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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC

Doing Business As

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

Room/suite

350 N HUMPHREYS BLVD

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

MEMPHIS, TN 381202177

F Name and address of principal officer

JAMES S FOUNTAIN

350 N HUMPHREYS BLVD

MEMPHIS,TN 381202177

D Employer identification number

58-1544781

E Telephone number

(901) 227-7142

G Gross receipts \$ 131,168,753

I Tax-exempt status

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

J Website:

BMHCC ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1983

M State of legal domicile

TN

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities THE ORGANIZATION'S PRIMARY MISSION IS TO SOLICIT & RECEIVE CONTRIBUTIONS (SEE SCHEDULE O,pg 65)GIFTS, GRANTS, DEVISES, OR BEQUESTS OF REAL AND/OR PERSONAL PROPERTY FROM INDIVIDUALS, FOUNDATIONS, PARTNERSHIPS, ASSOCIATIONS, GOVERNMENTAL BODIES, PUBLIC AND/OR PRIVATE CORPORATIONS AND TO MAINTAIN, USE, AND APPLY, DIRECTLY OR INDIRECTLY, THE WHOLE OR ANY PART OF THE INCOME THEREFROM AND THE PRINCIPAL THEREOF EXCLUSIVELY FOR THE BENEFIT OF, OR TO CARRY OUT THE PURPOSES OF THE BAPTIST MEMORIAL HEALTH CARE SYSTEM		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	11
	6	Total number of volunteers (estimate if necessary)	6	95
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	11,622,783	4,431,221
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7 d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,073,064	34,517,528
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-446,980	-214,176
			28,248,867	38,734,573
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12,777,244	8,673,765
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,406,662	1,494,429
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) 477,832		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,096,484	1,219,176
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	15,280,390	11,387,370
	19	Revenue less expenses Subtract line 18 from line 12	12,968,477	27,347,203
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	273,795,298	316,558,582
	21	Total liabilities (Part X, line 26)	14,343,187	13,475,424
	22	Net assets or fund balances Subtract line 21 from line 20	259,452,111	303,083,158

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	<div><div></div><div>Signature of officer</div></div>	<div><div></div><div>Date</div></div>		
	<div><div></div><div>JAMES S FOUNTAIN SR VP/CHIEF DEV OFFICER</div><div>Type or print name and title</div></div>			
Paid Preparer's Use Only	<div><div>Preparer's signature</div><div></div></div>	<div><div>Date</div></div>	<div><div>Check if self-employed <input type="checkbox"/></div></div>	<div><div>Preparer's taxpayer identification number (see instructions)</div><div>P00542227</div></div>
	<div><div>Firm's name (or yours if self-employed), address, and ZIP + 4</div><div>DELOITTE TAX LLP</div><div>424 CHURCH ST 2400</div><div>NASHVILLE, TN 37219</div></div>	<div><div>EIN</div><div>86-1065772</div></div>		<div><div>Phone no</div><div>(615) 259-1811</div></div>

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$)	9,887,896	including grants of \$	8,673,765)	(Revenue \$)	32,217)
	BAPTIST MEMORIAL HEALTH CARE FOUNDATION, ESTABLISHED IN 1983, IS THE FUNDRAISING ARM OF THE BAPTIST MEMORIAL HEALTH CARE SYSTEM, WHICH RAISES MONEY TO BENEFIT VARIOUS BAPTIST MEMORIAL HEALTH CARE CORPORATION PROGRAMS AND SERVICES FUNDS RAISED BY BAPTIST MEMORIAL HEALTH CARE FOUNDATION HELP ACCOMPLISH BAPTIST MEMORIAL HEALTH CARE CORPORATION'S CHARITABLE CARE OBJECTIVES AND PROVIDE RESOURCES FOR ENHANCED PATIENT CARE, EDUCATION, AND GROUNDBREAKING CLINICAL RESEARCH THE BAPTIST MEMORIAL HEALTH CARE FOUNDATION SOLICITS, RECEIVES, AND MANAGES CONTRIBUTIONS, GIFTS, GRANTS, AND BEQUESTS (SEE SCHEDULE O, PAGE 65 FOR CONTINUATION)FUNDS RAISED BY BAPTIST MEMORIAL HEALTH CARE FOUNDATION PLAY A KEY ROLE IN FULFILLING THE MISSION OF HEALING, PREACHING, AND TEACHING FOR THE AFFILIATES OF BAPTIST MEMORIAL HEALTH CARE CORPORATION BAPTIST MEMORIAL HEALTH CARE FOUNDATION ADMINISTRATORS CONTRIBUTED DOLLARS THROUGH NUMEROUS DONOR RESTRICTED FUNDS WHICH SUPPORT THE CONTINUUM OF CARE OFFERED BY BAPTIST MEMORIAL HEALTH CARE CORPORATION FACILITIES INCLUDING ONCOLOGY, CARDIOVASCULAR, PEDIATRIC, AND REHABILITATIVE SERVICES, JUST TO NAME A FEW BAPTIST MEMORIAL HEALTH CARE FOUNDATION ALSO ALLOCATES A PORTION OF UNRESTRICTED CONTRIBUTED DOLLARS AND PORTFOLIO EARNINGS FOR THE BENEFIT OF ITS VARIOUS GRANT PROGRAMS BOARD OF DIRECTORS GRANT PROGRAM BAPTIST MEMORIAL HEALTH CARE FOUNDATION BOARD OF DIRECTORS GRANT PROGRAM HAS MADE AVAILABLE THE NECESSARY FUNDS TO EXPAND EXISTING SERVICES AND PROGRAMS WITHIN THE SYSTEM CREATING A NUMBER OF NEW AND EXCITING INITIATIVES THE FUNDS MADE AVAILABLE FOR THE BOARD OF DIRECTORS GRANT PROGRAM HAVE COME THROUGH UNRESTRICTED CONTRIBUTIONS, AS WELL AS, CAREFUL INVESTMENT OF THE BAPTIST MEMORIAL HEALTH CARE FOUNDATION ENDOWMENT THE FOLLOWING PROGRAMS RECEIVED NEW FUNDING DURING THE 2012 FISCAL YEAR BAPTIST MEMORIAL HOME CARE-LIFE PLANNING TASK FORCEBAPTIST MEMORIAL HOSPITAL-WOMEN'S COMPREHENSIVE BREAST CENTER EXPANSIONBAPTIST MEMORIAL HOSPITAL-DEMENTIA/ALZHEIMER'S DISEASE MEMORY ASSESSMENT CENTERBAPTIST MEMORIAL HOSPITAL-BAPTIST CHILDREN'S EYE INSTITUTEBAPTIST MEMORIAL HEALTH CARE CORPORATION-BAPTIST OPERATION OUTREACH BAPTIST MEMORIAL HOME CARE-LIFE PLANNING TASK FORCE THE GOAL OF THIS GRANT IS TO CREATE A TRUE INTERDISCIPLINARY, COMPREHENSIVE AND INTEGRATED PALLIATIVE MEDICINE PROGRAM THAT PROVIDES PATIENT AND FAMILY CENTERED SERVICES BAPTIST MEMORIAL HOSPITAL-WOMEN'S COMPREHENSIVE BREAST CENTER EXPANSION THE GOAL OF THIS GRANT IS TO EXPAND THE COMPREHENSIVE BREAST CENTER AND ADD A SURVIVORSHIP PROGRAM, AN EXCLUSIVE SERVICE TO PROVIDE CARE AND ASSIST PATIENTS IN THE PROCESS OF LIVING WITH AND THROUGH CANCER AND BEYOND CANCER BAPTIST MEMORIAL HOSPITAL-BAPTIST DEMENTIA/ALZHEIMER'S DISEASE MEMORY ASSESSMENT CENTER THE GOAL OF THIS GRANT IS TO ESTABLISH A PHASED APPROACH TO DEVELOPING A SERVICE THAT IS LACKING IN OUR COMMUNITY FOR PROVIDING EARLY IDENTIFICATION OF DEMENTIA BY MEMORY SCREENING OUTSIDE OF A CLINICAL SETTING BAPTIST MEMORIAL HOSPITAL-BAPTIST CHILDREN'S EYE INSTITUTE THE GOAL OF THIS GRANT IS TO ESTABLISH THE BAPTIST CHILDREN'S EYE INSTITUTE THE BAPTIST CHILDREN'S EYE INSTITUTE WILL TREAT RETINOPATHY DISEASE COMMONLY OCCURRING AMONG PREMATURE BABIES THE TREATMENTS WILL IMPROVE THE PREMATURE BABIES' RETINAL BLOOD VESSEL DEVELOPMENT THEREBY INCREASING THE ODDS FOR NORMAL EYE FUNCTION BAPTIST MEMORIAL HEALTH CARE CORPORATION-BAPTIST OPERATION OUTREACH THE GOAL OF THIS GRANT IS TO ELIMINATE BARRIERS TO QUALITY AND STABLE HEALTH CARE SERVICES FOR INDIVIDUALS WHO ARE HOMELESS OR IN TRANSITION FROM HOMELESSNESS BAPTIST MEMORIAL HEALTH CARE DEEPLY CARES ABOUT THE HOMELESS IN OUR COMMUNITY AND WILL CONTINUE TO WORK AS AN ADVOCATE FOR HOMELESSNESS DURING FISCAL YEAR ENDING 9/30/12, THE TOTAL AMOUNT AWARDED THROUGH THE BOARD OF DIRECTORS' GRANT PROGRAM WAS \$2,882,473 OFFICER GRANTSTHE BAPTIST MEMORIAL HEALTH CARE FOUNDATION'S OFFICER GRANT PROGRAM ALLOWS OFFICERS AND BOARD MEMBERS OF BAPTIST MEMORIAL HEALTH CARE FOUNDATION TO FACILITATE SMALLER GRANT REQUESTS (\$100,000 AND LESS) WITH A HEALTH-RELATED FOCUS SOME OF THE INITIATIVES AND ORGANIZATIONS ASSISTED THROUGH THESE GRANT PROGRAMS INCLUDE BAPTIST MEMORIAL HOSPITAL-WOUND CARE NURSE CERTIFICATIONBAPTIST CLINICAL RESEARCH INSTITUTE-PANCREAS RESECTIONBAPTIST MEMORIAL HEALTH CARE-EMPLOYEE CENTENNIAL EVENTBAPTIST MEMORIAL HOSPITAL-FEASIBILITY STUDY CONDUCTING PHASE 1bBAPTIST CLINICAL RESEARCH INSTITUTE-BAPTIST CENTENNIAL CLINICAL RESEARCH CONFERENCEMEDICAL EDUCATION AND RESEARCH INSTITUTE-FEASIBILITY OF SURGICAL REHEARSAL USING 3D MODELSMEMPHIS BIOWORKS-BIOWORKS CAMPUS PARK CONSTRUCTIONBAPTIST MEMORIAL HOSPITAL-WOUND CARE NURSE CERTIFICATION THE PURPOSE OF THIS GRANT PROVIDED EDUCATION AND CERTIFICATION OF A CLINICAL PROFESSIONAL TO ENSURE THAT SUCH SERVICE IS AVAILABLE FULLTIME AT THE BAPTIST MEMORIAL HOSPITAL COLLIERVILLE LOCATION BAPTIST CLINICAL RESEARCH INSTITUTE-PANCREAS RESECTION STUDY THE PURPOSE OF THIS GRANT IS TO CONDUCT A RANDOMIZED PROSPECTIVE MULTICENTER TRIAL OF PANCREAS RESECTION WITH AND WITHOUT ROUTINE INTRAPERITONEAL DRAINAGE BAPTIST MEMORIAL HEALTH CARE-EMPLOYEE CENTENNIAL EVENT THE PURPOSE OF THIS GRANT WAS TO FUND UNANTICIPATED EXPENSES ASSOCIATED WITH A SPECIAL SYSTEM-WIDE CENTENNIAL CELEBRATION FOR BAPTIST MEMORIAL HEALTH CARE EMPLOYEES AND THEIR FAMILIES BAPTIST MEMORIAL HOSPITAL-FEASIBILITY STUDY CONDUCTING PHASE 1b PHASE 1b STUDIES ARE CONDUCTED TO DETERMINE THE MAXIMUM EFFECTIVE DOSE THAT A PATIENT CAN TOLERATE THE PURPOSE OF THIS GRANT IS TO DETERMINE THE FEASIBILITY OF PHASE 1b STUDIES AT BAPTIST MEMORIAL HOSPITAL BAPTIST CLINICAL RESEARCH INSTITUTE-BAPTIST CENTENNIAL CLINICAL RESEARCH CONFERENCE PRIMARILY A DAY-LONG CONFERENCE IN WHICH THE BAPTIST CLINICAL RESEARCH INSTITUTE REVIEWED REGULATIONS THAT GOVERN CLINICAL RESEARCH AND ITS IMPORTANCE TO PROTECTING HUMAN SUBJECTS THE CONFERENCE WAS OPEN TO THE PUBLIC MEDICAL EDUCATION AND RESEARCH INSTITUTE-FEASIBILITY OF SURGICAL REHEARSAL USING 3D MODELS THIS IS A PILOT STUDY USING A VASCULAR REPLICATOR FROM VASCULAR SIMULATIONS FOR CONDUCTING SURGICAL PROCEDURES ON ANEURYSMS FEEDBACK WILL BE COMPILED FOR FUTURE MEASURES OF EFFICACY AND EFFICIENCY USING THE MODELS FOR PRACTICE AND IMPROVING TIME IN PROCEDURE, AMOUNT OF RADIATION EXPOSURE AND OUTCOME MEMPHIS BIOWORKS FOUNDATION-BIOWORKS CAMPUS PARK CONSTRUCTION A 501(c)(3) NON-PROFIT ORGANIZATION, THE MEMPHIS BIOWORKS FOUNDATION IS EXECUTING A STRATEGIC BUSINESS PLAN THAT LEVERAGES THE COMPETITIVE STRENGTHS WITHIN THE REGION WHILE EXPANDING THE INFRASTRUCTURE, EDUCATIONAL OPPORTUNITIES, AND ENTREPRENEURIAL SPIRIT DURING THE FISCAL YEAR ENDING 9/30/12, THE TOTAL AMOUNT AWARDED THROUGH THE OFFICER GRANT PROGRAM WAS \$473,636 MARKET LEADER GRANTSTHE MARKET LEADER CAPITAL GRANT WAS CREATED FOR THE MEMPHIS METRO AND REGIONAL MARKET SERVICE AREAS OF THE BAPTIST MEMORIAL HEALTH CARE SYSTEM THE PURPOSE OF THESE GRANTS IS TO COVER GRANT REQUESTS FOR ITEMS THAT WILL DIRECTLY IMPACT PATIENT CARE IMPROVEMENT A MAXIMUM OF \$600,000 FROM BAPTIST MEMORIAL HEALTH CARE FOUNDATION'S GRANT BUDGET WAS SET ASIDE FOR THE 2012 FISCAL YEAR FOR UNPLANNED INITIATIVES IN THE METRO AND REGIONAL MARKETS THAT MAY SURFACE DURING THE YEAR THE SELECTION PROCESS IS CONDUCTED BY THE RESPECTIVE METRO AND REGIONAL MARKET LEADERS AWARDS ARE MADE AT THE SOLE DISCRETION OF THE MARKET LEADERS EACH GRANT REQUESTER, WHICH IS USUALLY A HOSPITAL ADMINISTRATOR, MUST SUBMIT A COMPLETED CAPITAL EQUIPMENT REQUEST FORM THE FOLLOWING HOSPITALS WERE AWARDED MARKET LEADER GRANTS BAPTIST MEMORIAL HOSPITAL-TELEMEDICINEBAPTIST MEMORIAL HOSPITAL-CHILDREN'S PEDIATRIC EYE PROGRAMBAPTIST MEMORIAL HOSPITAL-TELEMEDICINE THE GRANT WAS TO THE BAPTIST HEART INSTITUE FOR PURCHASE OF EQUIPMENT TO COMMUNICATE AND SHARE INFORMATION FOR PROVISION OF CLINICAL HEALTH CARE AT A DISTANCE BAPTIST MEMORIAL HOSPITAL-CHILDREN'S PEDIATRIC EYE PROGRAM THE PURPOSE OF THIS GRANT WAS TO PURCHASE EQUIPMENT NECESSARY FOR THE DIAGNOSIS AND TREATMENT OF EYE PROBLEMS IN CHILDREN DURING FISCAL YEAR ENDING 9/30/2012, \$443,891 WAS AWARDED THROUGH THE MARKET LEADER GRANT PROGRAM OTHER SUPPORTIN 2012, THE BAPTIST MEMORIAL HEALTH CARE FOUNDATION BOARD APPROVED THE ADDITIONAL RESTRICTION OF A PORTION OF THE FOUNDATION'S PORTFOLIO OF ASSETS TO PROVIDE AN ENDOWMENT FOR THE BENEFIT OF THE BAPTIST COLLEGE OF HEALTH SCIENCES THE INCOME FROM THESE RESTRICTED FUNDS IS TO FUND A TUITION ASSISTANCE PROGRAM FOR THE STUDENTS OF THE COLLEGE DURING 2012, APPROXIMATELY \$537,492 WAS SPENT FROM ENDOWMENT EARNINGS TO SUPPORT THE TUITION ASSISTANCE PROGRAM AT THE END OF 2012, IN EXCESS OF \$24 MILLION WAS RESTRICTED IN THE ENDOWMENT FOR THE BENEFIT OF THE COLLEGE AND ITS STUDENTS						



















[illegible][illegible]

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

4e	Total program service expenses	\$ 9,887,896
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Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> 	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> 	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V		Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input checked="" type="checkbox"/>					
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a			No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	Yes		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b			
11	Section 501(c)(12) organizations. Enter				
a	Gross income from members or shareholders.	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a			
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
c	Enter the aggregate amount of reserves on hand.	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	16		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> TN , AR
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/> BRENDA SWEARENGEN 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 (901) 227-5304

Part VII

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization’s tax year

- List all of the organization’s **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization’s **current** key employees, if any See instructions for definition of “key employee ”
- List the organization’s five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization’s **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization’s **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSEPH H POWELL DIRECTOR	20	X						0	0	0
(2) STEPHEN C REYNOLDS DIRECTOR/PRESIDENT	4 00	X		X				0	3,542,730	70,871
(3) JOHNNIE D AMONETTE DIRECTOR	20	X						0	0	0
(4) MARCIA BRYAN DIRECTOR	20	X						0	0	0
(5) PAMELA ARRINDELL DIRECTOR	20	X						0	0	0
(6) ROBERT F FOGLEMAN DIRECTOR	20	X						0	0	0
(7) HENRY W MORGAN SR DIRECTOR	20	X						0	0	0
(8) KEMMONS WILSON JR DIRECTOR	20	X						0	0	0
(9) BROOKE SPARKS DIRECTOR	20	X						0	0	0
(10) RODNEY T WOLF MD DIRECTOR	20	X						0	0	0
(11) JOSEPH WELLER DIRECTOR	20	X						0	0	0
(12) DOUGLAS EDWARDS DIRECTOR	20	X						0	0	0
(13) ORAL EDWARDS DIRECTOR	20	X						0	0	0
(14) KATHLEEN BLAIR DIRECTOR	20	X						0	0	0
(15) MAURY BRONSTEIN MD DIRECTOR	20	X						0	0	0
(16) MILTON MAGEE DIRECTOR	20	X						0	0	0
(17) GREGORY M DUCKETT SECRETARY	20			X				0	642,252	63,859

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	745,815	4,184,982	242,008

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CRAWFORD INVESTMENT COUNSEL 600 GALLERIA PKWY NW ATLANTA, GA 30339	INVESTMENT PORTFOLIO MANAGER	645,544
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶1		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	10,000			
	b	Membership dues	1b				
	c	Fundraising events	1c	480,379			
	d	Related organizations	1d	630,494			
	e	Government grants (contributions)	1e	189,141			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,121,207			
	g	Noncash contributions included in lines 1a-1f \$ 92,025					
	h	Total. Add lines 1a-1f					
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		8,786,769		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		Gross rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)					
8a		Gross income from fundraising events (not including \$ 480,379 of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events . .					
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities . .					
10a		Gross sales of inventory, less returns and allowances .	a				
b		Less cost of goods sold	b				
c		Net income or (loss) from sales of inventory . .					
Miscellaneous Revenue		Business Code					
11a	GAIN ON INVESTMENT	900090	87,385			87,385	
b	NONOPERATING REVENUE	900090	32,395	32,395			
c							
d	All other revenue						
e	Total. Add lines 11a-11d			119,780			
12	Total revenue. See Instructions			38,734,573	32,217	0	34,271,135

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)

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

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 United States See Part IV, line 21	8,470,568	8,470,568		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	203,197	203,197		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	874,161	528,553	87,416	258,192
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	372,570	224,659	37,257	110,654
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	72,324	42,541	7,232	22,551
9	Other employee benefits	110,894	65,228	11,089	34,577
10	Payroll taxes	64,480	37,927	6,448	20,105
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	658,112		658,112	
g	Other	246,478	185,676	60,802	
12	Advertising and promotion				
13	Office expenses	17,679	13,259	4,420	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	19,721		19,721	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,722	12,722		
20	Interest	125,069		125,069	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	341		341	
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	DUES & SUBSCRIPTIONS	103,566	103,566		
b	PUBLIC RELATIONS	31,753			31,753
c	MINOR EQUIPMENT	3,735		3,735	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	11,387,370	9,887,896	1,021,642	477,832
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			849	1	351
	2	Savings and temporary cash investments			14,732,435	2	17,919,779
	3	Pledges and grants receivable, net				3	5,012
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			61,100	9	61,100
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	15,182	779	10c	261
	b	Less accumulated depreciation	10b	14,921			
	11	Investments—publicly traded securities			240,658,082	11	277,861,942
	12	Investments—other securities See Part IV, line 11			821,598	12	581,798
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			17,520,455	15	20,128,339
16	Total assets. Add lines 1 through 15 (must equal line 34)			273,795,298	16	316,558,582	
Liabilities	17	Accounts payable and accrued expenses			2,037,526	17	358,610
	18	Grants payable			8,699,352	18	9,761,436
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			3,606,309	25	3,355,378
	26	Total liabilities. Add lines 17 through 25			14,343,187	26	13,475,424
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			223,619,049	27	259,084,949
	28	Temporarily restricted net assets			15,718,370	28	19,618,718
	29	Permanently restricted net assets			20,114,692	29	24,379,491
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			259,452,111	33	303,083,158
	34	Total liabilities and net assets/fund balances			273,795,298	34	316,558,582

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	38,734,573
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,387,370
3	Revenue less expenses Subtract line 2 from line 1	3	27,347,203
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	259,452,111
5	Other changes in net assets or fund balances (explain in Schedule O)	5	16,283,844
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	303,083,158

Part XII Financial Statements and Reporting

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

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	Employer identification number 58-1544781
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Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**
- 11

☒

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

a

☒ Type I

b

☐ Type II

c

☐ Type III - Functionally integrated

d

☐ Type III - Other
- e

☐

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

☐

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

☐

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

(i)

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

(ii)

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

(iii)

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

☐

Provide the following information about the supported organization(s)

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






(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
See Additional Data Table									
Total									7,732,494

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities, etc (See instructions)					12	
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2011. 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—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	
17a	10%-facts-and-circumstances test—2011. 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—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	

Part IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

Name of the organization BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	Employer identification number 58-1544781
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

- A

Check

☐

if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B

Check

☐

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

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

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
Explanation of Lobbying Activities	Part II-B, Line 1	BAPTIST MEMORIAL HEALTH CARE CORPORATION PAYS CONSULTANTS WHO MONITOR & ADVISE THE ORGANIZATION ON LEGISLATIVE & REGULATORY MATTERS THAT MAY AFFECT THE ORGANIZATION & ITS AFFILIATES. THESE CONSULTANTS MAY ADVOCATE POSITIONS WITH LEGISLATIVE & REGULATORY BODIES OF GOVERNMENT AT LOCAL, STATE & FEDERAL LEVELS. BAPTIST MEMORIAL HEALTH CARE FOUNDATION DID NOT PAY CONSULTANT FEES. "1" HAS BEEN USED SO THE "YES" ANSWER NEXT TO PART II-B LINE 1i WILL BE TRANSMITTED WITH THE E-FILED FORM 990.

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC

Employer identification number
58-1544781

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

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

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

1

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

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

2

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

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

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

b

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

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

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2011

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

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

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	20,114,868	13,541,176	11,916,661	11,912,732
b	Contributions	227,695	6,690,106	756,135	252,553
c	Investment earnings or losses	4,036,928	-116,414	868,380	-248,624
d	Grants or scholarships				
e	Other expenditures for facilities and programs	4,433,060			
f	Administrative expenses				
g	End of year balance	28,812,551	20,114,868	13,541,176	11,916,661

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 15 390 %

b

Permanent endowment ▶ 84 610 %

c

Term endowment ▶

3a

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No

b

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

3b

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		15,182	14,921	261
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				261

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements				
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	38,734,573	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,387,370	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	27,347,203	
4	Net unrealized gains (losses) on investments	4	16,371,229	
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV)	8	-87,385	
9	Total adjustments (net) Add lines 4 - 8	9	16,283,844	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	43,631,047	
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	39,025,683	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d	2e	0	
3	Subtract line 2e from line 1	3	39,025,683	
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	-291,110	
c	Add lines 4a and 4b	4c	-291,110	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	38,734,573	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return				
1	Total expenses and losses per audited financial statements	1	11,765,865	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d	2e	0	
3	Subtract line 2e from line 1	3	11,765,865	
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	-378,495	
c	Add lines 4a and 4b	4c	-378,495	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	11,387,370	
Part XIV Supplemental Information				
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information				

Identifier	Return Reference	Explanation
Description of Intended Use of Endowment Funds	Part V, Line 4	BAPTIST MEMORIAL HEALTH CARE FOUNDATION HAS FIVE DIFFERENT TYPES OF ENDOWMENT FUNDS THESE ARE EDUCATION, CHARITABLE, SCIENTIFIC, RELIGIOUS, AND CAPITAL PURPOSES EDUCATIONAL ENDOWMENT FUNDS ARE FOR SUCH THINGS AS SCHOLARSHIPS TO BE AWARDED TO DESERVING STUDENTS ATTENDING BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES OTHER EDUCATIONAL FUNDS ARE FOR OUTREACH PROGRAMS AND FELLOWSHIPS CHARITABLE ENDOWMENT FUNDS ARE FOR SUCH THINGS AS PATIENT AND EMPLOYEE EMERGENCY ASSISTANCE, PEDIATRIC SERVICES, HOME CARE AND HOSPICE SERVICES, DISASTER RELIEF, AND THE MOBILE MAMMOGRAPHY UNIT RELIGIOUS ENDOWMENT FUNDS ARE FOR PASTORAL CARE FOR PATIENTS AND EMPLOYEES SCIENTIFIC AND RESEARCH ENDOWMENT FUNDS ARE FOR VARIOUS RESEARCH PROJECTS SUCH AS CANCER, AND HEART RESEARCH CAPITAL ENDOWMENTS ARE INTENDED TO ENHANCE, REMODEL, OR BUILD CERTAIN HOSPITAL DEPARTMENTS SUCH AS THE NICU DEPARTMENT AND EMEREGENCY ROOMS THAT WILL ENABLE THE HOSPITALS TO BETTER SERVE OUR PATIENTS A NEW MEDICAL LIBRARY THAT IS AVAILABLE FOR EMPLOYEES, PATIENTS AND THEIR FAMILIES HAS BEEN FUNDED BY A CAPITAL ENDOWMENT PART V, LINE 1e DURING THE YEAR ENDED SEPTEMBER 30,2012, IT WAS DETERMINED THAT A FUND ESTABLISHED IN 2010 FOR THE BENEFIT OF BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES FOR THE PURPOSE OF OFFSETTING THE FUTURE FUND NEEDS OF THE COLLEGE AND/OR TO COVER OPERATIONAL SHORT FALLS OF THE COLLEGE SHOULD BE CLASSIFIED AS A QUASI ENDOWMENT, AND SHOULD BE REPORTED IN PART V THE BALANCE OF THE QUASI ENDOWMENT AS OF SEPTEMBER 30,2012 WAS 4,433,060, AND IS REPORTED ON PART V, LINE 1e
Description of Uncertain Tax Positions Under FIN 48	Part X	THE FOUNDATION ADOPTED THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES, RELATING TO UNCERTAIN TAX POSITIONS ON OCTOBER 1, 2009 APPLICATION OF ASC 740 TO A TAX-EXEMPT ORGANIZATION IS PRIMARILY DIRECTED AT THE CHARACTERIZATION OF INCOME AS TAX EXEMPT (RELATED OR EXCLUDED EXEMPT FUNCTION INCOME) AND/OR TAXABLE AS UNRELATED BUSINESS INCOME AS DEFINED IN THE CODE THE FOUNDATION EVALUATED THE EFFECT OF ASC 740 FOR UNCERTAIN TAX POSITIONS AND DETERMINED THAT NO ADJUSTMENTS TO ITS FINACIAL STATEMENTS WERE REQUIRED UPON ADOPTION AS OF SEPTEMBER 30, 2012 AND 2011, THE FOUNDATION HAD NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS UNDER ASC 740 REQUIRING ADJUSTMENTS TO ITS FINANCIAL STATEMENTS IN THE EVENT THE FOUNDATION WERE TO RECOGNIZE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, THEY WOULD BE RECOGNIZED IN THE FINANCIAL STATEMENTS AS INTEREST EXPENSE FOR INTEREST AND PURCHASED SERVICES AND OTHER FOR PENALTIES GENERALLY, TAX YEARS 2006 THROUGH 2010 ARE OPEN TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES THERE ARE NO INCOME TAX EXAMINATIONS CURRENTLY IN PROCESS
Part XI, Line 8 - Other Adjustments		UNRECORDED INVESTMENT INCOME/LOSS -87,385
Part XII, Line 4b - Other Adjustments		INVESTMENT INCOME (LOSS) 87,385 IN-KIND CONTRIBUTIONS 47,527 SPECIAL EVENTS -426,022
Part XIII, Line 4b - Other Adjustments		IN-KIND CONTRIBUTIONS 47,527 SPECIAL EVENT EXPENSE -426,022

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC

Employer identification number
58-1544781

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

1

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

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

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

☐ Yes ☐ No

b

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

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

3

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2011

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

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>DUCK CLASSIC</u>	<u>CARDIAC CLASSIC</u>	<u>3</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	319,148	122,475	73,499	515,122	
	2	Less Charitable contributions	267,249	85,105	71,402	423,756	
3	Gross income (line 1 minus line 2)	51,899	37,370	2,097	91,366		
Direct Expenses	4	Cash prizes					
	5	Non-cash prizes	32,409	7,182		39,591	
	6	Rent/facility costs	5,008	31,920	11,875	48,803	
	7	Food and beverages	12,451	9,702	1,005	23,158	
	8	Entertainment					
	9	Other direct expenses	77,099	3,382	18,250	98,731	
	10	Direct expense summary Add lines 4 through 9 in column (d). ►					(210,283)
	11	Net income summary Combine lines 3 and 10 in column (d). ►					-118,917

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

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

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

Yes

No
- 12

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

Yes

No

13

Indicate the percentage of gaming activity operated in

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

14

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

Name

Address

15a

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

Yes

No

b

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

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

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

Yes

No

b

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

Part IV

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

Identifier	ReturnReference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number
58-1544781

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

32

3

Enter total number of other organizations listed in the line 1 table ▶

0

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) ASSISTANCE WAS PROVIDED FOR PATIENTS FOR SUCH THINGS AS CAB FARE, MEDICATION, UTILITY BILLS, ETC THE FUNDS WERE NOT PAID DIRECTLY TO THE INDIVIDUALS, BUT FOR THE PATIENTS	760	103,351			
(2) ASSISTANCE WAS PROVIDED FOR EMPLOYEES THROUGH THE EMPLOYEE ASSISTANCE FUND EMPLOYEES CONTRIBUTE TO THE FUND ON BEHALF OF EMPLOYEES WHO MAY HAVE SUFFERED A DISASTER OR OTHER FINANCIAL PROBLEM PAYMENTS ARE MADE ON BEHALF OF THE EMPLOYEES FOR SUCH THINGS AS UTILITY BILLS, RENT, FUNERAL EXPENSES, ETC	265	99,846			

Part IV

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 THE OFFICER GRANTS, MARKET LEADER GRANTS AND BOARD OF DIRECTOR GRANTS REQUIRE A WRITTEN GRANT UPDATE AND ARE REQUIRED TO BE COMPLETED EACH QUARTER BY EACH GRANTEE THE GRANT UPDATE AND SUMMARIES REPORT ARE REVIEWED BY THE BAPTIST MEMORIAL HEALTH CARE FOUNDATION BOARD OF DIRECTORS GRANT ADMINISTRATION COMMITTEE THE GRANT SUMMARIES REPORT IS DISTRIBUTED TO EACH BOARD MEMBER AND REDISTRIBUTED DURING THE BOARD MEETING, THUS BECOMING A PERMANENT RECORD WITHIN THE BOARD FILES THERE IS AN ELECTRONIC FILE FOR EACH QUARTERLY UPDATE ALONG WITH THE GRANT SUMMARIES REPORT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC

Employer identification number

58-1544781

Part I

Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) STEPHEN C REYNOLDS	(i)	0	0	0	0	0	0	0
	(ii)	1,078,287	781,803	1,682,640	46,500	24,371	3,613,601	0
(2) GREGORY M DUCKETT	(i)	0	0	0	0	0	0	0
	(ii)	357,628	243,995	40,629	36,750	27,109	706,111	0
(3) JAMES S FOUNTAIN	(i)	336,720	237,028	29,931	53,037	24,329	681,045	0
	(ii)	0	0	0	0	0	0	0
(4) JENNIFER S NEVELS	(i)	124,305	16,301	1,530	19,893	10,019	172,048	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	THE OFFICERS RECEIVE A PERQUISITE ALLOWANCE WHICH IS INCLUDED IN THEIR SALARIES

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

Name of the organization
BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC

Employer identification number
58-1544781

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	2	13,000	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (ADVERTISING)	X	2	15,000	FMV
26 Other ► (SUPPLIES)	X	5	31,000	FMV
27 Other ► (EQUIPMENT)	X	2	15,000	FMV
MEDICAL				
28 Other ► (EQUIPMENT)	X	4	6,600	FMV
Other ► (OTHER)	X	7	11,425	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes

No

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

Cat No 51227J

Schedule M (Form 990) 2011

Part II

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

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC**Employer identification number**

58-1544781

Identifier	Return Reference	Explanation
Program Service Statement	Form 990, Part III, Line 4a	<p>DURING 2005, THE FOUNDATION COMMITTED \$1 MILLION FOR NURSING EDUCATIONAL TUITION AWARDS TO NURSING AND ALLIED HEALTH STUDENTS WHO AGREE TO FULFILL A WORK REQUIREMENT AT A BAPTIST FACILITY UPON GRADUATION. DURING THE 2012 FISCAL YEAR, THE FOUNDATION AWARDED \$346,736 FOR THESE NURSING EDUCATIONAL AWARDS FOR STUDENTS THAT HAD QUALIFIED FOR THE PROGRAM. DONOR-RESTRICTED FUNDS BAPTIST MEMORIAL HEALTH CARE FOUNDATION ADMINISTERS A NUMBER OF DONOR-RESTRICTED FUNDS WHICH PROVIDE BENEFITS TO PATIENTS OF THE AFFILIATE HOSPITALS, AS WELL AS, THE COMMUNITY AT LARGE. BAPTIST MEMORIAL HEALTH CARE FOUNDATION PROVIDES SUPPORT FOR BOTH THE CHARITY NEED OF PATIENTS AND EMPLOYEES THROUGH CHARITABLE CARE AND EMPLOYEE EMERGENCY ASSISTANCE FUNDS. BAPTIST MEMORIAL HEALTH CARE FOUNDATION ROUTINELY MAKES PURCHASES TO BENEFIT CHARITY CARE PATIENTS AND THEIR FAMILY MEMBERS WHEN THERE ARE HARDSHIP CIRCUMSTANCES. EXAMPLES OF SUCH PURCHASES INCLUDE BUS TICKETS FOR TRAVEL FROM THE HOSPITAL, MINOR EQUIPMENT AND PRESCRIPTION DRUGS NEEDED UPON DISCHARGE. THESE EXPENDITURES WERE PAID DIRECTLY TO THE SERVICE PROVIDER OR TO A VENDOR. BAPTIST MEMORIAL HEALTH CARE FOUNDATION ALSO MADE DISBURSEMENTS ON BEHALF OF EMPLOYEES WHO SUFFERED CATASTROPHIC OR UNFORESEEN LOSSES DURING THE YEAR. A COMMITTEE MADE UP OF PASTORAL CARE, BAPTIST MEMORIAL HEALTH CARE FOUNDATION AND BMHCC EMPLOYEE CAMPAIGN VOLUNTEERS APPROVES EXPENDITURE APPLICATIONS FOR FUNDING FROM THE EMPLOYEE EMERGENCY ASSISTANCE FUND. DISTRIBUTIONS OF ASSISTANCE ARE GENERALLY LIMITED TO \$500 PER OCCURRENCE. DURING FISCAL YEAR 2012, BAPTIST MEMORIAL HEALTH CARE FOUNDATION MADE DISBURSEMENTS IN EXCESS OF \$203,000 ON BEHALF OF INDIGENT PATIENTS AND THE UNINSURED AND ON BEHALF OF EMPLOYEES FOR THESE UNFORESEEN LOSSES AND EMERGENCIES. IN TOTAL, BAPTIST MEMORIAL HEALTH CARE FOUNDATION SPENT APPROXIMATELY \$3.8 MILLION FROM DONOR-RESTRICTED FUNDS TO SUPPORT SERVICE AREAS SUCH AS PEDIATRIC CARE, STROKE SERVICES, HOSPICE, MEDICAL RESEARCH, CHARITY CARE, CLINICAL SCHOLARSHIPS, CARDIOLOGY, CANCER CARE AND NURSING EDUCATION.</p>

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

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

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

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

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

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

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

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	BAPTIST MEMORIAL HEALTH CARE CORPORATION'S HUMAN RESOURCE DEPARTMENT, THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS, AND AN INDEPENDENT COMPENSATION CONSULTING FIRM PERFORM ANNUAL REVIEWS EACH DECEMBER AND APPROVE COMPENSATION OF THE CEO AND OTHER TOP MANAGEMENT PERSONNEL. THEY USE COMPARABILITY DATA AND OTHER SOURCES AS NEEDED. THE CEO AND OTHER TOP MANAGEMENT USE THE SAME TYPE OF INFORMATION TO APPROVE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES. ON DECEMBER 13, 2010 THE COMPENSATION WAS REVIEWED AND APPROVED FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2011 FOR THE PRESIDENT, THE VICE PRESIDENTS, AND THE BAPTIST HEALTH CARE SYSTEM CEOS/ADMINISTRATORS.

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

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

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 16,371,229 UNRECORDED INVESTMENT INCOME/LOSS -87,385 Total to Form 990, Part XI, Line 5 16,283,844

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

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

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

2011

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC

Employer identification number
58-1544781

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NORTHEAST ARKANSAS BAPTIST MEMORIAL HEALTH CARE LLC 3024 STADIUM BLVD JONESBORO, AR 72401 81-0572898	OPERATION OF BAPTIST MEMORIAL HOSPITAL- JONESBORO, INC	AR			N/A
(2) NORTHEAST ARKANSAS BAPTIST HEALTH SERVICES GROUP LLC 3024 STADIUM BLVD JONESBORO, AR 72401 27-1471186	OPERATE A PREFERRED PROVIDER ORGANIZATION	AR			N/A

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) HEALTH TECH AFFILIATES INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1278576	BUYING AND LEASING REAL & PERSONAL PROPERTY	TN	N/A	C			
(2) BAPTIST MEMORIAL HEALTH SERVICES GROUP OF THE MIDSOUTH INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1534210	HEALTH INSURANCE CONTRACTING	TN	N/A	C			
(3) SOUTHCREST PROPERTY OWNERS ASSOCIATION 7601 SOUTHCREST PKWY SOUTHAVEN, MS 38671 64-0768703	BOOKKEEPING & DATA PROCESSING FOR THE SOUTHCREST DEVELOPMENT	MS	N/A	C			
(4) GERMANTOWN BUSINESS PARK OWNERS ASSOCIATION 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 20-1158216	BOOKKEEPING & DATA PROCESSING FOR THE GERMANTOWN BUSINESS PARK DEVELOPMENT	TN	N/A	C			

Part V

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

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

1

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

a

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

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

No

Yes

No

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

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

Schedule R (Form 990) 2011

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment
Sequence No 179

Department of the Treasury
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	Business or activity to which this form relates Form 990 Page 10	Identifying number 58-1544781
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	341
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost	
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25		
26 Property used more than 50% in a qualified business use									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use									
		%			S/L -				
		%			S/L -				
		%			S/L -				
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28			
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

Additional Data

Software ID:

Software Version:

EIN: 58-1544781

Name: BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC

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

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) BAPTIST MEMORIAL HOSPITAL INC	620123940	3	Yes		Yes		Yes		2817405
(B) BAPTIST MEMORIAL HOSPITAL- BOONEVILLE INC	640663760	3	Yes		Yes		Yes		32158
(C) BAPTIST MEMORIAL HOSPITAL- DESOTO INC	640682111	3	Yes		Yes		Yes		22748
(D) BAPTIST MEMORIAL HOSPITAL- GOLDEN TRIANGLE INC	621519754	3	Yes		Yes		Yes		69867
(E) BAPTIST MEMORIAL HOSPITAL- HUNTINGDON INC	621166050	3	Yes		Yes		Yes		31133
(F) BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPIINC	640772726	3	Yes		Yes		Yes		78547
(G) BAPTIST MEMORIAL HOSPITAL-TIPTON INC	621113167	3	Yes		Yes		Yes		3500
(H) THE STERN CARDIOVASCULAR FOUNDATION INC	274396698	501(c)(3)PENDING	Yes		Yes		Yes		2339
(I) BAPTIST MEMORIAL HOSPITAL-UNION CITY INC	621138045	3	Yes		Yes		Yes		6235
(J) BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC	630997281	3	Yes		Yes		Yes		23031
(K) BAPTIST MEMORIAL HOSPITAL- JONESBORO INC	261214372	3	Yes		Yes		Yes		149439
(L) BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC	581645396	3	Yes		Yes		Yes		0
(M) BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC	621599670	2	Yes		Yes		Yes		1349725
(N) NEA BAPTIST CLINIC	710850123	501(c)(3)	Yes		Yes		Yes		14815
(O) BAPTIST MEMORIAL HEALTH CARE CORPORATION & AFFILIATES	581521475	501(c)(3)/509(a)(3)	Yes		Yes		Yes		1114676
(P) BAPTIST MEMORIAL HOME CARE INC	581562973	501(c)(3)/509(a)(2)	Yes		Yes		Yes		1824058
(Q) BAPTIST MEMORIAL HEALTH SERVICES INC	621509127	501(c)(3)	Yes		Yes		Yes		17289
(R) BAPTIST MINOR MEDICAL CENTERS INC	621538114	501(c)(3)/509(a)(1)	Yes		Yes		Yes		0
(S) MEMPHIS LUNG PHYSICIANS FOUNDATION INC	452832975	501(c)(3)PENDING	Yes		Yes		Yes		14469
(T) BAPTIST MEMORIAL MEDICAL GROUPINC	621545731	509(a)(1)	Yes		Yes		Yes		7435

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

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(U) BAPTIST CLINICAL RESEARCH INSTITUTE INC	453032246	501(c)(3)PENDING	Yes		Yes		Yes		153625

Software ID:
Software Version:
EIN: 58-1544781
Name: BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST MEMORIAL HOSPITAL-DESOTO INC 7601 SOUTHCREST PKY SOUTHAVEN, MS 38671	64-0682111	501(c)(3)	22,748				COMMUNITY DIABETES PROGRAM, AND OTHER COMMUNITY PROGRAMS
BAPTIST MEMORIAL HOSPITAL INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177	62-0123940	501(c)(3)	2,817,405				CANCER & HEART RESEARCH AND TESTING, COMMUNITY DIABETES PROGRAM,WOUND/OSTOMY NURSE CERTIFICATION, FUNDS FOR OTHER MEDICAL EQUIPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ARKANSAS FOUNDATION535 RESEARCH CENTER BLVD 120 FAYETTEVILLE,AR 72701	71-6056774	501(c)(3)	7,000				SCHOLARSHIPS
BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC2520 FIFTH ST N COLUMBUS,MS 39703	62-1519754	501(c)(3)	69,867				CANCER RESEARCH & TESTING, HOSPICE, COMMUNITY DIABETES PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST MEMORIAL HOSPITAL- HUNTINGDON INC 631 RB WILSON DR HUNTINGDON, TN 38344	62-1166050	501(c)(3)	31,133				COMMUNITY DIABETES PROGRAM
MERCY HEALTH FOUNDATION2817 ST JOHNS BLVD JOPLIN, MO 64804	27-0906136	501(c)(3)	5,420				AID FOR TORNADO VICTIMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST MEMORIAL COLLEGE OF HLTH SCIENCES 1003 MONROE AVE MEMPHIS,TN 38104	62-1599670	501(c)(3)	1,349,725				SCHOLARSHIPS
BAPTIST MEMORIAL HOME CARE INC350 N HUMPHREYS BLVD MEMPHIS,TN 381202177	58-1645396	501(c)(3)	1,824,058				HOSPICE HOUSE, CAMP GOOD GRIEF & EMPLOYEE ASSISTANCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST MEMORIAL HEALTH CARE CORP350 N HUMPHREYS BLVD MEMPHIS,TN 381202177	58- 1521475	501(c)(3)	1,114,676				VARIOUS COMMUNITY PROGRAMS, ADMINISTRATIVE FELLOWSHIP, COMMUNITY DIABETES PROGRAM, NURSING LEADERSHIP
UNIVERSITY OF MEMPHIS635 NORMAL ST MEMPHIS,TN 38152	62- 6048540	501(c)(3)	179,444				SCHOLARSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST MEMORIAL MEDICAL GROUP INC350 N HUMPHREYS BLVD MEMPHIS, TN 381202177	62- 1545731	501(c)(3)	7,435				DONATION TO MEDICAL STAFF FUND
UNIVERSITY OF PHOENIX4025 S RIVERPOINT PKWY PHOENIX, AZ 85040	20- 5964568	501(c)(3)	15,610				TUITION PAYMENTS FOR NURSING STUDENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TENNESSEE STATE UNIVERSITY FOUNDATION3500 JOHN A MERRITT BLVD NASHVILLE, TN 372091561	23-7105693	501(c)(3)	5,210				SCHOLARSHIPS
BAPTIST MEMORIAL HOSPITAL-BOONEVILLE INC 100 HOSPITAL ST BOONEVILLE, MS 38829	64-0663760	501(c)(3)	32,158				COMMUNITY DIABETES PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST MEMORIAL HOSPITAL-N MISSISSIPPI INC 2301 S LAMAR OXFORD, MS 38655	64-0772726	501(c)(3)	78,547				CANCER RESEARCH & TESTING, COMMUNITY DIABETES PROGRAM, INFANT PATIENT SECURITY SYSTEM, BREAST HEALTH NAVIGATOR
BAPTIST CLINICAL RESEARCH INSTITUTE INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177	45-3032246	501(c)(3) PENDING	153,625				RESEARCH GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST MEMORIAL HOSPITAL- UNION CITY INC 1201 BISHOP ST UNION CITY, TN 38261	62-1138045	501(c)(3)	6,235				EMPLOYEE ASSISTANCE, BLANKET WARMER,COMMUNITY DIABETES PROGRAM, AEDS
BAPTIST MEMORIAL HOSPITAL- UNION COUNTY INC200 HWY 30 WEST NEW ALBANY, MS 38652	63-0997281	501(c)(3)	23,031				VARIOUS PROGRAMS, EMP ASSISTANCE, COMMUNITY DIABETES PROGRAM,INFANT CAR SEATS,BIBLES,CANCER PROGRAM,EMERGENCY ROOM CANOPY RENOVATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST MEMORIAL HEALTH SERVICES INC350 N HUMPHREYS BLVD MEMPHIS, TN 381202177	62- 1509127	501(c)(3)	17,289				PATIENT ASSISTANCE
SOUTHWEST TENNESSEE COMMUNITY COLLEGE5983 MACON COVE MEMPHIS, TN 38134	62- 1105769	501(c)(3)	15,000				SCHOLARSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF THE MIDSOUTH 6775 LENNOX CENTER CT STE 200 MEMPHIS, TN 38115	56-1010742	501(c)(3)	25,000				GENERAL DONATIONS
LOYOLA UNIVERSITY 6363 ST CHARLES AVE NEW ORLEANS, LA 70118	72-0408946	501(c)(3)	20,063				SCHOLARSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEMMES-MURPHY FOUNDATIONPO BOX 1000 DEPT 575 MEMPHIS,TN 38148	62-0642575	501(c)(3)	197,587				ENDOVASCULAR FELLOWSHIP
WESTERN GOVERNORS UNIVERSITY4001 S 700 E SALT LAKE CITY, UT 84107	84-1383926	501(c)(3)	10,085				SCHOLARSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST MEMORIAL HOSPITAL- JONESBORO INC 3024 STADIUM BLVD JONESBORO ,AR 72401	26-1214372	501(c)(3)	149,439				CHAPLAINS FUND DONATION, FRIENDS OF NURSING, BIKE CLASSIC
NEA BAPTIST CLINIC3024 STADIUM BLVD JONESBORO ,AR 72401	71-0850123	501(c)(3)	14,815				VARIOUS COMMUNITY PROJECTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREAST CANCER ERADICATION INITIATIVEPO BOX 382886 GERMANTOWN, TN 381832886	62-1609633	501(c)(3)	10,000				GENERAL DONATION
MEMPHIS LUNG PHYSICIANS FOUNDATION INC 6025 WALNUT GROVE RD GERMANTOWN, TN 38138	45-2832975	501(c)(3) PENDING	14,469				GENERAL DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMENS FOUNDATION FOR A GREATER MEMPHIS8 S THIRD ST MEMPHIS,TN 38103	58-2207247	501(c)(3)	25,000				GENERAL DONATION
CAMPBELL FOUNDATION1400 S GERMANTOWN RD MEMPHIS,TN 38138	62-0548038	501(c)(3)	5,000				DONATION FOR EDUCATION PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL EDUCATION & RESEARCH INSTITUTE44 S CLEVELAND MEMPHIS, TN 38104	62-1587133	501(c)(3)	30,000				RESEARCH DONATION
MEMPHIS BIOWORKS FOUNDATION20 S DUDLEY STE 900 MEMPHIS, TN 38103	62-1858660	501(c)(3)	156,109				CONTRIBUTIONS

Software ID:
Software Version:
EIN: 58-1544781
Name: BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
BAPTIST MEMORIAL HEALTH CARE CORPORATION 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1521475	MANAGEMENT, ADMINISTRATIVE & FINANCIAL SERVICES FOR ITS AFFILIATES	TN	501(c) (3)	509(a)(3)	N/A		No
BAPTIST MEMORIAL HEALTH CARE SYSTEM INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1456556	CARRY OUT THE HEALTH CARE MISSIONS OF THE BAPTIST CONVENTIONS OF AR, MS, TN	TN	501(c) (3)	509(a)(3)	N/A		No
BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC 1003 MONROE MEMPHIS, TN 38104 62-1599670	EDUCATION OF HEALTH CARE PROFESSIONALS	TN	501(c) (3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
BAPTIST MEMORIAL HEALTH SERVICES INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1509127	PROVISION OF HEALTH CARE PROVIDERS & HOME MEDICAL EQUIPMENT/SERVICES	TN	501(c) (3)	509(a)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
BAPTIST MEMORIAL HOSPITAL INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-0123940	HEALTH CARE FACILITY/HOSPITAL	TN	501(c) (3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
MEDICAL FINANCIAL SERVICES INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1112364	COLLECTION AGENCY FOR BAPTIST ENTITIES	TN	501(c) (3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
BAPTIST MEMORIAL HOSPITAL-BOONEVILLE INC 100 HOSPITAL ST BOONEVILLE, MS 38829 64-0663760	HEALTH CARE FACILITY/HOSPITAL	MS	501(c) (3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
BAPTIST MEMORIAL HOSPITAL-DESOTO INC 7601 SOUTHCREST PKWY SOUTHAVEN, MS 38671 64-0682111	HEALTH CARE FACILITY/HOSPITAL	MS	501(c) (3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC 2520 FIFTH ST COLUMBUS, MS 39703 62-1519754	HEALTH CARE FACILITY/HOSPITAL	MS	501(c) (3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
BAPTIST MEMORIAL HOSPITAL-HUNTINGDON INC 631 RB WILSON DR HUNTINGDON, TN 38344 62-1166050	HEALTH CARE FACILITY/HOSPITAL	TN	501(c) (3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC 2301 S LAMAR OXFORD, MS 38655 64-0772726	HEALTH CARE FACILITY/HOSPITAL	MS	501(c) (3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
BAPTIST MEMORIAL HOSPITAL-TIPTON INC 1995 HWY 51 SOUTH COVINGTON, TN 38019 62-1113167	HEALTH CARE FACILITY/HOSPITAL	TN	501(c) (3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
BAPTIST MEMORIAL HOSPITAL-UNION CITY INC 1201 BISHOP ST UNION CITY, TN 38261 62-1138045	HEALTH CARE FACILITY/HOSPITAL	TN	501(c) (3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC 200 HWY 30 WEST NEW ALBANY, MS 38652 63-0997281	HEALTH CARE FACILITY/HOSPITAL	MS	501(c) (3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC 2100 EXETER RD GERMANTOWN, TN 38138 58-1645396	HEALTH CARE FACILITY/HOSPITAL	TN	501(c) (3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
BAPTIST MEMORIAL HOME CARE INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1562973	HOME HEALTH CARE & HOSPICE SERVICES	TN	501(c) (3)	509(a)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
BAPTIST MEMORIAL MEDICAL GROUP INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1545731	PROVISION OF HEALTH CARE PROVIDERS FOR TN FACILITIES	TN	501(c) (3)	509(a)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
BAPTIST MEMORIAL MEDICAL MINISTRIES EMPLOYEE HEALTH & WELFARE TRUST 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1407946	BAPTIST EMPLOYEE HEALTH PLAN	TN	501(c) (9)		BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
BAPTIST MINOR MEDICAL CENTERS INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1538114	NON-EMERGENCY MEDICAL CLINICS	TN	501(c) (3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC		No
BAPTIST MEMORIAL HOSPITAL-JONESBORO INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 26-1214372	HEALTH CARE FACILITY/HOSPITAL	AR	501(c) (3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
NEA CLINIC CHARITABLE FOUNDATION INC 3024 STADIUM BLVD JONESBORO, AR 72401 71-0850123	MEDICAL CLINICS	AR	501(c)(3)	509(a)(1)	NEA BAPTIST HEALTH SYSTEM INC		No
NEA BAPTIST HEALTH SYSTEM INC 3024 STADIUM BLVD JONESBORO, AR 72401 27-1799652	HEALTH CARE PROVIDER	AR	501(c)(3) PENDING	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
THE STERN CARDIOVASCULAR FOUNDATION INC 8060 WOLF RIVER BLVD GERMANTOWN, TN 38138 27-4396698	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3) PENDING	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC		No
FAMILY CANCER CENTER FOUNDATION INC 6029 WALNUT GROVE RD MEMPHIS, TN 38120 45-2842963	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3) PENDING	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC		No
INTEGRITY ONCOLOGY FOUNDATION INC 6286 BRIARCREST AVE SUITE 308 MEMPHIS, TN 38120 45-3303687	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3) PENDING	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC		No
MEMPHIS LUNG PHYSICIANS FOUNDATION INC 6025 WALNUT GROVE RD MEMPHIS, TN 38120 45-2832975	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3) PENDING	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC		No
BOSTON BASKIN CANCER FOUNDATION INC 6029 WALNUT GROVE RD MEMPHIS, TN 38120 45-3303607	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3) PENDING	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC		No
BAPTIST MEMORIAL PATIENT SAFETY ORGANIZATION INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3032372	ESTABLISHING, MAINTAINING & MANAGING A PATIENT SAFETY ORGANIZATION	TN	501(c)(3) PENDING	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
BAPTIST CLINICAL RESEARCH INSTITUTE INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3032246	FACILITATE MEDICAL & SCIENTIFIC RESEARCH	TN	501(c)(3) PENDING	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
BAPTIST-DESOTO SURGERY CENTER 40 BURTON HILLS BLVD STE 500 NASHVILLE, TN 37215 20-0804946	AMBULATORY SURGERY	MS	N/A	N/A				No			No	
BAPTIST-EAST MEMPHIS SURGERY CENTER 80 HUMPHREYS CENTER 101 MEMPHIS, TN 38120 62-1846584	AMBULATORY SURGERY	TN	N/A	N/A				No			No	
BAPTIST-GERMANTOWN SURGERY CENTER LP 40 BURTON HILLS BLVD STE 500 NASHVILLE, TN 37215 62-1829424	AMBULATORY SURGERY	TN	N/A	N/A				No			No	
BAPTIST & PHYSICIANS OP SURGERY CENTER OF N MS 40 BURTON HILLS BLVD STE 500 NASHVILLE, TN 37215 62-0925692	AMBULATORY SURGERY	TN	N/A	N/A				No			No	
BAPTIST N MS IMAGING SERVICES LLC 504 AZALEA DR OXFORD, MS 38655 26-2641267	DIAGNOSTIC SERVICES	MS	N/A	N/A				No			No	
EAST MEMPHIS UROLOGY CENTER LP 40 BURTON HILLS BLVD STE 500 NASHVILLE, TN 37215 62-1810940	AMBULATORY UROLOGICAL SERVICES	TN	N/A	N/A				No			No	
HAMILTON EYE INSTITUTE SURGERY CENTER LP 930 MADISON AVE MEMPHIS, TN 38103 20-2873438	AMBULATORY SURGERY	TN	N/A	N/A				No			No	
MEDICAL ALTERNATIVES 4565 SHELBY RD MEMPHIS, TN 38083 62-1488427	HOME INFUSION PRODUCTS & SERVICES TO PATIENTS	TN	N/A	N/A				No			No	
MEMPHIS BIOMED VENTURES I LP 17 W PONTOTOC STE 200 MEMPHIS, TN 38103 94-3424417	MEDICAL RESEARCH	TN	N/A	N/A				No			No	
MEMPHIS SURGERY CENTER LTD LP 3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 62-1218330	AMBULATORY SURGERY	TN	N/A	N/A				No			No	
MEMPHIS-SC LLC 3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 62-1590322	AMBULATORY SURGERY	TN	N/A	N/A				No			No	
MEMPHIS-SP LLC 3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 62-1590324	AMBULATORY SURGERY	TN	N/A	N/A				No			No	
MIDTOWN SURGERY CENTER LP 40 BURTON HILLS BLVD STE 500 NASHVILLE, TN 37215 62-1619344	AMBULATORY SURGERY	TN	N/A	N/A				No			No	
NORTHWEST TENNESSEE SURGERY CENTER LLC 1722 E REELFOOT UNION CITY, TN 38261 62-1685508	AMBULATORY SURGERY	TN	N/A	N/A				No			No	
SM-B BUILDING LLC 5900 POPLAR AVE STE 100 MEMPHIS, TN 38119 62-1834236	PHYSICIAN OFFICES	TN	N/A	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
TENNESSEE LITHOTRIPERS LP 9825 SPECTRUM DR BLDG 3 AUSTIN, TX 78717 56-1720365	LITHOTRIPSY SERVICES	TN	N/A	N/A				No			No	
WOLF RIVER MEDICAL CENTER LP 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1510287	MEDICAL OFFICE BLDG	TN	N/A	N/A				No			No	
CANCER CARE CENTER OF UNION CITY LP 322 HOSPITAL BLVD JACKSON, TN 38305 26-3425045	CANCER CARE SERVICES	TN	N/A	N/A				No			No	
MAYS & SCHNAPP PAIN CENTER 55 HUMPHREYS BLVD MEMPHIS, TN 38120 62-1512849	PAIN MANAGEMENT SERVICES	TN	N/A	N/A				No			No	
CONVENIENT CARE DIAGNOSTIC CENTER PLLC 555 HWY 6 EAST BATESVILLE, MS 38606 64-0914382	RADIOLOGY & DIAGNOSTIC SERVICES	MS	N/A	N/A				No			No	

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1)	BAPTIST MEMORIAL HOSPITAL-INC	B	2,817,405	FMV
(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	B	1,114,676	FMV
(3)	BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC	B	69,867	FMV
(4)	BAPTIST MEMORIAL HOSPITAL-JONESBORO INC	B	149,439	FMV
(5)	BAPTIST COLLEGE OF HEALTH SCIENCES INC	B	1,349,725	FMV
(6)	BAPTIST MEMORIAL HOME CARE INC	B	1,824,058	FMV
(7)	BAPTIST COLLEGE OF HEALTH SCIENCES INC	C	500,000	FMV
(8)	BAPTIST MEMORIAL HOSPITAL-N MISSISSIPPI INC	B	78,547	FMV
(9)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	E	941,118	FMV
(10)	BAPTIST CLINICAL RESEARCH INSTITUTE INC	B	153,625	FMV
(11)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	M	80,102	FMV
(12)	BAPTIST MEMORIAL MEDICAL MINISTRIES EMPLOYEE HEALTH & WELFARE TRUST	Q	103,682	FMV
(13)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	N	556,811	FMV