 3 AUSTIN, TX78717 56-1720365	LITHOTRIPSY SERVICES	TN	N/A	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
WOLF RIVER MEDICAL CENTER LP 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1510287	MEDICAL OFFICE BLDG	TN	N/A	N/A				No			No	
CANCER CARE CENTER OF UNION CITY LP 322 HOSPITAL BLVD JACKSON, TN38305 26-3425045	CANCER CARE SERVICES	TN	N/A	N/A				No			No	
MAYS & SCNAPP PAIN CENTER 55 HUMPHREYS CENTER SUITE 200 MEMPHIS, TN38120 62-1512849	PAIN MANAGEMENT SERVICES	TN	N/A	N/A				No		Yes		
CONVENIENT CARE DIAGNOSTIC CENTER PLLC 555 HWY 6 EAST BATESVILLE, MS38606 64-0914382	RADIOLOGY & DIAGNOSTIC SERVICES	MS	N/A	N/A				No			No	

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1)	HEALTH TECH AFFILIATES INC	A	74,100	FMV
(2)	BAPTIST MEMORIAL HOME CARE INC	A	94,895	FMV
(3)	BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	B	81,500	FMV
(4)	BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	C	2,215,041	FMV
(5)	BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	E	262,489	FMV
(6)	VARIOUS BAPTIST MEMORIAL HEALTH CARE CORPORATION AFFILIATES	D	17,084,588	FMV
(7)	BAPTIST MEMORIAL HOSPITAL INC	D	40,439,915	FMV
(8)	BAPTIST MEMORIAL HOSPITAL INC	K	61,008,137	FMV
(9)	BAPTIST MEMORIAL HOSPITAL INC	N	115,991	FMV
(10)	BAPTIST MEMORIAL HOSPITAL INC	Q	299,300	FMV
(11)	BAPTIST MEMORIAL HOSPITAL-BOONEVILLE INC	K	2,252,712	FMV
(12)	BAPTIST MEMORIAL HOSPITAL-DESOTO INC	K	23,136,997	FMV
(13)	BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC	K	13,387,856	FMV
(14)	BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC	Q	72,600	FMV
(15)	BAPTIST MEMORIAL HOSPITAL-HUNTINGDON INC	K	1,620,457	FMV
(16)	BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC	K	14,038,981	FMV
(17)	BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC	Q	101,600	FMV
(18)	BAPTIST MEMORIAL HOSPITAL-TIPTON INC	K	2,956,496	FMV
(19)	BAPTIST MEMORIAL HOSPITAL-TIPTON INC	N	51,109	FMV
(20)	BAPTIST MEMORIAL HOSPITAL-TIPTON INC	R	12,387,160	FMV
(21)	BAPTIST MEMORIAL HOSPITAL-UNION CITY INC	K	3,831,057	FMV
(22)	BAPTIST MEMORIAL HOSPITAL-UNION CITY INC	N	51,109	FMV
(23)	BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC	K	5,070,818	FMV
(24)	BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	M	80,102	FMV
(25)	BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	N	692,443	FMV
(26)	BAPTIST MEMORIAL HEALTH SERVICES INC	K	368,299	FMV
(27)	BAPTIST MEMORIAL HEALTH SERVICES INC	R	3,500,000	FMV
(28)	BAPTIST MEMORIAL MEDICAL GROUP INC-MS	K	145,524	FMV
(29)	BAPTIST MEMORIAL MEDICAL GROUP INC	K	165,267	FMV
(30)	BAPTIST MEMORIAL MEDICAL GROUP INC	Q	4,681,453	FMV

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(31)	BAPTIST MEMORIAL MEDICAL MINISTRIES EMPLOYEE HEALTH & WELFARE TRUST INC	Q	5,476,638	FMV
(32)	BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC	K	3,514,190	FMV
(33)	MEDICAL FINANCIAL SERVICES INC	K	89,951	FMV
(34)	MEDICAL FINANCIAL SERVICES INC	R	3,500,000	FMV
(35)	BAPTIST MINOR MEDICAL CETNERS INC	K	292,705	FMV
(36)	BAPTIST MINOR MEDICAL CETNERS INC	M	75,658	FMV
(37)	BAPTIST MEMORIAL HOSPITAL-JONESBORO INC	K	3,046,197	FMV
(38)	BAPTIST MEMORIAL HOSPITAL-JONESBORO INC	Q	98,044	FMV
(39)	BAPTIST HEALTH SERVICES GROUP OF THE MIDSOUTH INC	M	197,714	FMV
(40)	BAPTIST HEALTH SERVICES GROUP OF THE MIDSOUTH INC	Q	162,420	FMV
(41)	BAPTIST HEALTH SERVICES GROUP OF THE MIDSOUTH INC	R	1,419,891	FMV
(42)	BAPTIST MEMORIAL HEALTH CARE SYSTEM INC	N	51,109	FMV
(43)	NEA BAPTIST HEALTH CARE SYSTEM INC	N	121,192	FMV

