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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 FOUNDATION, THE FUNDRAISING ARM OF BAPTIST MEMORIAL HEALTH CARE CORPORATION, RAISES MONEY TO BENEFIT VARIOUS BAPTIST MEMORIAL HEALTH CARE CORPORATION PROGRAMS AND SERVICES (SEE SCHEDULE O, page 65 FOR CONTINUATION) FUNDS RAISED BY BAPTIST MEMORIAL HEALTH CARE FOUNDATION HELP ACCOMPLISH BAPTIST MEMORIAL HEALTH CARE CORPORATION'S CHARITABLE CARE OBJECTIVES AND PROVIDE RESOURCES FOR ENHANCED PATIENT CARE, EDUCATION, AND GROUNDBREAKING CLINICAL RESEARCH THE BAPTIST MEMORIAL HEALTH CARE FOUNDATION SOLICITS, RECEIVES, AND MANAGES CONTRIBUTIONS, GIFTS, GRANTS, AND REQUESTS

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

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

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

If "Yes," describe these changes on Schedule O

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

| 4a | (Code) | (Expenses \$) | 13,798,393 | including grants of \$ | 12,542,654) | (Revenue \$ 17,005,071 |
|----|--------|--|------------|------------------------|--------------|------------------------|
| | | <p>BAPTIST MEMORIAL HEALTH CARE FOUNDATION, ESTABLISHED IN 1983, IS THE FUNDRAISING ARM OF THE BAPTIST MEMORIAL HEALTH CARE SYSTEM, WHICH RAISES MONEY TO BENEFIT VARIOUS BAPTIST MEMORIAL HEALTH CARE CORPORATION PROGRAMS AND SERVICES. FUNDS RAISED BY BAPTIST MEMORIAL HEALTH CARE FOUNDATION HELP ACCOMPLISH BAPTIST MEMORIAL HEALTH CARE CORPORATION'S CHARITABLE CARE OBJECTIVES AND PROVIDE RESOURCES FOR ENHANCED PATIENT CARE, EDUCATION, AND GROUNDBREAKING CLINICAL RESEARCH. THE BAPTIST MEMORIAL HEALTH CARE FOUNDATION SOLICITS, RECEIVES, AND MANAGES CONTRIBUTIONS, GIFTS, GRANTS, AND BEQUESTS (SEE SCHEDULE O, PAGE 65 FOR CONTINUATION). FUNDS RAISED BY BAPTIST MEMORIAL HEALTH CARE FOUNDATION PLAY A KEY ROLE IN FULFILLING THE MISSION OF HEALING, PREACHING, AND TEACHING FOR THE AFFILIATES OF BAPTIST MEMORIAL HEALTH CARE CORPORATION. BAPTIST MEMORIAL HEALTH CARE FOUNDATION ADMINISTRATORS CONTRIBUTED DOLLARS THROUGH NUMEROUS DONOR RESTRICTED FUNDS WHICH SUPPORT THE CONTINUUM OF CARE OFFERED BY BAPTIST MEMORIAL HEALTH CARE CORPORATION FACILITIES INCLUDING ONCOLOGY, CARDIOVASCULAR, PEDIATRIC, AND REHABILITATIVE SERVICES, JUST TO NAME A FEW. BAPTIST MEMORIAL HEALTH CARE FOUNDATION ALSO ALLOCATES A PORTION OF UNRESTRICTED CONTRIBUTED DOLLARS AND PORTFOLIO EARNINGS FOR THE BENEFIT OF ITS VARIOUS GRANT PROGRAMS. BOARD OF DIRECTORS GRANT PROGRAM: BAPTIST MEMORIAL HEALTH CARE FOUNDATION BOARD OF DIRECTORS GRANT PROGRAM HAS MADE AVAILABLE THE NECESSARY FUNDS TO EXPAND EXISTING SERVICES AND PROGRAMS WITHIN THE SYSTEM, CREATING A NUMBER OF NEW AND EXCITING INITIATIVES. THE FUNDS MADE AVAILABLE FOR THE BOARD OF DIRECTORS GRANT PROGRAM COME THROUGH UNRESTRICTED CONTRIBUTIONS, AS WELL AS, CAREFUL INVESTMENT OF THE BAPTIST MEMORIAL HEALTH CARE FOUNDATION ENDOWMENT. THE FOLLOWING PROGRAMS RECEIVED NEW FUNDING DURING THE 2011 FISCAL YEAR: BAPTIST MEMORIAL HOSPITAL-DESO TO CLINICAL NURSE RESIDENCY PROGRAM; BAPTIST MEMORIAL HEALTH CARE AUTO PULSE/CARDIAC MONITORS; BAPTIST MEMORIAL HOME CARE KEMMONS WILSON FAMILY CENTER FOR GOOD GRIEF; BAPTIST MEMORIAL HOME CARE TRINITY HOSPICE HOUSE CAPITAL CAMPAIGN; BAPTIST MEMORIAL HOSPITAL-DESO TO CLINICAL NURSE RESIDENCY PROGRAM. THE GOAL OF THIS PROJECT IS TO IMPLEMENT THE UNIVERSITY HEALTH SYSTEMS/AMERICAN ASSOCIATION OF COLLEGE OF NURSING (UHC/AACN) CLINICAL NURSE RESIDENCY PROGRAM AT BAPTIST MEMORIAL HOSPITAL-DESO TO. THIS PROGRAM HAS BEEN DESIGNED TO STRENGTHEN THE TRANSITION OF NEWLY GRADUATED NURSES INTO PRACTICE THROUGH A STRUCTURED 12-MONTH EVIDENCE-BASED PROGRAM AND HAS BEEN PROVEN TO REDUCE NURSE TURNOVER IN THE FIRST YEAR. NEW GRADUATE NURSE TURNOVER RATE AT BAPTIST MEMORIAL HOSPITAL-DESO TO IS CURRENTLY 52% OF SIGNIFICANT CONCERN IS THE LENGTH OF TIME IT TAKES A GRADUATE TO BECOME PROFICIENT IN THE PRACTICE OF NURSING. CLINICAL NURSE RESIDENCY PROGRAMS HAVE BEEN DEVELOPED TO STRENGTHEN THE TRANSITION FROM THE STUDENT ROLE TO PRACTICE. THE UHC/AACN PROGRAM IS A PROVEN SOLUTION TO ATTRACT, TRAIN AND RETAIN QUALITY NURSES. BAPTIST MEMORIAL HEALTH CARE AUTO PULSE/CARDIAC MONITOR: ONE OF THE HIGHEST DETERMINING FACTORS OF A SUCCESSFUL RESUSCITATION OF INDIVIDUALS EXPERIENCING SUDDEN CARDIAC ARREST IS THE CARDIO PULMONARY RESUSCITATION (CPR) ADMINISTERED. PATIENTS WHO ARE ADMINISTERED MANUAL CPR HAVE A LESS FAVORABLE SURVIVAL RATE (5%) THAN THOSE WHO HAVE ACCESS TO AUTO PULSE AND ACCESS TO CARDIAC MONITORS. THE AUTO PULSE EQUIPMENT ALLEVIATES GUESS WORK FROM THE CPR PROCESS BY ADAPTING TO A PATIENT'S WEIGHT AND ADMINISTERING THE ACCURATE PULSE PRESSURE TO AFFECT THE RECOVERY OF THE HEART BEAT RATE. THE CARDIAC MONITORS MAKE IT POSSIBLE FOR THE ATTENDING PARAMEDIC TO CONNECT AN EKG TO THE PATIENT THAT CAN BE READ AND DIAGNOSED BY THE EMERGENCY DEPARTMENT PHYSICIAN, INTERVENTIONIST AND/OR CARDIOLOGIST IN THE EMERGENCY ROOM TO WHICH THE PATIENT IS BEING TRANSPORTED. THE COMBINED EQUIPMENT IMPROVES THE LEVEL OF CARE. AUTO PULSE HAS BEEN CLINICALLY PROVEN TO INCREASE THE DELIVERY OF NOMINAL BLOOD FLOW LEVELS. BAPTIST MEMORIAL HOME CARE KEMMONS WILSON FAMILY CENTER FOR GOOD GRIEF: THE KEMMONS WILSON FAMILY CENTER FOR GOOD GRIEF PROVIDES A CONTINUUM OF CARE TO BAPTIST MEMORIAL HOME CARE HOSPICE FAMILIES AS WELL AS TO MEMBERS OF THE COMMUNITY. THE PURPOSE OF THIS COMPREHENSIVE BEREAVEMENT CENTER IS TO PROVIDE A SAFE ENVIRONMENT FOR CHILDREN, TEENS, AND ADULTS TO EXPLORE THEIR FEELINGS RELATED TO THE DEATH OF A LOVED ONE. ALL SERVICES BY THE BEREAVEMENT CENTER ARE OFFERED FREE OF CHARGE. FUNDRAISING AND GRANTS ARE THE ONLY SOURCES OF REVENUE FOR A COMPREHENSIVE BEREAVEMENT CENTER. BAPTIST MEMORIAL HOME CARE HOSPICE HOUSE CAPITAL CAMPAIGN: THESE ARE DONATIONS TO THE BAPTIST MEMORIAL HOME CARE HOSPICE HOUSE CAPITAL CAMPAIGN TO BUILD THE BAPTIST MEMORIAL HOME CARE RESIDENTIAL HOSPICE HOUSE. THE TOTAL AMOUNT AWARDED THROUGH THE BOARD OF DIRECTOR'S GRANT PROGRAM WAS \$4,097,557 FOR THE 2011 FISCAL YEAR. OFFICER GRANTS: THE BAPTIST MEMORIAL HEALTH CARE FOUNDATION'S OFFICER GRANT PROGRAM ALLOWS OFFICERS AND BOARD MEMBERS OF BAPTIST MEMORIAL HEALTH CARE FOUNDATION TO FACILITATE SMALLER GRANT REQUESTS (\$100,000 AND LESS) WITH A HEALTH RELATED FOCUS. SOME OF THE INITIATIVES AND ORGANIZATIONS ASSISTED THROUGH THESE GRANT PROGRAMS INCLUDE BAPTIST MEMORIAL HOSPITAL-MEMPHIS ALZHEIMER'S FEASIBILITY STUDY, BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE PLAYGROUND PROJECT, BAPTIST MEMORIAL HOSPITAL-UNION CITY PATIENT ROOM EQUIPMENT, BAPTIST MEMORIAL HOSPITAL-MEMPHIS RETREAT AND REFRESH STROKE CAMP, BAPTIST MEMORIAL HOSPITAL-HUNTINGDON WELLNESS PROGRAM, BAPTIST MEMORIAL HOSPITAL-MEMPHIS ROOFTOP CENTER CORE HEALING GARDEN, BAPTIST MEMORIAL HEALTH CARE CORPORATION AND AFFILIATES PEDIATRIC CHAMPIONS CONFERENCE, BAPTIST MEMORIAL HOSPITAL-UNION COUNTY MANIKIN REQUEST, BAPTIST MEMORIAL HOSPITAL FOR WOMEN COMPREHENSIVE RISK ASSESSMENT PROGRAM EXPANSION, BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE CANCER CARE NAVIGATOR, BAPTIST MEMORIAL HOSPITAL-MEMPHIS HEALTHGRADES STRATEGIC QUALITY PARTNERSHIP AGREEMENT, BAPTIST MEMORIAL HOSPITAL-MEMPHIS CARE VIDEO SURVEILLANCE SIGNS, BAPTIST MEMORIAL HEALTH CARE SYSTEM HOSPITALS TELEMEDICINE, BAPTIST MEMORIAL HOSPITAL-MEMPHIS ALZHEIMER'S FEASIBILITY STUDY. THE GRANT'S PURPOSE IS TO ENGAGE THE UNIVERSITY OF MEMPHIS PUBLIC HEALTH DEPARTMENT TO CONDUCT A FEASIBILITY STUDY TO DETERMINE THE NEED FOR DEMENTIA/ALZHEIMER'S DISEASE SERVICES IN THE MEMPHIS REGION. BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE PLAYGROUND PROJECT: BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE RE-ENGINEERED AN EXISTING PLAYGROUND ON THEIR CAMPUS TO MAKE IT ACCESSIBLE AS AN ALL-ABILITIES PLAYGROUND FOR CHILDREN. BAPTIST MEMORIAL HOSPITAL-UNION CITY PATIENT ROOM EQUIPMENT: THE BAPTIST MEMORIAL HOSPITAL AUXILIARY RAISED FUNDS TO ENHANCE THE APPEARANCE AND COMFORT OF PATIENT ROOMS. THE HOSPITAL MATCHED THE FUNDS RAISED BY THE AUXILIARY. BAPTIST MEMORIAL HOSPITAL-MEMPHIS RETREAT AND REFRESH STROKE CAMP: BAPTIST MEMORIAL HOSPITAL-MEMPHIS PARTNERED WITH THE CHRISTOPHER AND DANA REEVE FOUNDATION TO SPONSOR A RETREAT AND REFRESH STROKE CAMP FOR FORMER PATIENTS AND THEIR CAREGIVERS. BAPTIST MEMORIAL HOSPITAL-HUNTINGDON WELLNESS PROGRAM: THIS GRANT MATCHED A \$10,000 GRANT DONATION FROM THE AMISH CHURCH AND A \$4,000 DONATION FROM A SENIOR CITIZENS GROUP TO DEVELOP A FALLS PREVENTION PROGRAM. BAPTIST MEMORIAL HOSPITAL-MEMPHIS ROOFTOP CENTER CORE HEALING GARDEN: THIS GRANT WAS USED TO CONDUCT A FEASIBILITY STUDY FOR THE VISIBLE ROOF TOP AT BAPTIST MEMORIAL HOSPITAL-MEMPHIS FOR A GARDEN TO BE USED BY PATIENT'S AND THEIR FAMILIES. BAPTIST MEMORIAL HEALTH CARE CORPORATION AND AFFILIATES PEDIATRIC CHAMPIONS CONFERENCE: BAPTIST MEMORIAL HEALTH CARE CORPORATION PARTNERED WITH UNION UNIVERSITY TO HOST THE PEDIATRIC CHAMPIONS CONFERENCE. THE PURPOSE OF THE CONFERENCE WAS TO UNDERSTAND THE ASSESSMENT OF A PEDIATRIC PATIENT, EXAMINE THE ANATOMICAL STRUCTURES OF A HUMAN CADAVER, AND ENGAGE IN THE DELIVERY OF DIRECT-PATIENT CARE OF PEDIATRIC PATIENTS. BAPTIST MEMORIAL HOSPITAL-UNION COUNTY MANIKIN REQUEST: BAPTIST MEMORIAL HOSPITAL-UNION COUNTY PURCHASED A DEDICATED SIMULATION MANIKIN FOR THE IMMEDIATE TRAINING AND PRACTICE FOR CLINICAL STAFF, AND FOR MONTHLY SCHEDULED TRAINING WITHOUT INTERRUPTION OR DELAY. BAPTIST MEMORIAL HOSPITAL FOR WOMEN COMPREHENSIVE RISK ASSESSMENT PROGRAM EXPANSION: TO MEET A CERTIFICATION REQUIREMENT, BAPTIST MEMORIAL HOSPITAL FOR WOMEN WAS AWARDED THIS GRANT TO EXPAND REQUISITE SERVICES. BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE CANCER CARE NAVIGATOR: THIS GRANT PROVIDES AN EDUCATION AND SUPPORT LIAISON FOR CANCER PATIENTS SERVED BY THE BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE AREA. BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE SERVICES: THE SECOND HIGHEST NUMBER OF PATIENTS WITHIN THE BAPTIST HOSPITAL SYSTEM.</p> | | | | |


















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

| | | |
|-----------|---------------------------------------|----------------------|
| 4e | Total program service expenses | \$ 13,798,393 |
|-----------|---------------------------------------|----------------------|

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)? <i>If "Yes," complete Schedule A.</i>  | 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? <i>If "Yes," complete Schedule C, Part I.</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? <i>If "Yes," complete Schedule C, Part II.</i>  | 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? <i>If "Yes," complete Schedule C, Part III.</i> | 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? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i>  | 7 | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>  | 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? <i>If "Yes," complete Schedule D, Part IV.</i>  | 9 | No |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>  | 10 | Yes |
| 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? <i>If "Yes," complete Schedule D, Part VI.</i>  | 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? <i>If "Yes," complete Schedule D, Part VII.</i>  | 11b | No |
| 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? <i>If "Yes," complete Schedule D, Part VIII.</i>  | 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? <i>If "Yes," complete Schedule D, Part IX.</i>  | 11d | Yes |
| e | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>  | 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)? <i>If "Yes," complete Schedule D, Part X.</i>  | 11f | Yes |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>  | 12a | Yes |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>  | 12b | Yes |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> | 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? <i>If "Yes," complete Schedule F, Parts I and IV.</i> | 14b | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i> | 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 ? <i>If "Yes," complete Schedule F, Parts III and IV.</i> | 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? <i>If "Yes," complete Schedule G, Part I (see instructions).</i> | 17 | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> | 18 | Yes |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> | 19 | No |
| 20a | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> | 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 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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 | Yes | |
| 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 | Yes | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | 34 | Yes | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 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 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

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| | | | | |
|---|--|------|-----|----|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. | 1a0 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | 1b0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return. | 2a16 | Yes | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). | 2b | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | No |
| b | If "Yes," enter the name of the foreign country: See 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 | Yes | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | Yes | |
| 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 | Yes | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes | |
| 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 | Yes | |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | 8 | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | |
| a | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 Section 501(c)(7) organizations. Enter | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12. | 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | 10b | | |
| 11 Section 501(c)(12) organizations. Enter | | | | |
| a | Gross income from members or shareholders. | 11a | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). | 11b | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b | | |
| 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 | No |
| b | 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 | 1a 16 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b 15 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | Yes | |
| 4 | Did the organization make any significant changes to its 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 | Yes | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | Yes | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| a | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization’s mailing address? If “Yes,” provide the names and addresses in Schedule O | 9 | | No |

| Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | Yes | No |
|---|--|------------|-----|----|
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | No |
| b | If “Yes,” does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11a | | No |
| b | 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? <i>If “No,” go to line 13</i> | 12a | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe in Schedule O how this is done | 12c | Yes | |
| 13 | Does the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization’s CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If “Yes” to line 15a or 15b, describe the process in Schedule O (See instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If “Yes,” has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization’s exempt status with respect to such arrangements? | 16b | | |

| Section C. Disclosure | |
|-----------------------|--|
| 17 | List the States with which a copy of this Form 990 is required to be filed ► TN , AR |
| 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

| (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 | | | |
| (1) JOSEPH H POWELL DIRECTOR | 20 | X | | | | | | 0 | 15,750 | 0 |
| (2) STEPHEN C REYNOLDS DIRECTOR/PRESIDENT | 4 00 | X | | X | | | | 0 | 3,203,534 | 69,866 |
| (3) JOHNNIE D AMONETTE DIRECTOR | 20 | X | | | | | | 0 | 0 | 0 |
| (4) MARCIE BRYAN DIRECTOR | 20 | X | | | | | | 0 | 0 | 0 |
| (5) VIRGINIA S RAINER DIRECTOR | 20 | X | | | | | | 0 | 0 | 0 |
| (6) MAURY BRONSTEIN DIRECTOR | 20 | X | | | | | | 0 | 0 | 0 |
| (7) KEMMONS WILSON JR DIRECTOR | 20 | X | | | | | | 0 | 0 | 0 |
| (8) PAM ARRINDELL DIRECTOR | 20 | X | | | | | | 0 | 0 | 0 |
| (9) ROBERT F FOGLEMAN DIRECTOR | 20 | X | | | | | | 0 | 0 | 0 |
| (10) HENRY W MORGAN SR DIRECTOR | 20 | X | | | | | | 0 | 0 | 0 |
| (11) BROOKE SPARKS DIRECTOR | 20 | X | | | | | | 0 | 0 | 0 |
| (12) RODNEY T WOLF MD DIRECTOR | 20 | X | | | | | | 0 | 0 | 0 |
| (13) JOSEPH WELLER DIRECTOR | 20 | X | | | | | | 0 | 0 | 0 |
| (14) ORAL EDWARDS DIRECTOR | 20 | X | | | | | | 0 | 0 | 0 |
| (15) KATHLEEN BLAIR DIRECTOR | 20 | X | | | | | | 0 | 0 | 0 |
| (16) MILTON MAGEE DIRECTOR | 20 | X | | | | | | 0 | 0 | 0 |

Part VII

| | | | | |
|-----------|--|---------|-----------|---------|
| 1b | Sub-Total | | | |
| c | Total from continuation sheets to Part VII, Section A | | | |
| d | Total (add lines 1b and 1c) | 711,161 | 3,864,969 | 241,135 |

2 Total number of individuals (including but not limited to those listed in Item 1) who received or were entitled to receive more than \$100,000 in reportable compensation from the organization. **2**

| | | 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 |
|--|--------------------------------|---------------------|
| CRAWFORD INVESTMENT COUNSEL 600 GALLERIA PKWY NW ATLANTA, GA 30339 | INVESTMENT PORTFOLIO MANAGER | 590,475 |
| | | |
| | | |
| | | |
| | | |

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 ▶1

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 | 11,392 | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | 665,833 | | | | |
| | d | Related organizations | 1d | 584,477 | | | | |
| | e | Government grants (contributions) | 1e | 396,779 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 9,964,302 | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | | 157,183 | | | | |
| | h | Total. Add lines 1a-1f | | | 11,622,783 | | | |
| Program Service Revenue | 2a | | Business Code | | | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue | | | | | | |
| | g | Total. Add lines 2a-2f | | | | | | |
| | Other Revenue | 3 | Investment income (including dividends, interest and other similar amounts) | | 8,953,109 | 8,953,109 | | |
| 4 | | Income from investment of tax-exempt bond proceeds . . . | | | | | | |
| 5 | | Royalties | | | | | | |
| 6a | | Gross Rents | (i) Real (ii) Personal | | | | | |
| b | | Less rental expenses | | | | | | |
| c | | Rental income or (loss) | | | | | | |
| d | | Net rental income or (loss) | | | | | | |
| 7a | | Gross amount from sales of assets other than inventory | (i) Securities (ii) Other | 82,673,647 | | | | |
| b | | Less cost or other basis and sales expenses | | 74,553,692 | | | | |
| c | | Gain or (loss) | | 8,119,955 | | | | |
| d | | Net gain or (loss) | | 8,119,955 | 8,119,955 | | | |
| 8a | | Gross income from fundraising events (not including \$ 665,833 of contributions reported on line 1c) See Part IV, line 18 | | | | | | |
| a | | | 65,329 | | | | | |
| b | | Less direct expenses | b | 444,316 | | | | |
| c | | Net income or (loss) from fundraising events . . . | | -378,987 | | | -378,987 | |
| 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 | LOSS ON INVESTMENT | 900090 | -67,993 | -67,993 | | | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d | All other revenue | | | | | | | |
| e | Total. Add lines 11a-11d | | -67,993 | | | | | |
| 12 | Total revenue. See Instructions | | | 28,248,867 | 17,005,071 | 0 | -378,987 | |

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 | 12,542,654 | 12,542,654 | | |
| 2 | Grants and other assistance to individuals in the U S See Part IV, line 22 | 234,590 | 234,590 | | |
| 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 | 674,044 | 375,744 | 67,404 | 230,896 |
| 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 | 509,891 | 281,607 | 50,989 | 177,295 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 87,959 | 51,737 | 8,796 | 27,426 |
| 9 | Other employee benefits | 77,578 | 45,631 | 7,758 | 24,189 |
| 10 | Payroll taxes | 57,190 | 33,639 | 5,719 | 17,832 |
| a | Fees for services (non-employees) | | | | |
| | Management | | | | |
| b | Legal | | | | |
| c | Accounting | | | | |
| d | Lobbying | | | | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | 644,270 | | 644,270 | |
| g | Other | 148,326 | 127,329 | 20,997 | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 29,160 | 21,871 | 7,289 | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 11,168 | | 11,168 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 14,129 | 14,129 | | |
| 20 | Interest | 139,832 | | 139,832 | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 346 | | 346 | |
| 23 | Insurance | | | | |
| 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 | DUES & SUBSCRIPTIONS | 69,462 | 69,462 | | |
| b | PUBLIC RELATIONS | 39,691 | | | 39,691 |
| c | TAX & LICENSES | 100 | | 100 | |
| d | | | | | |
| e | | | | | |
| f | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 15,280,390 | 13,798,393 | 964,668 | 517,329 |
| 26 | Joint costs. Check here <input 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 | | | 850 | 1 | 849 |
| | 2 | Savings and temporary cash investments | | | 11,090,162 | 2 | 14,732,435 |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)), 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 | | | 28,100 | 9 | 61,100 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. | 10a | 71,837 | | | |
| | b | Less: accumulated depreciation | 10b | 71,058 | 1,125 | 10c | 779 |
| | 11 | Investments—publicly traded securities | | | 239,600,924 | 11 | 240,658,082 |
| | 12 | Investments—other securities. See Part IV, line 11 | | | 821,598 | 12 | 821,598 |
| | 13 | Investments—program-related. See Part IV, line 11 | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 17,187,408 | 15 | 17,520,455 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 268,730,167 | 16 | 273,795,298 | |
| Liabilities | 17 | Accounts payable and accrued expenses | | | 331,933 | 17 | 2,037,526 |
| | 18 | Grants payable | | | 5,652,150 | 18 | 8,699,352 |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | | 3,658,234 | 25 | 3,606,309 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 9,642,317 | 26 | 14,343,187 |
| 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 | | | 230,712,146 | 27 | 223,619,049 |
| | 28 | Temporarily restricted net assets | | | 14,835,686 | 28 | 15,718,370 |
| | 29 | Permanently restricted net assets | | | 13,540,018 | 29 | 20,114,692 |
| | 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 | | | 259,087,850 | 33 | 259,452,111 |
| 34 | Total liabilities and net assets/fund balances | | | 268,730,167 | 34 | 273,795,298 | |

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 | 28,248,867 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 15,280,390 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 12,968,477 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 259,087,850 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | -12,604,216 |
| 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 | 259,452,111 |

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 type="checkbox"/> Consolidated basis <input checked="" 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 FOUNDATION INC | Employer identification number 58-1544781 |
|---|--|

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 | | | | | | | | | 9,706,069 |

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 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).

Facts And Circumstances Test

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 FOUNDATION INC | Employer identification number 58-1544781 |
|---|--|

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 function 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 | | | 0 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

| Identifier | Return Reference | Explanation |
|--|--------------------|--|
| 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 LEGISLATIVE & REGULATORY BODIES OF GOVERNMENT 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 FOUNDATION INC | Employer identification number 58-1544781 |
|--|---|

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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

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

3

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

4

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

5

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

6

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

7

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

8

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

9

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

Part III

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

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii)

Assets included in Form 990, Part X

▶ \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

| | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

| | (a)Current Year | (b)Prior Year | (c)Two Years Back | (d)Three Years Back | (e)Four Years Back |
|--|-----------------|---------------|-------------------|---------------------|--------------------|
| 1a Beginning of year balance | 13,541,176 | 11,916,661 | 11,912,732 | | |
| b Contributions | 6,690,106 | 756,135 | 252,553 | | |
| c Investment earnings or losses | -116,414 | 868,380 | -248,624 | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 20,114,868 | 13,541,176 | 11,916,661 | | |

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 21 000 %

b

Permanent endowment ▶ 79 000 %

c

Term endowment ▶ 0 %

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

3a(i)

No

3a(ii)

No

b

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

3b

4

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

Part VI

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

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 71,837 | 71,058 | 779 |
| e Other | | | | |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶ | | | | 779 |

| Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements | | | |
|---|---|----|-------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 28,248,867 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 15,280,390 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 12,968,477 |
| 4 | Net unrealized gains (losses) on investments | 4 | -12,661,094 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | 56,878 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | -12,604,216 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 364,261 |

| Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return | | | |
|--|--|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 28,625,876 |
| 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 | 11,884 |
| e | Add lines 2a through 2d | 2e | 11,884 |
| 3 | Subtract line 2e from line 1 | 3 | 28,613,992 |
| 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 | -365,125 |
| c | Add lines 4a and 4b | 4c | -365,125 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 28,248,867 |

| Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return | | | |
|---|---|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 15,600,521 |
| 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 | 10,548 |
| e | Add lines 2a through 2d | 2e | 10,548 |
| 3 | Subtract line 2e from line 1 | 3 | 15,589,973 |
| 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 | -309,583 |
| c | Add lines 4a and 4b | 4c | -309,583 |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 15,280,390 |

Part XIVSupplemental 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 Intended Use of Endowment Funds | Part V, Line 4 | BAPTIST MEMORIAL HEALTH CARE FOUNDATION HAS FIVE DIFFERENT TYPES OF ENDOWMENT FUNDS. THESE ARE EDUCATION, CHARITABLE, SCIENTIFIC, RELIGIOUS, AND CAPITAL PURPOSES. EDUCATIONAL ENDOWMENT FUNDS ARE FOR SUCH THINGS AS SCHOLARSHIPS TO BE AWARDED TO DESERVING STUDENTS ATTENDING BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES. OTHER EDUCATIONAL FUNDS ARE FOR OUTREACH PROGRAMS AND FELLOWSHIPS. CHARITABLE ENDOWMENT FUNDS ARE FOR SUCH THINGS AS PATIENT AND EMPLOYEE EMERGENCY ASSISTANCE, PEDIATRIC SERVICES, HOME CARE AND HOSPICE SERVICES, DISASTER RELIEF, AND THE MOBILE MAMMOGRAPHY UNIT. RELIGIOUS ENDOWMENT FUNDS ARE FOR PASTORAL CARE FOR PATIENTS AND EMPLOYEES. SCIENTIFIC AND RESEARCH ENDOWMENT FUNDS ARE FOR VARIOUS RESEARCH PROJECTS SUCH AS CANCER, AND HEART RESEARCH. CAPITAL ENDOWMENTS ARE INTENDED TO ENHANCE, REMODEL, OR BUILD CERTAIN HOSPITAL DEPARTMENTS SUCH AS THE NICU DEPARTMENT AND EMERGENCY ROOMS THAT WILL ENABLE THE HOSPITALS TO BETTER SERVE OUR PATIENTS. A NEW MEDICAL LIBRARY THAT IS AVAILABLE FOR EMPLOYEES, PATIENTS AND THEIR FAMILIES HAS BEEN FUNDED BY A CAPITAL ENDOWMENT. |
| Description of Uncertain Tax Positions Under FIN 48 | Part X | THE FOUNDATION ADOPTED THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES, RELATING TO UNCERTAIN TAX POSITIONS ON OCTOBER 1, 2009. APPLICATION OF ASC 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. THE FOUNDATION EVALUATED THE EFFECT OF ASC 740 FOR UNCERTAIN TAX POSITIONS AND DETERMINED THAT NO ADJUSTMENTS TO ITS FINANCIAL STATEMENTS WERE REQUIRED UPON ADOPTION. AS OF SEPTEMBER 30, 2011 AND 2010, THE FOUNDATION HAD NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS UNDER ASC 740 REQUIRING ADJUSTMENTS TO ITS FINANCIAL STATEMENTS. IN THE EVENT THE FOUNDATION WERE TO RECOGNIZE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IT WOULD BE RECOGNIZED IN THE FINANCIAL STATEMENTS AS INTEREST EXPENSE FOR INTEREST AND PURCHASED SERVICES AND OTHER FOR PENALTIES. GENERALLY, TAX YEARS 2006 THROUGH 2010 ARE OPEN TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES, RESPECTIVELY. THERE ARE NO INCOME TAX EXAMINATIONS CURRENTLY IN PROCESS. |
| Part XI, Line 8 - Other Adjustments | | UNRECORDED INVESTMENT INCOME/LOSS 67,993 TAX ADJUSTMENT 1,336 UNRECORDED GIFTS IN-KIND - 157,183 SPECIAL EVENTS EXPENSES NOT RECORDED 103,300 OTHER EXPENSES NOT RECORDED 41,432 |
| Part XII, Line 2d - Other Adjustments | | TAX ADJUSTMENT 11,884 |
| Part XII, Line 4b - Other Adjustments | | INVESTMENT INCOME (LOSS) -67,992 IN-KIND CONTRIBUTIONS 157,183 SPECIAL EVENTS -454,316 |
| Part XIII, Line 2d - Other Adjustments | | TAX ADJUSTMENT 10,548 |
| Part XIII, Line 4b - Other Adjustments | | SPECIAL EVENT EXPENSE OTHER 134,732 SPECIAL EVENT EXPENSE -444,315 |

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

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, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization
BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC

Employer identification number
58-1544781

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
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| Total ▶ | | | | | | |

- 3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events |
|-----------------|----|--|--|----------------------------|-------------------------------|
| | | <u>DUCK CLASSIC</u> (event type) | <u>CARDIAC CLASSIC</u> (event type) | <u>5</u> (total number) | (Add col (a) through col (c)) |
| Revenue | 1 | Gross receipts | 368,204 | 126,710 | 199,738 |
| | 2 | Less Charitable contributions | 354,708 | 86,010 | 188,605 |
| | 3 | Gross income (line 1 minus line 2) | 13,496 | 40,700 | 11,133 |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Non-cash prizes | 9,721 | 11,471 | 5,465 |
| | 6 | Rent/facility costs | 3,500 | | 4,970 |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | 55,888 | 39,264 | 74,317 |
| | 10 | Direct expense summary Add lines 4 through 9 in column (d) ► | | | |
| | 11 | Net income summary Combine lines 3 and 10 in column (d). ► | | | |

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming |
|-----------------|---|---|---|---|---|
| | | | | | (Add col (a) through col (c)) |
| Revenue | 1 | Gross revenue | | | |
| | 2 | Cash prizes | | | |
| Direct Expenses | 3 | Non-cash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes % <input type="checkbox"/> No | <input type="checkbox"/> Yes % <input type="checkbox"/> No | <input type="checkbox"/> Yes % <input type="checkbox"/> No |
| | 7 | Direct expense summary Add lines 2 through 5 in column (d) ► | | | |
| | 8 | Net gaming income summary Combine lines 1 and 7 in column (d) ► | | | |

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

| | | |
|---|-----------------------------|-----|
| a | The organization's facility | 13a |
| b | An outside facility | 13b |

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

| Identifier | ReturnReference | Explanation |
|------------|-----------------|-------------|
|------------|-----------------|-------------|

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
58-1544781

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 | | | | | | | |
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2

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

29

3

Enter total number of other organizations

2

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 |
|--|-------------------------|-------------------------|----------------------------------|--|---------------------------------------|
| (1) ASSISTANCE WAS PROVIDED FOR PATIENTS FOR SUCH THINGS AS CAB FARE, MEDICATION, UTILITY BILLS, ETC THE FUNDS WERE NOT PAID DIRECTLY TO THE INDIVIDUALS, BUT FOR THE PATIENTS | 493 | 104,735 | | | |
| (2) ASSISTANCE WAS PROVIDED FOR EMPLOYEES THROUGH THE EMPLOYEE ASSISTANCE FUND EMPLOYEES CONTRIBUTE TO THE FUND ON BEHALF OF EMPLOYEES WHO MAY HAVE SUFFERED A DISASTER OR SOME OTHER FINANCIAL PROBLEM PAYMENTS ARE MADE ON BEHALF OF THE EMPLOYEES FOR SUCH THINGS AS UTILITY BILLS, RENT, FUNERAL EXPENSES, ETC | 160 | 129,855 | | | |
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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 THE OFFICER GRANTS, MARKET LEADER GRANTS AND BOARD OF DIRECTOR GRANTS REQUIRE A WRITTEN GRANT UPDATE AND ARE REQUIRED TO BE COMPLETED EACH QUARTER BY EACH GRANTEE THE GRANT UPDATE AND SUMMARIES REPORT ARE REVIEWED BY THE BAPTIST MEMORIAL HEALTH CARE FOUNDATION BOARD OF DIRECTORS GRANT ADMINISTRATION COMMITTEE THE GRANT SUMMARIES REPORT IS DISTRIBUTED TO EACH BOARD MEMBER AND REDISTRIBUTED DURING THE BOARD MEETING, THUS BECOMING A PERMANENT RECORD WITHIN THE BOARD FILES THERE IS AN ELECTRONIC FILE FOR EACH QUARTERLY UPDATE ALONG WITH THE GRANT SUMMARIES REPORT |

Software ID:

Software Version:

EIN: 58-1544781

Name: BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC

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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---|
| BAPTIST MEMORIAL HOSPITAL-DESOTO INC 7601 SOUTHCREST PKY SOUTHAVEN,MS 38671 | 64-0682111 | 501(c)(3) | 494,627 | | | | COMMUNITY DIABETES PROGRAM, AND OTHER COMMUNITY PROGRAMS |
| BAPTIST MEMORIAL HOSPITAL INC350 N HUMPHREYS BLVD MEMPHIS,TN 381202177 | 62-0123940 | 501(c)(3) | 1,093,561 | | | | CANCER & HEART RESEARCH AND TESTING, COMMUNITY DIABETES PROGRAM, FUNDS TO PURCHASE NEW NICU EQUIPMENT,WOUND/OSTOMY NURSE CERTIFICATION, FUNDS FOR OTHER MEDICAL EQUIPMENT |
| BELLEVUE BAPTIST CHURCH2000 APPLING RD CORDOVA,TN 38016 | 62-1818929 | 501(c)(3) | 10,000 | | | | GENERAL DONATION |
| BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC2520 FIFTH ST N COLUMBUS,MS 39703 | 62-1519754 | 501(c)(3) | 250,245 | | | | CANCER RESEARCH & TESTING, HOSPICE, COMMUNITY DIABETES PROGRAM |
| BAPTIST MEMORIAL HOSPITAL-HUNTINGDON INC631 RB WILSON DR HUNTINGDON,TN 38344 | 62-1166050 | 501(c)(3) | 283,485 | | | | COMMUNITY DIABETES PROGRAM |
| MARCH OF DIMES1275 MAMARONECK AVE WHITE PLAINS,NY 10605 | 13-1846366 | 501(c)(3) | 10,000 | | | | GENERAL DONATION |
| BAPTIST COLLEGE OF HLTH SCIENCES1003 MONROE AVE MEMPHIS,TN 38104 | 62-1599670 | 501(c)(3) | 775,835 | | | | SCHOLARSHIPS |
| BAPTIST MEMORIAL HOME CARE INC350 N HUMPHREYS BLVD MEMPHIS,TN 381202177 | 58-1645396 | 501(c)(3) | 4,118,952 | | | | HOSPICE HOUSE, CAMP GOOD GRIEF & EMPLOYEE ASSISTANCE |
| BAPTIST MEMORIAL HEALTH CARE CORP350 N HUMPHREYS BLVD MEMPHIS,TN 381202177 | 58-1521475 | 501(c)(3) | 2,215,041 | | | | VARIOUS COMMUNITY PROGRAMS, ADMINISTRATIVE FELLOWSHIP, COMMUNITY DIABETES PROGRAM, NURSING LEADERSHIP |
| UNIVERSITY OF MEMPHIS635 NORMAL ST MEMPHIS,TN 38152 | 62-6048540 | 501(c)(3) | 147,056 | | | | SCHOLARSHIPS |
| MEMPHIS VASCULAR RESEARCH FOUNDATION 6305 HUMPHREYS BLVD 205 MEMPHIS,TN 38120 | 62-1454093 | 501(c)(3) | 207,000 | | | | SUPPORT OF THREE ENDOVASCULAR FELLOWS |
| UNIVERSITY OF PHOENIX4025 S RIVERPOINT PKWY PHOENIX,AZ 85040 | | | 38,155 | | | | TUITION PAYMENTS FOR NURSING STUDENTS |

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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|--|
| HARWOOD CENTER INC 711 JEFFERSON AVE MEMPHIS,TN 38105 | 62-1104419 | 501(c)(3) | 1,000,000 | | | | DONATION TO EXPAND AND ENHANCE THEIR PROGRAMS |
| BAPTIST MEMORIAL HOSPITAL-BOONEVILLE INC100 HOSPITAL ST BOONEVILLE,MS 38829 | 64-0663760 | 501(c)(3) | 15,697 | | | | COMMUNITY DIABETES PROGRAM |
| BAPTIST MEMORIAL HOSPITAL-N MISSISSIPPI INC2301 S LAMAR OXFORD,MS 38655 | 64-0772726 | 501(c)(3) | 54,566 | | | | CANCER RESEARCH & TESTING, COMMUNITY DIABETES PROGRAM,INFANT PATIENT SECURITY SYSTEM, BREAST HEALTH NAVIGATOR |
| BAPTIST MEMORIAL HOSPITAL-TIPTON INC 1995 HWY 51 SOUTH COVINGTON,TN 38019 | 62-1113167 | 501(c)(3) | 7,730 | | | | BREAST CANCER DONATION,COMMUNITY DIABETES PROGRAM,MEDSURG SLEEPER SOFAS |
| BAPTIST MEMORIAL HOSPITAL-UNION CITY INC1201 BISHOP ST UNION CITY,TN 38261 | 62-1138045 | 501(c)(3) | 154,125 | | | | EMPLOYEE ASSISTANCE, BLANKET WARMER,COMMUNITY DIABETES PROGRAM, AEDS |
| BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC200 HWY 30 WEST NEW ALBANY,MS 38652 | 63-0997281 | 501(c)(3) | 52,216 | | | | VARIOUS PROGRAMS, EMP ASSISTANCE, COMMUNITY DIABETES PROGRAM,INFANT CAR SEATS,BIBLES,CANCER PROGRAM,EMERGENCY ROOM CANOPY RENOVATION |
| BAPTIST MEMORIAL REGIONAL REHAB SERVICES INC350 N HUMPHREYS BLVD MEMPHIS,TN 381202177 | 58-1645396 | 501(c)(3) | 71,156 | | | | COMMUNITY DIABETES PROGRAM, EQUIPMENT PURCHASE,PEDIATRICS PROGRAM |
| UNIVERSITY OF MISSISSIPPIPO BOX 249 UNIVERSITY,MS 38677 | 23-7310293 | 501(c)(3) | 6,907 | | | | SCHOLARSHIPS |
| UNION UNIVERSITY1050 UNION UNIVERSITY DR JACKSON,TN 38305 | 62-0516509 | 501(c)(3) | 30,370 | | | | SCHOLARSHIPS, PREDIATRIC CHAMPIONS CONFERENCE |
| LOYOLA UNIVERSITY6363 ST CHARLES AVE NEW ORLEANS,LA 70118 | 72-0408946 | 501(c)(3) | 17,690 | | | | SCHOLARSHIPS |
| SEMMES-MURPHY CLINIC PO BOX 1000 DEPT 575 MEMPHIS,TN 38148 | 62-0642575 | | 45,024 | | | | DONATION |
| VHA CNO NETWORK5801 TENNYSON PKWY PLANO,TX 75024 | 75-2638469 | 501(c)(3) | 12,705 | | | | 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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---|
| BAPTIST MEMORIAL HOSPITAL-JONESBORO INC3024 STADIUM BLVD JONESBORO,AR 72401 | 26-1214372 | 501(c)(3) | 22,780 | | | | CHAPLAINS FUND DONATION, FRIENDS OF NURSING, BIKE CLASSIC |
| NEA BAPTIST CLINIC3024 STADIUM BLVD JONESBORO,AR 72401 | 71-0850123 | 501(c)(3) | 182,494 | | | | VARIOUS COMMUNITY PROJECTS |
| BREAST CANCER ERADICATION INITIATIVE PO BOX 382886 GERMANTOWN,TN 381832886 | 62-1609633 | 501(c)(3) | 6,000 | | | | SPONSORSHIP DONATION |
| AMERICAN RED CROSS 2025 E STREET NW WASHINGTON,DC 200065009 | 53-0196605 | 501(c)(3) | 8,039 | | | | GENERAL DONATION |
| CITY OF JONESBORO410 WASHINGTON AVE JONESBORO,AR 72401 | | | 15,422 | | | | D A R E PROGRAM |
| SHELBY FARMS CONSERVANCY500 N PINE LAKE DR MEMPHIS,TN 38134 | 26-0350397 | 501(c)(3) | 1,000,000 | | | | DONATION TO EXPAND PROGRAMS AND DEVELOP A PARK FOR CHILDREN |
| MISSISSIPPI NURSES ASSN31 WOODGREEN PLACE MADISON,MS 39110 | 64-0321143 | 501(c)(6) | 10,000 | | | | SPONSOR |

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 FOUNDATION INC | Employer identification number 58-1544781 |
|---|--|

Part I

Questions Regarding Compensation

| | | | |
|----|--|-----|-----|
| | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | |
| | <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div> | | |
| b | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain | 1b | Yes |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | Yes |
| 3 | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply | | |
| | <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div> | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | |
| a | Receive a severance payment or change-of-control payment 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 | | | | |
| (1) STEPHEN C REYNOLDS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 1,017,704 | 752,307 | 1,433,523 | 46,500 | 23,366 | 3,273,400 | 0 |
| (2) GREGORY M DUCKETT | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 341,408 | 238,951 | 65,326 | 36,750 | 28,669 | 711,104 | 0 |
| (3) JAMES S FOUNTAIN | (i) | 321,067 | 232,133 | 30,400 | 49,500 | 25,266 | 658,366 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (4) JENNIFER S NEVELS | (i) | 111,699 | 14,524 | 1,338 | 18,028 | 13,056 | 158,645 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (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 |

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC

Employer identification number
58-1544781

Part ITypes of Property

| | (a) Check if applicable | (b) Number of Contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining oncash contribution amounts |
|---|-------------------------------|--|--|---|
| 1 Art—Works of art | X | 1 | 12,500 | FMV |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles . | X | 2 | 30,000 | FMV |
| 7 Boats and planes | | | | |
| 8 Intellectual property . . | | | | |
| 9 Securities—Publicly traded | | | | |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests . | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other . . | | | | |
| 15 Real estate—Residential . | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other . . | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts . . | | | | |
| 23 Scientific specimens . . | | | | |
| 24 Archeological artifacts . | | | | |
| 25 Other ► (ADVERTISING) | X | 4 | 44,775 | FMV |
| 26 Other ► (SUPPLIES) | X | 4 | 22,638 | FMV |
| 27 Other ► (EQUIPMENT) | X | 4 | 15,851 | FMV |
| 28 Other ► (OTHER) | X | 4 | 31,419 | FMV |
| 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | | | 29 | |
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | | | Yes No |
| b If "Yes," describe the arrangement in Part II | | | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | | | | No |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? | | | | No |
| b If "Yes," describe in Part II | | | | |
| 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II | | | | |

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

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 FOUNDATION INC | Employer identification number 58-1544781 |
|---|--|

| Identifier | Return Reference | Explanation |
|---------------------------|-----------------------------|---|
| Program Service Statement | Form 990, Part III, Line 4a | <p>BAPTIST MEMORIAL HOSPITAL-MEMPHIS HEALTHGRADES STRATEGIC QUALITY PARTNERSHIP AGREEMENT THE STRATEGIC QUALITY PARTNERSHIP AGREEMENT WITH HEALTHGRADES PROVIDES LICENSING FOR BAPTIST MEMORIAL HOSPITAL-MEMPHIS BAPTIST MEMORIAL HOSPITAL-MEMPHIS CARE VIDEO SURVEILLANCE SIGNS THIS GRANT PROVIDES SAFETY SURVEILLANCE EQUIPMENT FOR BAPTIST MEMORIAL HOSPITAL-MEMPHIS PARKING AREAS BAPTIST MEMORIAL HEALTH CARE SYSTEM HOSPITALS TELEMEDICINE THE GRANT FOR TELEMEDICINE IS A METHOD TO SUPPORT PHY SICIANS AND OTHER CLINICIANS IN TELECONFERENCING WITH PATIENTS REGARDING THE MANGEMENT OF THEIR PERSONAL HEALTH CARE THE TOTAL AMOUNT AWARDED THROUGH THE OFFICER GRANT PROGRAM WAS \$2,367,960 FOR THE 2011 FISCAL YEAR MARKET LEADER GRANTS THE MARKET LEADER CAPITAL GRANT WAS CREATED FOR THE MEMPHIS METRO AND REGIONAL MARKET SERVICE AREAS OF BAPTIST MEMORIAL HEALTH CARE CORPORATION THE PURPOSE OF THESE GRANTS IS TO COVER GRANT REQUESTS FOR ITEMS THAT WILL DIRECTLY IMPACT PATIENT CARE IMPROVEMENT A MAXIMUM OF \$600,000 FROM BAPTIST MEMORIAL HEALTH CARE FOUNDATION'S GRANT BUDGET WAS SET ASIDE THIS FISCAL YEAR FOR UNPLANNED INITIATIVES IN THE METRO AND REGIONAL MARKETS THAT MAY SURFACE DURING THE FISCAL YEAR THE SELECTION PROCESS IS CONDUCTED BY THE RESPECTIVE METRO AND REGIONAL MARKET LEADERS THE BAPTIST MEMORIAL HEALTH CARE FOUNDATION BOARD OF DIRECTORS ESTABLISHED THIS GRANT AND PROVIDED THAT AWARDS ARE MADE AT THE SOLE DISCRETION OF THE MARKET LEADERS EACH GRANT REQUESTER, WHICH IS USUALLY A HOSPITAL ADMINISTRATOR, MUST SUBMIT A COMPLETED CAPITAL EQUIPMENT REQUEST FORM DURING FISCAL YEAR ENDING 9/30/2011, GRANTS WERE AWARDED TO SEVERAL BAPTIST MEMORIAL HEALTH CARE CORPORATION HOSPITALS FOR NEW EQUIPMENT AND UPGRADES THAT WILL GREATLY ENHANCE AND IMPROVE PATIENT CARE AND DIAGNOSIS THE FOLLOWING GRANTS WERE AWARDED DURING THE 2011 FISCAL YEAR BAPTIST MEMORIAL HOSPITAL-UNION CITY HEALTH QUEST EQUIPMENT UPGRADE AND AUTO PULSE/CARDIAC MONITORS (IN CONJUNCTION WITH BOARD GRANT) BAPTIST MEMORIAL HOSPITAL-MEMPHIS HEART INSTITUTE EQUIPMENT AND TELEMEDICINE OTHER SUPPORT IN 2002, THE BAPTIST MEMORIAL HEALTH CARE FOUNDATION BOARD APPROVED THE RESTRICTION OF A PORTION OF THE FOUNDATION'S PORTFOLIO OF ASSETS TO PROVIDE AN ENDOWMENT FOR THE BENEFIT OF THE BAPTIST COLLEGE OF HEALTH SCIENCES THE INCOME FROM THESE RESTRICTED FUNDS IS TO FUND A TUITION ASSISTANCE PROGRAM FOR THE STUDENTS OF THE COLLEGE DURING 2011, APPROXIMATELY \$440,000 WAS SPENT FROM ENDOWMENT EARNINGS TO SUPPORT THE TUITION ASSISTANCE PROGRAM AT THE END OF 2011, IN EXCESS OF \$16 MILLION WAS RESTRICTED IN THE ENDOWMENT FOR THE BENEFIT OF THE COLLEGE AND ITS STUDENTS DURING 2010, THE FOUNDATION COMMITTED \$1 MILLION FOR NURSING EDUCATIONAL TUITION AWARDS TO NURSING AND ALLIED HEALTH STUDENTS WHO AGREE TO FULFILL A WORK REQUIREMENT AT A BAPTIST FACILITY UPON GRADUATION THE FOUNDATION EXPENSED APPROXIMATELY \$622,000 FOR THESE NURSING EDUCATIONAL AWARDS BASED ON STUDENTS THAT HAD QUALIFIED FOR THE PROGRAM DONOR RESTRICTED FUNDS BAPTIST MEMORIAL HEALTH CARE FOUNDATION ADMINISTERS A NUMBER OF DONOR-RESTRICTED FUNDS WHICH PROVIDE BENEFITS TO PATIENTS OF THE AFFILIATE HOSPITALS, AS WELL AS, THE COMMUNITY AT LARGE BAPTIST MEMORIAL HEALTH CARE FOUNDATION PROVIDES SUPPORT FOR BOTH THE CHARITY NEED OF PATIENTS AND EMPLOYEES THROUGH CHARITABLE CARE AND EMPLOYEE EMERGENCY ASSISTANCE FUNDS BAPTIST MEMORIAL HEALTH CARE FOUNDATION ROUTINELY MAKES PURCHASES TO BENEFIT CHARITY CARE PATIENTS AND THEIR FAMILY MEMBERS WHEN THERE ARE HARDSHIP CIRCUMSTANCES EXAMPLES OF SUCH PURCHASES INCLUDE BUS TICKETS FOR TRAVEL FROM THE HOSPITAL, MINOR EQUIPMENT AND PRESCRIPTION DRUGS NEEDED UPON DISCHARGE THESE EXPENDITURES WERE PAID DIRECTLY TO THE SERVICE PROVIDER OR TO A VENDOR BAPTIST MEMORIAL HEALTH CARE FOUNDATION ALSO MADE DISBURSEMENTS ON BEHALF OF EMPLOYEES WHO SUFFERED CATASTROPHIC OR UNFORESEEN LOSSES DURING THE YEAR A COMMITTEE MADE UP OF PASTORAL CARE, BAPTIST MEMORIAL HEALTH CARE FOUNDATION AND BAPTIST MEMORIAL HEALTH CARE CORPORATION'S EMPLOYEE CAMPAIGN VOLUNTEERS APPROVES EXPENDITURE APPLICATIONS FOR FUNDING FROM THE EMPLOYEE EMERGENCY ASSISTANCE FUND DISTRIBUTIONS OF ASSISTANCE ARE GENERALLY LIMITED TO \$500 PER OCCURRENCE DURING FISCAL YEAR 2011, BAPTIST MEMORIAL HEALTH CARE FOUNDATION MADE DISBURSEMENTS IN EXCESS OF \$228,000 ON BEHALF OF INDIGENT PATIENTS AND THE UNINSURED AND ON BEHALF OF EMPLOYEES FOR THESE UNFORESEEN LOSSES AND EMERGENCIES IN TOTAL, BAPTIST MEMORIAL HEALTH CARE FOUNDATION SPENT APPROXIMATELY \$3 MILLION FROM DONOR-RESTRICTED FUNDS TO SUPPORT SERVICE AREAS SUCH AS PEDIA TRIC CARE, STROKE SERVICES, HOSPICE, MEDICAL RESEARCH, CHARITY CARE, CLINICAL SCHOLARSHIPS, CARDIOLOGY, CANCER CARE AND NURSING EDUCATION</p> |

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

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

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

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

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

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

| Identifier | Return Reference | Explanation |
|------------|---|--|
| | Form 990, Part VI, Section B, line 12c | BAPTIST MEMORIAL HEALTH CARE FOUNDATION 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 BAPTIST HEALTH CARE SYSTEM CEOS/ADMINISTRATORS. |

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

| Identifier | Return Reference | Explanation |
|------------|--|--|
| | Form 990, Part VI, Section C, line 19 | BAPTIST MEMORIAL HEALTH CARE FOUNDATION 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 -12,661,094 UNRECORDED INVESTMENT INCOME/LOSS 67,993 TAX ADJUSTMENT 1,336 UNRECORDED GIFTS IN-KIND -157,183 SPECIAL EVENTS EXPENSES NOT RECORDED 103,300 OTHER EXPENSES NOT RECORDED 41,432 Total to Form 990, Part XI, Line 5 - 12,604,216 |

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

Department of the Treasury
Internal Revenue Service

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC

Employer identification number
58-1544781

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 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |

Part III

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------------|---|------------------------------|---------------------------------------|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| See Additional Data Table | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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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 AND LEASING REAL & PERSONAL PROPERTY | TN | N/A | C | | | |
| (2) BAPTIST MEMORIAL HEALTH SERVICES GROUP OF THE MIDSOUTH INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1534210 | HEALTH INSURANCE CONTRACTING | TN | N/A | C | | | |
| (3) SOUTHCREST PROPERTY OWNERS ASSOCIATION 7601 SOUTHCREST PKWY SOUTHAVEN, MS38671 64-0768703 | BOOKKEEPING & DATA PROCESSING FOR THE SOUTHCREST DEVELOPMENT | MS | N/A | C | | | |
| (4) GERMANTOWN BUSINESS PARK OWNERS ASSOCIATION 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 20-1158216 | BOOKKEEPING & DATA PROCESSING FOR THE GERMANTOWN BUSINESS PARK DEVELOPMENT | TN | N/A | C | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part V

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

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

No

Yes

No

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

| (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount involved | (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 |
|------------|------------------|-------------|
|------------|------------------|-------------|

Software ID:

Software Version:

EIN: 58-1544781

Name: BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501 (c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled organization | |
|--|---|---|----------------------------|---|--|--|----|
| | | | | | | Yes | No |
| BAPTIST MEMORIAL HEALTH CARE CORPORATION 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 58-1521475 | MANAGEMENT, ADMINISTRATIVE & FINANCIAL SERVICES FOR ITS AFFILIATES | TN | 501(c)(3) | 509(a)(3) | N/A | | 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 AR, 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 HEALTH CARE CORPORATION | | No |
| BAPTIST MEMORIAL HEALTH SERVICES INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1509127 | PROVISION OF HEALTH CARE PROVIDERS & HOME MEDICAL EQUIPMENT/SERVICES | TN | 501(c)(3) | 509(a)(2) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | | No |
| BAPTIST MEMORIAL HOSPITAL INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-0123940 | HEALTH CARE FACILITY/HOSPITAL | TN | 501(c)(3) | 509(a)(1) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | | No |
| MEDICAL FINANCIAL SERVICES INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1112364 | COLLECTION AGENCY FOR BAPTIST ENTITIES | TN | 501(c)(3) | 509(a)(3) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | | No |
| BAPTIST MEMORIAL HOSPITAL-BOONEVILLE INC 100 HOSPITAL ST BOONEVILLE, MS38829 64-0663760 | HEALTH CARE FACILITY/HOSPITAL | MS | 501(c)(3) | 509(a)(1) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | | No |
| BAPTIST MEMORIAL HOSPITAL-DESOTO INC 7601 SOUTHCREST PKWY SOUTHAVEN, MS38671 64-0682111 | HEALTH CARE FACILITY/HOSPITAL | MS | 501(c)(3) | 509(a)(1) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | | No |
| BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC 2520 FIFTH ST COLUMBUS, MS39703 62-1519754 | HEALTH CARE FACILITY/HOSPITAL | MS | 501(c)(3) | 509(a)(1) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | | No |
| BAPTIST MEMORIAL HOSPITAL-HUNTINGDON INC 631 RB WILSON DR HUNTINGDON, TN38344 62-1166050 | HEALTH CARE FACILITY/HOSPITAL | TN | 501(c)(3) | 509(a)(1) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | | No |
| BAPTIST MEMORIAL HOSPITAL-LAUDERDALE INC 326 ASBURY ST RIPLEY, TN38063 62-1088703 | HEALTH CARE FACILITY/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 FACILITY/HOSPITAL | MS | 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-TIPTON INC 1995 HWY 51 SOUTH COVINGTON, TN38019 62-1113167 | HEALTH CARE FACILITY/HOSPITAL | TN | 501(c)(3) | 509(a)(1) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | | No |
| BAPTIST MEMORIAL HOSPITAL-UNION CITY INC 1201 BISHOP ST UNION CITY, TN38261 62-1138045 | HEALTH CARE FACILITY/HOSPITAL | TN | 501(c)(3) | 509(a)(1) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | | No |
| BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC 200 HWY 30 WEST NEW ALBANY, MS38652 63-0997281 | HEALTH CARE FACILITY/HOSPITAL | MS | 501(c)(3) | 509(a)(1) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | | No |
| BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC 2100 EXETER RD GERMANTOWN, TN38138 58-1645396 | HEALTH CARE FACILITY/HOSPITAL | TN | 501(c)(3) | 509(a)(1) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | | 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 HEALTH SERVICES INC-MS 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 62-1545710 | PROVISION OF HEALTH CARE PROVIDERS FOR MS FACILITIES | MS | 501(c)(3) | 509(a)(2) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | | No |
| BAPTIST MEMORIAL MEDICAL MINISTRIES EMPLOYEE HEALTH & 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 HOSPITAL-JONESBORO INC 350 N HUMPHREYS BLVD MEMPHIS, TN381202177 26-1214372 | HEALTH CARE FACILITY/HOSPITAL | AR | 501(c)(3) | 509(a)(1) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | | No |
| NEA CLINIC CHARITABLE FOUNDATION INC 3024 STADIUM BLVD JONESBORO, AR72401 71-0850123 | MEDICAL CLINICS | 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 PROVIDER | AR | 501(c)(3) PENDING | 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 |
| THE STERN CARDIOVASCULAR FOUNDATION INC 8060 WOLD 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 SUITE 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) Dispropportionate 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 | MS | 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 | TN | N/A | N/A | | | | No | | | No | |
| BAPTIST N MS IMAGING SERVICES LLC 504 AZALEA DR OXFORD, MS38655 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 | | | No | |
| HAMILTON EYE INSTITUTE SURGERY CENTER LP 930 MADISON AVE 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 | | | 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 | |
| MEMPHIS BIOMED VENTURES I LP 17 W PONTOTOC STE 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 | | | No | |
| MEMPHIS-SP LLC 3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL35244 62-1590324 | AMBULATORY SURGERY | TN | N/A | N/A | | | | No | | | No | |
| MIDTOWN SURGERY CENTER LP 40 BURTON HILLS BLVD STE 500 NASHVILLE, TN37215 62-1619344 | AMBULATORY SURGERY | TN | N/A | N/A | | | | No | | | No | |
| 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 & SCHNAPP PAIN CENTER 55 HUMPHREYS BLVD MEMPHIS, TN38120 62-1512849 | PAIN MANAGEMENT SERVICES | TN | N/A | N/A | | | | No | | | No | |
| 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) | BAPTIST MEMORIAL HOSPITAL-INC | B | 1,093,561 | FMV |
| (2) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | B | 2,125,041 | FMV |
| (3) | BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC | B | 250,245 | FMV |
| (4) | BAPTIST MEMORIAL REGIONAL REHAB SERVICES INC | B | 71,156 | FMV |
| (5) | BAPTIST COLLEGE OF HEALTH SCIENCES INC | B | 775,835 | FMV |
| (6) | BAPTIST MEMORIAL HOME CARE INC | B | 4,118,952 | FMV |
| (7) | BAPTIST COLLEGE OF HEALTH SCIENCES INC | C | 500,200 | FMV |
| (8) | BAPTIST MEMORIAL HOSPITAL-N MISSISSIPPI INC | B | 54,566 | FMV |
| (9) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | C | 81,500 | FMV |
| (10) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | D | 262,489 | FMV |
| (11) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | M | 69,652 | FMV |
| (12) | BAPTIST MEMORIAL MEDICAL MINISTRIES EMPLOYEE HEALTH & WELFARE TRUST | Q | 75,256 | FMV |
| (13) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | N | 692,444 | FMV |
| (14) | BAPTIST MEMORIAL HOSPITAL-DESOTO INC | B | 494,627 | FMV |
| (15) | BAPTIST MEMORIAL HOSPITAL-HUNTINGDON INC | B | 283,485 | FMV |
| (16) | BAPTIST MEMORIAL HOSPITAL-UNION CITY INC | B | 154,125 | FMV |
| (17) | BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC | B | 52,216 | FMV |
| (18) | NEA BAPTIST CLINIC | B | 182,494 | FMV |

Additional Data

Software ID:

Software Version:

EIN: 58-1544781

Name: BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC

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 | | 1093561 |
| (B) BAPTIST MEMORIAL HOSPITAL- BOONEVILLE INC | 640663760 | 3 | Yes | | Yes | | Yes | | 15697 |
| (C) BAPTIST MEMORIAL HOSPITAL- DESOTO INC | 640682111 | 3 | Yes | | Yes | | Yes | | 494627 |
| (D) BAPTIST MEMORIAL HOSPITAL- GOLDEN TRIANGLE INC | 621519754 | 3 | Yes | | Yes | | Yes | | 250245 |
| (E) BAPTIST MEMORIAL HOSPITAL- HUNTINGDON INC | 621166050 | 3 | Yes | | Yes | | Yes | | 283485 |
| (F) BAPTIST MEMORIAL HOSPITAL- LAUDERDALE INC | 621088703 | 3 | Yes | | Yes | | Yes | | 0 |
| (G) BAPTIST MEMORIAL HOSPITAL- TIPTON INC | 621113167 | 3 | Yes | | Yes | | Yes | | 7730 |
| (H) BAPTIST MEMORIAL HOSPITAL- NORTH MISSISSIPPI INC | 640772726 | 3 | Yes | | Yes | | Yes | | 54566 |
| (I) BAPTIST MEMORIAL HOSPITAL-UNION CITY INC | 621138045 | 3 | Yes | | Yes | | Yes | | 154125 |
| (J) BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC | 630997281 | 3 | Yes | | Yes | | Yes | | 52216 |
| (K) BAPTIST MEMORIAL HOSPITAL- JONESBORO INC | 261214372 | 3 | Yes | | Yes | | Yes | | 22780 |
| (L) BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC | 581645396 | 3 | Yes | | Yes | | Yes | | 71156 |
| (M) BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC | 621599670 | 2 | Yes | | Yes | | Yes | | 775835 |
| (N) NEA BAPTIST CLINIC | 710850123 | 501(c)(3) | Yes | | Yes | | Yes | | 182494 |
| (O) BAPTIST MEMORIAL HEALTH CARE CORPORATION & AFFILIATES | 581521475 | 501(c)(3)/509(a)(3) | Yes | | Yes | | Yes | | 2125041 |
| (P) BAPTIST MEMORIAL HOME CARE INC | 581562973 | 501(c)(3)/509(a)(2) | Yes | | Yes | | Yes | | 4118952 |
| (Q) BAPTIST MEMORIAL HEALTH SERVICES INC | 621509127 | 501(c)(3) | Yes | | Yes | | Yes | | 3559 |
| (R) BAPTIST MINOR MEDICAL CENTERS INC | 621538114 | 501(c)(3)/509(a)(1) | Yes | | Yes | | Yes | | 0 |