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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 HOSPITAL

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

D Employer identification number
62-0123940

E Telephone number
(901) 227-5117

G Gross receipts $ 761,002,948

F Name and address of principal officer
STEPHEN C REYNOLDS
350 N HUMPHREYS BLVD
MEMPHIS,TN 381202177

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

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

H(c) Group exemption number ▶

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

J Website: ▶ BMHCC ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1954 | **M** State of legal domicile TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
BAPTIST MEMORIAL HOSPITAL PROVIDES QUALITY MEDICAL HEALTHCARE (SEE SCHEDULE O, PAGE 63)
REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	4,466
6	Total number of volunteers (estimate if necessary)	**6**	134
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	157,289
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-26,412

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	2,544,551	871,943
	9 Program service revenue (Part VIII, line 2g)	630,887,893	707,932,131
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,462,119	9,436,921
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,261,630	-446,083
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	642,632,933	717,794,912
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,317,887	399,352
	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)	257,576,264	272,983,270
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	369,939,745	430,222,475
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	628,833,896	703,605,097
	19 Revenue less expenses Subtract line 18 from line 12	13,799,037	14,189,815

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	665,645,751	624,157,630
	21 Total liabilities (Part X, line 26)	226,858,485	278,902,635
	22 Net assets or fund balances Subtract line 21 from line 20	438,787,266	345,254,995

Part II Signature Block

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

Sign Here

▶ Signature of officer — 2013-08-06 Date

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

Paid Preparer's Use Only

Preparer's signature ▶ FRANCIS J BEDARD | Date | Check if self-employed ▶☐ | Preparer's taxpayer identification number (see instructions) P00752421

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DELOITTE TAX LLP
424 CHURCH ST STE 2400
NASHVILLE, TN 37219

EIN ▶ 86-1065772

Phone no ▶ (615) 259-1811

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

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 HOSPITAL PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 $ 646,701,223 including grants of $) (Revenue $ 707,774,842)

BAPTIST MEMORIAL HOSPITAL PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE PATIENTS OF EVERY RACE, CREED AND SOCIOECONOMIC GROUP COME TO BAPTIST MEMORIAL HOSPITAL FROM MANY STATES AND COUNTRIES WITH ILLNESSES THAT ARE OFTEN VERY SERIOUS ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE OPERATION AND STABILITY OF BAPTIST MEMORIAL HOSPITAL, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES, AND FURTHER, THAT OUR MISSION IS TO SERVE THE COMMUNITY WITH RESPECT TO PROVIDING HEALTH CARE SERVICES AND HEALTHCARE EDUCATION (SEE SCHEDULE O, PG 63 FOR CONTINUATION) THEREFORE, IN KEEPING WITH ITS COMMITMENT TO SERVE ALL MEMBERS OF ITS COMMUNITY, BAPTIST MEMORIAL HOSPITAL PROVIDES THE FOLLOWING --FREE CARE AND/OR SUBSIDIZED CARE WHERE THE NEED AND/OR AN INDIVIDUAL'S INABILITY TO PAY COEXIST,--CARE PROVIDED TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST, AND--HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITYTHESE ACTIVITIES INCLUDE WELLNESS PROGRAMS, COMMUNITY EDUCATION PROGRAMS, PROGRAMS FOR THE ELDERLY, HANDICAPPED, MEDICALLY UNDERSERVED, AND A VARIETY OF BROAD COMMUNITY SUPPORT ACTIVITIES BAPTIST MEMORIAL HOSPITAL INCLUDES THREE MEMPHIS AREA HOSPITALS-BAPTIST MEMORIAL HOSPITAL (MEMPHIS), BAPTIST MEMORIAL HOSPITAL (COLLIERVILLE), AND BAPTIST MEMORIAL HOSPITAL FOR WOMEN THE COMBINED LOCATIONS OF BAPTIST MEMORIAL HOSPITAL SERVICED 35,258 PATIENT DISCHARGES AND PROVIDED MORE THAN 202,279 OUTPATIENT SERVICES DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 2012 EMPHASIS IS NOW ON OUTPATIENT SERVICES BAPTIST MEMORIAL HOSPITAL PROVIDES MANY OUTPATIENT SERVICES, WHICH WILL CONTINUE TO CUT HOSPITAL COSTS AND STAYS MOST PATIENTS PREFER TO RECUPERATE AT HOME AND WITH THE OUTPATIENT SERVICES PROVIDED AT BAPTIST MEMORIAL HOSPITAL, PATIENTS NOW HAVE THAT OPTION DURING THE YEAR ENDING SEPTEMBER 30, 2012 BAPTIST MEMORIAL HOSPITAL PROGRAM SERVICES PRODUCED THE FOLLOWING RESULTS THE PHARMACY DEPARTMENT DISPENSED 5,681,828 DOSES OF MEDICATION AT A COST OF $47,066,941 THE SURGERY SERVICES DEPARTMENT HAD 26,315 PATIENT VISITS AT A COST OF $76,487,355 THE CARDIOVASCULAR SERVICES DEPARTMENT PERFORMED 246,762 PROCEDURES AT A COST OF $41,999,858 THE RADIOLOGY DEPARTMENT PERFORMED 347,640 PROCEDURES AT A COST OF $31,954,353 THE PATHOLOGY DEPARTMENT PERFORMED 1,574,641 PROCEDURES AT A COST OF $23,209,636 CHARITY CARE IS PROVIDED THROUGH INPATIENT, OUTPATIENT AND COMMUNITY-BASED PROGRAMS INPATIENT SERVICES ARE PROVIDED TO PATIENTS WHO ARE MEDICALLY INDIGENT RESIDENTS OF THE STATES OF ARKANSAS, MISSISSIPPI, TENNESSEE, AND OTHER STATES THE BAPTIST MEMORIAL HOSPITAL ALSO MAINTAINS A CLINIC TO SERVE THIS POPULATION ON AN OUTPATIENT BASIS STAFF PHYSICIANS AT BAPTIST MEMORIAL HOSPITAL, AS WELL AS PHYSICIANS IN THE MEDICAL RESIDENCY PROGRAMS, GIVE COUNTLESS HOURS OF THEIR TIME TREATING PATIENTS WHO CANNOT PAY THE UN-REIMBURSED AMOUNT OF CHARITY AND CONTRACTUAL ALLOWANCES WAS $1,038,680,970 BAPTIST MEMORIAL HOSPITAL HAD SEVERAL NOTEWORTHY ACCOMPLISHMENTS AND NEW SERVICE LINES DURING THE PERIOD ENDING SEPTEMBER 30, 2012 SOME OF THESE ARE BAPTIST MEMORIAL HOSPITAL WAS THE PILOT HOSPITAL FOR A UNIQUE PATIENT SAFETY AND QUALITY PROJECT THAT WAS LAUNCHED BY HUMANA, INC THROUGH THE PROJECT, HUMANA WILL MONITOR CERTAIN SAFETY AND QUALITY GOALS ALREADY ESTABLISHED AT BAPTIST MEMORIAL HOSPITAL THESE GOALS WILL BE REVIEWED ANNUALLY BY HUMANA OVER A PERIOD OF THREE YEARS AS THE PROGRAMS SAFETY AND QUALITY GOALS ARE MET EACH YEAR, HUMANA WILL RECOGNIZE BAPTIST MEMORIAL HOSPITAL BY CONTINUING TO FUND NURSING SCHOLARSHIPS AT THE BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES SOME OF BAPTIST MEMORIAL HOSPITAL'S CURRENT SAFETY AND QUALITY INITIATIVES INCLUDE THOSE TARGETED AT SAFE MEDICATION USE, LEGIBILITY OF MEDICATION ORDERS, PAIN MANAGEMENT AND FALLS BAPTIST MEMORIAL HOSPITAL HAS BEEN RECOGNIZED NATIONALLY FOR OUR PATIENT SAFETY AND QUALITY EFFORTS BAPTIST MEMORIAL HOSPITAL (MEMPHIS) SINCE FEBRUARY 2002, THE AUTOLOGOUS STEM CELL TRANSPLANT UNIT (ASCT UNIT), A PART OF BAPTIST MEMORIAL HOSPITAL-MEMPHIS' OUTPATIENT CENTER HAS BEEN OPERATING SUCCESSFULLY TREATMENT BEGINS IN THE PHYSICIAN'S OFFICE IN WHICH THE PATIENT UNDERGOES STANDARD INDUCTION CHEMOTHERAPY THE PHYSICIAN THEN DETERMINES WHETHER THE PATIENT IS CHEMO SENSITIVE IF SO, THE PATIENT IS REFERRED TO THE ASCT UNIT TO PROCEED TO THE NEXT PHASE OF TREATMENT-MODERATE DOSE, OR MOBILIZATION CHEMOTHERAPY THE PURPOSE IS TO MOBILIZE STEM CELLS SO THEY CAN BE HARVESTED THE CELLS ARE TESTED, PROCESSED, FROZEN AND STORED FOR LATER USE DURING THE THIRD PHASE OF TREATMENT OR HIGH-DOSE CHEMOTHERAPY BAPTIST MEMORIAL HOSPITAL'S PEDIATRIC INTERMEDIATE CARE UNIT (PICU) IS A FOUR-BED OPEN UNIT THAT ALLOWS SICK CHILDREN AND THOSE RECOVERING FROM SURGERY TO BE CLOSELY MONITORED IN A HIGH-TECH ENVIRONMENT CHILDREN IN THE PICU, WHICH FEATURES STATE-OF-THE-ART EQUIPMENT AND SPECIALIZED MEDICAL DEVICES, CAN BE CARED FOR AND OBSERVED BY NURSES WHILE THEIR PARENTS STAY WITH THEM BAPTIST HEART INSTITUTE THE BAPTIST MEMORIAL HOSPITAL HEART INSTITUTE IS A 165,000 SQUARE FOOT STATE-OF-THE ART FACILITY IT COMPRISES A SURGERY ADDITION, CARDIAC CATHETERIZATION LABS, A PRE- AND POST-CARDIAC CATH UNIT, CARDIO-PULMONARY TRANSPLANT UNIT, CARDIOVASCULAR RECOVERY/CARDIOVASCULAR INTENSIVE CARE UNIT, A CARDIOVASCULAR STEP-DOWN UNIT, TWO CARDIAC MEDICINE UNITS AND THE CARDIAC INTERVENTION UNIT BY COMBINING ALL CARDIOVASCULAR SERVICES UNDER ONE ROOF, IT IS MORE CONVENIENT FOR BOTH PATIENTS AND PHYSICIANS BAPTIST CLINICAL RESEARCH INSTITUTE THE BAPTIST CLINICAL RESEARCH INSTITUTE CURRENTLY CONDUCTS CLINICAL RESEARCH STUDIES TO TEST NEW DRUGS AND TECHNOLOGY SINCE BEING ESTABLISHED IN 1989, THE 8-MEMBER STAFF HAS WORKED WITH PHYSICIANS, PHARMACEUTICAL COMPANIES AND OTHER RESEARCH ORGANIZATIONS TO COMPLETE NUMEROUS STUDIES IN A VARIETY OF AREAS THE BAPTIST CLINICAL RESEARCH INSTITUTE IS CURRENTLY CONDUCTING A NUMBER OF STUDIES IN A VARIETY OF AREAS BAPTIST MEMORIAL HOSPITAL AND ITS EMPLOYEES HAVE WON SEVERAL NATIONAL AWARDS FOR QUALITY AND SERVICE SOME OF THESE INCLUDE 2012 CARDIOVASCULAR AWARDS AND RECOGNITIONS --ONE OF HEALTHGRADES AMERICA'S 100 BEST HOSPITALS FOR CARDIAC SURGERY--2012 CARDIAC SURGERY EXCELLENCE AWARD FROM HEALTHGRADES FOR 6 YEARS IN A ROW (2006-2012)--RANKED AMONG THE TOP 10% IN THE NATION FOR CARDIAC SURGERY FOR 7 YEARS IN A ROW (2006-2012)--RANKED #4 IN TN FOR OVERALL CARDIAC SERVICES IN 2012--RANKED #1 IN TN FOR CARDIAC SURGERY FOR 5 YEARS IN A ROW (2008-2012)--RANKED #6 IN TN FOR CARDIOLOGY SERVICES IN 2012--RANKED AMONG THE TOP 5 IN TN FOR OVERALL CARDIAC SERVICES FOR 3 YEARS IN A ROW (2010-2012)--RANKED AMONG THE TOP 5 IN TN FOR CARDIAC SURGERY 7 YEARS IN A ROW (2006-2012)--RANKED AMONG THE TOP 10 IN TN FOR CARDIOLOGY SERVICES 2 YEARS IN A ROW (2011-2012)--FIVE-STAR RECIPIENT FOR CORONARY BYPASS SURGERY FOR 7 YEARS IN A ROW (2006-2012)--FIVE-STAR RECIPIENT FOR TREATMENT OF HEART ATTACK FOR 3 YEARS IN A ROW (2010-2012)2012 STROKE AWARDS AND RECOGNITIONS --RANKED AMONG THE TOP 5 IN TN FOR NEUROSCIENCES IN 2012--RANKED AMONG THE TOP 5 IN TN FOR TREATMENT OF STROKE FOR 10 YEARS IN A ROW (2003-2012)--RANKED #3 IN TN FOR TREATMENT OF STROKE IN 2012--RANKED #4 IN TN FOR NEUROSCIENCES IN 2012--FIVE-STAR RECIPIENT FOR TREATMENT OF STROKE FOR 10 YEARS IN A ROW (2003-2012)2012 PULMONARY AWARDS AND RECOGNITIONS --FIVE-STAR RECIPIENT FOR TREATMENT OF PNEUMONIA FOR 5 YEARS IN A ROW (2008-2012)2012 GASTROINTESTINAL AWARDS AND RECOGNITIONS --RANKED AMONG THE TOP 10 IN TN FOR GI MEDICAL TREATMENT FOR 6 YEARS IN A ROW (2007-2012) --RANKED #8 IN TN FOR GI MEDICAL TREATMENT IN 2012--FIVE-STAR RECIPIENT FOR TREATMENT OF GI BLEED FOR 6 YAERS IN A ROW (2007-2012)2012 CRITICAL CARE AWARDS AND RECOGNITIONS --RANKED AMONG THE TOP 10 IN TN FOR CRITICAL CARE FOR 4 YEARS IN A ROW (2009-2012)--RANKED #6 IN TN FOR CRITICAL CARE IN 2012--FIVE-STAR RECIPIENT FOR TREATMENT OF RESPIRATORY FAILURE FOR 5 YEARS IN A ROW (2008-2012)2011-2012 JOINT COMMISSION AWARD --DESIGNATED BY THE JOINT COMMISSION AS A KEY PERFORMER ON KEY QUALITY MEASURES FOR HEART ATTACK, HEART FAILURE, AND PNEUMONIA2011 CONSUMER CHOICE AWARD --RECIPIENT OF THE CONSUMER CHOICE AWARD AS MEMPHIS' MOST PREFERRED HOSPITAL FOR OVERALL QUALITY AND IMAGE FOR THE SIXTEENTH CONSECUTIVE YEAR FROM THE NATIONAL RESEARCH CORPORATION 2011 MEMPHIS MOST AWARD --RECIPIENT FOR THE FOURTH CONSECUTIVE YEAR OF THE MEMPHIS MOST AWARD BY THE MEMPHIS METROPOLITAN COMMUNITY AS HAVING THE BEST HOSPITAL IN THE AREA (2007-2011)

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

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

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

4e **Total program service expenses** ▶ $ 646,701,223

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see 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? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
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	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	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? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**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, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	4,466			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account 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**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**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	8		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8		
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		Yes	

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 ▶

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

☐ Own website ☐ Another's website ☑ 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 ▶

CYNDI PITTMAN
350 N HUMPHREYS BLVD
MEMPHIS,TN 381202177
(901) 226-0508

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) DANA KELLY DIRECTOR	20	X						0	0	0
(2) JAMES M GLASGOW JR DIRECTOR	20	X						0	0	0
(3) MILTON MAGEE DIRECTOR	20	X						0	0	0
(4) VINCENT SMITH MD DIRECTOR	20	X						0	0	0
(5) A WATSON BELL DIRECTOR	20	X						0	0	0
(6) SPENCE WILSON DIRECTOR	20	X						0	0	0
(7) KATIE WINCHESTER DIRECTOR	20	X						0	0	0
(8) BILLY MCCULLOUGH DIRECTOR	20	X						0	0	0
(9) JACINTO HERNANDEZ MD DIRECTOR	20	X						0	0	0
(10) CHRISTINE MESTEMACHER MD DIRECTOR	20	X						0	0	0
(11) THOMAS CHESNEY MD DIRECTOR	20	X						0	0	0
(12) STEPHEN C REYNOLDS PRESIDENT	20			X				0	3,542,730	70,871
(13) GREGORY M DUCKETT SECRETARY	20			X				0	642,252	63,859
(14) KYLE E ARMSTRONG CEO/ADMIN	40 00			X				0	105,698	25,111
(15) ROBERT S GORDON VP	20			X				0	1,077,573	73,234
(16) CYNDI PITTMAN CFO	40 00			X				195,077	0	48,372
(17) GLENN BAKER CEO/ADMIN	40 00			X				0	338,340	50,409

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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			
(18) JASON M LITTLE VP	20			X				0	737,988	46,078
(19) TERRI S SEAGO CFO	40 00			X				117,917	0	25,403
(20) ANITA VAUGHN CEO/ADMIN	40 00			X				0	377,813	66,152
(21) MARGARET H WILLIAMS CFO	40 00			X				97,533	0	29,780
(22) DERICK B ZIEGLER CEO/ADMIN	40 00			X				0	380,091	44,236
(23) CHRISTIAN C PATRICK CMO	40 00				X			401,328	0	45,202
(24) DANA DYE CNO	40 00				X			264,966	0	33,826
(25) JOHN S STANTON PHAR	40 00					X		199,487	0	33,833
(26) JOHN E STANFORD ASST ADMIN	40 00					X		191,703	0	49,272
(27) DARLA G BELT DIR/ADMIN DURSING	40 00					X		154,548	0	11,724
(28) DARYL W MILLER DIRECTOR OF NURSING	40 00					X		149,834	0	12,926
(29) TOMMY R MYERS LEAD PHARMACIST	40 00					X		149,106	0	30,789
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								1,921,499	7,202,485	761,077

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 ▶ 84

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
SEMMES MURPHEY CLINIC PO BOX 1000 DEPT 575 MEMPHIS, TN 38148	PHYSICIAN SVCS	1,366,708
ARCHITECTION PLLC 425 W MARKET ST LOUISVILLE, KY 40202	DESIGN & CONSTRUCTION	778,500
MIDSOUTH RADIATION PHYSICIANS 1801 S 54TH ST PARAGOULD, AR 72450	PHYSICIAN SVCS	768,015
CARDIOVASCULAR SURGICAL CLINIC 6029 WALNUT GROVE RD 401 MEMPHIS, TN 38120	ER CALL COVERAGE	688,152
UNIVERSITY OF TENNESSEE 315 S WASHINGTON ST RIPLEY, TN 38063	PHYSICIAN SVCS	660,275

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 ▶ 15

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	761,556			
	e	Government grants (contributions)	1e	102,624			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,763			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		871,943			
Program Service Revenue			Business Code				
	2a	HOSPITAL REVENUE	541200	707,932,131	707,774,842	157,289	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		707,932,131			
	3	Investment income (including dividends, interest and other similar amounts)		3,618,432			3,618,432
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents	4,087,229				
	b	Less rental expenses	9,596,672				
	c	Rental income or (loss)	-5,509,443				
	d	Net rental income or (loss)		-5,509,443			-5,509,443
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	39,422,450	7,403			
	b	Less cost or other basis and sales expenses	33,600,745	10,619			
	c	Gain or (loss)	5,821,705	-3,216			
	d	Net gain or (loss)		5,818,489			5,818,489
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA	722210	4,487,010			4,487,010
	b	PAT /EMP CONVENIENCES	900099	570,765			570,765
	c	NON-OPERATING REVENUE	900099	5,585			5,585
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		5,063,360			
	12	**Total revenue.** See Instructions		717,794,912	707,774,842	157,289	8,990,838

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	399,352	399,352		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
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	504,975	479,726	25,249	
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	212,452,316	201,829,700	10,622,616	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,677,518	8,243,642	433,876	
9	Other employee benefits	35,855,336	34,062,569	1,792,767	
10	Payroll taxes	15,493,125	14,718,469	774,656	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying	22,037	19,393	2,644	
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	45,551,378	40,085,213	5,466,165	
12	Advertising and promotion	547,808	482,071	65,737	
13	Office expenses	159,175,345	140,074,304	19,101,041	
14	Information technology				
15	Royalties . .				
16	Occupancy	7,246,544	6,376,959	869,585	
17	Travel	280,782	247,088	33,694	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	195,608	172,135	23,473	
20	Interest	3,868,542	3,404,317	464,225	
21	Payments to affiliates	68,326,724	60,127,517	8,199,207	
22	Depreciation, depletion, and amortization	30,595,979	26,924,462	3,671,517	
23	Insurance	4,699,459	4,135,524	563,935	
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	BAD DEBT, NET OF RECOVE	69,234,950	69,234,950	0	
b	MEDICAID ASSESSMENT	27,552,837	24,246,497	3,306,340	
c	REPAIRS & MAINTENANCE	10,853,002	9,550,642	1,302,360	
d	TAX & LICENSES	1,222,307	1,075,630	146,677	
e					
f	All other expenses	849,173	811,063	38,110	
25	**Total functional expenses.** Add lines 1 through 24f	703,605,097	646,701,223	56,903,874	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		18,922	1	19,875
	2	Savings and temporary cash investments		72,007,452	2	40,270,920
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		83,901,186	4	94,224,573
	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		15,896,444	8	17,056,268
	9	Prepaid expenses and deferred charges		3,384,004	9	3,933,694
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 708,243,604			
	b	Less accumulated depreciation	10b 409,235,756	312,352,972	10c	299,007,848
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		115,549,499	12	110,758,197
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		62,535,272	15	58,886,255
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		665,645,751	16	624,157,630
Liabilities	17	Accounts payable and accrued expenses		36,598,749	17	39,921,970
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		147,107,732	23	131,299,230
	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		43,152,004	25	107,681,435
	26	**Total liabilities.** Add lines 17 through 25		226,858,485	26	278,902,635
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		438,743,491	27	345,211,220
	28	Temporarily restricted net assets		43,775	28	43,775
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		438,787,266	33	345,254,995
	34	Total liabilities and net assets/fund balances		665,645,751	34	624,157,630

Part XI Reconcilliation 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	717,794,912
2	Total expenses (must equal Part IX, column (A), line 25)	2	703,605,097
3	Revenue less expenses Subtract line 2 from line 1	3	14,189,815
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	438,787,266
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-107,722,086
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	345,254,995

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HOSPITAL

Employer identification number
62-0123940

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

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

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

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

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

h Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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 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

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**

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

OMB No 1545-0047

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	Employer identification number
BAPTIST MEMORIAL HOSPITAL	62-0123940

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? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 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		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		22,037
j	Total lines 1c through 1i			22,037
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 HOSPITAL PAYS ANNUAL DUES TO THE TENNESSEE HOSPITAL ASSOCIATION AND AMERICAN HOSPITAL ASSOCIATION A PORTION OF THE DUES IS RELATED TO LOBBYING EXPENSES THE SOLE MEMBER, BAPTIST MEMORIAL HEALTH CARE CORPORATION, PAYS MEMBERSHIP DUES TO THE AMERICAN HOSPITAL ASSOCIATION, THE ARKANSAS HOSPITAL ASSOCIATION, THE MISSISSIPPI HOSPITAL ASSOCIATION, AND THE TENNESSEE HOSPITAL ASSOCIATION A PORTION OF THOSE DUES ARE FOR CONSULTANTS WHO ADVISE AND CONSULT WITH THE ORGANIZATION ON LEGISLATIVE AND REGULATORY MATTERS THAT MAY AFFECT THE ORGANIZATION AND ITS AFFILIATES THESE CONSULTANTS MAY ADVOCATE POSITIONS WITH THE LEGISLATIVE AND REGULATORY BODIES OF GOVERNMENT AT LOCAL, STATE, AND FEDERAL LEVELS

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 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 HOSPITAL

Employer identification number
62-0123940

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VI 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		27,133,534		27,133,534
b Buildings		439,000,595	226,840,555	212,160,040
c Leasehold improvements		3,853,357	2,549,799	1,303,558
d Equipment		208,742,487	157,308,320	51,434,167
e Other		29,513,631	22,537,082	6,976,549
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				299,007,848

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) VHA	256,416	F
(B) SBC PENSION FUNDS	258,703	F
(C) INVESTMENTS-GROUP ASSET FUNDS	110,243,078	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	110,758,197	

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

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

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	47,609,101
(2) BOND ISSUE COSTS	2,211,252
(3) CONSTRUCTION IN PROCESS	1,972,765
(4) ESTIMATED SETTLEMENTS WITH THIRD PARTIES	7,093,137
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	58,886,255

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
POST RETIREMENT BENEFIT OBLIGATION	35,813,432
ESTIMATED SETTLEMENTS WITH THIRD PARTIES	8,109,213
OTHER L/T LIABILITIES	2,105,154
OTHER CURRENT LIABILITES	458,713
DUE TO AFFILIATES	61,194,923
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	107,681,435

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

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

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

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	AS OF SEPTEMBER 30, 2012 AND 2011, BAPTIST MEMORIAL HEALTH CARE CORPORATION HAD NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS UNDER FASB ASC TOPIC 740, INCOME TAXES, REQUIRING ADJUSTMENTS TO ITS COMBINED FINANCIAL STATEMENTS IN THE EVENT BAPTIST MEMORIAL HEALTH CARE CORPORATION WERE TO RECOGNIZE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IT WOULD BE RECOGNIZED IN THE COMBINED FINANCIAL STATEMENTS AS INTEREST EXPENSE GENERALLY TAX YEARS 2009 THROUGH 2012 ARE OPEN TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES THERE ARE NO INCOME TAX EXAMINATIONS CURRENTLY IN PROCESS

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HOSPITAL

Employer identification number
62-0123940

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☑ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG to determine eligibility for providing *discounted* care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
c	If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Did the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit reportduring the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)		15,006	16,325,049	0	16,325,049	2 570 %
b Medicaid (from Worksheet 3, column a)		1,628	67,926,742	45,629,820	22,296,922	3 510 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		31,203	756,938	139,418	617,520	0 100 %
d **Total** Charity Care and Means-Tested Government Programs		47,837	85,008,729	45,769,238	39,239,491	6 180 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	25	7,870	163,635	1,190	162,445	0 030 %
f Health professions education (from Worksheet 5)	6	171	16,807,432	6,348,275	10,459,157	1 650 %
g Subsidized health services (from Worksheet 6)		76,976	273,716,705	232,639,795	41,076,910	6 480 %
h Research (from Worksheet 7)		21	293,056	295,734	-2,678	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	9	8,534	256,079	0	256,079	0 040 %
j **Total** Other Benefits	40	93,572	291,236,907	239,284,994	51,951,913	8 200 %
k **Total.** Add lines 7d and 7j	40	141,409	376,245,636	285,054,232	91,191,404	14 380 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing	1	12	1,780	0	1,780	0 %
2	Economic development	1	800				
3	Community support	3	1,372	1,066	0	1,066	0 %
4	Environmental improvements						
5	Leadership development and training for community members	1	57	1,542	0	1,542	0 %
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development	1	4	1,787	0	1,787	0 %
9	Other						
10	**Total**	7	2,245	6,175		6,175	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense	2	22,915,698		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	12,707,960		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	113,107,085		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	118,636,971		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-5,529,886		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures (see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 3

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	BAPTIST MEMORIAL HOSPITAL-MEMPHIS 6019 WALNUT GROVE RD MEMPHIS,TN 38120	X	X					X		
2	BAPTIST MEMORIAL HOSPITAL FOR WOMEN 6225 HUMPHREYS BLVD MEMPHIS,TN 38120	X	X					X		
3	BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE 1500 POPLAR AVE COLLIERVILLE,TN 38017	X	X					X		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

BAPTIST MEMORIAL HOSPITAL-MEMPHIS

Name of Hospital Facility: _____

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	**1**		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		
5 Did the hospital facility make its Needs Assessment widely available to the public?	**5**		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	**7**		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**8**	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	**9**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 100.000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 300 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☐ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☑ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☑ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

BAPTIST MEMORIAL HOSPITAL FOR WOMEN

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 100.000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 300 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☐ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☑ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☑ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 3

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 100.000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 300 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☐ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☑ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☑ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? _____

	Name and address	Type of Facility (Describe)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		PART I, LINE 7 PART I, LINE 7 OUR COST ACCOUNTING PROCESS REFLECTS FULLY LOADED COST FOR ALL OF OUR PATIENT POPULATIONS FULLY LOADED COST INCLUDES DIRECT, CAPITAL, AND INDIRECT COST AFTER WORKING WITH OUR DEPARTMENT DIRECTORS AND CFOS TO MAKE SURE THE DOLLARS IN THE GENERAL LEDGER ARE IN THE CORRECT PLACE TO REFLECT OUR TIME AND EFFORTS SPENT THROUGHOUT THE YEAR, WE DEVELOP RELATIVE VALUE UNITS TO ALLOCATE THE ACTUAL GENERAL LEDGER COST DOWN TO THE PROCEDURE CHARGE CODES FROM OUR PATIENT ACCOUNTING SYSTEM ALL OVERHEAD IS ALLOCATED DOWN TO THE REVENUE PRODUCING DEPARTMENTS BASED ON VARIOUS STATISTICS ONCE EVERY CHARGE CODE HAS GONE THROUGH THE COST AND AUDIT PROCESS, WE CAN RUN THE PATIENT LEVEL REPORTS USED FOR THE FORM 990 TO GET TO THE COST INFORMATION NEEDED

Identifier	ReturnReference	Explanation
		PART I, LINE 7G SUBSIDIZED HEALTH SERVICES DID NOT INCLUDE ANY COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS

Identifier	ReturnReference	Explanation
		PART I, L7 COL(F) PART I, LINE 7, COLUMN (F) PER IRS INSTRUCTIONS, BAD DEBT EXPENSE WAS NOT INCLUDED IN THE CALCULATION OF THE PERCENTAGE OF TOTAL CHARITY CARE AND COMMUNITY BENEFITS COST ON SCHEDULE H, LINE 7, COLUMN (F) PART I, LINE 7H, COLUMN (F) DUE TO SOFTWARE LIMITATIONS, THE PERCENT OF TOTAL EXPENSES FOR LINE 7H COLUMN (F) RESEARCH IS REPORTED AS ZERO, BUT THE ACTUAL AMOUNT OF LINE 7H IS - 0004%

Identifier	ReturnReference	Explanation
		PART II BAPTIST MEMORIAL HOSPITAL CONDUCTS SEVERAL HEALTH FAIRS, SEMINARS AND CLASSES THROUGHOUT THE YEAR FOR THE COMMUNITIES IT SERVES BAPTIST ALSO IS INVOLVED IN LOCAL COMMUNITY AND NON-PROFIT ORGANIZATIONS SUCH AS THE AMERICAN CANCER SOCIETY RACE FOR THE CURE, WALK AMERICA, ST JUDE, AND MANY OTHERS NOT ONLY DO WE PROVIDE MONETARY DONATIONS, BUT OUR EMPLOYEES ARE ACTIVE VOLUNTEERS IN THESE WORTHY CAUSES

Identifier	ReturnReference	Explanation
		PART III, LINE 4 FROM THE CONSOLIDATED AUDITED FINANCIAL STATEMENT OF BAPTIST MEMORIAL HEALTH CARE CORPORATION AND SUBSIDIARIES IN JULY 2011, THE FASB ISSUED ASU NO 2011-07, HEALTH CARE ENTITIES (TOPIC 954) PRESENTATION AND DISCLOSURE OF NET PATIENT SERVICE REVENUE, PROVISION FOR BAD DEBTS, AND THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR CERTAIN HEALTH CARE ENTITIES, A CONSENSUS OF THE FASB EMERGING ISSUES TASK FORCE, WHICH PROVIDES FOR GREATER TRANSPARENCY REGARDING A HEALTH CARE ENTITY'S NET PATIENT REVENUE AND THE RELATED ALLOWANCE FOR DOUBTFUL ACCOUNTS ASU NO 2001-07 REQUIRES CERTAIN HEALTH CARE ENTITIES TO CHANGE THE PRESENTATION OF THE PROVISION FOR BAD DEBTS ASSOCIATED WITH PATIENT SERVICE REVENUE BY RECLASSIFYING THE PROVISION FROM OPERATING EXPENSES TO A DEDUCTION FROM NET PATIENT REVENUE AND REQUIRES ENHANCED DISCLOSURES ABOUT NET PATIENT REVENUE AND THE POLICIES FOR RECOGNIZING REVENUE AND ASSESSING BAD DEBTS, THE ADOPTION OF ASU NO 2011-07 IS EFFECTIVE FOR BAPTIST MEMORIAL HEALTH CARE CORPORATION FOR THE FISCAL YEAR 2013 BAPTIST MEMORIAL HEALTH CARE CORPORATION IS PRESENTLY EVALUATING THE IMPACT OF THIS STANDARD THE COSTING METHODOLGY USED IN DETERMINING THE AMOUNTS REPORTED ON LINES 2 AND 3 A BAD DEBT REPORT IS RUN TO PULL ALL PATIENTS THAT HAVE BEEN MOVED TO A BAD DEBT ACCOUNT LOCATION WE TAKE THE TOTAL ACCOUNT BALANCE OF ALL THE PATIENTS IN THE BAD DEBT LOCATION AND DIVIDE IT BY THE TOTAL CHARGES OF THE SAME PATIENT POPULATION WE MULTIPLY THE RESULTING RATIO BY THE TOTAL COST OF THE SAME PATIENT POPULATION THIS GIVES US THE COST ASSOCIATED WITH THE TOTAL AMOUNT OF THE ACCOUNT BALANCE MOVED TO THE BAD DEBT STATUS WE RUN A QUERY OUT OF OUR INTERNAL DATA WAREHOUSE SYSTEM THAT IDENTIFIES THIS PATIENT POPULATION THIS INFORMATION IS ENTERED INTO THE STANDARD NOTE SECTION OF EACH PATIENT RECORD WE QUALIFY OUR PATIENT QUERY BY THE STANDARD NOTES THAT REPRESENT WHEN A PATIENT REFUSES TO COMPLETE THE PAPERWORK, IF THE INFORMATION PROVIDED BY THE PATIENT IS INCOMPLETE, OR WHEN A SELF-PAY MINIMUM DISCOUNT NOTE IS ENTERED ON THE PATIENT RECORD WE THEN TAKE THIS PATIENT POPULATION AND RUN A REPORT THAT GIVES US THE TOTAL COST OF THE PATIENT POPULATION

Identifier	ReturnReference	Explanation
		PART III, LINE 8 THE SHORTFALL, IF ANY, IS NOT TREATED AS COMMUNITY BENEFIT WE CAN'T GET THE PAYMENT AND MEDICARE ALLOWABLE COST INFORMATION FROM THE COST REPORT IN THE FORMAT THAT WE NEED, SO WE DO THE FOLLOWING FOR LINE 5, WE TAKE THE TOTAL PAYMENTS FOR MEDICARE PATIENTS FROM SCHEDULE 6 PATIENT POPULATION AND DIVIDE THAT BY THE TOTAL HOSPITAL MEDICARE PAYMENTS WE MULTIPLY THE RESULTING RATIO BY THE REVENUE NUMBERS THAT COME FROM THE COST REPORT FOR LINE 6, WE USE THE SAME CONCEPT TO GET THE COST INFORMATION WE GET THE TOTAL COST OF MEDICARE PATIENTS FROM SCHEDULE 6 AND DIVIDE THAT NUMBER BY THE TOTAL COST OF THE TOTAL MEDICARE PATIENT POPULATION OF THE HOSPITAL WE THEN MULTIPLY THIS RATIO BY THE COST INFORMATION FROM THE COST REPORT

Identifier	ReturnReference	Explanation
		PART III, LINE 9B MEDICAL FINANCIAL SERVICES, INC , THE HOSPITAL'S COLLECTION AGENCY, WILL DETERMINE IF THE PATIENT HAS A CHARITY APPLICATION ON FILE AND IS DEEMED TO BE A CHARITY CASE IF IT IS DETERMINED THAT THE PATIENT IS A CHARITY CASE, THEN MEDICAL FINANCIAL SERVICES, INC WILL LOOK AT THE AMOUNT OF THE CHARITY DISCOUNT TO DETERMINE WHETHER TO MAKE A SETTLEMENT OFFER DEPENDING UPON THE CIRCUMSTANCES AT THE TIME, THE ENTIRE AMOUNT OWED MAY BE WRITTEN OFF OTHER PATIENTS, WHO ARE NOT CHARITY PATIENTS, GENERALLY ARE NOT OFFERED A DISCOUNT ON THE AMOUNT OWED IF THE ACCOUNT IS 0-6 MONTHS OLD MEDICAL FINANCIAL SERVICES, INC WILL TRY TO SET UP A PAYMENT PLAN IF THE PATIENT HAS INSURANCE AND THE BILL WAS FILED WITH THEIR INSURANCE COMPANY, THE PRIOR PPO ADJUSTMENT IS GIVEN THE AMOUNT OF DISCOUNT INCREASES AS THE AGE OF THE DEBT INCREASES AS THE AGE OF THE DEBT INCREASES, DETERMINING FACTORS ARE ALSO CONSIDERED SUCH AS THE ABILITY OF THE PATIENT TO PAY, THE AGE AND HEALTH OF THE PATIENT, FAMILY CIRCUMSTANCES, CREDIT SCORE, ETC RISK FACTORS ARE ALSO CONSIDERED WHEN DETERMINING WHETHER TO SETTLE AN ACCOUNT RISK FACTORS INCLUDE HARDSHIP AND CATASTROPHE, OTHER DEBTS, AND FUTURE EXPECTANCIES

Identifier	ReturnReference	Explanation
BAPTIST MEMORIAL HOSPITAL-MEMPHIS		PART V, SECTION B, LINE 19D PATIENTS RECEIVING EMERGENCY CARE OR OTHER MEDICALLY NECESSARY CARE WHO DO NOT HAVE INSURANCE ARE BILLED IN ACCORDANCE WITH THE TERMS OF THE HOSPITAL'S "CHARITY, UNINSURED AND INDIGENT POLICY " THIS POLICY OFFERS PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE, A VARIETY OF PAYMENT OPTIONS OR TERMS FOR PAYMENT THE HOSPITAL UTILIZES PAYMENT PROCEDURES FOR UNINSURED OR MEDICALLY UNDERINSURED, WHICH TAKE INTO CONSIDERATION OTHER PAYMENT ARRANGEMENTS WITH INSURANCE COMPANIES, MANAGED CARE NETWORKS, AND GOVERNMENT-SPONSORED PROGRAMS

Identifier	ReturnReference	Explanation
BAPTIST MEMORIAL HOSPITAL FOR WOMEN		PART V, SECTION B, LINE 19D PATIENTS RECEIVING EMERGENCY CARE OR OTHER MEDICALLY NECESSARY CARE WHO DO NOT HAVE INSURANCE ARE BILLED IN ACCORDANCE WITH THE TERMS OF THE HOSPITAL'S "CHARITY, UNINSURED AND INDIGENT POLICY " THIS POLICY OFFERS PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE, A VARIETY OF PAYMENT OPTIONS OR TERMS FOR PAYMENT THE HOSPITAL UTILIZES PAYMENT PROCEDURES FOR UNINSURED OR MEDICALLY UNDERINSURED, WHICH TAKE INTO CONSIDERATION OTHER PAYMENT ARRANGEMENTS WITH INSURANCE COMPANIES, MANAGED CARE NETWORKS, AND GOVERNMENT-SPONSORED PROGRAMS

Identifier	ReturnReference	Explanation
BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE		PART V, SECTION B, LINE 19D PATIENTS RECEIVING EMERGENCY OR OTHER MEDICALLY NECESSARY CARE WHO DO NOT HAVE INSURANCE ARE BILLED IN ACCORDANCE WITH THE TERMS OF THE HOSPITAL'S "CHARITY, UNINSURED AND INDIGENT POLICY " THIS POLICY OFFERS PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE, A VARIETY OF PAYMENT OPTIONS OR TERMS FOR PAYMENT THE HOSPITAL UTILIZES PAYMENT PROCEDURES FOR UNINSURED OR MEDICALLY UNDERINSURED, WHICH TAKE INTO CONSIDERATION OTHER PAYMENT ARRANGEMENTS WITH INSURANCE COMPANIES, MANGAGED CARE NETWORKS, AND GOVERNMENT-SPONSORED PROGRAMS

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER OF THE HOSPITAL, PROVIDES NEEDS ASSESSMENTS THROUGH THE HEALTH SERVICES RESEARCH DEPARTMENT IN ADDITION, LOCAL ADVISORY BOARDS PROVIDE FEEDBACK TO THE LOCAL HOSPITAL ADMINISTRATORS THE HEALTH SERVICES RESEARCH DEPARTMENT USES VARIOUS TOOLS TO ASSIST THEM IN THE ASSESSMENTS ONE OF THE TOOLS USED BY HEALTH SERVICES RESEARCH DEPARTMENT IS YACOUBIAN RESEARCH, INC COMMUNITY OPINION SURVEY THIS IS A QUARTERLY RANDOM-DIGIT DIALING TELEPHONE SURVEY THE MEMPHIS METRO MARKET HAS 500 RESPONDENTS PER QUARTER SURVEYS INCLUDE QUESTIONS ASKING RESPONDENTS TO GRADE THE QUALITY OF HEALTH CARE SERVICES IN THEIR COMMUNITY THE SERVICES ARE GRADED FROM A-F IF A SERVICE IS GIVEN A RATING OF C OR BELOW, THE RESPONDENTS ARE ASKED FOR IDEAS FOR IMPROVEMENT THESE CAN BE REVIEWED BY AREA, COUNTY, TOWN, ZIP CODE, AGE, GENDER, AND RACE THE TOP CONCERN THAT RESPONDENTS FEEL AFFECTS THE QUALITY OF HEALTH CARE IS RELATED TO INSURANCE MEDICAL STAFF SURVEYS ARE ALSO USED TO ASSESS NEEDS THESE ARE CONDUCTED BY MAIL OR INTERNET (WHICH EVER IS PREFERRED BY THE RESPONDENT) BY PRESS-GANEY, A NATIONALLY KNOWN RESEARCH COMPANY FOR BOTH PATIENT SATISFACTION AND PHYSICIAN SATISFACTION IN THIS SURVEY, CONDUCTED EVERY OTHER YEAR, RESPONDENTS ARE QUESTIONED ABOUT THE NEED FOR NEW SERVICES OR PHYSICIAN SPECIALTIES IN THE HOSPITAL OR COMMUNITY THIS IS USED AS A STARTING POINT FOR DETERMINING POTENTIAL PRIORITIES FOR PHYSICIAN RECRUITING COMMUNITY NEEDS ASSESSMENTS FOR ADDITIONAL PHYSICIANS IN THE COMMUNITY ARE ALSO CONDUCTED PRODUCTIVITY-BASED AND POPULATION-BASED DEMAND ESTIMATES ARE OBTAINED FROM TRUVEN HEALTH ANALYTICS MARKET EXPERT SOFTWARE DEMAND ESTIMATES TAKE INTO ACCOUNT THE POPULATION SIZE OF THE SERVICE AREA AS WELL AS THE AGE AND GENDER OF THE POPULATION WHEN POSSIBLE THESE TWO DEMAND MODELS ARE AUGMENTED BY ONE OR MORE NATIONALLY-RECOGNIZED PHYSICIAN DEMAND MODELS, AND THE MODEL WITH THE MIDDLE DEMAND VALUE IS CHOSEN AS THE FINAL PHYSICIAN DEMAND ESTIMATE THIS IS THEN COMPARED TO THE SUPPLY OF PHYSICIANS AS DETERMINED THROUGH SEVERAL DIFFERENT SOURCES, INCLUDING OUR OWN CALLING OF OFFICES TO DETERMINE THE FULL TIME EQUIVALENT OF PHYSICIANS AVAILABLE IN THE SPECIALTY OF INTEREST THE DEMAND MINUS THE SUPPLY GIVES THE "NET NEED" CURRENTLY AND IN FIVE YEARS THE REQUESTS FOR THESE PHYSICIAN NEED ANALYSES ARE MADE BY THE HOSPITAL'S CHIEF EXECUTIVE OFFICERS, BASED ON THE PRIORITIES GIVEN BY THE MEDICAL STAFF AND ACCORDING TO KNOWLEDGE OF CERTAIN PHYSICIANS THAT ARE LIKELY TO BE LEAVING THE AREA IN THE NEXT YEAR OR TWO GENERALLY THE DEMAND AND SUPPLY ESTIMATES ARE FOR A GEOGRAPHIC AREA DEFINED BY THE HALF-WAY MARK BETWEEN OUR FACILITY AND THE COMMUNITY HAVING A SIMILAR SIZED MEDICAL FACILITY OR A COMPETITOR IN THE SAME SPECIALTY IN LARGER MARKET AREAS, THE PHYSICIAN NEEDS ARE GENERALLY CONCENTRATED AROUND HIGHLY SPECIALIZED PHYSICIANS WHO MAY BE LEAVING OR RETIRING TRUVEN HEALTH ANALYTICS MARKET EXPERT SOFTWARE ALSO HAS MODULES THAT ARE USED TO DETERMINE THE NEED FOR NEW FACILITIES, SUCH AS HOSPITALS, URGENT CARE CENTERS, EXPANDED EMERGENCY ROOMS, ETC THIS IS REVIEWED IF THERE IS AN INCREASE IN POPULATION THAT SUGGESTS THE NEED FOR NEW SERVICES IN THE COMMUNITIES WE SERVE INTERNAL HOSPITAL UTILIZATION DATA ARE ALSO REVIEWED TO ASSESS THE NEED FOR EXPANSION OR MODIFICATION OF FACILITIES AND SERVICES PATIENT SATISFACTION SURVEYS ARE ANOTHER TOOL USED TO ASSESS NEED PRESS GANEY MAILS SURVEYS EVERY TWO WEEKS TO A RANDOM SAMPLE OF DISCHARGED PATIENTS PRESS GANEY HAS DETERMINED THE NUMBER OF COMPLETED SURVEYS NEEDED FOR EACH CARE SETTING IN ORDER TO MEET THEIR GOALS FOR STATISTICAL CONFIDENCE WE STRIVE TO MAIL ENOUGH SURVEYS EACH QUARTER TO MEET THOSE PREFERRED NUMBERS FOR EACH HOSPITAL THESE CARE SETTINGS INCLUDE INPATIENT, OUTPATIENT, EMERGENCY ROOMS, OUTPATIENT SURGERY, OUTPATIENT DIAGNOSTICS, HOME HEALTH CARE, URGENT CARE CENTERS, ETC BASED ON THESE SURVEYS, THE NEED FOR SPECIFIC CHANGES IN PROCESSES OR TYPES OF PERSONNEL ARE ASSESSED TO MEET THE NEEDS OF THE COMMUNITIES WE SERVE NATIONAL RESEARCH CORPORATION IS A RESEARCH COMPANY THAT USES THEIR TICKER INTERNET TOOL TO SURVEY RESIDENTS OF THE COMMUNITIES THAT WE SERVE THESE PEOPLE ARE A PART OF A PANEL SELECTED TO REPRESENT THE CHARACTERISTICS OF THE COMMUNITY THIS SURVEY PROVIDES AN ON-LINE TOOL FOR DETERMINING SELF-REPORTED PERCENTAGES WITH CHRONIC CONDITIONS AND USE OF PREVENTIVE SERVICES IN AREAS OF SIMILAR SIZE AND CHARACTERISTICS AROUND THE COUNTRY

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 PATIENTS ARE INFORMED OF THEIR ELIGIBILTY FOR ASSISTANCE IN PERSON UPON ENTERING THE HOSPITAL FACILITY EACH PATIENT IS ASSIGNED AN ADMISSION'S PERSON WHO PROVIDES WRITTEN INFORMATION AS WELL AS VERBAL INFORMATION

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 BAPTIST MEMORIAL HOSPITAL, WHICH INCLUDES BAPTIST MEMORIAL HOSPITAL-MEMPHIS, BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE, AND BAPTIST MEMORIAL HOSPITAL FOR WOMEN, SERVICES THE MEMPHIS METRO AREA SOME PATIENTS COME FROM ARKANSAS, MISSISSIPPI, MISSOURI, AND COUNTIES SURROUNDING THE MEMPHIS AREA THE AFRICAN-AMERICAN COMMUNITY COMPRISES ABOUT 46 4% OF OUR PRIMARY SERVICE AREA HISPANICS MAKE UP ABOUT 5 8%, AND CAUCASIONS ARE ABOUT 44 0% DEMOGRAPHIC "SNAPSHOTS" ARE PROVIDED BY THE INDEPENDENT OUTSIDE FIRM OF CLARITAS, INC OUR OWN HEALTH SERVICES RESEARCH DEPARTMENT CALCULATES THE DISTRIBUTION OF INPATIENT DISCHARGES (EXCLUDING NEWBORNS) BY COUNTY THIS IS SORTED IN DESCENDING NUMBER PER COUNTY AND DETERMINES THOSE COUNTIES WITH UP TO 75-77% OF THE DISCHARGES AND THESE CONTIGUOUS COUNTIES COMPRISE THE "PRIMARY MARKET" AREA COUNTIES COMPRISING 78-95% OF THE DISCHARGES ARE DESIGNATED THE SECONDARY MARKET, WHILE THE REMAINING 5% IS THE TERTIARY MARKET THE MEMPHIS PRIMARY MARKET SERVICE AREA HAS 1,163,426 PERSONS WITH THE COMBINED PRIMARY AND SECONDARY AREAS HAVING 2,098,334 PERSONS OTHER ITEMS SUCH AS AGE, HOUSEHOLD INCOME, AND RACE/ETHNICITY PERCENTAGES, AS COMPARED TO THE NATION AS A WHOLE, ARE ALSO USED IN THE MIX

Identifier	ReturnReference	Explanation
		PART VI, LINE 5 THE HOSPITALS HAVE OPEN MEDICAL STAFFS, COMMUNITY BOARD INVOLVMENT, SUPPORT SERVICES, FREE AND/OR REDUCED MAMMOGRAMS, HEALTH FAIRS, DONATION OF SUPPLIES AND MONEY, AND MANY OTHER THINGS

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 BAPTIST MEMORIAL HOSPITAL IS AN AFFILIATE OF BAPTIST MEMORIAL HEALTH CARE CORPORATION BAPTIST MEMORIAL HEALTH CARE CORPORATION IS THE SOLE MEMBER OF A NUMBER OF HOSPITALS, MINOR MEDICAL CENTERS, HOME CARE AND HOSPICE SERVICES, AND PHYSICIAN SERVICES IN WEST TENNESSEE, NORTH MISSISSIPPI, AND EAST ARKANSAS

Identifier	ReturnReference	Explanation
REPORTS FILED WITH STATES	PART VI, LINE 7	TN,MS,AR

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HOSPITAL

Employer identification number
62-0123940

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
(1) MEDICAL EDUCATION & RESEARCH INSTITUTE 44 SOUTH CLEVELAND MEMPHIS,TN 38104	62-1587133	501(C)(3)		45,638	BOOK VALUE	MED SUPPLIES	MEDICAL MISSION TRIPS
(2) THE BREAST CANCER ERADICATION INITIATIVEPO BOX 382886 GERMANTOWN,TN 38183	62-1609633	501(C)(3)	25,000				ERADICATION INITIATIVE SPONSOR
(3) AMERICAN CANCER SOCIETY1378 UNION AVE MEMPHIS,TN 38103	23-7040934	501(C)(3)	10,000				DONATION
(4) BAPTIST COLLEGE OF HEALTH SCIENCES INC 1003 MONROE AVE MEMPHIS,TN 38104	62-1599670	501(C)(3)	270,370				GENERAL DONATION/SCHOLARSHIPS
(5) BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC350 N HUMPHREYS BLVD MEMPHIS,TN 381202177	58-1544781	501(C)(3)	7,780				SPONSOR
(6) MARCH OF DIMES 5384 POPLAR AVE 107 MEMPHIS,TN 38119	13-1846336	501(C)(3)	6,067				DONATION
(7) ZETA TAU ALPHA5368 WILTON AVE MEMPHIS,TN 381202177	31-0987111	501(C)(3)	5,000				DONATION
(8) FOUNDATION OF THE NATIONAL STUDENT NURSES ASSN45 MAIN ST 606 BROOKLYN,NY 11201	13-3123125	501(C)(3)	13,500				DONATION
(9)							DONATIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 8

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

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

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

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

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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 62-0123940
Name: BAPTIST MEMORIAL HOSPITAL

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 SOUTH CLEVELAND MEMPHIS,TN 38104	62-1587133	501(C)(3)		45,638	BOOK VALUE	MED SUPPLIES	MEDICAL MISSION TRIPS
THE BREAST CANCER ERADICATION INITIATIVEPO BOX 382886 GERMANTOWN,TN 38183	62-1609633	501(C)(3)	25,000				ERADICATION INITIATIVE SPONSOR

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN CANCER SOCIETY1378 UNION AVE MEMPHIS,TN 38103	23-7040934	501(C)(3)	10,000				DONATION
BAPTIST COLLEGE OF HEALTH SCIENCES INC 1003 MONROE AVE MEMPHIS,TN 38104	62-1599670	501(C)(3)	270,370				GENERAL DONATION/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 HEALTH CARE FOUNDATION INC350 N HUMPHREYS BLVD MEMPHIS,TN 381202177	58-1544781	501(C)(3)	7,780				SPONSOR
MARCH OF DIMES 5384 POPLAR AVE 107 MEMPHIS,TN 38119	13-1846336	501(C)(3)	6,067				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
ZETA TAU ALPHA 5368 WILTON AVE MEMPHIS,TN 381202177	31-0987111	501(C)(3)	5,000				DONATION
FOUNDATION OF THE NATIONAL STUDENT NURSES ASSN45 MAIN ST 606 BROOKLYN,NY 11201	13-3123125	501(C)(3)	13,500				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
							DONATIONS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HOSPITAL

Employer identification number
62-0123940

Part I Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) 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) ROBERT S GORDON	(i)	0	0	0	0	0	0	0
	(ii)	620,003	429,615	27,955	54,500	18,734	1,150,807	0
(4) CYNDI PITTMAN	(i)	171,779	19,467	3,831	27,698	20,674	243,449	0
	(ii)	0	0	0	0	0	0	0
(5) GLENN BAKER	(i)	0	0	0	0	0	0	0
	(ii)	161,651	41,853	134,836	36,519	13,890	388,749	0
(6) JASON M LITTLE	(i)	0	0	0	0	0	0	0
	(ii)	479,737	225,623	32,628	24,500	21,578	784,066	0
(7) ANITA VAUGHN	(i)	0	0	0	0	0	0	0
	(ii)	212,509	50,130	115,174	45,784	20,368	443,965	0
(8) DERICK B ZIEGLER	(i)	0	0	0	0	0	0	0
	(ii)	291,507	73,153	15,431	24,029	20,207	424,327	0
(9) CHRISTIAN C PATRICK	(i)	342,078	59,250	0	18,939	26,263	446,530	0
	(ii)	0	0	0	0	0	0	0
(10) DANA DYE	(i)	224,234	40,732	0	28,237	5,589	298,792	0
	(ii)	0	0	0	0	0	0	0
(11) JOHN S STANTON	(i)	199,487	0	0	20,895	12,938	233,320	0
	(ii)	0	0	0	0	0	0	0
(12) JOHN E STANFORD	(i)	171,490	19,121	1,092	33,385	15,887	240,975	0
	(ii)	0	0	0	0	0	0	0
(13) DARLA G BELT	(i)	139,660	14,888	0	3,565	8,159	166,272	0
	(ii)	0	0	0	0	0	0	0
(14) DARYL W MILLER	(i)	149,834	0	0	2,971	9,955	162,760	0
	(ii)	0	0	0	0	0	0	0
(15) TOMMY R MYERS	(i)	146,706	0	2,400	15,144	15,645	179,895	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
	PART I, LINE 1B	THE PRESIDENT, VICE PRESIDENTS, AND ADMINISTRATORS RECEIVE A PERQUISITE ALLOWANCE THE ALLOWANCE IS INCLUDED IN THEIR SALARIES AND IS TAXABLE TO THEM AS ADDITIONAL INCOME THE ORGANIZATION ALSO HAS AN ACCOUNTABLE PLAN, BUT A DISCRETIONARY SPENDING ACCOUNT IS NOT PART OF AN ACCOUNTABLE PLAN IF ANY OF THE OTHER ITEMS LISTED ON SCHEDULE J, PART I, LINE 1A WERE APPLICABLE, THE RECIPIENTS WOULD BE REQUIRED TO FOLLOW THE ORGANIZATION'S WRITTEN POLICY REGARDING PAYMENT OR REIMBURSEMENT
SUPPLEMENTAL INFORMATION	PART III	PART I, LINE 3 BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER, HAS A GOVERNANCE COMMITTEE MADE UP OF THE BOARD OF DIRECTORS, WHO ALONG WITH THE HUMAN RESOURCE DEPARTMENT, UTILIZES INDEPENDENT COMPENSATION CONSULTANTS, COMPENSATION STUDIES, AND APPROVAL BY THE COMPENSATION COMMITTEE TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR AND OTHER KEY PERSONNEL

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HOSPITAL

Employer identification number
62-0123940

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	THE HEALTH EDUCATIONAL & HOUSING FACILITY BOARD OF SHELBY COUNTY TN	52-1283414	821697B40	11-05-2009	175,081,809	EXPANSION AND UPGRADES TO HOSPITALS-BONDS CONVERTED TO FIXED RATE		X	X			X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds defeased				
3	Total proceeds of issue	124,465,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	1,657,093			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2004			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2	Is the bond issue a variable rate issue?		X						
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X						
6	Did the bond issue qualify for an exception to rebate?		X						

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE K, PART II LINE 3	TOTAL PROCEEDS OF ISSUE	THE DIFFERENCE BETWEEN THE ISSUE PRICE OF THE BONDS IN PART I COLUMN (E) IS DUE TO PRINCIPAL PAYMENTS, THUS REDUCING THE AMOUNT OF PROCEEDS AT YEAR END

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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	Employer identification number
BAPTIST MEMORIAL HOSPITAL	62-0123940

Identifier	Return Reference	Explanation
		BAPTIST MEMORIAL HOSPITAL DOES NOT LIMIT ITS CONCERN FOR THE COMMUNITY TO PATIENT CARE. IT HAS FOUR OTHER AREAS THAT MAKE CONTRIBUTIONS TO IMPROVING THE CONDITION OF INDIVIDUALS IN THE MID-SOUTH. THESE AREAS ARE EDUCATION OF HEALTH CARE PROFESSIONALS, COMMUNITY RELATION S ACTIVITIES, DONATIONS TO THE COMMUNITY, AND VOLUNTEERISM. EDUCATION OF HEALTH CARE PROFE SSIONALS. BAPTIST MEMORIAL HOSPITAL HAS A COMMITMENT TO INSURING THAT AN EDUCATED AND TRAIN ED WORK FORCE OF HEALTH CARE PROFESSIONALS IS AVAILABLE TO THE MEMPHIS COMMUNITY. SIGNIFIC ANT EXPENSES WERE INCURRED IN CONNECTION WITH PROGRAM COSTS FOR EDUCATION. BAPTIST MEMORIA L HOSPITAL ALSO SUPPORTS AN INTERN AND RESIDENCY PROGRAM THROUGH THE UNIVERSITY OF TENNESS EE-MEMPHIS. COMMUNITY RELATIONS ACTIVITIES. BAPTIST MEMORIAL HOSPITAL PROVIDED THE FOLLOWIN G SPECIAL ACTIVITIES THROUGH VARIOUS SERVICES AND DEPARTMENTS IN THE HOSPITAL. PARTNERSHIP WITH TWO INNER-CITY SCHOOLS THROUGH THE ADOPT-A-SCHOOL PROGRAM THAT INCLUDED THE FOLLOWIN G --AN INCENTIVE PROGRAM FOR ACADEMIC ATTENDANCE --SPECIAL TEACHER CELEBRATIONS --CAREER DAY SPEAKERS OTHER COMMUNITY RELATIONS' ACTIVITIES INCLUDED --EMPLOYEE ACTIVITIES TO RAIS E MONEY FOR AMERICAN HEART ASSOCIATION, ALS, PORTER LEATH CHILDREN'S SERVICES, MEMPHIS & S HELBY COUNTY FOOD BANK, MEMPHIS UNION MISSION, CROSSLINK INTERNATIONAL-MEMPHIS, AND SUSAN G. KOMEN RACE FOR THE CURE, --FREE PROSTATE SCREENINGS --FALL FEST PICNIC FOR CURRENT AND FORMER HEART TRANSPLANT PATIENTS AND THEIR FAMILIES DONATIONS TO THE COMMUNITY --MEETING R OOMS WERE DONATED TO VARIOUS COMMUNITY GROUPS FOR NO CHARGE FOR KNEE/HIP REPLACEMENT CLASS ES, AMERICAN CANCER SOCIETY'S LOOK GOOD, FEEL BETTER SEMINARS, AND A STROKE SUPPORT GROUP --PARTICIPATED IN THE 2012 REFRESH & RETREAT STROKE CAMP FOR STROKE SURVIVORS AND CAREGIVE RS CLASSES & SEMINARS. BAPTIST MEMORIAL HOSPITAL OFFERED VARIOUS CLASSES AND SEMINARS AT NO COST TO PARTICIPANTS FOR SURGICAL OPTIONS FOR WEIGHT LOSS. DONATION OF ITEMS. BAPTIST MEMO RIAL HOSPITAL DONATES EQUIPMENT THAT IS RETIRED FROM SERVICE. VOLUNTEERISM. BAPTIST MEMORIA L HOSPITAL ENCOURAGES VOLUNTEERISM IN ITS EMPLOYEES. BAPTIST MEMORIAL HOSPITAL FOR WOMEN D URING THE YEAR ENDING SEPTEMBER 30, 2012, BAPTIST MEMORIAL HOSPITAL FOR WOMEN'S PROGRAM SE RVICES PRODUCED THE FOLLOWING RESULTS --THE MOTHER-BABY OBSTETRICS/LABOR AND DELIVERY DEP ARTMENT HAD 11,204 PATIENT VISITS AT A DIRECT COST OF $12,423,844 --THE NEONATAL-ICU DEPA RTMENT HAD 10,670 PATIENT VISITS AT A DIRECT COST OF $6,436,032 --THE WOMEN'S HEALTH CENT ER SAW 45,749 PROCEDURES AT A DIRECT COST OF $3,624,332. CHARITY CARE IS PROVIDED THROUGH INPATIENT, OUTPATIENT AND COMMUNITY-BASED PROGRAMS. INPATIENT SERVICES ARE PROVIDED TO PAT IENTS WHO ARE MEDICALLY INDIGENT RESIDENTS OF THE STATES OF ARKANSAS, MISSISSIPPI AND TENN ESSEE AND OTHER STATES. THE HOSPITAL ALSO MAINTAINS AN ASSESSMENT CLINIC TO SERVE THIS POP ULATION ON AN OUTPATIENT BASIS. STAFF PHYSICIANS AT THE WOMEN'S HOSPITAL, AS WELL AS PHYSI CIANS IN THE MEDICAL RESIDENCY PROGRAMS, GIVE COUNTLESS HOURS OF THEIR TIME TREATING PATIE NTS WHO CANNOT PAY. BAPTIST MEMORIAL HOSPITAL FOR WOMEN IS ONLY ONE OF FIFTEEN FREE-STANDI NG WOMEN'S HOSPITALS IN AMERICA. IT WAS DESIGNED ENTIRELY TO MEET THE NEEDS OF WOMEN THROU GH EVERY STAGE OF LIFE-FROM CHILDBIRTH TO MENOPAUSE. RESEARCH SHOWS THAT WOMEN MAKE 80 PER CENT OF THE DECISIONS ON HEALTH CARE AND BAPTIST WANTED TO MEET THEIR NEEDS. THE HOSPITAL INCORPORATES THE BAPTIST WOMEN'S HEALTH CENTER. THE WOMEN'S HEALTH CENTER WAS ORIGINALLY L OCATED WITHIN THE BAPTIST MEMORIAL HOSPITAL-EAST BUILDING. THE CENTER RELOCATED TO 50 HUMP HREYS, SUITE 23 AS OF AUGUST 10, 2009. THE WOMEN'S HEALTH CENTER, IS A FULL-SERVICE MAMMOG RAPHY AND OSTEOPOROSIS TESTING CENTER FOR WOMEN. LAST YEAR THE WOMEN'S HEALTH CENTER PERFO RMED 45,749 PROCEDURES, 31,925 OF WHICH WERE MAMMOGRAMS. THE CENTER WAS AMONG THE FIRST SE VEN IN THE NATION TO HAVE A FULL-FIELD DIGITAL MAMMOGRAPHY MACHINE, WHICH PROVIDES A THREE -DIMENSIONAL IMAGE OF THE BREAST. PREVIOUSLY WE HAD THE ONLY MOBILE MAMMOGRAPHY PROGRAM IN SHELBY COUNTY, BUT IN JUNE 2008 WE ADDED THE FIRST DIGITAL MOBILE MAMMOGRAPHY IN THE REGI ON. THE BAPTIST WOMEN'S HEALTH CENTER HAS RADIOLOGISTS WHO SERVE THE WOMEN IN ARKANSAS, MI SSISSIPPI, MISSOURI AND TENNESSEE AT EACH OF THE BAPTIST MEMORIAL HOSPITAL METRO LOCATIONS. THE CENTER ALSO OPERATES THE ONLY DIGITAL MOBILE MAMMOGRAPHY UNIT IN THE AREA. LAST YEAR , MORE THAN 2,220 MAMMOGRAMS WERE PERFORMED. A SEPARATE LOCATION FOR THE BAPTIST WOMEN'S H EALTH CENTER OPERATES WITHIN MACY'S DEPARTMENT STORE IN THE OAK COURT MALL IN MEMPHIS. THE CENTER IS OPEN TUESDAY THROUGH THURSDAY FROM 10 AM TO 4 P M , AND SATURDAYS FROM 10 AM TO 2 P M. NO APPOINTMENT IS NECESSARY. IF THERE IS A WAIT, THE PATIENT IS GIVING A NEW TIME LATER IN THE DAY LEAVING THEM TIME TO SHOP UNTIL THEIR EXAM. THE ALL-FEMALE STAFF ALSO PRO VIDES BREAST CARE AND SELF-EXAMINATION INSTRUCTION, AS WELL AS OTHER EDUCATIONAL PROGRAMS. THE WOMEN'S HEALTH BOUTIQUE LOCATED AT 50 HUMPHRE

Identifier	Return Reference	Explanation
		YS OFFERS ONE-ON-ONE PRIVATE SERVICE WITH CERTIFIED PROSTHESES AND POST-SURGICAL FITTERS O F WIGS AND OTHER ITEMS A CERTIFIED LACTATION CONSULTANT WILL HELP NURSING MOTHERS WITH BR EASTFEEDING ISSUES THE WOMEN'S HOSPITAL ALSO HAS A MEDIAL LIBRARY THAT IS OPEN TO THE PUB LIC IT SERVES AS A RESOURCE CENTER FOR PATIENTS, THEIR FAMILIES AND HEALTH CARE PROFESSIO NALS THE LIBRARY HAS BOOKS, CD-ROM PRODUCTS, VIDEO-TAPES, BROCHURES AND TEACHING MODELS, AS WELL AS INTERNET ACCESS THE COMPREHENSIVE BREAST CENTER OFFERS A MULTI-DISCIPLINARY AP PROACH TO DIAGNOSING AND TREATING BREAST CANCER IT ENCOMPASSES THE WOMEN'S HEALTH CENTER, THE MULTI-DISCIPLINARY BREAST CONFERENCE, AND THE NEW BREAST RISK MANAGEMENT CENTER NURS E NAVIGATORS ARE AVAILABLE IN THE WOMEN'S HEALTH CENTER TO HELP GUIDE A PATIENT THROUGH HE R JOURNEY OF BREAST CANCER TREATMENT PATIENTS CAN ALSO RECEIVE SECOND AND THIRD OPINIONS ABOUT TREATMENT OPTIONS FROM LOCAL BREAST CANCER EXPERTS AT THE BREAST CONFERENCES AND FI NALLY WITH THE NEW BREAST RISK MANAGEMENT CENTER, PATIENTS CAN TAKE A PRO-ACTIVE APPROACH TO THEIR HEALTH AS PART OF THE BREAST RISK MANAGEMENT CENTER, RISK ASSESSMENT, GENETIC CO UNSELING AND GENETIC TESTING ARE AVAILABLE THE CENTER IS ONE OF ONLY A FEW HOSPITAL-BASED CENTERS TO IDENTIFY HIGH-RISK WOMEN BEFORE A CANCER DIAGNOSIS WOMEN WHO ARE CONCERNED AB OUT THEIR RISK OF DEVELOPING BREAST CANCER CAN MEET WITH AN ONCOLOGY CERTIFIED NURSE AND C ERTIFIED GENETIC COUNSELORS THAT WILL MAKE RECOMMENDATIONS ON THE BEST METHODS FOR PREVENT ING AND DETECTING CANCER BASED UPON THE INDIVIDUAL'S RISK ASSESSMENT THE WOMEN'S HOSPITAL PROVIDED SEMINARS ON WOMEN'S ISSUES TO OB-GYN PHYSICIANS, FAMILY PRACTICE PHYSICIANS, NEO NATOLOGISTS, NURSE PRACTITIONERS, RISK MANAGEMENT PERSONNEL AND ALLIED HEALTH PROFESSIONAL S WHO HAVE AN ACTIVE ROLE IN WOMEN'S HEALTH CARE THE SEMINARS FOCUSED ON WOMEN'S HEALTH C ARE ISSUES IN THE NEW MILLENNIUM TOPICS INCLUDED INITIATIVES IN WOMEN'S HEALTH, PERIMENOP AUSE AND MENOPAUSE, PHYSICIAN BURNOUT, COMPLEMENTARY MEDICINE IN OBSTETRICS AND GYNECOLOGY , AND OTHERS THE ACCREDITED PROGRAM-WHICH FEATURED NATIONALLY KNOW EXPERTS-WAS FREE TO BA PTIST PHYSICIANS, RESIDENTS, NURSE PRACTITIONERS AND ALLIED HEALTH AND RISK MANAGEMENT PER SONNEL A 180-SEAT COMMUNITY EDUCATION CLASSROOM IS USED FOR PRENATAL CLASSES, SUPPORT GRO UPS AND SEMINARS THE FACILITY HAS THE MOST ADVANCED INFANT SECURITY SYSTEM AVAILABLE THE BAPTIST MEMORIAL HOSPITAL FOR WOMEN ALSO OFFERS CLASSES AND SEMINARS FREE TO THE PUBLIC SOME OF THESE PROGRAMS WERE --PASSIONATELY PINK-BREAST CANCER FACTS --SLEEP AND WOMEN --U RINARY TRACT INFECTIONS --HEARTWORKS --DOCTOR KNOWS BEST --IS IT PARKINSON'S OR AN IMPOSTE R --SKIN CANCER SCREENING --LET'S TALK TEAL --PROSTATE CANCER --EVERY THING YOU'VE EVER WAN TED TO KNOW ABOUT BREAST HEALTH --URINARY INCONTINENCE IN WOMEN

Identifier	Return Reference	Explanation
		BAPTIST MEMORIAL HOSPITAL (COLLIERVILLE) COMMUNITY RELATIONS ACTIVITIES BAPTIST MEMORIAL HOSPITAL PROVIDED THE FOLLOWING SPECIAL ACTIVITIES THROUGH VARIOUS SERVICES AND DEPARTMENTS IN THE HOSPITAL AN AWARD-WINNING ADOPT-A-SCHOOL PROGRAM THAT INCLUDED THE FOLLOWING --AN INCENTIVE PROGRAM FOR ACADEMIC ATTENDENCE --SPECIAL TEACHER CELEBRATIONS --CAREER DAY SPEAKERS OTHER COMMUNITY RELATIONS ACTIVITIES INCLUDED --EMPLOYEE ACTIVITIES TO RAISE MONEY FOR AMERICAN HEART ASSOCIATION, ALS, AMERICAN CANCER SOCIETY, AND SUSAN G KOMEN RACE FOR THE CURE --FREE PROSTATE SCREENINGS --GIRLS DAY OUT (EDUCATIONAL MATERIALS, VARIOUS SCREENINGS INCLUDING BLOOD PRESSURE, CHOLESTEROL, BMI, OSTEOPOROSIS AND PULMONARY LUNG FUNCTION) --FREE FLU SHOT CLINIC FOR THE COMMUNITY --YMCA SENIOR HEALTH FAIR --PTA SCHOOL HEALTH FAIR (BLOOD PRESSURE, OSTEOPOROSIS SCREENINGS AND CHOLESTEROL SCREENINGS --PARTICIPATION IN RELAY FOR LIFE --FALL FEST PICNIC FOR CURRENT AND FORMER HEART TRANSPLANT PATIENTS AND THEIR FAMILIES DONATIONS TO THE COMMUNITY MEETING ROOMS WERE DONATED TO VARIOUS COMMUNITY GROUPS FOR NO CHARGE FOR KNEE/HIP REPLACEMENT CLASSES AND THE AMERICAN CANCER SOCIETY'S LOOK GOOD-FEEL GOOD, FEEL BETTER SEMINARS, GIDEONS, CIVITAN AND ROTARY BAORD MEETINGS CLASSES & SEMINARS BAPTIST MEMORIAL HOSPITAL OFFERED VARIOUS CLASSES AND SEMINARS AT NO COST TO PARTICIPANTS FOR SURGICAL OPTIONS FOR WEIGHT LOSS AND JOINT REPLACEMENT CLASSES DONATION OF ITEMS BAPTIST MEMORIAL HOSPITAL DONATES EQUIPMENT THAT IS RETIRED FROM SERVICE

Identifier	Return Reference	Explanation
	PART IV, LINE 20B AUDITED FINANCIAL STATEMENTS	ATTACHED ARE THE BAPTIST MEMORIAL HEALTH CARE CORPORATION AND AFFILIATES COMBINED FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND SEPTEMBER 30, 2011, AND INDEPENDENT AUDITORS' REPORT ALTHOUGH NOT SEPARATELY SHOWN, THE COMBINED FINANCIAL STATEMENTS INCLUDE THE FINANCIAL STATEMENTS OF THE ORGANIZATION

Identifier	Return Reference	Explanation
	PART V STATEMENTS REGARDING OTHER IRS FILINGS & TAX COMPLIANCE	LINE 1A ALL FORMS 1099 ARE PREPARED BY THE ACCOUNTS PAYABLE DEPARTMENT OF THE SOLE MEMBER, BAPTIST MEMORIAL HEALTH CARE CORPORATION ALL FORMS 1099 ARE ISSUED USING THE FEDERAL TAX IDENTIFICATION NUMBER OF BAPTIST MEMORIAL HEALTH CARE CORPORATION THE 1099S ARE NOT PROCESSED BY ENTITY, BUT BY VENDOR GROUP MANY VENDORS PERFORM SERVICES FOR MULTIPLE BAPTIST ENTITIES, SO ONLY ONE 1099 IS ISSUED PER VENDOR WITH THE TOTAL AMOUNT PAID FOR SERVICES THIS NUMBER IS REPORTED ON BAPTIST MEMORIAL HEALTH CARE CORPORATION'S FORM 990, PART V, LINE 1A LINE 2A THE PAYROLL FUNCTION IS CENTRALIZED AT THE PAYROLL DEPARTMENT OF THE SOLE MEMBER, BAPTIST MEMORIAL HEALTH CARE CORPORATION THE CORPORATE PAYROLL DEPARTMENT IS RESPONSIBLE FOR ALL SALARIES AND WAGES OF THE EMPLOYEES FOR THE ENTIRE BAPTIST SYSTEM THE W-3S AND W-2S ARE SUBMITTED ELECTRONICALLY TO THE IRS USING BAPTIST MEMORIAL HEALTH CARE CORPORATION'S FEDERAL TAX IDENTIFICATION NUMBER, ACCORDING TO THE GUIDELINES ASSOCIATED WITH COMMON PAYMASTER HOWEVER, THE EMPLOYEE INFORMATION IS ALLOCATED TO ITS RESPECTIVE FACILITY FOR FINANCIAL REPORTING PURPOSES AND THEY ARE REPORTED TO THE STATE BY EACH FACILITY THUS, THE AMOUNT REPORTED ON PART V, LINE 2A REFLECTS THE NUMBER OF EMPLOYEES AT THIS FACILITY WHO RECEIVED A W-2 THE TOTAL NUMBER OF W-2S FOR ALL BAPTIST ENTITIES IS REPORTED ON THE BAPTIST MEMORIAL HEALTH CARE CORPORATION W-3 LINE 7G THE ORGANIZATION DID NOT RECEIVE ANY CONTRIBUTIONS OF QUALIFIED INTELLECTUAL PROPERTY REQUIRING IT TO FILE A FORM 8899 LINE 7H THE ORGANIZATION DID NOT RECEIVE ANY CONTRIBUTIONS OF CARS, BOATS, AIRPLANES, OR OTHER VEHICLES REQUIRING IT TO FILE A FORM 1098-C

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 3	BAPTIST MEMORIAL HEALTH CARE CORPORATION AS SOLE MEMBER OF BAPTIST MEMORIAL HOSPITAL PROVIDES CERTAIN LEGAL, FINANCE, QUALITY, AND PERSONNEL SERVICES PURSUANT TO A SHARED SERVICE AGREEMENT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	BAPTIST MEMORIAL HOSPITAL 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 SOLE MEMBER OF BAPTIST MEMORIAL HOSPITAL 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 HOSPITAL 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 PRESIDENT/CEO, SR V P/CFO, THE V P OF CORPORATE FINANCE, AND THE HOSPITAL CFO IN ADDITION, THE FORM 990 AND 990T ARE REVIEWED ON AN ANNUAL BASIS 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 AFTER SUBMITTING TO THE IRS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	BAPTIST MEMORIAL HOSPITAL 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 A COMPENSATION CONSULTING FIRM PERFORM ANNUAL REVIEWS EACH DECEMBER AND APPROVE COMPENSATION OF THE CORPORATE 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, VICE PRESIDENT, SECRETARY, AND ALL CEO/ADMINISTRATORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	BAPTIST MEMORIAL HOSPITAL MAKES COPIES OF ITS FORMS 1023, 990, AND 990T 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 HOSPITAL MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC	FORM 990, PART VII	KYLE E ARMSTRONG - 1500 W POPLAR AVE., COLLIERVILLE, TN 38017 CYNDI PITTMAN - 6019 WALNUT GROVE RD , MEMPHIS, TN 38120 TERRI S SEAGO - 1500 W POPLAR AVE., COLLIERVILLE, TN 38017 ANITA VAUGHN - 6225 HUMPHREYS BLVD , MEMPHIS, TN 38120 MARGARET H WILLIAMS - 6225 HUMPHREYS BLVD , MEMPHIS, TN 38120 DERICK B ZIEGLER - 6019 WALNUT GROVE RD , MEMPHIS, TN 38120

Identifier	Return Reference	Explanation
	PART VII, COL B	ESTIMATE OF AVERAGE HOURS WORKED PER WEEK DEVOTED TO RELATED ORGANIZATIONS STEPHEN C REYNOLDS--39 8 HOURS GREGORY M DUCKETT--39 8 HOURS JASON M LITTLE--39 8 HOURS ROBERT S GORDON--39 8 HOURS

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 6,006,458 INVESTMENT EXPENSES -601,297 PRIOR PERIOD ADJUSTMENTS 4,978,011 TRANSFERS TO/FROM BAPTIST MEMORIAL MEDICAL GROUP, INC -9,665,806 TRANSFERS TO/FROM BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES, INC -350,998 TRANSFERS TO/FROM BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES, INC -3,104,451 BAPTIST MEMORIAL HEALTH CARE CORPORATION -105,000,000 IN-KIND DONATIONS 15,997 TOTAL TO FORM 990, PART XI, LINE 5 -107,722,086

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HOSPITAL

Employer identification number
62-0123940

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 PREFRRED 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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
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) BAPTIST HEALTH SERVICES GROUP OF THE MIDSOUTH INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1534210	HEALTH INSURANCE CONTRACTING	TN	N/A	C			
(2) HEALTH TECH AFFILIATES INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1278576	BUYING AND LEASING REAL & PERSONAL PROPERTY	TN	N/A	C			
(3) SOUTHCREST PROPERTY OWNERS ASSOCIATION 7601 SOUTHCREST PKWY SOUTHAVEN, MS 38671 64-0768703	BOOKKEEPING/DATA PROCESSING FOR SOUTHCREST DEV	MS	N/A	C			
(4) GERMANTOWN BUSINESS PARK OWNERS ASSOCIATION 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 20-1158216	BOOKKEEPING/DATA PROCESSING FOR GERMANTOWN BUS 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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

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	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 62-0123940
Name: BAPTIST MEMORIAL HOSPITAL

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 & DATA PROCESSING SERVICES FOR 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 AVE MEMPHIS, TN 38104 62-1599670	EDUCATION OF HEALTH CARE PROFESSIONALS	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HOSPITAL INC		No
BAPTIST MEMORIAL HEALTH SERVICES INC 350 N HUMPHREYS BLVD MEMPHIS, 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
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/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/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/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/HOSPITAL	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
BAPTIST CLINICAL RESEARCH INSTITUTE FOUNDATION INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3032246	FACILITATE MEDICAL & SCIENTIFIC RESEARCH	TN	501(C)(3) PENDING		BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC 2301 S LAMAR OXFORD, MS 38655 64-0772726	HEALTH CARE/HOSPITAL	MS	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
BAPTIST MEMORIAL HOSPITAL-TIPTON INC 1995 HWY 51 SOUTH COVINGTON, TN 38019 62-1113167	HEALTH CARE/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/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/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/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 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		BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
BAPTIST MEMORIAL MEDICAL MINISTRIES EMP HLTH & 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

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 FOUNDATION 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1544781	SOLICIT,RAISE, MANAGE, APPLY & INVEST FUNDS IN SUPPORT OF BAPTIST ENTITIES	TN	501(C)(3)	509(A)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
BAPTIST MEMORIAL HOSPITAL-JONESBORO INC 3024 STADIUM BLVD JONESBORO, AR 72401 26-1214372	HEALTH CARE/HOSPITAL	AR	501(C)(3)	509(A)(1)	NEA BAPTIST HEALTH SYSTEM INC		No
NEA BAPTIST HEALTH SYSTEM INC 3024 STADIUM BLVD JONESBORO, AR 72401 27-1799652	HEALTH CARE SERVICE PROVIDER	AR	501(C)(3) PENDING		BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
NEA CLINIC CHARITABLE FOUNDATION INC 3024 STADIUM BLVD JONESBORO, AR 72401 71-0850123	HEALTH CARE SERVICE PROVIDER	AR	501(C)(3)	509(A)(1)	NEA BAPTIST HEALTH SYSTEM INC		No
THE STERN CARDIOVASCULAR FOUNDATION INC 8060 WOLF RIVER BLVD GERMANTOWN, TN 38138 27-4396698	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3) PENDING		BAPTIST MEMORIAL MEDICAL GROUP INC		No
FAMILY CANCER CENTER FOUNDATION INC 6029 WALNUT GROVE RD MEMPHIS, TN 38120 45-2842963	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3) PENDING		BAPTIST MEMORIAL MEDICAL GROUP INC		No
INTEGRITY ONCOLOGY FOUNDATION INC 6286 BRIARCREST AVE SUITE 308 MEMPHIS, TN 38120 45-3303687	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3) PENDING		BAPTIST MEMORIAL MEDICAL GROUP INC		No
MEMPHIS LUNG PHYSICIANS FOUNDATION INC 6025 WALNUT GROVE RD MEMPHIS, TN 38120 45-2832975	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3) PENDING		BAPTIST MEMORIAL MEDICAL GROUP INC		No
BOSTON BASKIN CANCER FOUNDATION INC 6029 WALNUT GROVE RD MEMPHIS, TN 38120 45-3303607	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3) PENDING		BAPTIST MEMORIAL MEDICAL GROUP INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BAPTIST-DESOTO SURGERY CENTER 40 BURTON HILLS BLVD NASHVILLE, TN 37215 20-0804946	AMBULATORY SURGERY	MS	N/A	N/A				No			No	
BAPTIST-EAST MEMPHIS SURGERY CENTER 80 HUMPHREYS BLVD 101 MEMPHIS, TN 38120 62-1846584	AMBULATORY SURGERY	TN	N/A	N/A				No			No	
BAPTIST-GERMANTOWN SURGERY CENTER LP 40 BURTON HILLS BLVD 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 NASHVILLE, TN 37215 62-0925692	AMBULATORY SURGERY	MS	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 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 37103 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 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 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) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
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, MS 38305 26-3425045	CANCER CARE SERVICES	MS	N/A	N/A				No			No	
MAYS & SCHNAPP PAIN CENTER 55 HUMPHREYS CENTER BLVD STE 200 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 COLLEGE OF HEALTH SCIENCES INC	B	270,370	FMV
(2) BAPTIST MEMORIAL HEALTH CARE FOUNDATION	C	3,578,961	FMV
(3) BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC	I	391,705	FMV
(4) BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC	K	20,756,408	FMV
(5) THE STERN CARDIOVASCULAR FOUNDATION INC	K	124,819	FMV
(6) BAPTIST MEMORIAL HEALTH CARE CORPORATION	L	64,962,516	FMV
(7) BAPTIST MEMORIAL HEALTH CARE CORPORATION	N	83,407	FMV
(8) BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC	Q	350,998	FMV
(9) BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC	R	550,149	FMV
(10) BAPTIST MEMORIAL MEDICAL GROUP INC	Q	9,665,806	FMV
(11) BAPTIST MEMORIAL MEDICAL MINISTRIES EMPLOYEE HEALTH & WELFARE TRUST	Q	33,428,673	FMV
(12) BAPTIST MEMORIAL HEALTH CARE CORPORATION	Q	105,000,000	FMV
(13) BAPTIST MEMORIAL HEALTH CARE CORPORATION	R	429,874	FMV
(14) BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC	Q	3,104,451	FMV
(15) BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC	R	80,775	FMV
(16) BAPTIST HEALTH SERVICES GROUP OF THE MIDSOUTH INC	Q	333,467	FMV
(17) THE STERN CARDIOVASCULAR FOUNDATION INC	Q	3,111,220	FMV
(18) BAPTIST MEMORIAL HEALTH CARE CORPORATION & AFFILIATES	E	10,785,350	FMV

Baptist Memorial Health Care Corporation and Affiliates

Combined Financial Statements as of and for the Years Ended September 30, 2012 and 2011, and Independent Auditors' Report

Deloitte.

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
Baptist Memorial Health Care Corporation
Memphis, Tennessee

We have audited the accompanying combined balance sheets of Baptist Memorial Health Care Corporation (a Tennessee nonprofit corporation) and affiliates (collectively, BMHCC) as of September 30, 2012 and 2011, and the related combined statements of operations and changes in net assets and cash flows for the years then ended. These combined financial statements are the responsibility of BMHCC's management. Our responsibility is to express an opinion on these combined financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of BMHCC's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

As discussed in Note 1 to the combined financial statements, BMHCC adopted requirements of accounting guidance related to the presentation of the provision for doubtful accounts receivable in the combined statements of operations and changes in net assets effective September 30, 2012.

In our opinion, such combined financial statements present fairly, in all material respects, the combined financial position of BMHCC as of September 30, 2012 and 2011, and the combined results of its operations and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America

Deloitte & Touche LLP

December 21, 2012

BAPTIST MEMORIAL HEALTH CARE CORPORATION AND AFFILIATES

COMBINED BALANCE SHEETS
AS OF SEPTEMBER 30, 2012 AND 2011
(Amounts in thousands)

	2012	2011
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	$ 135,763	$ 94,413
Short-term investments	275	1,600
Patient accounts receivable — net of estimated uncollectible amounts of $68,524 in 2012 and $55,393 in 2011	262,348	205,317
Other receivables — net	13,720	13,153
Inventory, prepaid expenses, and other assets	85,349	69,991
Estimated settlements with third parties	11,228	5,504
Total current assets	508,683	389,978
INVESTMENTS	905,488	905,469
ASSETS WHOSE USE IS LIMITED	18,954	16,063
PROPERTY AND EQUIPMENT — Net	1,067,340	990,235
GOODWILL	57,289	52,483
OTHER LONG-TERM ASSETS	26,230	25,488
TOTAL	$2,583,984	$2,379,716
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Current portion of long-term debt and capital lease obligations	$ 80,707	$ 94,896
Accounts payable	32,570	31,991
Accrued expenses and other	142,515	133,903
Estimated settlements with third parties	23,280	17,963
Total current liabilities	279,072	278,753
LONG-TERM DEBT AND CAPITAL LEASE OBLIGATIONS — Net of current portion	330,757	256,527
OTHER LONG-TERM LIABILITIES	178,799	149,042
COMMITMENTS AND CONTINGENCIES (Note 18)		
NET ASSETS		
Unrestricted net assets	1,746,192	1,657,467
Temporarily and permanently restricted net assets	49,164	37,927
Total net assets	1,795,356	1,695,394
TOTAL	$2,583,984	$2,379,716

See notes to combined financial statements

BAPTIST MEMORIAL HEALTH CARE CORPORATION AND AFFILIATES

COMBINED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS
FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011
(Amounts in thousands)

	2012	2011
UNRESTRICTED REVENUES AND OTHER SUPPORT		
Patient service revenue — net of contractuals	$2,003,059	$1,702,461
Provision for bad debt	(249,356)	(193,847)
Net patient service revenue after bad debt	1,753,703	1,508,614
Other revenue	70,513	55,492
Total unrestricted revenues and other support	1,824,216	1,564,106
EXPENSES:		
Salaries and benefits	936,719	810,925
Supplies and drugs	421,747	355,496
Purchased services and other	290,838	193,445
Professional fees	91,214	80,683
Depreciation and amortization	117,274	103,802
Interest	11,680	12,853
Total expenses	1,869,472	1,557,204
(LOSS) INCOME FROM OPERATIONS	(45,256)	6,902
NONOPERATING INCOME (LOSS):		
Interest and dividend income from marketable portfolio	30,379	34,066
Net realized gains on investments from marketable portfolio	60,324	31,997
Noncontrolling interest and other — net	(592)	(733)
Total nonoperating income	90,111	65,330
REVENUES IN EXCESS OF EXPENSES	44,855	72,232

(Continued)

BAPTIST MEMORIAL HEALTH CARE CORPORATION AND AFFILIATES

COMBINED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS
FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011
(Amounts in thousands)

	2012	2011
UNRESTRICTED NET ASSETS.		
Revenues in excess of expenses	$ 44,855	$ 72,232
Net unrealized gains (losses) on investments	44,673	(40,070)
Net contributions (distributions) made to/from joint venture partners and other	(803)	(3,429)
Change in unrestricted net assets	88,725	28,733
TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS		
Gifts and donations	10,710	13,493
Investment income	56	37
Net unrealized gains (losses) on investments	4,390	(1,526)
Net distributions made to affiliates and others	(3,919)	(4,257)
Increase in temporarily and permanently restricted net assets	11,237	7,747
CHANGE IN NET ASSETS	99,962	36,480
NET ASSETS — Beginning of year	1,695,394	1,658,914
NET ASSETS — End of year	$ 1,795,356	$ 1,695,394

See notes to combined financial statements. (Concluded)

BAPTIST MEMORIAL HEALTH CARE CORPORATION AND AFFILIATES

COMBINED STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011
(Amounts in thousands)

	2012	2011
CASH FLOWS FROM OPERATING ACTIVITIES AND NONOPERATING INCOME		
Change in net assets	$ 99,962	$ 36,480
Adjustments to reconcile change in net assets to net cash provided by operating activities and nonoperating income:		
Depreciation and amortization	117,274	103,802
Net realized gain on sales of investments and fixed assets	(53,113)	(28,230)
Net unrealized (gain) loss on investments	(49,063)	41,273
Changes in operating assets and liabilities — net of effect of acquisition:		
Net patient accounts receivable	(57,429)	(15,727)
Inventory, prepaid expenses, and other assets	(14,223)	1,427
Accounts payable, accrued expenses, and other liabilities	13,984	17,082
Other long-term liabilities	13,961	(5,651)
Net cash provided by operating activities and nonoperating income	71,353	150,456
CASH FLOWS FROM INVESTING ACTIVITIES:		
Acquisitions	(4,952)	(26,783)
Capital expenditures	(190,230)	(187,990)
Proceeds from sales of fixed assets	6,947	-
Purchases of long-term investments	(246,138)	(284,724)
Sales of long-term investments	354,589	337,081
Decrease in short-term investments	1,326	3,440
Increase in assets whose use is limited	(2,891)	(176)
Other	(8,428)	(616)
Net cash used in investing activities	(89,777)	(159,768)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Proceeds from issuance of debt	154,718	15,924
Principal payments on debt and capital lease obligations	(94,944)	(26,561)
Net cash provided by (used in) financing activities	59,774	(10,637)
NET CHANGE IN CASH AND CASH EQUIVALENTS	41,350	(19,949)
CASH AND CASH EQUIVALENTS — Beginning of year	94,413	114,362
CASH AND CASH EQUIVALENTS — End of year	$ 135,763	$ 94,413
CASH PAID FOR INTEREST DURING THE YEAR	$ 11,785	$ 12,247

See notes to combined financial statements

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Affiliation and Combination — Baptist Memorial Health Care Corporation (the "Corporation") is a nonprofit corporation. The accompanying combined financial statements include the financial statements of the Corporation and its affiliates under common ownership and common management (collectively, BMHCC). The Corporation is the member (parent) organization of most of the not-for-profit affiliates that comprise BMHCC. Such affiliates include hospitals offering both inpatient and outpatient services, as well as surgery centers, physician practices, and other ancillary businesses. Significant intercompany accounts and transactions have been eliminated. Investments in 50% or less-owned companies and partnerships are generally accounted for using the equity method.

Estimates — The preparation of combined financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the combined financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ significantly from those estimates.

Cash and Cash Equivalents — For purposes of the combined statements of cash flows, BMHCC considers certificates of deposit, overnight reverse repurchase agreements, and other highly liquid investments with original maturities of less than three months to be cash equivalents.

Investments — Investments classified as current assets are available to BMHCC entities for current working capital needs Investments classified as noncurrent are managed under BMHCC's long-term investment policy and are reported at fair value. Investment income or loss (including realized gains and losses on investments, other-than-temporary impairments, interest, and dividends) is included in the excess of revenues over expenses, unless the income or loss is restricted by donor or law. Unrealized gains and losses on investments are excluded from the excess of revenues over expenses, but are reflected in changes in net assets for each period.

Allowance for Doubtful Accounts — Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectibility of accounts receivable, BMHCC analyzes accounts receivable by payor category in determining the appropriate allowance for doubtful accounts. Additionally, BMHCC also considers past history, collection trends, the age of accounts receivable, and recoveries of amounts previously written off in determining and evaluating the amount of the allowance Historically, BMHCC has not had significant bad debts on accounts receivable from third-party payors. For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductibles and co-payment balances due for which third-party coverage exists for part of the bill), BMHCC records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible The difference between the standard rates (or the discounted rates if offered) and the amounts actually collected after all reasonable collection efforts have been exhausted is written off against the allowance for doubtful accounts.

BMHCC's allowance for doubtful accounts decreased from 12.78% of accounts receivable (net of contractuals) at September 30, 2011, to 12.36% at September 30, 2012, however, there was an overall increase in the allowance for doubtful accounts This increase in the balance was largely the result of an increase in self-pay volume as well as the overall increase in other patient receivables in 2012 as compared to 2011.

Financial Instruments and Hedging — BMHCC is using an interest rate swap agreement to convert a portion of its variable-rate debt to a fixed rate. This derivative was originally designated as a cash flow hedge, however, it no longer qualifies for hedge accounting. Therefore, all changes in market value are included in revenues over expenses immediately.

Inventory — Inventory is stated at the lower of cost (weighted-average method) or market (replacement cost)

Property and Equipment — Property and equipment is recorded at cost when purchased or at fair market value when received by donation. Property and equipment is depreciated on a straight-line basis over its estimated useful life. Property and equipment held under capital leases is amortized evenly over the lesser of the lease term or its estimated useful life. BMHCC evaluates the carrying value of its property and equipment under the provisions of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 360, *Property, Plant, and Equipment* Under ASC Topic 360, when events, circumstances, and operating results indicate that the carrying value of property and equipment assets may be impaired, BMHCC prepares projections of the undiscounted future cash flows expected to result from the use of the assets and their eventual disposition. If the projections indicate that the recorded amounts are not expected to be recoverable, such amounts are reduced to estimated fair value.

BMHCC capitalizes interest on borrowings during the active construction period of major capital projects. Capitalized interest is added to the cost of underlying assets and is amortized over the useful lives of the assets. Interest capitalized in 2012 was approximately $314,000, and there were no amounts capitalized in 2011

Goodwill — Goodwill is included in other long-term assets in the accompanying combined balance sheets and represents the excess of costs over the fair value of assets of businesses acquired. As of October 1, 2010, BMHCC adopted the requirements of FASB ASC Topic 958, *Not-for-Profit Entities*, which changed the reporting requirements for not-for-profit entities. BMHCC is now required to perform an annual impairment assessment of goodwill and to cease amortization of goodwill acquired in a business combination. BMHCC performs the impairment test at the reporting unit level at least annually or when events occur that require an evaluation to be performed at an interim date. If BMHCC determines the carrying value of goodwill is impaired, or if the carrying value of a business that is to be sold or otherwise disposed of exceeds its fair value, then management reduces the carrying value, including any allocated goodwill, to fair value. Estimates of fair value are based on appraisals, established market prices for comparative assets or internal estimates of future net cash flows, and presume stable, improving, or, in some cases, declining results at BMHCC's hospitals, depending on their circumstances BMHCC has selected June 30 as the date on which it will perform its annual impairment assessment. There has been no impairment of goodwill during the years ended September 30, 2012 and 2011. There can be no assurance that future goodwill impairment tests will not result in a charge to operations

Temporarily and Permanently Restricted Net Assets — Temporarily restricted net assets are those whose use by BMHCC has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by BMHCC in perpetuity.

Net Patient Service Revenue — Net patient service revenue is reported at the estimated net amounts realizable from patients, third-party payors, and others for services rendered, including estimated settlements under reimbursement agreements with third-party payors. Settlements are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods, if necessary, as new information becomes available or final settlements are determined. Amounts relative to the reopening or appeal of prior-year cost report filings are recognized as revenue when cash is received.

BMHCC recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, BMHCC recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if provided by policy). On the basis of historical experience, a significant portion of BMHCC's uninsured patients will be unable or unwilling to pay for the services provided. Thus, BMHCC records a significant portion of bad debts related to uninsured patients in the period the services are provided.

Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), recognized is as follows (in thousands):

	2012	2011
Medicare	$ 702,431	$ 627,956
Medicaid	184,795	133,174
Commercial & Blue Cross	590,921	537,652
Managed care	151,879	171,875
Other	373,033	231,804
Total	$2,003,059	$1,702,461

Charity Care — BMHCC provides care to medically indigent patients (those patients with a demonstrated inability to pay) at either no charge or at substantially reduced rates. No effort is made to pursue collection of any amounts charged after the determination of medical indigency of the patient has been made Since management does not expect payment for charity care, the charges forgone are excluded from net patient service revenue The amount of charity care provided, based upon charges forgone, was approximately $176,432,000 and $151,568,000 in 2012 and 2011, respectively. BMHCC estimates the cost of charity care by calculating a ratio of cost to gross charges and applying that ratio to the gross uncompensated charges associated with providing care to patients that qualify for charity care The estimated cost of charity care provided in 2012 and 2011 was approximately $54,706,000 and $48,650,000, respectively. See Note 3.

Income Taxes — The majority of BMHCC is a nonprofit corporation and has been recognized as tax exempt pursuant to Section 501(c)(3) of the Internal Revenue Code (the "Code") Certain affiliates are subject to income taxes Such activities and income taxes are not significant to the combined financial statements

As of September 30, 2012 and 2011, BMHCC had not identified any uncertain tax positions under FASB ASC Topic 740, *Income Taxes*, requiring adjustments to its combined financial statements In the event BMHCC were to recognize interest and penalties related to uncertain tax positions, it would be recognized in the combined financial statements as interest expense. Generally, tax years 2009 through 2012 are open to examination by the federal and state taxing authorities There are no income tax examinations currently in process

Recent Accounting Pronouncements — In January 2010, the FASB issued Accounting Standards Update (ASU) No. 2010-06, *Improving Disclosures about Fair Value Measurements*, which amends ASC Topic 820, *Fair Value Measurements and Disclosures*, adding a new requirement to provide the Level 3 activity of purchases, sales, issuances, and settlements on a gross basis. This requirement is effective for fiscal years beginning after December 15, 2010. The adoption in 2012 did not have a material effect on BMHCC's combined financial statements.

In August 2010, the FASB issued ASU No. 2010-23, *Health Care Entities (Topic 954) Measuring Charity Care for Disclosure*, which requires a measurement of the amount of charity care provided be based on the direct and indirect costs of providing the services. The guidance provided in this ASU is effective for fiscal years beginning after December 15, 2010. The adoption in 2012 did not have a material effect on BMHCC's combined financial statements, but resulted in additional disclosure in Note 3.

In August 2010, the FASB issued ASU No. 2010-24, *Health Care Entities (Topic 954) Presentation of Insurance Claims and Related Insurance Recoveries*, which clarifies that a health care entity should not net insurance recoveries against a related claim liability. The guidance provided in this ASU is effective for the fiscal years beginning after December 15, 2010. The adoption in 2012 did not have a material effect on BMHCC's combined financial statements.

In May 2011, the FASB issued ASU No. 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U S GAAP and IFRSs*, which amends ASC Topic 820. ASU No. 2011-04 also requires the categorization by level for items that are only required to be disclosed at fair value and information about transfers between Level 1 and Level 2. In addition, the ASU No. 2011-04 provides guidance on measuring the fair value of financial instruments managed within a portfolio and the application of premiums and discounts on fair value measurement. The ASU No. 2011-04 requires additional disclosure for Level 3 measurements regarding the sensitivity of fair value changes in unobservable inputs and any interrelationships between those inputs. The new guidance is effective for reportable periods beginning after December 15, 2011. BMHCC is currently evaluating the effects of adopting this guidance in fiscal year 2013.

In July 2011, the FASB issued ASU No. 2011-07, *Health Care Entities (Topic 954) Presentation and Disclosure of Net Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities, a Consensus of the FASB Emerging Issues Task Force*, which provides for greater transparency regarding a health care entity's net patient revenue and the related allowance for doubtful accounts. ASU No 2001-07 requires certain health care entities to change the presentation of the provision for bad debts associated with patient service revenue by reclassifying the provision from operating expenses to a deduction from net patient revenue and requires enhanced disclosures about net patient revenue and the policies for recognizing revenue and assessing bad debts. BMHCC adopted this ASU effective September 30, 2012, and retrospectively applied this guidance to fiscal year 2011. The adoption in 2012 did not have a material effect on BMHCC's combined financial statements, but resulted in additional disclosure in Note 1.

Subsequent Events — Management has evaluated events and transactions that have occurred between September 30, 2012, and December 21, 2012, which is the date that the combined financial statements were available to be issued for possible recognition or disclosure in the combined financial statements

2. ACQUISITIONS

During 2012, Baptist Memorial Medical Group, Inc. (BMMG), a nontaxable affiliate of BMHCC, purchased the assets of two physician practices for approximately $9,405,000. These transactions include promissory notes to the sellers for a total of approximately $4,453,000

The consideration paid for the assets acquired during the year ended September 30, 2012, is as follows (in thousands):

Cash consideration for real and personal property	$4,952
Issuance of promissory notes	4,453
Total purchase price	$9,405

Allocation of purchase price (including assumed liabilities) (in thousands):

Current assets	$ 192
Property, plant, and equipment	4,390
Goodwill	5,629
Current liabilities	(806)
Total purchase price	$9,405

During 2011, BMMG purchased the assets of 10 physician practices for approximately $34,484,000. Five of these transactions include promissory notes to the sellers for a total of approximately $7,668,000.

The consideration paid for the assets acquired this year, is as follows (in thousands).

Cash consideration for real and personal property	$26,816
Issuance of promissory notes	7,668
Total purchase price	$34,484

Allocation of purchase price (including assumed liabilities) (in thousands):

Current assets	$ 3,120
Property, plant, and equipment	10,926
Goodwill	22,188
Current liabilities	(1,750)
Total purchase price	$34,484

3. COMMUNITY BENEFIT

The summary of the costs (estimated using applicable cost to charge ratio) of certain of BMHCC's community services provided to the indigent and to the broader community for the years ended September 30, 2012 and 2011, is as follows (in thousands):

	2012	2011
Benefits for the indigent:		
Traditional charity care — at cost	$ 54,706	$ 48,650
Unpaid costs of Medicaid/TennCare programs	39,505	18,507
Total benefits for the indigent	94,211	67,157
Benefits for the broader community:		
Uncompensated care — uninsured and underinsured — at cost	78,400	63,141
Unpaid costs of Medicare programs	139,652	101,472
Total benefits for the broader community	218,052	164,613
Total	$312,263	$231,770

Benefits for the indigent include services provided to persons who cannot afford health care because of inadequate resources and/or who are uninsured. This includes the cost of providing traditional charity care and the unpaid costs of treating Medicaid/TennCare beneficiaries Services provided to traditional charity care patients are not reported as patient revenue in the accompanying combined statements of operations and changes in net assets.

Benefits for the broader community include the cost of services provided for which a fee has been assessed, but not collected, or only a portion of the cost of the rendered service has been recovered and unpaid costs in excess of government payments for treating Medicare beneficiaries.

BMHCC provides many educational programs and activities, including professional and technical schools, a graduate medical education program, and numerous continuing education programs for doctors, nurses, and other staff BMHCC also broadly participates in medical research activities.

BMHCC engages in numerous health promotion and other community service activities. It sponsors health fairs and screenings, including inner city health screenings for cancer detection and prevention, diabetes, and high blood pressure, etc. It also works through other community organizations, such as United Way, Goals for Memphis, and charitable foundations for medical research, such as the American Cancer Society, American Heart Association, and Kidney Foundation, among others.

The value of BMHCC's overall charitable, educational, health promotion, and community services is not readily determinable.

4. NET PATIENT SERVICE REVENUE

BMHCC has agreements with third parties that provide for payments to BMHCC at amounts different from its established rates. Net patient service revenue included in the accompanying combined statements of operations and changes in net assets is stated net of contractual adjustments of approximately $3,411,199,000 and $2,772,581,000 in 2012 and 2011, respectively. A summary of the payment arrangements with major third-party payors is as follows:

Medicare — Payment for inpatient services and most outpatient services is generally based on prospectively determined daily rates

Arkansas and Mississippi Medicaid — Payment for inpatient services is generally based on prospectively determined daily rates. For most outpatient and selected inpatient services, payment is generally based on a percentage of cost.

TennCare — TennCare covers the medical needs of Tennessee's indigent and uninsured population. Eligible enrollees are generally persons who previously qualified for Medicaid and certain uninsured persons TennCare is administered by state-approved managed care organizations (MCOs). The MCOs are third-party administrators, which enroll eligible participants and contract with providers (both physicians and hospitals) for medical services.

Blue Cross — Inpatient services are reimbursed at prospectively determined daily rates.

BMHCC has also entered into payment agreements with numerous commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to BMHCC under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

The final settlements of amounts to be paid to or from BMHCC by the Medicare and Medicaid programs are subject to audit and adjustment by the respective programs. Estimated settlements to or from Medicare and Medicaid represent the difference between interim payments and tentative settlements received and estimated reimbursable costs.

During 2012 and 2011, BMHCC adjusted its estimates of settlement of prior years' cost reports and other revenue recognition estimates. The revised estimates reflect filings during 2012 and 2011 of the cost reports for 2011 and 2010, final settlement of previously filed cost reports, reopening or appeal of past cost report filings, as well as other changes in revenue recognized for prior years' services. The net effect of these adjustments was to increase net patient service revenue by approximately $23,587,000 and $5,699,000 for the years ended September 30, 2012 and 2011, respectively. The adjustments recorded in 2012 included a net amount received of approximately $12,795,000 resulting from the industry-wide settlement with the Department of Human Services and the Center for Medicare and Medicaid Services of the Rural Floor Budget Neutrality group appeal during the year.

5. BUSINESS AND CREDIT CONCENTRATIONS

BMHCC provides health care services through both inpatient and outpatient care facilities in Tennessee, Mississippi, and Arkansas. The hospitals grant credit to patients, substantially all of whom are local area residents. The hospitals generally do not require collateral or other security in extending credit to patients; however, it routinely obtains assignment of (or is otherwise entitled to receive) patients' benefits from Medicare, Medicaid, Blue Cross, health maintenance organizations, and commercial insurance policies or similar insurance programs or policies.

The mix of accounts receivable, net of contractual allowances from patients and third-party payors, as of September 30, 2012 and 2011, is as follows

	2012	2011
Medicare	36 %	36 %
Commercial and Blue Cross	25	25
Managed care	8	9
Medicaid	9	9
Patients (self pay)	19	19
Other third-party payors	3	2
Total	100 %	100 %

6. INVESTMENTS

Investments in equity securities with readily determinable fair values and all investments in debt securities are reported at fair value on the combined balance sheets.

The composition of investments as of September 30, 2012 and 2011, is as follows (in thousands):

	2012	2011
Investments with readily determinable market values:		
Cash and short-term investments	$ 3,487	$ 3,610
Government debt obligations	174,157	228,176
Corporate and other debt obligations	199,429	214,934
Corporate stocks	519,011	451,811
Mutual funds	13,166	12,148
	909,250	910,679
Less cash	(3,487)	(3,610)
Less short-term investments	(275)	(1,600)
Total	$905,488	$905,469

The composition of net investment income for the marketable investment portfolio for the years ended September 30, 2012 and 2011, is as follows (in thousands):

	2012	2011
Interest and dividend income	$30,379	$34,066
Net realized gains on investments	60,324	31,997
Total	$90,703	$66,063

Marketable Equity Securities — Within the common stock portion of the portfolio (marketable equity securities), BMHCC records declines in market value below cost as other than temporary impairment. Any such amounts are included in realized gains and losses in the combined statements of operations and changes in net assets. However, BMHCC believes the stocks owned represent financially strong companies and over time will experience growth in earnings and dividends resulting in long-term price appreciation. BMHCC intends to hold the remaining common stocks for a period of time sufficient to experience the recovery of fair value.

Investment and Equity Securities Carried at Cost — BMHCC's investment portfolio does not include any private securities that would be carried at cost. All investments have public market values and are actively traded.

ASC Topic 820 provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows: Level 1, which refers to securities valued using unadjusted quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market, but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. To the extent that fair value is based on inputs that are less observable in the market, the determination of fair value requires a significant amount of management judgment.

Common and preferred stock and common stock mutual funds are valued using quoted prices in principal active markets for identical assets as of the valuation date were used (Level 1).

Certain government and corporate debt securities are valued using either the yields currently available on comparable securities of issuers with similar credit ratings or using a discounted cash flows approach that utilizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks (Level 2).

The fair value of the interest rate swap agreement is primarily determined using valuation techniques consistent with the market approach. Significant observable inputs to the valuation model include interest rates, U.S. Treasury yields, and credit spreads (Level 2).

BMHCC's assets and liabilities by asset class and fair value hierarchy level as of September 30, 2012, are presented in the following table (in thousands):

Description	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Totals
Assets - investments				
Cash	$ 3,487	$ -	$ -	$ 3,487
U.S. Treasury	-	174,157	-	174,157
Corporate debt	-	199,429	-	199,429
Corporate stock	519,011	-	-	519,011
Mutual funds	13,166	-	-	13,166
Total assets — investments	$535,664	$373,586	$ -	$909,250
Liabilities — interest rate swap	$ -	$ (3,695)	$ -	$ (3,695)

BMHCC's assets and liabilities by asset class and fair value hierarchy level as of September 30, 2011, are presented in the following table (in thousands):

Description	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Totals
Assets — investments				
Cash	$ 3,610	$ -	$ -	$ 3,610
U.S. Treasury	-	228,176	-	228,176
Corporate debt	-	214,934	-	214,934
Corporate stock	451,811	-	-	451,811
Mutual funds	12,148	-	-	12,148
Total assets — investments	$467,569	$443,110	$ -	$910,679
Liabilities — interest rate swap	$ -	$ (3,923)	$ -	$ (3,923)

In the current year, BMHCC has revised the prior-year fair value level for investments held in U.S. Treasury and corporate debt securities. Such revision was made due to an error identified related to the classification of such securities as Level 1 investments whereas the securities should have been classified as Level 2 investments in the prior year. Management does not believe that such revision is material to the previously issued combined financial statements.

There were no significant transfers between Level 1, Level 2, or Level 3 assets during the years ended September 30, 2012 and 2011.

7. ASSETS WHOSE USE IS LIMITED

The composition of long-term assets whose use is limited as of September 30, 2012 and 2011, is as follows (in thousands):

	2012	2011
Baptist Memorial Health Care Foundation Scholarships	$ 18,954	$ 16,063

Assets whose use is limited are invested as of September 30, 2012 and 2011, in the following (in thousands)

	2012	2011
Government debt obligations	$ 1,210	$ 1,446
Corporate and other debt obligations	3,945	3,800
Corporate stocks	13,799	10,817
Total	$ 18,954	$ 16,063

Corporate stocks are valued using quoted prices in principal active markets for identical assets as of the valuation date were used (Level 1).

Certain government and corporate debt securities are valued using either the yields currently available on comparable securities of issuers with similar credit ratings or using a discounted cash flows approach that utilizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks (Level 2).

8. PROPERTY AND EQUIPMENT

The composition of property and equipment as of September 30, 2012 and 2011, is as follows (in thousands).

	Useful Lives in Years	2012	2011
Owned			
Land and land improvements	3–25	$ 142,251	$ 134,131
Buildings and improvements	5–47	1,052,261	1,048,370
Equipment	2–25	845,554	781,374
Construction in progress		148,338	64,210
Total owned		2,188,404	2,028,085
Held under capital leases	5–35	6,350	6,092
Total property and equipment		2,194,754	2,034,177
Less accumulated depreciation and amortization		(1,127,414)	(1,043,942)
Property and equipment — net		$ 1,067,340	$ 990,235

9. OTHER LONG-TERM ASSETS

The composition of other assets as of September 30, 2012 and 2011, is as follows (in thousands):

	2012	2011
Cash surrender value of life insurance	$ 4,973	$ 4,577
Notes receivable	230	219
Deferred charges and other assets	5,267	4,410
Land held for investment	10,355	10,143
Investments in affiliates	5,405	6,139
Total	$ 26,230	$ 25,488

10. GOODWILL

Information on changes in the carrying value of goodwill, which is included in the accompanying combined statements of financial position as of September 30, 2012 and 2011, is as follows (in thousands):

Balance — October 1, 2010	$30,295
Goodwill acquired during the year	22,188
Balance — September 30, 2011	52,483
Goodwill acquired during the year	5,629
Other	(823)
Balance — September 30, 2012	$57,289

11. LONG-TERM DEBT AND CAPITAL LEASE OBLIGATIONS

A summary of long-term debt and capital lease obligations as of September 30, 2012 and 2011, is as follows (in thousands):

	2012	2011
Note payable, variable interest, LIBOR, plus 0.5%	$ 100,000	$ -
Series 2009 Taxable Commercial Paper, variable interest from 0.18% to 0 27%	50,000	70,500
Series 2004A Revenue bonds — due in installments through 2020, fixed interest rate from 2% to 5%	131,299	147,108
Series 2004B1 and 2004B2 Revenue bonds — due in installments through 2024, fixed interest from 4 5% to 5% (B1) and variable less than 1% (B2)	115,981	118,820
Notes payable to banks — due in installments through 2017, variable interest from less than 0.5%–5%	10,142	10,656
Capital lease obligations	4,042	4,339
Total long-term debt and capital obligations	411,464	351,423
Less current portion	(80,707)	(94,896)
Long-term debt and capital lease obligations — net	$330,757	$256,527

On July 20, 2012, BMHCC entered into a loan agreement with Bank of America (Series 2012A Note) in the amount of $100,000,000 The funds are to be used for financing the costs of capital projects for BMHCC and certain hospitals and affiliated corporations (the "Obligated Group"). The interest rate is equal to the London InterBank Offered Rate (LIBOR) daily floating rate, plus 0 5% (0 73% at September 30, 2012). The Series 2012A note matures on June 1, 2014

12. ACCRUED EXPENSES

The composition of accrued expenses and other as of September 30, 2012 and 2011, is as follows:

	2012	2011
Accrued compensation and benefits	$ 70,099	$ 63,068
Accrued health claims incurred but not reported	14,831	16,729
Accrued other	37,037	28,619
Other current liabilities	18,134	22,991
Current portion of postretirement health care benefits	2,414	2,496
Total	$ 142,515	$ 133,903

13. FINANCIAL INSTRUMENTS

The carrying amounts of all applicable asset and liability financial instruments reported in the combined balance sheets (except debt instruments) approximate their estimated fair values based on their short-term maturity, in all significant respects, as of September 30, 2012 and 2011. Fair value of a financial instrument is defined as the amount at which the instrument could be exchanged in a current transaction between willing parties.

The fair values of the debt instruments have been estimated using interest rates currently available to BMHCC for borrowings having similar character, collateral, and duration. The aggregate fair value approximated $413,940,000 and $348,823,000 as of September 30, 2012 and 2011, respectively.

14. OTHER LONG-TERM LIABILITIES

The composition of other long-term liabilities as of September 30, 2012 and 2011, is as follows (in thousands):

	2012	2011
Reserve for self insurance	$ 92,190	$ 82,678
Postretirement benefit obligations	46,445	41,995
Noncontrolling interests	9,402	12,301
Other	30,762	12,068
Total	$ 178,799	$ 149,042

Included in other above for 2012 is approximately $16,300,000 representing the long-term, unpaid portion of a software licensing agreement entered into during the year. The current portion of the agreement is approximately $4,400,000 and is included in other current liabilities (see Note 12).

15. EMPLOYEE RETIREMENT PLANS

Defined Contribution Plan — Certain BMHCC entities sponsor a Section 403(b) defined contribution employee benefit plan administered through the Guidestone Financial Resources of the Southern Baptist Convention. For those entities, employees who are at least 21 years of age and have completed 1,000 hours of service during a 12-month period are eligible to participate. Participants may make matched tax-deferred contributions of 2% to 5% of eligible earnings, as defined. These contributions are

then matched on a graduated scale based on years of service from 50% of eligible contributions up to 200% of eligible contributions by BMHCC, up to 5% of the participants' annual base salaries. Participants may also make unmatched tax-deferred contributions up to applicable Internal Revenue Service limitations. Participants vest in BMHCC's matching contributions 20% after two years of service, with subsequent annual increases of 20% up to 100% after six years of service. During 2012 and 2011, BMHCC's matching contribution approximated $29,860,000 and $26,635,000, respectively.

Postretirement Health Care Benefits — BMHCC provides medical and dental benefits to certain retirees of BMHCC. Employees are generally eligible for postretirement benefits upon retirement and completion of a specified number of years of credited service. Participation in this plan is currently frozen to those employees having met these requirements in prior years. The plan is contributory, with retiree payments based on the year of retirement, age at retirement, and years of employment. BMHCC does not prefund these benefits and has the right to modify or terminate the plan in the future.

Net periodic postretirement benefit cost for the years ended September 30, 2012 and 2011, includes the following components (in thousands):

	2012	2011
Service cost	$ 695	$ 705
Interest cost on accumulated postretirement benefit obligation	1,247	1,302
Net amortizations	52	(90)
Total	$1,994	$1,917

The change in benefit obligation and reconciliation of funded status as of September 30, 2012 and 2011, is as follows (in thousands):

	2012	2011
Benefit obligation — beginning of year	$32,821	$32,066
Service cost	695	705
Interest cost	1,247	1,302
Plan participants' contributions	1,301	1,252
Actuarial loss	653	845
Benefits paid	(3,318)	(3,349)
Benefit obligation — end of year	$33,399	$32,821
Funded status	$33,399	$32,821

Amounts recognized in the combined balance sheets as of September 30, 2012 and 2011, consist of the following (in thousands):

	Other Benefits	
	2012	2011
Current liabilities	$ 2,414	$ 2,496
Noncurrent liabilities	30,985	30,325

Amounts recognized as changes in unrestricted net assets arising from a postretirement benefit plan, but not yet included in net periodic benefit cost as of September 30, 2012 and 2011, consist of the following (in thousands)

	Other Benefits	
	2012	2011
Net gain	$(6,178)	$(7,262)
Prior service cost	2,062	2,545
Total	$(4,116)	$(4,717)

Other Changes in Plan Assets and Benefits — Obligations recognized in unrestricted net assets as of September 30, 2012 and 2011, are as follows (in thousands).

	2012	2011
Net loss	$ 653	$ 845
Amortization of net gain	431	573
Amortization of prior service cost	(483)	(483)
Total recognized in unrestricted net assets	$ 601	$ 935
Total recognized in net periodic benefit cost and unrestricted net assets	$2,595	$2,852

The estimated net gain and prior service cost for the postretirement benefit plan that will be amortized from accumulated unrestricted net assets into net periodic benefit cost over the next fiscal year are approximately $316,000 and $431,000, respectively.

Benefit payments, net of plan participants' contributions, are expected to be paid as of September 30, 2012, are as follows (in thousands):

Years Ending September 30	Amount
2013	$ 2,414
2014	2,450
2015	2,430
2016	2,446
2017	2,429
2018–2022	12,082

Weighted-average assumptions used to determine net periodic benefit cost for the years ended September 30, 2012 and 2011, consist of the following

	Other Benefits	
	2012	2011
Discount rate	3.95 %	4.20 %

Weighted-average assumptions used to determine benefit obligations as of September 30, 2012 and 2011, consist of the following:

	Other Benefits	
	2012	2011
Discount rate	3.45 %	3.95 %

Assumed health care cost trend rates as of September 30, 2012 and 2011, consist of the following:

	2012	2011
Post-65 health care cost trend rate assumed for next year	8.00 %	8.50 %
Rate to which the cost trend rate is assumed to decline (the ultimate trend rate)	5.00 %	5.00 %
Year that the rate reaches the ultimate trend rate	2019	2018

BMHCC expects to contribute approximately $2,414,000 to its postretirement benefit plan in 2013.

In 2006, eligible retirees of BMHCC had available to them the Medicare Part D prescription drug plan. BMHCC has chosen to continue to offer comparable prescription drug coverage, which the organization believes to be actuarially equivalent to the Medicare Part D coverage, and as a result, receives a direct subsidy of 28% of eligible plan expenses from the federal government.

Supplemental Retirement Benefits — BMHCC has an unfunded, noncontributory supplemental retirement benefit plan that covers certain employees

Net periodic benefit cost for the years ended September 30, 2012 and 2011, includes the following components (in thousands):

	2012	2011
Service cost	$ 599	$ 627
Interest cost on accumulated benefit obligation	541	542
Amortization of unrecognized gain	174	174
Recognized loss	295	110
Net periodic benefit cost	$ 1,609	$ 1,453

The change in benefit obligation and reconciliation of funded status as of September 30, 2012 and 2011, is as follows (in thousands):

	2012	2011
Benefit obligation — beginning of year	$ 6,307	$ 6,660
Net periodic benefit cost	1,609	1,453
Benefits paid (BMHCC contributions)	(717)	(1,807)
Benefit obligation — end of year	7,199	6,306
Change in unrestricted reserves	5,847	5,365
Net amount recognized	$ 13,046	$ 11,671

As of September 30, 2012, projected future benefit payments are as follows (in thousands):

Years Ending September 30	Amount
2013	$ 918
2014	1,143
2015	1,597
2016	1,777
2017	2,036
2018–2021	7,982

Future benefit costs were estimated assuming a 6% earnings rate, a 3.5% discount rate for liabilities, and a salary increase assumption of 4%

16. RESTRICTED NET ASSETS

Temporarily Restricted Net Assets — The composition of temporarily restricted net assets as of September 30, 2012 and 2011, is as follows (in thousands):

	2012	2011
Specific purpose:		
Educational activities	$ 8,916	$ 6,886
Charitable and religious activities	6,525	5,655
Capital additions	7,123	3,596
Science and research	808	439
Charitable remainder trusts	1,361	1,185
Total	$ 24,733	$ 17,761

Permanently Restricted Net Assets — The composition of permanently restricted net assets as of September 30, 2012 and 2011, is as follows (in thousands):

	2012	2011
Permanent endowment funds — the income from which is expendable to support:		
Educational activities	$16,337	$13,549
Charitable and religious activities	4,602	3,739
Capital additions	1,392	1,106
Science and research	1,742	1,450
Charitable remainder trusts	358	322
Total	$24,431	$20,166

17. ENDOWMENT FUNDS

BMHCC's endowment consists of approximately 104 individual funds established for a variety of purposes. Its endowment includes only donor-restricted endowment funds. There are no board-designated endowment funds.

Net assets associated with endowment funds, including funds designated by BMHCC's Board of Directors to function as endowments are classified and reported based on the existence or absence of donor-imposed restrictions. All permanently restricted net assets as of September 30, 2012 and 2011, are donor-restricted endowments.

Changes in endowment net assets all of which are permanently restricted for the years ended September 30, 2012 and 2011, are as follows (in thousands):

	Permanently Restricted	
	2012	2011
Endowment net assets — beginning of year	$20,115	$13,541
Contributions and bequests	227	6,689
Interest and dividends	17	21
Net realized and unrealized gain (loss)	4,020	(136)
Endowment net assets — end of year	$24,379	$20,115

18. COMMITMENTS AND CONTINGENCIES

Operating Leases — Leases that do not meet the criteria for capitalization are classified as operating leases, with related rentals charged to operations as incurred.

The schedule, by year, of minimum lease payments for the next five years under operating leases as of September 30, 2012, that have initial or remaining lease terms in excess of one year consists of the following (in thousands).

Years Ending September 30	Minimum Lease Payments
2013	$ 19,010
2014	15,605
2015	13,686
2016	12,305
2017	9,065
Thereafter	3,729
Total	$ 73,400

Total rental expense in 2012 and 2011 for all operating leases was approximately $21,910,000 and $13,628,000, respectively.

Liabilities for Self-Insurance — The entities comprising BMHCC participate in a pooled risk program managed by the Corporation. Premiums are assessed by the Corporation to BMHCC entities based on their claims history and other factors. Except as provided below, BMHCC is self-insured for general and professional liability, employee health and workers' compensation risks, and employment practices.

Professional and General Liability — BMHCC accrues an estimated liability for its uninsured exposure and self-insured retention based on historical loss patterns and actuarial projections. BMHCC's estimated liability for the self-insured portion of professional and general liability claims was approximately $78,286,000 and $69,567,000 as of September 30, 2012 and 2011, respectively. These estimated liabilities represent the present value of estimated future professional liability claims payments based on expected loss patterns using a weighted-average discount rate of 3.5% in both 2012 and 2011.

As of September 30, 2012 and 2011, BMHCC has claims against Reciprocal of America that are due to the Company under previous insurance contracts, but considers these amounts to be gain contingencies, which are accounted for in accordance with ASC Topic 450, *Contingencies*. BMHCC will recognize amounts due from the Reciprocal of America when substantially all uncertainties about the timing and amount of realization are resolved. These amounts, if realized by BMHCC, are not expected to be material to the combined financial statements

BMHCC has procured excess hospital and general liability insurance through Lexington Insurance Company on a claims-made basis As of September 30, 2012, BMHCC's deductible is the first $5,000,000 per claim, including defense costs for the Tennessee and Mississippi facilities. In Arkansas, the deductible is the first $1,000,000 per claim. The policy has liability limits of $25,000,000 per occurrence for the Tennessee, Mississippi, and Arkansas facilities.

In addition, BMHCC and its other affiliates are defendants in various actions arising from their health care service activities. It is the opinion of management that the foregoing actions will not have a material adverse effect on BMHCC's combined financial position

Employee Health — BMHCC offers subsidized health insurance to its employees through a self-insured plan. Self-insurance reserves for the employee health program were approximately $14,831,000 and $16,729,000 as of September 30, 2012 and 2011, respectively. The estimated reserve for employee health claims is based on actual claims history.

Workers' Compensation — BMHCC is self-insured for workers' compensation liability for the first $350,000 per accident in the state of Arkansas, $500,000 for the state of Mississippi, and $1,000,000 per accident in the state of Tennessee and has excess coverage up to applicable statutory limits for each state on a claims-made basis. The workers' compensation self-insurance reserves are approximately $11,607,000 and $10,652,000 as of September 30, 2012 and 2011, respectively.

Employment Practices Liability — BMHCC is self-insured for employment practices liability (EPL) for the first $200,000 per claim. The reserves are approximately $2,296,000 and $2,459,000 as of September 30, 2012 and 2011, respectively. BMHCC has EPL coverage as part of the directors and officers liability policy, which has a $10,000,000 limit.

Physician Commitments — BMHCC has committed to provide certain financial assistance pursuant to recruiting agreements with various physicians practicing in the communities it serves. In consideration for a physician relocating to one of its communities and agreeing to engage in private practice for the benefit of the respective community, BMHCC may provide loans to those physicians, normally over a period of one year, to assist in the establishment of the physician's practice. The actual amount of such commitments to be advanced to physicians often depends upon the financial results of a physician's private practice during the term of the agreement. As of September 30, 2012, the maximum potential amount of future payments under these commitments is approximately $10,724,000. A portion of such payments are recoverable by BMHCC from physicians who do not fulfill their commitment period, which varies by contract, to the respective community.

Property Operating Agreements — During the period from 1999 to 2002, BMHCC entered into five individual property-operating agreements with a third party. The third party agreed to lease land from BMHCC, develop medical office buildings, and manage the medical office buildings pursuant to the property operating agreements. In turn, BMHCC agreed to guarantee the third-party's net cash flows from the medical office buildings.

The original term for each agreement is 180 months with 14 successive options to renew (each for a five-year period), which begin to expire in 2015. In addition, there is an option for BMHCC to purchase a facility from the third party. As of September 30, 2012, the estimated remaining maximum potential future payments related to these guarantees are approximately $41,075,000, which assumes no future tenants, therefore, zero rental income. Amounts actually funded under these guarantees were approximately $4,706,000 and $5,224,000 for the years ended September 30, 2012 and 2011, respectively. As these guarantees incepted before the initial recognition requirements of ASC Topic 460, *Guarantees*, there is no liability recorded related to these instruments.

Commitments to Build Hospital Facilities — As of September 30, 2012, BMHCC had commitments to build replacement facilities for its Northeast Arkansas and North Mississippi hospitals. The Northeast Arkansas commitment is for an approximate $300,000,000 facility to be completed by 2013 and the North Mississippi commitment is for an approximate $250,000,000 facility to be completed no later than 2017. Approximately $136,000,000 relative to the Northeast Arkansas facility is included in property and equipment (construction in progress) as of September 30, 2012.

19. FUNCTIONAL EXPENSES

BMHCC provides general health care and other services to residents within its geographic location Expenses related to providing these services for the years ended September 30, 2012 and 2011, are as follows (in thousands):

	2012	2011
Health care services	$ 1,434,103	$ 1,208,087
Managed care	3,219	2,190
Student instruction	11,705	11,505
General and administrative	420,445	335,422
Total	$ 1,869,472	$ 1,557,204

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Additional Data

Software ID:
Software Version:
EIN: 62-0123940
Name: BAPTIST MEMORIAL HOSPITAL

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DANA KELLY DIRECTOR	20	X						0	0	0
JAMES M GLASGOW JR DIRECTOR	20	X						0	0	0
MILTON MAGEE DIRECTOR	20	X						0	0	0
VINCENT SMITH MD DIRECTOR	20	X						0	0	0
A WATSON BELL DIRECTOR	20	X						0	0	0
SPENCE WILSON DIRECTOR	20	X						0	0	0
KATIE WINCHESTER DIRECTOR	20	X						0	0	0
BILLY MCCULLOUGH DIRECTOR	20	X						0	0	0
JACINTO HERNANDEZ MD DIRECTOR	20	X						0	0	0
CHRISTINE MESTEMACHER MD DIRECTOR	20	X						0	0	0
THOMAS CHESNEY MD DIRECTOR	20	X						0	0	0
STEPHEN C REYNOLDS PRESIDENT	20			X				0	3,542,730	70,871
GREGORY M DUCKETT SECRETARY	20			X				0	642,252	63,859
KYLE E ARMSTRONG CEO/ADMIN	40 00			X				0	105,698	25,111
ROBERT S GORDON VP	20			X				0	1,077,573	73,234
CYNDI PITTMAN CFO	40 00			X				195,077	0	48,372
GLENN BAKER CEO/ADMIN	40 00			X				0	338,340	50,409
JASON M LITTLE VP	20			X				0	737,988	46,078
TERRI S SEAGO CFO	40 00			X				117,917	0	25,403
ANITA VAUGHN CEO/ADMIN	40 00			X				0	377,813	66,152
MARGARET H WILLIAMS CFO	40 00			X				97,533	0	29,780
DERICK B ZIEGLER CEO/ADMIN	40 00			X				0	380,091	44,236
CHRISTIAN C PATRICK CMO	40 00				X			401,328	0	45,202
DANA DYE CNO	40 00				X			264,966	0	33,826
JOHN S STANTON PHAR	40 00					X		199,487	0	33,833

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN E STANFORD ASST ADMIN	40 00					X		191,703	0	49,272
DARLA G BELT DIR/ADMIN DURSING	40 00					X		154,548	0	11,724
DARYL W MILLER DIRECTOR OF NURSING	40 00					X		149,834	0	12,926
TOMMY R MYERS LEAD PHARMACIST	40 00					X		149,106	0	30,789