



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



POSTMARK DATE AUG 08 2012

SCANNED AUG 28 2012

990

Form
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

For the 2010 calendar year, or tax year beginning OCT 1, 2010 and ending SEP 30, 2011

Check if applicable

Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization

NORTHEAST ARKANSAS BAPTIST CLINIC, INC.

Doing Business As

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

1835 GRANT AVE.

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

JONESBORO, AR 72401-6155

F Name and address of principal officer: STEPHEN C. REYNOLDS

350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2

D Employer identification number

71-0850123

E Telephone number

870-934-5119

G Gross receipts \$ 80,985,198.

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

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

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: BMHC.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2000

M State of legal domicile: AR

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: NORTHEAST ARKANSAS BAPTIST CLINIC PROVIDES QUALITY MEDICAL HEALTHCARE (SEE SCHEDULE O, PG 27)			
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a) 16			
	4	Number of independent voting members of the governing body (Part VI, line 1b) 0			
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a) 535			
	6	Total number of volunteers (estimate if necessary) 0			
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 48,896.			
7b	Net unrelated business taxable income from Form 990-T, line 34 <15,440.>				
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9	Program service revenue (Part VIII, line 2g)	0.	0.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	80,448,239.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	536,959.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	80,985,198.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	49,417.	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	49,034,973.	
	16b	Total fundraising expenses (Part IX, column (D), line 25) 0.	0.	0.	
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	0.	34,510,347.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	0.	83,594,737.	
	19	Revenue less expenses. Subtract line 18 from line 12	0.	<2,609,539.>	
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		21	Total liabilities (Part X, line 26)	20,853,842.	19,433,215.
		22	Net assets or fund balances. Subtract line 21 from line 20	13,388,678.	14,577,590.
				7,465,164.	4,855,625.

Part II Signature Block

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

Sign Here	Signature of officer	Date
	STEPHEN C. REYNOLDS, PRESIDENT/CEO	8-7-12
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	Firm's name	Firm's EIN
	Firm's address	Phone no.

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

☒ Yes ☐ No

24NE916

Part III Statement of Program Service Accomplishments

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

☒ X**1** Briefly describe the organization's mission:

NORTHEAST ARKANSAS BAPTIST CLINIC PROVIDES QUALITY MEDICAL HEALTHCARE
REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE.

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 \$ 71,062,939, including grants of \$) (Revenue \$ 80,888,302,)

NORTHEAST ARKANSAS BAPTIST CLINIC PROVIDES QUALITY MEDICAL HEALTHCARE
REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE.
ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE
OPERATION AND STABILITY OF NORTHEAST ARKANSAS BAPTIST CLINIC, IT IS
RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE
ESSENTIAL MEDICAL SERVICES, AND FURTHER, THAT THE MISSION OF THE CLINIC
IS TO SERVE THE COMMUNITY WITH RESPECT TO PROVIDING HEALTHCARE SERVICES
AND HEALTHCARE EDUCATION, THESE ACTIVITIES INCLUDE WELLNESS PROGRAMS,
COMMUNITY EDUCATION PROGRAMS, SPECIAL PROGRAMS FOR THE ELDERLY,
HANDICAPPED, MEDICALLY UNDERSERVED, AND A VARIETY OF BROAD COMMUNITY
SUPPORT ACTIVITIES.

(SEE SCHEDULE O, PG 27 FOR CONTINUATION)

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 71,062,939.

Form 990 (2010)

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 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	X
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	X
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	X
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 N/A	
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	X
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	X
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	X
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	X
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	X
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 X	
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	X
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	X
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	X
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 X	
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 X	
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	X
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 X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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	X
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 United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
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 United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
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</i>	17	X
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	X
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	X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Form 990 (2010)

Part IV Checklist of Required Schedules (continued)

	Yes	No
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>	☒	
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>		☒
23 Did the organization answer "Yes" to Part VII, Section A, line 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>	☒	
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 through 24d and complete Schedule K. If "No," go to line 25</i>		☒
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		☒
25b 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>		☒
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>		☒
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>		☒
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):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		☒
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		☒
28c 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>		☒
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		☒
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>		☒
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		☒
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>		☒
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>		☒
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>	☒	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		☒
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> ☐ Yes ☒ 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>	☒	
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>		☒
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	☒	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	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)		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
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)?		X
4b	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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?	N/A	
9b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders	N/A	
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.	N/A	
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2010)

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

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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		
1b Enter the number of voting members included in line 1a, above, who are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
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?	X	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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	X	

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?		X
10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
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	X	
b Other officers or key employees of the organization	X	
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?		X
16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **ANGIE CARLTON - 870-934-5119**
1835 GRANT ST., JONESBORO, AR 72401

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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. 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			
PAUL B. BETZ DIRECTOR	0,20	X						0.	240,318.	52,988.
JASON M. LITTLE DIRECTOR	0,20	X						0.	567,768.	45,787.
ROBERT ABRAHAM, M.D. DIRECTOR/EMPLOYEE	40,00	X				X		560,075.	0.	19,509.
JASON BRANDT, M.D. DIRECTOR/EMPLOYEE	40,00	X				X		688,041.	0.	13,950.
JOHN PHILLIPS, M.D. DIRECTOR/EMPLOYEE	40,00	X						463,430.	0.	13,950.
MICHAEL MACKEY, M.D. DIRECTOR/EMPLOYEE	40,00	X						394,455.	0.	13,310.
BRUCE JONES, M.D. DIRECTOR/EMPLOYEE	40,00	X						318,966.	0.	19,509.
MICHAEL ISAACSON, M.D. DIRECTOR/EMPLOYEE	40,00	X						301,606.	0.	14,933.
JAMES AMEIKA, M.D. DIRECTOR/EMPLOYEE	40,00	X						289,130.	0.	19,509.
NORBERT DELACEY, M.D. DIRECTOR/EMPLOYEE	40,00	X						267,815.	0.	9,123.
ROBERT TAYLOR, M.D. DIRECTOR/EMPLOYEE	40,00	X						247,274.	0.	19,509.
BRANNON TREECE DIRECTOR/EMPLOYEE	40,00	X						240,128.	0.	14,933.
NATHAN TURNEY, M.D. DIRECTOR/EMPLOYEE	40,00	X						230,506.	0.	1,087.
KEVIN GANONG, M.D. DIRECTOR/EMPLOYEE	40,00	X						226,284.	0.	14,933.
DARRELL KING DIRECTOR/CEO	40,00	X		X				193,785.	0.	12,648.
RAY HALL, JR., M.D. DIRECTOR/EMPLOYEE	40,00	X						184,210.	0.	1,178.
DOUGLAS MAGLOTHIN, M.D. DIRECTOR/EMPLOYEE	40,00	X						154,334.	0.	18,269.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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			
GREGORY M. DUCKETT SECRETARY	0.10			X				0.	645,685.	65,419.
STEPHEN C. REYNOLDS PRESIDENT/CEO	0.10			X				0.	3,203,534.	69,866.
STEPHEN WOODRUFF, M.D. CMO/TREASURER	40.00			X				188,827.	0.	1,180.
JAMES BOSWELL CEO	40.00			X				472,500.	0.	4,822.
ERROL S. DAVIS CFO	40.00			X				233,297.	0.	12,148.
FRED GEORGE, M.D. PHYSICIAN	40.00					X		612,792.	0.	18,526.
BEATA MAJEWSKI, M.D. PHYSICIAN	40.00					X		552,708.	0.	14,933.
DHARMENDRA PATEL, M.D. PHYSICIAN	40.00					X		521,083.	0.	200.
1b Sub-total								7,341,246.	4,657,305.	492,219.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								7,341,246.	4,657,305.	492,219.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **76**

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

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
SOUTHERN EMERGENCY SERVICES 1001 COUNTY RD. 759, JONESBORO, AR 72401	MEDICAL SERVICES	546,325.
OKSANA REDKO, MD 2916 RIDGEPOINTE DR., JONESBORO, AR 72401	MEDICAL SERVICES	333,333.
LARRY PATRICK, MD 116 WILL BLVD., SEARCY, AR 72143	MEDICAL SERVICES	333,333.
LISA SHACKLEFORD, MD 304 CR 388, JONESBORO, AR 72401	MEDICAL SERVICES	165,469.
SUPERIOR ANESTHESIA SERVICES 4921 INVERNESS RUN DR., JONESBORO, AR 72401	MEDICAL SERVICES	164,342.

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 **18**

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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f						
Program Service Revenue		Business Code					
	2 a PROGRAM SERVICES	900099	68,298,121.	68,298,121.			
	b OTHER OPERATING REVENUE	900099	12,150,118.	12,150,118.			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		80,448,239.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real (ii) Personal					
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)		48,000.			48,000.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other					
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
	b Less: direct expenses						
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a WELLNESS CENTER REVENUE	900099	488,959.	440,063.	48,896.			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		488,959.					
12 Total revenue. See instructions.		80,985,198.	80,888,302.	48,896.		48,000.	

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	49,417.	49,417.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	454,500.	386,325.	68,175.	
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	41,638,910.	35,393,074.	6,245,836.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,180,304.	1,853,258.	327,046.	
9 Other employee benefits	2,786,609.	2,368,618.	417,991.	
10 Payroll taxes	1,974,650.	1,678,453.	296,197.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	2,379,932.	2,022,942.	356,990.	
12 Advertising and promotion	381,605.	324,364.	57,241.	
13 Office expenses	16,274,380.	13,833,223.	2,441,157.	
14 Information technology				
15 Royalties				
16 Occupancy	3,521,750.	2,993,488.	528,262.	
17 Travel	330,705.	281,099.	49,606.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	101,047.	85,890.	15,157.	
20 Interest	7,580.	6,443.	1,137.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,473,664.	1,252,614.	221,050.	
23 Insurance	977,092.	830,528.	146,564.	
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 <u>PHYSICIAN SERVICES</u>	7,069,593.	6,009,154.	1,060,439.	
b <u>REPAIRS & MAINTENANCE</u>	1,130,598.	961,008.	169,590.	
c <u>DUES & SUBSCRIPTIONS</u>	295,294.	251,000.	44,294.	
d <u>TAX & LIC.</u>	284,619.	241,926.	42,693.	
e <u>RECRUITING EXP.</u>	189,699.	161,244.	28,455.	
f All other expenses	92,789.	78,871.	13,918.	
25 Total functional expenses. Add lines 1 through 24f	83,594,737.	71,062,939.	12,531,798.	0.
26 Joint costs. Check here ☐ 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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,211,246.	1	8,880.
	2 Savings and temporary cash investments		2	2,278,091.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	11,366,870.	4	8,316,578.
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,218,720.	8	3,032,601.
	9 Prepaid expenses and deferred charges	332,750.	9	643,580.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,531,355.		
	b Less: accumulated depreciation	10b 2,377,870.	5,724,256.	10c 5,153,485.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	20,853,842.	16	19,433,215.	
Liabilities	17 Accounts payable and accrued expenses	6,315,781.	17	6,070,429.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	7,072,897.	25	8,507,161.
	26 Total liabilities. Add lines 17 through 25	13,388,678.	26	14,577,590.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,465,164.	27	4,855,625.
	28 Temporarily restricted net assets	0.	28	0.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	7,465,164.	33	4,855,625.
34 Total liabilities and net assets/fund balances	20,853,842.	34	19,433,215.	

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck 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	80,985,198.
2	Total expenses (must equal Part IX, column (A), line 25)	2	83,594,737.
3	Revenue less expenses. Subtract line 2 from line 1	3	<2,609,539.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,465,164.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
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	4,855,625.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☒

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 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.
- 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:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate 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?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		x
2b	x	
2c	x	
3a		x
3b		

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

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

NORTHEAST ARKANSAS BAPTIST CLINIC, INC.

Employer identification number

71-0850123

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 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)		X
11g(ii)		X
11g(iii)		X

(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	
BAPTIST MEMORIAL HOSPITAL-JONESBORO	26-1214372	3	X		X		X		0.
BAPTIST MEMORIAL MEDICAL GROUP, INC	62-1545731	501(C)(3)	X		X		X		0.
Total									0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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 section 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 from 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 a 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 ► ☐			

Schedule A (Form 990 or 990-EZ) 2010

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 ☐

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

NORTHEAST ARKANSAS BAPTIST CLINIC, INC.

Employer identification number

71-0850123

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 acquisition, 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.

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

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

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Term endowment ▶ _____ %

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

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI 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		271,094.	38,461.	232,633.
d Equipment		7,260,261.	2,339,409.	4,920,852.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				5,153,485.

Schedule D (Form 990) 2010

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DUE TO AFFILIATES	8,370,628.
(3) OTHER CURRENT LIABILITIES	136,533.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ 8,507,161.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

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

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; 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.

PART X, LINE 2: BAPTIST MEMORIAL HEALTH CARE CORPORATION ADOPTED THE

PROVISIONS OF FASB ASC TOPIC 740, INCOME TAXES, ON OCTOBER 1, 2009 FOR

UNCERTAIN TAX POSITIONS, APPLICATION OF ASC TOPIC 740 TO A TAX-EXEMPT

ORGANIZATION IS PRIMARILY DIRECTED AT THE CHARACTERIZATION OF INCOME AS

TAX EXEMPT (RELATED OR EXCLUDED EXEMPT FUNCTION INCOME) AND/OR TAXABLE AS

UNRELATED BUSINESS INCOME AS DEFINED IN THE CODE.

BAPTIST MEMORIAL HEALTH CARE CORPORATION EVALUATED THE EFFECT OF FASB ASC

Part XIV Supplemental Information (continued)

TOPIC 740 FOR UNCERTAIN TAX POSITIONS AND DETERMINED THAT NO ADJUSTMENTS

TO ITS COMBINED FINANCIAL STATEMENTS WERE REQUIRED UPON THE ADOPTION, AS

OF SEPTEMBER 30, 2011 AND 2010, BAPTIST MEMORIAL HEALTH CARE CORPORATION

HAD NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS UNDER FASB ASC TOPIC 740

REQUIRING ADJUSTMENTS TO ITS COMBINED FINANCIAL STATEMENTS, IN THE EVENT

BAPTIST MEMORIAL HEALTH CARE CORPORATION WERE TO RECOGNIZE INTEREST AND

PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IT WOULD BE RECOGNIZED IN

THE COMBINED FINANCIAL STATEMENTS AS INTEREST EXPENSE, GENERALLY TAX YEARS

2007 THROUGH 2010 ARE OPEN TO EXAMINATION BY THE FEDERAL AND STATE TAXING

AUTHORITIES, RESPECTIVELY, THERE ARE NO INCOME TAX EXAMINATIONS CURRENTLY

IN PROCESS.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

NORTHEAST ARKANSAS BAPTIST CLINIC, INC.

Employer identification number
71-0850123

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

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.
Part III can be duplicated if additional space is needed.

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

Part IV

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

SCHEDULE I, PART I, LINE 2: ALL ORGANIZATIONS ARE REQUIRED TO SUBMIT PROOF OF TAX EXEMPT STATUS THAT'S VERIFIED BY THE IRS DATABASE BEFORE THEY CAN PROCEED WITH THEIR REQUEST. THEY MAY USE OUR ONLINE CHARITABLE REQUEST APPLICATION TO SUBMIT A REQUEST. IF THEY ARE NOT A 501 (C)(3) ORGANIZATION, THEY ARE REQUIRED TO SUBMIT A COPY OF THEIR DETERMINATION LETTER FROM THE IRS VALIDATING THEIR EXEMPT STATUS BEFORE WE CAN PROVIDE ANY IN-KIND GIVEAWAYS OR SERVICES.

WE ALSO MONITOR THE FUNDS TO ENSURE THEY ARE USED FOR THE PURPOSE GRANTED.

Part IV Supplemental Information

WE MAKE EVERY EFFORT TO DIRECT OUR FUNDING TO A PROGRAM FOR A SPECIFIC
PURPOSE. ORGANIZATIONS ARE ASKED TO SHOW RESULTS AND DOCUMENTATION
ANNUALLY BEFORE THEIR REQUEST CAN BE CONSIDERED FOR FUTURE FUNDING.
THE REQUESTS ARE REVIEWED AND APPROVED BY VARIOUS INDIVIDUALS DEPENDING
UPON THE TYPE AND AMOUNT OF THE REQUEST. SMALL AMOUNTS MAY BE APPROVED BY
THE SYSTEM COORDINATOR. CASH SPONSORSHIPS MAY BE APPROVED BY THE SYSTEM
DIRECTOR OF COMMUNICATIONS. ANYTHING OVER \$10,000 MAY BE APPROVED BY THE
BAPTIST MEMORIAL HEALTH CARE FOUNDATION SENIOR V.P., AND ANYTHING OVER
\$50,000 NEEDS APPROVAL BY THE CORPORATE PRESIDENT/CEO.

FOR MORE INFORMATION ABOUT BAPTIST CHARITABLE GIVING GUIDELINES, PLEASE

VISIT

[HTTP://WWW.BAPTISTONLINE.ORG/SERVICES/COMMUNITY/INVOLVEMENT/GIVING.ASP.](http://www.baptistonline.org/services/community/involvement/giving.asp)

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

NORTHEAST ARKANSAS BAPTIST CLINIC, INC.

Employer identification number

71-0850123

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☒ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☒ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing
organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations 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?
- b** Any related organization?

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?
- b** Any related organization?

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

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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

	Yes	No
1b		X
2		X
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2010

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 PAUL B. BEITZ	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 183,570.	41,605.	15,143.	32,163.	20,825.	293,306.	0.
2 JASON M. LITTLE	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 348,403.	194,405.	24,960.	24,500.	21,287.	613,555.	0.
3 ROBERT ABRAHAM, M.D.	(i) 560,075.	0.	0.	18,326.	1,183.	579,584.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
4 JASON BRANDT, M.D.	(i) 688,041.	0.	0.	13,750.	200.	701,991.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
5 JOHN PHILLIPS, M.D.	(i) 463,430.	0.	0.	13,750.	200.	477,380.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
6 MICHAEL MACKEY, M.D.	(i) 394,455.	0.	0.	12,127.	1,183.	407,765.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
7 BRUCE JONES, M.D.	(i) 318,966.	0.	0.	18,326.	1,183.	338,475.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
8 MICHAEL ISAACSON, M.D.	(i) 301,606.	0.	0.	13,750.	1,183.	316,539.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
9 JAMES AMEIK, M.D.	(i) 289,130.	0.	0.	18,326.	1,183.	308,639.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
10 NORBERT DELACEY, M.D.	(i) 267,815.	0.	0.	7,940.	1,183.	276,938.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
11 ROBERT TAYLOR, M.D.	(i) 247,274.	0.	0.	18,326.	1,183.	266,783.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
12 BRANNON TREECE	(i) 240,128.	0.	0.	13,750.	1,183.	255,061.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
13 NATHAN TURNER, M.D.	(i) 230,506.	0.	0.	0.	1,087.	231,593.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
14 KEVIN GANONG, M.D.	(i) 226,284.	0.	0.	13,750.	1,183.	241,217.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
15 DARRELL KING	(i) 173,486.	20,299.	0.	11,000.	1,648.	206,433.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
16 RAY HALL, JR., M.D.	(i) 184,210.	0.	0.	0.	1,178.	185,388.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2010

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, 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 DOUGLAS MAGLOTHIN, M.D.	(i) 154,334.	0.	0.	17,167.	1,102.	172,603.	0.
	(ii) 0.	0.	0.	0.	0.	0.	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 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.
4 STEPHEN WOODRUFF, M.D.	(i) 188,827.	0.	0.	0.	1,180.	190,007.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
5 JAMES BOSWELL	(i) 419,216.	53,284.	0.	3,500.	1,322.	477,322.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
6 ERROL S. DAVIS	(i) 211,459.	21,838.	0.	10,500.	1,648.	245,445.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
7 FRED GEORGE, M.D.	(i) 612,792.	0.	0.	18,326.	200.	631,318.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
8 BEATA MAJEWSKI, M.D.	(i) 552,708.	0.	0.	13,750.	1,183.	567,641.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
9 DHARMENDRA PATEL, M.D.	(i) 521,083.	0.	0.	0.	200.	521,283.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
10	(i)						
11	(i)						
12	(i)						
13	(i)						
14	(i)						
15	(i)						
16	(i)						

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 990-EZ 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

NORTHEAST ARKANSAS BAPTIST CLINIC, INC.

Employer identification number

71-0850123

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE,

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THEREFORE, IN KEEPING WITH ITS COMMITMENT TO SERVE ALL MEMBERS OF ITS

COMMUNITY, NORTHEAST ARKANSAS BAPTIST CLINIC PROVIDES THE FOLLOWING:

--FREE CARE AND/OR SUBSIDIZED CARE,

--CARE PROVIDED TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW

COST, AND

--HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITY

NORTHEAST ARKANSAS BAPTIST CLINIC PROVIDES CARE TO PERSONS COVERED BY

GOVERNMENTAL PROGRAMS FROM WHICH WE MAY RECEIVE LESS THAN MARKET VALUE

REIMBURSEMENT, RECOGNIZING ITS MISSION TO THE COMMUNITY, SERVICES ARE

PROVIDED TO MEDICARE, MEDICAID AND UNINSURED PATIENTS, TO THE EXTENT

REIMBURSEMENT IS BELOW COST, NORTHEAST ARKANSAS BAPTIST CLINIC

RECOGNIZES THESE AMOUNTS AS CHARITY CARE IN MEETING ITS MISSION TO THE

ENTIRE COMMUNITY, DURING THE YEAR ENDING SEPTEMBER 30, 2011, THE

UNREIMBURSED VALUE OF PROVIDING CARE TO THESE PATIENTS WAS \$29,129,301.

CHARITY CARE IS ALSO PROVIDED THROUGH MANY REDUCED PRICED SERVICES AND

FREE PROGRAMS OFFERED THROUGHOUT THE YEAR BASED UPON ACTIVITIES AND

SERVICES THAT NORTHEAST ARKANSAS BAPTIST CLINIC BELIEVES WILL SERVE A

BONA FIDE COMMUNITY HEALTH NEED, THROUGH ITS AFFILIATION WITH BAPTIST

MEMORIAL HEALTH CARE CORPORATION, NORTHEAST ARKANSAS BAPTIST CLINIC

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

Name of the organization	Employer identification number
NORTHEAST ARKANSAS BAPTIST CLINIC, INC.	71-0850123

PROVIDES THE FOLLOWING PROGRAMS AND SERVICES FOR THE COMMUNITY:

--COMMUNITY HEALTH FAIRS

--PHYSICAL EXAMS FOR STUDENTS ACTIVE IN COMPETITIVE SPORTS

--PROVISION OF STAFF NURSES TO HELP SENIOR CITIZENS HEALTH FAIR

--EMPLOYEE ACTIVITIES TO RAISE MONEY FOR UNITED WAY, AMERICAN HEART

ASSOCIATION, AND MARCH OF DIMES

--PROVISIONS OF PHYSICIANS FOR SPEAKING ENGAGEMENTS ON TOPICAL HEALTH

ISSUES TO THE COMMUNITY

PART V: STATEMENTS REGARDING OTHER IRS FILINGS & TAX COMPLIANCE:

LINE 7G:

THE ORGANIZATION DID NOT RECEIVE ANY CONTRIBUTIONS OF QUALIFIED

INTELLECTUAL PROPERTY REQUIRING IT TO FILE A FORM 8899.

LINE 7H:

THE ORGANIZATION DID NOT RECEIVE ANY CONTRIBUTIONS OF CARS, BOATS,

AIRPLANES, OR OTHER VEHICLES REQUIRING IT TO FILE A FORM 1098-C.

FORM 990, PART VI, SECTION A, LINE 3: NORTHEAST ARKANSAS BAPTIST HEALTH

SYSTEM, INC., IS THE SOLE MEMBER OF NORTHEAST ARKANSAS BAPTIST CLINIC,

BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER OF NORTHEAST

ARKANSAS BAPTIST HEALTH SYSTEM, INC., PROVIDES CERTAIN LEGAL, FINANCE,

QUALITY, AND PERSONNEL SERVICES PURSUANT TO A SHARED SERVICES AGREEMENT TO

NORTHEAST ARKANSAS BAPTIST CLINIC.

FORM 990, PART VI, SECTION A, LINE 6: NORTHEAST ARKANSAS BAPTIST CLINIC

032212
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

NORTHEAST ARKANSAS BAPTIST CLINIC, INC.

Employer identification number

71-0850123

IS A NON-STOCK CORPORATION WHOSE SOLE MEMBER IS NORTHEAST ARKANSAS BAPTIST
HEALTH SYSTEM, INC.

FORM 990, PART VI, SECTION A, LINE 7A: NORTHEAST ARKANSAS BAPTIST HEALTH
SYSTEM, INC., THE SOLE MEMBER OF NORTHEAST ARKANSAS BAPTIST CLINIC, ELECTS
THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B: BAPTIST MEMORIAL HEALTH CARE
CORPORATION, THE SOLE MEMBER OF NORTHEAST ARKANSAS HEALTH SYSTEM, INC., WHO
IS THE SOLE MEMBER OF NORTHEAST BAPTIST CLINIC, APPROVES THE BOARD OF
DIRECTORS ACTIONS.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY BAPTIST
MEMORIAL HEALTH CARE CORPORATION'S PRESIDENT/CEO, SR. V.P./CFO, THE V.P. OF
CORPORATE FINANCE, AND THE CLINIC CFO. IN ADDITION, THE FORM 990 IS
REVIEWED ON A ROTATING BASIS OF EVERY THREE YEARS BY AN OUTSIDE INDEPENDENT
ACCOUNTING AND TAX FIRM.

THE FORM 990 HAS NOT BEEN REVIEWED BY THE BOARD OF DIRECTORS, HOWEVER,
BAPTIST MEMORIAL HEALTH CARE CORPORATION HAS A GOVERNANCE COMMITTEE THAT IS
APPOINTED BY ITS BOARD OF DIRECTORS. THE BAPTIST MEMORIAL HEALTH CARE
CORPORATION GOVERNANCE COMMITTEE CONSISTS OF THREE OR MORE MEMBERS ALL OF
WHICH MAY OR MAY NOT BE MEMBERS OF THE BOARD OF DIRECTORS. THE BAPTIST
MEMORIAL HEALTH CARE CORPORATION GOVERNANCE COMMITTEE WILL REVIEW THE FORM
990 AFTER SUBMITTING IT TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: BAPTIST MEMORIAL HEALTH CARE
CORPORATION REQUIRES THAT ALL EMPLOYEES, INCLUDING OFFICERS AND KEY

032212
01-24-11

Name of the organization	Employer identification number
NORTHEAST ARKANSAS BAPTIST CLINIC, INC.	71-0850123

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.

FORM 990, PART VI, SECTION B, LINE 15: BAPTIST MEMORIAL HEALTH CARE

CORPORATION'S HUMAN RESOURCE DEPARTMENT, THE GOVERNANCE COMMITTEE OF THE

BOARD OF DIRECTORS, AND AN INDEPENDENT COMPENSATION CONSULTING FIRM PERFORM

ANNUAL REVIEWS EACH DECEMBER AND APPROVE COMPENSATION OF THE CEO AND OTHER

TOP MANAGEMENT PERSONNEL. THEY USE COMPARABILITY DATA AND OTHER SOURCES AS

NEEDED. THE CEO AND OTHER TOP MANAGEMENT USE THE SAME TYPE OF INFORMATION

TO APPROVE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES.

ON DECEMBER 14, 2009 THE COMPENSATION WAS REVIEWED AND APPROVED FOR THE

CALENDAR YEAR ENDING DECEMBER 31, 2010 FOR THE PRESIDENT, THE VICE

PRESIDENTS, AND THE CEO/ADMINISTRATOR.

032212
01-24-11

Name of the organization	Employer identification number
NORTHEAST ARKANSAS BAPTIST CLINIC, INC.	71-0850123

FORM 990, PART VI, SECTION C, LINE 18: BAPTIST MEMORIAL HOSPITAL MAKES

COPIES OF ITS FORMS 1023, 990, AND 990T AVAILABLE FOR PUBLIC INSPECTION TO

ANYONE WHO REQUESTS THEM AS REQUIRED BY THE IRS.

FORM 990, PART VI, SECTION C, LINE 19: BAPTIST MEMORIAL HOSPITAL MAKES ITS

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

GREGORY M. DUCKETT - 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177

JASON M. LITTLE - 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177

STEPHEN C. REYNOLDS - 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177

JAMES BOSWELL - 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177

PART XII, LINE 2C: FINANCIAL STATEMENTS AND REPORTING:

BAPTIST MEMORIAL HEALTH CARE CORPORATION HAS AN AUDIT COMMITTEE THAT

CHOOSES THE AUDIT FIRM, OVERSEES AND REVIEWS THE AUDIT REPORTS, AND

THEN FOLLOWS UP ON ANY NECESSARY CHANGES AND RECOMMENDATIONS. THE

PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

▶ See separate instructions.

OMB No. 1545-0047

2010
Open to Public
Inspection

Name of the organization

NORTHEAST ARKANSAS BAPTIST CLINIC, INC.

Employer identification number

71-0850123

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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
NORTHWEST ARKANSAS BAPTIST MEMORIAL HEALTH CARE, LLC - 81-0572898, 3024 STADIUM BLVD., JONESBORO, AR 72401	OPERATION OF BAPTIST MEMORIAL HOSPITAL-JONESBORO, INC.	ARKANSAS			BAPTIST MEMORIAL HOSPITAL-JONESBORO, INC.
NORTHWEST ARKANSAS BAPTIST HEALTH SERVICES GROUP, LLC - 27-1471186, 3024 STADIUM BLVD., JONESBORO, AR 72401	OPATE A PREFERRED PROVIDER ORGANIZATION	ARKANSAS			BAPTIST MEMORIAL HOSPITAL-JONESBORO, INC.

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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 entity?	
						Yes	No
BAPTIST MEMORIAL HEALTH CARE SYSTEM, INC. - 58-1456556, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	CARRY OUT THE HEALTH CARE MISSIONS OF THE BAPTIST CONVENTIONS OF AR, MS, TN	TENNESSEE	501(C)(3)	509(A)(3)	N/A		X
BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES, INC. - 62-1599670, 1003 MONROE, MEMPHIS, TN 38104-3110	EDUCATION OF HEALTH CARE PROFESSIONALS	TENNESSEE	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HOSPITAL, INC.		X
BAPTIST MEMORIAL HEALTH SERVICES, INC. - 62-1509127, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	PROVISION OF HEALTH CARE PROVIDERS & HOME INFUSION EQUIPMENT	TENNESSEE	501(C)(3)	509(A)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL, INC. - 62-0123940 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	HEALTH CARE/HOSPITAL	TENNESSEE	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X

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

Schedule R (Form 990) 2010

Part II Continuation of 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
MEDICAL FINANCIAL SERVICES, INC. - 62-1112364, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	COLLECTION AGENCY FOR BAPTIST FACILITIES	TENNESSEE	501(C)(3)	509(A)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-BOONEVILLE, INC. - 64-0663760, 100 HOSPITAL ST., BOONEVILLE, MS 38829	HEALTH CARE/HOSPITAL	MISSISSIPPI	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-DESOTO, INC. - 64-0682111, 7601 SOUTHCREST PKWY., SOUTHAVEN, MS 38671	HEALTH CARE/HOSPITAL	MISSISSIPPI	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE, INC. - 62-1519754, 2520 FIFTH ST., COLUMBUS, MS 39703	HEALTH CARE/HOSPITAL	MISSISSIPPI	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-HUNTINGDON, INC. - 62-1166050, 631 R.B. WILSON DR., HUNTINGDON, TN 38344	HEALTH CARE/HOSPITAL	TENNESSEE	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-LAUDERDALE, INC. - 62-1088703, 326 ASHURY RD., RIPLEY, TN 38063	HEALTH CARE/HOSPITAL	TENNESSEE	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, INC. - 64-0772726, 2301 S. LAMAR, OXFORD, MS 38655	HEALTH CARE/HOSPITAL	MISSISSIPPI	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-TIPTON, INC. - 62-1113167, 1995 HWY 51 SOUTH, COVINGTON, TN 38019	HEALTH CARE/HOSPITAL	TENNESSEE	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-UNION CITY, INC. - 62-1138045, 1201 BISHOP ST., UNION CITY, TN 38261	HEALTH CARE/HOSPITAL	TENNESSEE	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-UNION COUNTY, INC. - - 63-0997281, 200 HWY 30 WEST, MEW ALBANY, MS 38652	HEALTH CARE/HOSPITAL	MISSISSIPPI	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES, INC. - 58-1645396, 2100 EXETER RD., GERMANTOWN, TN 38138	HEALTH CARE/HOSPITAL	TENNESSEE	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOME CARE, INC. - 58-1562973, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	HOME HEALTH CARE & HOSPICE SERVICES	TENNESSEE	501(C)(3)	509(A)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X

Part II Continuation of 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 MEDICAL GROUP, INC. - 62-1545731, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	PROVISION OF HEALTH CARE PROVIDERS FOR TN FACILITIES	TENNESSEE	501(C)(3)	509(A)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL MEDICAL GROUP, INC. - MS - 62-1545710, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	PROVISION OF HEALTH CARE PROVIDERS FOR MS FACILITIES	MISSISSIPPI	501(C)(3)	509(A)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL MEDICAL MINI, EMP, HLTH & WELFARE TRUST - 62-1407946, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	BAPTIST EMPLOYEE HEALTH PLAN	TENNESSEE	501(C)(3)		BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MINOR MEDICAL CENTERS, - 62-1538114 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	NON-EMERGENCY MEDICAL CLINICS	TENNESSEE	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC. - 58-1544781, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	SOLICIT, RAISE, MANAGE, APPLY & INVEST IN SUPPORT OF BAPTIST ENTITIES	TENNESSEE	501(C)(3)	509(A)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-JONESBORO, INC. - 26-1214372, 3024 STADIUM BLVD., JONESBORO, AR 72401	HEALTH CARE/HOSPITAL	ARKANSAS	501(C)(3)	509(A)(1)	NEA BAPTIST HEALTH SYSTEM, INC.		X
BEA BAPTIST HEALTH SYSTEM, INC. - 27-1799652 3024 STADIUM BLVD., JONESBORO, AR 72401	HEALTH CARE SERVICE PROVIDER	ARKANSAS	501(C)(3)PEN		BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HEALTH CARE CORPORATION - 58-1521475, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	MANAGEMENT, ADMINISTRATIVE & FINANCIAL SERVICES FOR AFFILIATES	TENNESSEE	501(C)(3)	509(A)(3)	N/A		X
THE STERN CARDIOVASCULAR FOUNDATION, INC. - 27-4396698, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	HEALTH CARE SERVICE PROVIDER	TENNESSEE	501(C)(3)PEN		BAPTIST MEMORIAL MEDICAL GROUP, INC.		X
FAMILY CANCER CENTER FOUNDATION, INC. - 45-2842963, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	HEALTH CARE SERVICE PROVIDER	TENNESSEE	501(C)(3)PEN		BAPTIST MEMORIAL MEDICAL GROUP, INC.		X
INTEGRITY ONCOLOGY FOUNDATION, INC. - 45-3303687, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	HEALTH CARE SERVICE PROVIDER	TENNESSEE	501(C)(3)PEN		BAPTIST MEMORIAL MEDICAL GROUP, INC.		X
MEMPHIS LUNG PHYSICIANS FOUNDATION, INC. - 45-2832975, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	HEALTH CARE SERVICE PROVIDER	TENNESSEE	501(C)(3)PEN		BAPTIST MEMORIAL MEDICAL GROUP, INC.		X
	HEALTH CARE SERVICE PROVIDER	TENNESSEE	501(C)(3)PEN		BAPTIST MEMORIAL MEDICAL GROUP, INC.		X

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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			
BAPTIST-DESOTO SURGERY CENTER - 20-0804946, 40 BURTON HILLS BLVD., STE 500, NASHVILLE, TN 37215	AMBULATORY SURGERY	MS	N/A	N/A						X	
BAPTIST-EAST MEMPHIS SURGERY CENTER - 62-1846584, 80 HUMPHREYS CENTER #101, MEMPHIS, TN 38120	AMBULATORY SURGERY	TN	N/A	N/A						X	
BAPTIST-GERMANTOWN SURGERY CENTER, L.P., - 62-1829424, 40 BURTON HILLS BLVD., STE 500, NASHVILLE, TN 37215	AMBULATORY SURGERY	TN	N/A	N/A						X	
BAPTIST & PHYSICIANS O/P SURGERY CENTER OF N. MS - 62-0925692, 40 BURTON HILLS BLVD., STE 500, NASHVILLE, TN 37215	AMBULATORY SURGERY	MS	N/A	N/A						X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
HEALTH TECH AFFILIATES, INC., - 62-1278576 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	BUYING & LEASING REAL & PERSONAL PROPERTY	TN	N/A	C CORP			
BAPTIST MEMORIAL HEALTH SERVICES GROUP OF THE MID-SOUTH, INC., - 62-1534210, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	HEALTH INSURANCE CONTRACTING	TN	N/A	C CORP			
SOUTHCREST PROPERTY OWNERS ASSOCIATION - 64-0768703 7601 SOUTHCREST PKWY SOUTHAVEN, MS 38671	BOOKKEEPING & DATA PROCESSING FOR THE SOUTHCREST	MS	N/A	C CORP			
GERMANTOWN BUSINESS PARK OWNERS ASSOCIATION - 20-1158216, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	BOOKKEEPING & DATA PROCESSING FOR THE GERMANTOWN BUSINESS	TN	N/A	C CORP			

Part III Continuation of 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) Disproportion- ate 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			
BAPTIST N. MS IMAGING SERVICES, LLC - 26-2641267, 504 AZALEA DR., OXFORD, MS 38655	DIAGNOSTIC SERVICES	MS	N/A	N/A				X	N/A	X	
EAST MEMPHIS UROLOGY CENTER, L.P. - 62-1810940, 40 BURTON HILLS BLVD, STE 500, NASHVILLE, TN 37215	AMBULATORY UROLOGICAL SERVICES	TN	N/A	N/A				X	N/A	X	
HAMILTON EYE INSTITUTE SURGERY CENTER, L.P. - 20-2873438, 930 MADISON AVE., MEMPHIS, TN 38103	AMBULATORY SURGERY	TN	N/A	N/A				X	N/A	X	
MEDICAL ALTERNATIVES - 62-1488427, 4565 SHELBY RD, MEMPHIS, TN 38083	HOME INFUSION PRODUCTS & SERVICES TO PATIENTS	TN	N/A	N/A				X	N/A	X	
MEMPHIS BIOMED VENTURES I, L.P. - 94-3424417, 17 W. PONTOTOC STE 200, MEMPHIS, TN 38103	MEDICAL RESEARCH	TN	N/A	N/A				X	N/A	X	
MEMPHIS SURGERY CENTER, LTD, L.P. - 62-1218330, 3000 RIVERCHASE GALLERIA STE 500, BIRMINGHAM, AL 35244	AMBULATORY SURGERY	TN	N/A	N/A				X	N/A	X	
MEMPHIS-SC, LLC - 62-1590322 3000 RIVERCHASE GALLERIA STE 500, BIRMINGHAM, AL 35244	AMBULATORY SURGERY	TN	N/A	N/A				X	N/A	X	
MEMPHIS-SP, LLC - 62-1590324 3000 RIVERCHASE GALLERIA STE 500, BIRMINGHAM, AL 35244	AMBULATORY SURGERY	TN	N/A	N/A				X	N/A	X	
MIDTOWN SURGERY CENTER, L.P., - 62-1619344, 40 BURTON HILLS BLVD, STE 500, NASHVILLE, TN 37215	AMBULATORY SURGERY	TN	N/A	N/A				X	N/A	X	

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

[illegible]

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to 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 of this schedule.

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a X
b Gift, grant, or capital contribution to other organization(s)		1b X
c Gift, grant, or capital contribution from other organization(s)		1c X
d Loans or loan guarantees to or for other organization(s)		1d X
e Loans or loan guarantees by other organization(s)		1e X
f Sale of assets to other organization(s)		1f X
g Purchase of assets from other organization(s)		1g X
h Exchange of assets		1h X
i Lease of facilities, equipment, or other assets to other organization(s)		1i X
j Lease of facilities, equipment, or other assets from other organization(s)		1j X
k Performance of services or membership or fundraising solicitations for other organization(s)		1k X
l Performance of services or membership or fundraising solicitations by other organization(s)		1l X
m Sharing of facilities, equipment, mailing lists, or other assets		1m X
n Sharing of paid employees		1n X
o Reimbursement paid to other organization for expenses		1o X
p Reimbursement paid by other organization for expenses		1p X
q Other transfer of cash or property to other organization(s)		1q X
r Other transfer of cash or property from other organization(s)		1r X

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) BAPTIST MEMORIAL MEDICAL GROUP, INC.	N	64,500.FMV	
(2) BAPTIST MEMORIAL MEDICAL GROUP, INC.	O	1,154,912.FMV	
(3) BAPTIST MEMORIAL HOSPITAL-JONESBORO, INC.	K	3,470,346.FMV	
(4) BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC.	C	182,494.FMV	
(5) BAPTIST MEMORIAL MEDICAL GROUP, INC.	K	75,000.FMV	
(6) BAPTIST MEMORIAL HEALTH CARE CORPORATION	E	1,515,418.FMV	

Part VII Supplemental Information

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

Lined area for supplemental information.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization NORTHEAST ARKANSAS BAPTIST CLINIC, INC.	Employer identification number 71-0850123
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 3024 STADIUM BLVD.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. JONESBORO, AR 72401	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ANGIE CARLTON

- The books are in the care of ► **1835 GRANT ST. - JONESBORO, AR 72401**

Telephone No. ► **870-934-5119**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year _____ or

► ☒ tax year beginning **OCT 1, 2010**, and ending **SEP 30, 2011**

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)