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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 OCT 1, 2011 and ending SEP 30, 2012

B Check if applicable:
- [ ] Address change
- [x] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1835 GRANT AVE.

City or town, state or country, and ZIP + 4
JONESBORO, AR 72401-6155

F Name and address of principal officer: ROBERT TAYLOR, M.D.
SAME AS C ABOVE

D Employer identification number
71-0850123

E Telephone number
870-934-5119

G Gross receipts $ 88,729,799.

H(a) Is this a group return for affiliates? [ ] Yes [x] 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: [x] 501(c)(3) [ ] 501(c)( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ BMHCC.ORG

K Form of organization: [x] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 2000

M State of legal domicile: AR

Part I Summary

1 Briefly describe the organization's mission or most significant activities: NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC. PROVIDES QUALITY (SEE SCHEDULE O, PG 29)

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	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	568
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	66,142.
b	Net unrelated business taxable income from ~~Form 990-T, line 34~~	7b	<16,449.>

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0.	0.
9	Program service revenue (Part VIII, line 2g)	80,448,239.	88,199,359.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	<1,316.>
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	536,959.	472,440.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	80,985,198.	88,670,483.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	49,417.	0.
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)	49,034,973.	51,079,872.
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)	34,510,347.	37,590,611.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	83,594,737.	88,670,483.
19	Revenue less expenses. Subtract line 18 from line 12	<2,609,539.>	0.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	19,433,215.	22,821,614.
21	Total liabilities (Part X, line 26)	14,577,590.	17,815,099.
22	Net assets or fund balances. Subtract line 21 from line 20	4,855,625.	5,006,515.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 8/6/13

▶ GREGORY M. DUCKETT, SECRETARY
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: FRANCIS J. BEDARD	Preparer's signature: Francis J Bedard	Date: 8/6/2013	Check [ ] if self-employed	PTIN: P00752421
Firm's name ▶ DELOITTE TAX, LLP			Firm's EIN ▶	86-1065772
Firm's address ▶ 424 CHURCH ST. #2400 NASHVILLE, TN 37219			Phone no.	615-259-1811

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC. 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 [x] 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 [x] 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 $ 75,379,479. including grants of $) (Revenue $ 88,605,657.)

NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC. (NEA BAPTIST CLINIC) PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE. ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE OPERATION AND STABILITY OF NEA BAPTIST CLINIC, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES, AND FURTHER, THAT THE MISSION OF THE CLINIC IS TO SERVE THE COMMUNITY WITH RESPECT TO PROVIDING HEALTHCARE SERVICES AND HEALTHCARE EDUCATION.

SEE CONTINUATION AT SCHEDULE O, PAGE 29

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 ▶ 75,379,479.

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
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		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
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		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
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 lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
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		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
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		X
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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		X
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		X
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		X
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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . [x]

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	104		
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	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	568		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		X
	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	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
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		X
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		X
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		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
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?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response to any question in this Part VI ... [x]

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. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 20		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 0		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
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	X	
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	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9	X	

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		X
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		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X	
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		X
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 ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [ ] Another's website [x] 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 during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

ANGIE CARLTON - 870-934-5119

1835 GRANT ST., JONESBORO, AR 72401

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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) PAUL B. BETZ DIRECTOR	0.20	X						0.	252,611.	53,202.
(2) JASON M. LITTLE DIRECTOR	0.20	X						0.	737,988.	46,078.
(3) JAMES W. BOSWELL DIRECTOR	0.20	X						0.	589,594.	69,486.
(4) BRAD H. PARSONS DIRECTOR	0.20	X						0.	180,424.	33,420.
(5) ERROL S. DAVIS DIRECTOR	0.20	X						245,745.	0.	12,453.
(6) MICHAEL MACKEY, M.D. DIRECTOR/EMPLOYEE	40.00	X						566,656.	0.	16,060.
(7) BRUCE JONES, M.D. DIRECTOR/EMPLOYEE	40.00	X						387,139.	0.	23,420.
(8) MICHAEL ISAACSON, M.D. DIRECTOR/EMPLOYEE	40.00	X						288,201.	0.	13,420.
(9) JAMES AMEIKA, M.D. DIRECTOR/EMPLOYEE	40.00	X						351,580.	0.	23,420.
(10) NORBERT DELACEY, M.D. DIRECTOR/EMPLOYEE	40.00	X						372,608.	0.	14,986.
(11) ROBERT TAYLOR, M.D. PRESIDENT/DIRECTOR	40.00	X		X				301,032.	0.	23,420.
(12) BRANNON TREECE DIRECTOR/EMPLOYEE	40.00	X						263,105.	0.	17,919.
(13) NATHAN TURNEY, M.D. DIRECTOR/EMPLOYEE	40.00	X						242,492.	0.	16,531.
(14) KEVIN GANONG, M.D. DIRECTOR/EMPLOYEE	40.00	X						274,196.	0.	23,416.
(15) DARRELL KING DIRECTOR/CEO	40.00	X		X				222,382.	0.	18,453.
(16) STEPHEN WOODRUFF,M.D. CMO/TREASURER	40.00	X		X				280,085.	0.	1,420.
(17) DOUGLAS MAGLOTHIN, M.D. DIRECTOR/EMPLOYEE	40.00	X						218,603.	0.	23,420.

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) RAY HALL, JR. M.D. DIRECTOR/EMPLOYEE	40.00	X						198,251.	0.	1,358.
(19) JASON BRANDT, M.D. DIRECTOR/EMPLOYEE	40.00	X						728,373.	0.	16,740.
(20) ROBERT ABRAHAM, M.D. DIRECTOR/EMPLOYEE	40.00	X						615,538.	0.	23,420.
(21) WILLIAM HUBBARD, M.D. DIRECTOR/EMPLOYEE	40.00	X						118,454.	0.	944.
(22) GREGORY M. DUCKETT SECRETARY	0.10			X				0.	642,252.	63,859.
(23) ANGIE CARLTON CFO	40.00			X				126,854.	0.	1,953.
(24) LEXINE HORTON COO	40.00			X				132,284.	0.	3,312.
(25) DHARMENDRA PATEL, M.D. PHYSICIAN	40.00					X		582,293.	0.	16,740.
(26) JEFFREY MULLEN, M.D. PHYSICIAN	40.00					X		580,888.	0.	16,740.
1b Sub-total								7,096,109.	2,402,869.	557,787.
c Total from continuation sheets to Part VII, Section A								1,682,551.	0.	56,900.
d Total (add lines 1b and 1c)								8,778,660.	2,402,869.	614,687.

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 ▶ 88

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. 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
SOUTHERN EMERGENCY SERVICES 1001 COUNTY RD. 759, JONESBORO, AR 72401	MEDICAL SERVICES	1,194,144.
LARRY PATRICK, MD 302 CR 7593, JONESBORO, AR 72401	MEDICAL SERVICES	377,385.
OKSANA REDKO, MD 2916 RIDGEPOINTE DR., JONESBORO, AR 72404	MEDICAL SERVICES	376,542.
LISA SHACKLEFORD, MD 304 CR 388, JONESBORO, AR 72401	MEDICAL SERVICES	187,687.
SUPERIOR ANESTHESIA SERVICES, LLC 4921 INVERNESS RUN DR., JONESBORO, AR 72401	MEDICAL SERVICES	185,473.

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 ▶ 18

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f				
	g Noncash contributions included in lines 1a-1f $				
	h Total. Add lines 1a-1f				
Program Service Revenue		Business Code			
	2a PROGRAM SERVICES	900099	77,361,526.	77,361,526.	
	b OTHER OPERATING REVENU	900099	10,837,833.	10,837,833.	
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		88,199,359.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
		(i) Real	(ii) Personal		
	6a Gross rents	48,000.			
	b Less: rental expenses	48,000.			
	c Rental income or (loss)	0.			
	d Net rental income or (loss)		0.		
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory		10,000.		
	b Less. cost or other basis and sales expenses		11,316.		
	c Gain or (loss)		<1,316.>		
	d Net gain or (loss)		<1,316.>		<1,316.>
	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 WELLNESS CENTER REV.	900099	472,440.	406,298.	66,142.
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d		472,440.		
	12 Total revenue. See instructions.		88,670,483.	88,605,657.	66,142. <1,316.>

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				
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	6,058,047.	5,149,340.	908,707.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	37,066,011.	31,506,109.	5,559,902.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	2,361,346.	2,007,144.	354,202.	
9 Other employee benefits	3,436,614.	2,921,122.	515,492.	
10 Payroll taxes	2,157,854.	1,834,176.	323,678.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	10,555,644.	8,972,297.	1,583,347.	
12 Advertising and promotion	420,678.	357,576.	63,102.	
13 Office expenses	17,597,131.	14,957,561.	2,639,570.	
14 Information technology				
15 Royalties				
16 Occupancy	3,718,068.	3,160,358.	557,710.	
17 Travel	364,874.	310,143.	54,731.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	157,851.	134,173.	23,678.	
20 Interest	6,680.	5,678.	1,002.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,663,627.	1,414,083.	249,544.	
23 Insurance	1,044,783.	888,066.	156,717.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS & MAINTENANCE	1,261,952.	1,072,659.	189,293.	
b TAX & LIC.	308,133.	261,913.	46,220.	
c DUES & SUBSCRIPTIONS	300,772.	255,656.	45,116.	
d CHARITABLE DONATIONS	63,796.	63,796.	0.	
e All other expenses	126,622.	107,629.	18,993.	
25 **Total functional expenses.** Add lines 1 through 24e	88,670,483.	75,379,479.	13,291,004.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		8,880.	1	10,413.
	2	Savings and temporary cash investments		2,278,091.	2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		8,316,578.	4	12,206,413.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		3,032,601.	8	4,892,421.
	9	Prepaid expenses and deferred charges		643,580.	9	746,449.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,618,691.			
	b	Less: accumulated depreciation	10b 4,034,313.	5,153,485.	10c	4,584,378.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		0.	15	381,540.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		19,433,215.	16	22,821,614.
Liabilities	17	Accounts payable and accrued expenses		6,070,429.	17	5,752,224.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		8,507,161.	25	12,062,875.
	26	**Total liabilities.** Add lines 17 through 25		14,577,590.	26	17,815,099.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [x] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		4,855,625.	27	5,006,515.
	28	Temporarily restricted net assets			28	
	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		4,855,625.	33	5,006,515.
	34	Total liabilities and net assets/fund balances		19,433,215.	34	22,821,614.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	88,670,483.
2	Total expenses (must equal Part IX, column (A), line 25)	2	88,670,483.
3	Revenue less expenses. Subtract line 2 from line 1	3	0.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,855,625.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	150,890.
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	5,006,515.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [x] 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		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
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 [x] Consolidated basis [ ] Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
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		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		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 supported organization?		X
(ii)	A family member of a person described in (i) above?		X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?		X

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
BAPTIST MEMORIAL HOSPITAL-JONESBORO	26-1214372	3	X		X		X		3,941,921.
BAPTIST MEMORIAL MEDICAL GROUP, INC	62-1545731	501(C)(3)	X		X		X		1,208,912.
Total 2									5,150,833.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) . . . 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 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 a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 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 Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 section 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 ▶ ☐

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, Part V, line 35c (Proxy Tax), then

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

Name of organization	Employer identification number
NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC.	71-0850123

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political expenditures . . . . . ▶ $ _____
3 Volunteer hours . . . . . _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 . ▶ $ _____
2 Enter the amount of any excise tax incurred by organization managers under section 4955 . ▶ $ _____
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . ☐ 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 function activities . . . . . ▶ $ _____
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ $ _____
4 Did the filing organization file **Form 1120-POL** for this year? . . ☐ 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 nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).**

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		1.
j Total Add lines 1c through 1i			1.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible 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; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

NORTHEAST ARKANSAS BAPTIST HEALTH SYSTEM, INC, IS THE SOLE MEMBER OF NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC, BAPTIST MEMORIAL HEALTH CARE CORPORATION, THE SOLE MEMBER OF NORTHEAST ARKANSAS BAPTIST HEALTH SYSTEM, INC, PAYS MEMBERSHIP DUES TO THE AMERICAN HOSPITAL ASSOCIATION, THE ARKANSAS HOSPITAL ASSOCIATION, THE MISSISSIPPI

Part IV Supplemental Information *(continued)*

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.

NORTHEAST ARKANSAS CLINIC FOUNDATION, INC. DID NOT PAY CONSULTANT FEES. "1" HAS BEEN USED SO THE "YES" ANSWER NEXT TO PART II-B, LINE 1I WILL BE PRINTED ON THE FORM 990.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 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 NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC.

Employer identification number 71-0850123

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

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

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

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

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

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

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

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

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

		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 Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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				
b Buildings				
c Leasehold improvements		293,997.	79,841.	214,156.
d Equipment		8,324,694.	3,954,472.	4,370,222.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				4,584,378.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶		

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DUE TO AFFILIATES	11,765,775.
(3)	OTHER CURRENT LIABIITIES	297,100.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶		12,062,875.

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 (ASC 740)

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

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

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

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

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

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

Part XIV Supplemental Information

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

PART X, LINE 2: 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

Part XIV Supplemental Information *(continued)*

INCOME TAX EXAMINATIONS CURRENTLY IN PROCESS.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization: NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC.

Employer identification number: 71-0850123

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☒ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		X
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		X
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.			
	☒ 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		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	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		X
b	Any related organization?	6b		X
	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		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts 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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PAUL B. BETZ	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	195,465.	41,986.	15,160.	32,269.	20,933.	305,813.	0.
2 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.
3 JAMES W. BOSWELL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	521,651.	52,500.	15,443.	46,500.	22,986.	659,080.	0.
4 BRAD H. PARSONS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	140,632.	18,665.	21,127.	13,869.	19,551.	213,844.	0.
5 ERROL S. DAVIS	(i)	245,745.	0.	0.	10,500.	1,953.	258,198.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 MICHAEL MACKEY, M.D.	(i)	566,656.	0.	0.	14,640.	1,420.	582,716.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 BRUCE JONES, M.D.	(i)	387,139.	0.	0.	22,000.	1,420.	410,559.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 MICHAEL ISAACSON, M.D.	(i)	288,201.	0.	0.	12,000.	1,420.	301,621.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 JAMES AMEIKA, M.D.	(i)	351,580.	0.	0.	22,000.	1,420.	375,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 NORBERT DELACEY, M.D.	(i)	372,608.	0.	0.	13,566.	1,420.	387,594.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 ROBERT TAYLOR, M.D.	(i)	301,032.	0.	0.	22,000.	1,420.	324,452.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 BRANNON TREECE	(i)	263,105.	0.	0.	16,500.	1,419.	281,024.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 NATHAN TURNEY, M.D.	(i)	242,492.	0.	0.	15,125.	1,406.	259,023.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 KEVIN GANONG, M.D.	(i)	274,196.	0.	0.	22,000.	1,416.	297,612.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 DARRELL KING	(i)	221,732.	0.	650.	16,500.	1,953.	240,835.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 STEPHEN WOODRUFF, M.D.	(i)	280,085.	0.	0.	0.	1,420.	281,505.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts 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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DOUGLAS MAGLOTHIN,	(i)	218,603.	0.	0.	22,000.	1,420.	242,023.	0.
1 M.D.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	198,251.	0.	0.	0.	1,358.	199,609.	0.
2 RAY HALL, JR. M.D.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	728,373.	0.	0.	16,500.	240.	745,113.	0.
3 JASON BRANDT, M.D.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	615,538.	0.	0.	22,000.	1,420.	638,958.	0.
4 ROBERT ABRAHAM, M.D.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
5 GREGORY M. DUCKETT	(ii)	357,628.	243,995.	40,629.	36,750.	27,109.	706,111.	0.
	(i)	582,293.	0.	0.	16,500.	240.	599,033.	0.
6 DHARMENDRA PATEL, M.D.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	580,888.	0.	0.	16,500.	240.	597,628.	0.
7 JEFFREY MULLEN, M.D.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	575,678.	0.	0.	16,500.	1,420.	593,598.	0.
8 BEATA MAJEWSKI M.D.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	556,116.	0.	0.	16,500.	240.	572,856.	0.
9 JOHN PHILLIPS, M.D.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	550,757.	0.	0.	22,000.	240.	572,997.	0.
10 FRED GEORGE, M.D.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE.

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

THESE ACTIVITIES INCLUDE WELLNESS PROGRAMS, COMMUNITY EDUCATION PROGRAMS, SPECIAL PROGRAMS FOR THE ELDERLY, HANDICAPPED, MEDICALLY UNDERSERVED, AND A VARIETY OF BROAD COMMUNITY SUPPORT ACTIVITIES.

THEREFORE, IN KEEPING WITH ITS COMMITMENT TO SERVE ALL MEMBERS OF ITS COMMUNITY, NORTHEAST ARKANSAS BAPTIST CLINIC PROVIDES THE FOLLOWING:

--FREE CARE AND/OR SUBSIDIZED CARE,

--CARE PROVIDED TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST, AND

--HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITY

NEA BAPTIST CLINIC PROVIDES CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS FROM WHICH WE MAY RECEIVE LESS THAN MARKET VALUE REIMBURSEMENT. RECOGNIZING ITS MISSION TO THE COMMUNITY, SERVICES ARE PROVIDED TO MEDICARE, MEDICAID AND UNINSURED PATIENTS. TO THE EXTENT REIMBURSEMENT IS BELOW COST, NEA BAPTIST CLINIC RECOGNIZES THESE AMOUNTS AS CHARITY CARE IN MEETING ITS MISSION TO THE ENTIRE COMMUNITY.

DURING THE YEAR ENDING SEPTEMBER 30, 2012, THE UNREIMBURSED VALUE OF PROVIDING CARE TO THESE PATIENTS WAS $30,071,735.

CHARITY CARE IS ALSO PROVIDED THROUGH MANY REDUCED PRICED SERVICES AND

Name of the organization NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC.

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FREE PROGRAMS OFFERED THROUGHOUT THE YEAR BASED UPON ACTIVITIES AND SERVICES THAT NEA BAPTIST CLINIC BELIEVES WILL SERVE A BONA FIDE COMMUNITY HEALTH NEED, THROUGH ITS AFFILIATION WITH BAPTIST MEMORIAL HEALTH CARE CORPORATION, NEA BAPTIST CLINIC PROVIDES THE FOLLOWING PROGRAMS AND SERVICES FOR THE COMMUNITY:

--COMMUNITY HEALTH FAIRS

--PHYSICAL EXAMS FOR STUDENTS ACTIVE IN COMPETITIVE SPORTS

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

--EMPLOYEE ACTIVITIES TO RAISE MONEY FOR UNITED WAY, AMERICAN HEART ASSOCIATION, AND MARCH OF DIMES

--PROVISIONS OF PHYSICIANS FOR SPEAKING ENGAGEMENTS ON TOPICAL HEALTH ISSUES TO THE COMMUNITY

ONE OF THE BIGGEST PROGRAMS AT NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION IS THE WELLNESS CENTER.THE WELLNESS CENTER AT NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION HAS A STATE OF THE ART CARDIO THEATRE, SELECTORIZED EQUIPMENT, FREE WEIGHTS, INDOOR RUBBERIZED RUNNING TRACK, INDOOR HEATED POOL, JUICE BAR AND NUTRITION CENTER, LOCKER ROOMS, PERSONAL TRAINING AND MORE. WE STRIVE TO DO WHATEVER IS NECESSARY TO HELP OUR MEMBERS MEET THEIR GOALS.

OUR TRAINING PHILOSPHY IS BASED ON THE PERIODIZATION OF RESISTANCE TRAINING, SOUND NUTRITION, AND CARDIOVASCULAR TRAINING. THIS IS KNOWN AS OUR TRIANGLE OF SUCCESS.

THE NEA BAPTIST WELLNESS CENTER IS A SILVER SNEAKER CERTIFIED FACILITY. ANYONE WHO HAS SILVER SNEAKERS AS A BENEFIT ON THEIR MEDICAL INSURANCE

Name of the organization NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC.

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CAN COME TO THE WELLNESS CENTER FREE OF CHARGE.

WE OFFER VARIOUS CLASSES SUCH AS AAA WTER AEROBICS, LATIN BOOTCAMP, SILVERSPLASH SILVER SNEAKERS, AB WORKOUTS, LATIN FIT, YOGASTRETCH SILVER SNEAKERS, CARDIO CIRCUIT SILVER SNEAKERS, MSROM SILVER SNEAKERS, AND ZUMBA, JUST TO NAME A FEW.

FOR THE PERIOD ENDING SEPTEMBER 30, 2012, WE HAD APPROXIMATELY 785 REGULAR MEMBERS.

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

LINE 7G:

THE ORGANIZATION DID NOT RECEIVE ANY CONTRIBUTIONS OF QUALIFIED INTELLECTUAL PROPERTY REQUIRING IT TO FILE A FORM 8899.

LINE 7H:

THE ORGANIZATION DID NOT RECEIVE ANY CONTRIBUTIONS OF CARS, BOATS, AIRPLANES, OR OTHER VEHICLES REQUIRING IT TO FILE A FORM 1098-C.

FORM 990, PART VI, SECTION A, LINE 3: NORTHEAST ARKANSAS BAPTIST HEALTH SYSTEM, INC, IS THE SOLE MEMBER OF NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC, BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER OF NORTHEAST ARKANSAS BAPTIST HEALTH SYSTEM, INC., PROVIDES CERTAIN LEGAL, FINANCE, QUALITY, AND PERSONNEL SERVICES PURSUANT TO A SHARED SERVICES AGREEMENT TO NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION,INC.

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

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

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

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

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

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

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

Name of the organization NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC.

Employer identification number 71-0850123

990 AFTER SUBMITTING IT TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: NORTHEAST ARKANSAS BAPTIST HEALTH SYSTEM, INC. IS THE SOLE MEMBER OF NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC. BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER OF NORTHEAST ARKANSAS BAPTIST HEALTH SYSTEM, INC. 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.

FORM 990, PART VI, SECTION B, LINE 15: BAPTIST MEMORIAL HEALTH CARE CORPORATION'S HUMAN RESOURCE DEPARTMENT, THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS, AND AN INDEPENDENT COMPENSATION CONSULTING FIRM PERFORM

Name of the organization NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC.

Employer identification number 71-0850123

ANNUAL REVIEWS EACH DECEMBER AND APPROVE COMPENSATION OF THE CEO AND OTHER TOP MANAGEMENT PERSONNEL. THEY USE COMPARABILITY DATA AND OTHER SOURCES AS NEEDED. THE CEO AND OTHER TOP MANAGEMENT USE THE SAME TYPE OF INFORMATION TO APPROVE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES.

ON DECEMBER 13, 2010 THE COMPENSATION WAS REVIEWED AND APPROVED FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2011 FOR THE PRESIDENT, THE VICE PRESIDENTS, AND THE CEO/ADMINISTRATOR.

FORM 990, PART VI, SECTION C, LINE 18: NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC. MAKES COPIES OF ITS FORMS 1023, 990, AND 990T AVAILABLE FOR PUBLIC INSPECTION TO ANYONE WHO REQUESTS THEM AS REQUIRED BY THE IRS.

FORM 990, PART VI, SECTION C, LINE 19: NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC. MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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

PAUL B. BETZ - 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177

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

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

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

BRAD H. PARSONS - 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177

ERROL S. DAVIS - 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177

PART VII, COL B:

Name of the organization NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC.

Employer identification number 71-0850123

ESTIMATE OF AVERAGE HOURS WORKED PER WEEK DEVOTED TO RELATED ORGANIZATIONS:

BRAD H. PARSONS--39.8 HOURS

GREGORY M. DUCKETT--39.9 HOURS

JASON M. LITTLE--39.8 HOURS

ERROL S. DAVIS--39.8 HOURS

PAUL B. BETZ--39.8 HOURS

JAMES W. BOSWELL--39.8 HOURS

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

EQUITY CONTRIBUTION 150,890.

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

NORTHEAST ARKANSAS BAPTIST HEALTH SYSTEM, INC. IS THE SOLE MEMBER OF NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC. BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS THE SOLE MEMBER OF NORTHEAST ARKANSAS BAPTIST HEALTH SYSTEM, INC., 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 THE PRIOR YEAR.

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.

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Name of the organization: NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC.

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
BAPTIST MEMORIAL HEALTH CARE SYSTEM, INC. - 58-1456556, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	CARRY OUT THE HEALTH CARE MISSIONS OF THE BAPTIST CONVENTIONS OF AR, MS, TN	TENNESSEE	501(C)(3)	509(A)(3)	N/A		X
BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES, INC. - 62-1599670, 1003 MONROE, MEMPHIS, TN 38104-3110	EDUCATION OF HEALTH CARE PROFESSIONALS	TENNESSEE	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HOSPITAL, INC.		X
BAPTIST MEMORIAL HEALTH SERVICES, INC. - 62-1509127, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	PROVISION OF HEALTH CARE PROVIDERS & HOME INFUSION EQUIPMENT	TENNESSEE	501(C)(3)	509(A)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL, INC. - 62-0123940 350 N. HUMPHREYS BLVD, MEMPHIS, TN 38120-2177	HEALTH CARE/HOSPITAL	TENNESSEE	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
MEDICAL FINANCIAL SERVICES, INC. - 62-1112364, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	COLLECTION AGENCY FOR BAPTIST FACILITIES	TENNESSEE	501(C)(3)	509(A)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-BOONEVILLE, INC. - 64-0663760, 100 HOSPITAL ST., BOONEVILLE, MS 38829	HEALTH CARE/HOSPITAL	MISSISSIPPI	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-DESOTO, INC. - 64-0682111, 7601 SOUTHCREST PKWY., SOUTHAVEN, MS 38671	HEALTH CARE/HOSPITAL	MISSISSIPPI	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE, INC. - 62-1519754, 2520 FIFTH ST., COLUMBUS, MS 39703	HEALTH CARE/HOSPITAL	MISSISSIPPI	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-HUNTINGDON, INC. - 62-1166050, 631 R.B. WILSON DR., HUNTINGDON, TN 38344	HEALTH CARE/HOSPITAL	TENNESSEE	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST CLINICAL RESEARCH INSTITUTE, INC. - 45-3032246, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	FACILITATE MEDICAL & SCIENTIFIC RESEARCH	TENNESSEE	501(C)(3)PEN		BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, INC. - 64-0772726, 2301 S. LAMAR, OXFORD, MS 38655	HEALTH CARE/HOSPITAL	MISSISSIPPI	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-TIPTON, INC. - 62-1113167, 1995 HWY 51 SOUTH, COVINGTON, TN 38019	HEALTH CARE/HOSPITAL	TENNESSEE	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-UNION CITY, INC. - 62-1138045, 1201 BISHOP ST, UNION CITY, TN 38261	HEALTH CARE/HOSPITAL	TENNESSEE	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-UNION COUNTY, INC. - 63-0997281, 200 HWY 30 WEST, MEW ALBANY, MS 38652	HEALTH CARE/HOSPITAL	MISSISSIPPI	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES, INC. - 58-1645396, 2100 EXETER RD., GERMANTOWN, TN 38138	HEALTH CARE/HOSPITAL	TENNESSEE	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOME CARE, INC. - 58-1562973, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	HOME HEALTH CARE & HOSPICE SERVICES	TENNESSEE	501(C)(3)	509(A)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
BAPTIST MEMORIAL MEDICAL GROUP, INC. - 62-1545731, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	PROVISION OF HEALTH CARE PROVIDERS FOR TN FACILITIES	TENNESSEE	501(C)(3)	509(A)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL PATIENT SAFETY ORGANIZATION, INC. - 45-3032372, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	ESTABLISHING, MAINTAINING & MANAGING A PATIENT SAFETY ORGANIZATION	TENNESSEE	501(C)(3)PEN		BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL MEDICAL MINI. EMP. HLTH & WELFARE TRUST - 62-1407946, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	BAPTIST EMPLOYEE HEALTH PLAN	TENNESSEE	501(C)(3)		BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MINOR MEDICAL CENTERS - 62-1538114 350 N. HUMPHREYS BLVD. MEMPHIS, TN 38120-2177	NON-EMERGENCY MEDICAL CLINICS	TENNESSEE	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC. - 58-1544781, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	SOLICIT, RAISE, MANAGE, APPLY & INVEST IN SUPPORT OF BAPTIST ENTITIES	TENNESSEE	501(C)(3)	509(A)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-JONESBORO, INC. - 26-1214372, 3024 STADIUM BLVD., JONESBORO, AR 72401	HEALTH CARE/HOSPITAL	ARKANSAS	501(C)(3)	509(A)(1)	NEA BAPTIST HEALTH SYSTEM, INC.		X
NEA BAPTIST HEALTH SYSTEM, INC. - 27-1799652 3024 STADIUM BLVD. JONESBORO, AR 72401	HEALTH CARE SERVICE PROVIDER	ARKANSAS	501(C)(3)PEN		BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HEALTH CARE CORPORATION - 58-1521475, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	MANAGEMENT, ADMINISTRATIVE & FINANCIAL SERVICES FOT AFFILIATES	TENNESSEE	501(C)(3)	509(A)(3)	N/A		X
THE STERN CARDIOVASCULAR FOUNDATION, INC. - 27-4396698, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	HEALTH CARE SERVICE PROVIDER	TENNESSEE	501(C)(3)PEN		BAPTIST MEMORIAL MEDICAL GROUP, INC.		X
FAMILY CANCER CENTER FOUNDATION, INC. - 45-2842963, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	HEALTH CARE SERVICE PROVIDER	TENNESSEE	501(C)(3)PEN		BAPTIST MEMORIAL MEDICAL GROUP, INC.		X
INTEGRITY ONCOLOGY FOUNDATION, INC. - 45-3303687, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	HEALTH CARE SERVICE PROVIDER	TENNESSEE	501(C)(3)PEN		BAPTIST MEMORIAL MEDICAL GROUP, INC.		X
MEMPHIS LUNG PHYSICIANS FOUNDATION, INC. - 45-2832975, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	HEALTH CARE SERVICE PROVIDER	TENNESSEE	501(C)(3)PEN		BAPTIST MEMORIAL MEDICAL GROUP, INC.		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) Section 512(b)(13) controlled organization? No
BOSTON BASKIN CANCER FOUNDATION, INC. - 45-3303607, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	HEALTH CARE SERVICE PROVIDER	TENNESSEE	501(C)(3)PEN		BAPTIST MEMORIAL MEDICAL GROUP, INC.		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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
BAPTIST-DESOTO SURGERY CENTER - 20-0804946, 40 BURTON HILLS BLVD, STE 500, NASHVILLE, TN 37215	AMBULATORY SURGERY	MS	N/A	N/A				X	N/A		X	
BAPTIST-EAST MEMPHIS SURGERY CENTER - 62-1846584, 80 HUMPHREYS CENTER #101, MEMPHIS, TN 38120	AMBULATORY SURGERY	TN	N/A	N/A				X	N/A		X	
BAPTIST-GERMANTOWN SURGERY CENTER, L.P. - 62-1829424, 40 BURTON HILLS BLVD, STE 500, NASHVILLE, TN 37215	AMBULATORY SURGERY	TN	N/A	N/A				X	N/A		X	
BAPTIST & PHYSICIANS O/P SURGERY CENTER OF N. MS - 62-0925692, 40 BURTON HILLS BLVD, STE 500, NASHVILLE, TN	AMBULATORY SURGERY	MS	N/A	N/A				X	N/A		X	

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

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

SEE PART VII FOR CONTINUATIONS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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
BAPTIST N. MS IMAGING SERVICES, LLC - 26-2641267, 504 AZALEA DR., OXFORD, MS 38655	DIAGNOSTIC SERVICES	MS	N/A	N/A				X	N/A		X	
EAST MEMPHIS UROLOGY CENTER, L.P. - 62-1810940, 40 BURTON HILLS BLVD, STE 500, NASHVILLE, TN 37215	AMBULATORY UROLOGICAL SERVICES	TN	N/A	N/A				X	N/A		X	
HAMILTON EYE INSTITUTE SURGERY CENTER, L.P. - 20-2873438, 930 MADISON AVE., MEMPHIS, TN 38103	AMBULATORY SURGERY	TN	N/A	N/A				X	N/A		X	
MEDICAL ALTERNATIVES - 62-1488427, 4565 SHELBY RD, MEMPHIS, TN 38083	HOME INFUSION PRODUCTS & SERVICES TO PATIENTS	TN	N/A	N/A				X	N/A		X	
MEMPHIS BIOMED VENTURES I, L.P. - 94-3424417, 17 W. PONTOTOC STE 200, MEMPHIS, TN 38103	MEDICAL RESEARCH	TN	N/A	N/A				X	N/A		X	
MEMPHIS SURGERY CENTER, LTD, L.P. - 62-1218330, 3000 RIVERCHASE GALLERIA STE 500, BIRMINGHAM, AL 35244	AMBULATORY SURGERY	TN	N/A	N/A				X	N/A		X	
MEMPHIS-SC, LLC - 62-1590322 3000 RIVERCHASE GALLERIA STE 5 BIRMINGHAM, AL 35244	AMBULATORY SURGERY	TN	N/A	N/A				X	N/A		X	
MEMPHIS-SP, LLC - 62-1590324 3000 RIVERCHASE GALLERIA STE 5 BIRMINGHAM, AL 35244	AMBULATORY SURGERY	TN	N/A	N/A				X	N/A		X	
MIDTOWN SURGERY CENTER, L.P. - 62-1619344, 40 BURTON HILLS BLVD, STE 500, NASHVILLE, TN 37215	AMBULATORY SURGERY	TN	N/A	N/A				X	N/A		X	

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

(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
NORTHWEST TENNESSEE SURGERY CENTER, LLC - 62-1685508, 1722 E. REELFOOT, UNION CITY, TN 38261	AMBULATORY SURGERY	TN	N/A	N/A				X	N/A		X	
SM-B BUILDING, LLC - 62-1834236, 5900 POPLAR AVE, STE 100, MEMPHIS, TN 38119	PHYSICIAN OFFICES	TN	N/A	N/A				X	N/A		X	
TENNESSEE LITHOTRIPERS, L.P. - 56-1720365, 9825 SPECTRUM DR, BLDG 3, AUSTIN, TX 78717	LITHOTRIPSY SERVICES	TN	N/A	N/A				X	N/A		X	
WOLF RIVER MEDICAL CENTER, L.P. - 62-1510287, 350 N. HUMPHRESY BLVD., MEMPHIS, TN 38120-2177	MEDICAL OFFICE BLDG.	TN	N/A	N/A				X	N/A		X	
CANCER CARE CENTER OF UNION CITY, L.P. - 26-3425045, 322 HOSPITAL BLVD., JACKSON, MS 38305	CANCER CARE SERVICES	MS	N/A	N/A				X	N/A		X	
MAYS & SCHNAPP PAIN CENTER - 62-1512849, 55 HUMPHREYS CENTER BLVD, STE 200, MEMPHIS, TN 38120	PAIN MANAGEMENT SERVICES	TN	N/A	N/A				X	N/A		X	
CONVENIENT CARE DIAGNOSTIC CENTER, PLLC - 64-0914382, 555 HWY 6 EAST, BATESVILLE, MS 38606	RADIOLOGY & DIAGNOSTIC SERVICES	MS	N/A	N/A				X	N/A		X	

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

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

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

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) BAPTIST MEMORIAL MEDICAL GROUP, INC.	N	54,114.	FMV
(2) BAPTIST MEMORIAL HEALTH CARE CORPORATION	E	3,395,147.	FMV
(3) BAPTIST MEMORIAL HOSPITAL-JONESBORO, INC	K	3,941,921.	FMV
(4) BAPTIST MEMORIAL MEDICAL GROUP, INC.	K	1,154,798.	FMV
(5) BAPTIST MEMORIAL MEDICAL GROUP, INC.	C	150,890.	FMV
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 section 512-514)	(e) Are all partners sec 501(c)(3) orgs ? Yes	(e) No	(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

Part VII Supplemental Information

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

BAPTIST & PHYSICIANS O/P SURGERY CENTER OF N, MS

EIN: 62-0925692

40 BURTON HILLS BLVD, STE 500

NASHVILLE, TN 37215

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

SOUTHCREST PROPERTY OWNERS ASSOCIATION

PRIMARY ACTIVITY: BOOKKEEPING & DATA PROCESSING FOR THE SOUTHCREST DEVELOPMENT

NAME OF RELATED ORGANIZATION:

GERMANTOWN BUSINESS PARK OWNERS ASSOCIATION

PRIMARY ACTIVITY: BOOKKEEPING & DATA PROCESSING FOR THE GERMANTOWN BUSINESS PARK DEVELOPMENT

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

(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			
(27) BEATA MAJEWSKI,M.D. PHYSICIAN	40.00					X		575,678.	0.	17,920.
(28) JOHN PHILLIPS, M.D. PHYSICIAN	40.00					X		556,116.	0.	16,740.
(29) FRED GEORGE, M.D. PHYSICIAN	40.00					X		550,757.	0.	22,240.
Total to Part VII, Section A, line 1c								1,682,551.		56,900.

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ▶ [x]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
File by the due date for filing your return See instructions.	NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC.	[x] 71-0850123
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O 350 N. HUMPHREYS BLVD.	Social security number (SSN) [ ]
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MEMPHIS, TN 38120-2177	

Enter the Return code for the return that this application is for (file a separate application for each return) [0 1]

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ ANGIE CARLTON 1835 GRANT ST. - JONESBORO, AR 72401
  Telephone No. ▶ 870-934-5119 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until AUGUST 15, 2013.

5 For calendar year _____, or other tax year beginning OCT 1, 2011, and ending SEP 30, 2012.

6 If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return
[ ] Change in accounting period

7 State in detail why you need the extension
TAXPAYER REQUESTS ADDITIONAL TIME NECESSARY TO PREPARE AND FILE A COMPLETE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$ 0.
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ 0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [signature] Title ▶ SECRETARY Date ▶ 5/14/13