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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 private foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10-01-2013, 2013, and ending 09-30-2014

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC		<b>D</b> Employer identification number  58-1544781	
	Doing Business As			
	Number and street (or P O box if mail is not delivered to street address) Room/suite 350 N HUMPHREYS BLVD		E Telephone number  (901) 227-7142	
	City or town, state or province, country, and ZIP or foreign postal code MEMPHIS, TN 381202177		<b>G</b> Gross receipts \$ 162,250,569	
	<b>F</b> Name and address of principal officer JAMES S FOUNTAIN 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀(insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ BMHGIVING.ORG				

<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation 1983	<b>M</b> State of legal domicile TN
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Part I



Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities THE ORGANIZATION'S PRIMARY MISSION IS TO SOLICIT & RECEIVE CONTRIBUTIONS (SEE SCHEDULE O,pg 69)GIFTS, GRANTS, DEVISES, OR BEQUESTS OF REAL AND/OR PERSONAL PROPERTY FROM INDIVIDUALS, FOUNDATIONS, PARTNERSHIPS, ASSOCIATIONS, GOVERNMENTAL BODIES, PUBLIC AND/OR PRIVATE CORPORATIONS AND TO MAINTAIN, USE, AND APPLY, DIRECTLY OR INDIRECTLY, THE WHOLE OR ANY PART OF THE INCOME THEREFROM AND THE PRINCIPAL THEREOF EXCLUSIVELY FOR THE BENEFIT OF, OR TO CARRY OUT THE PURPOSES OF THE BAPTIST MEMORIAL HEALTH CARE SYSTEM		
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	19	
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	17	
<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	11	
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	175	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	9,279,084	11,527,092
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7 d)	0	0
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	37,880,260	33,292,116
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-341,193	-283,769
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	46,818,151	44,535,439
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	10,260,391	7,417,437
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	1,665,748	1,778,000
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶601,926	0	0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,517,260	1,824,666
	<b>19</b> Revenue less expenses Subtract line 18 from line 12	13,443,399	11,020,103
Net Assets or Fund Balances		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	33,374,752	33,515,336
	<b>21</b> Total liabilities (Part X, line 26)		
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	356,224,916	394,859,850
		12,869,957	9,684,725

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			2015-03-20		
	Signature of officer		Date		
Paid Preparer Use Only					
	JAMES S FOUNTAIN SR VP/CHIEF DEV OFFICER				
	Type or print name and title				
Paid Preparer Use Only	Prnt/Type preparer's name FRANCIS J BEDARD		Preparer's signature		Date
	Firm's name ▶ DELOITTE TAX LLP			Check <input type="checkbox"/> if self-employed PTIN P00752421	
	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

### Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☒

**1** Briefly describe the organization's mission

BAPTIST MEMORIAL HEALTH CARE FOUNDATION, THE FUNDRAISING ARM OF BAPTIST MEMORIAL HEALTH CARE CORPORATION, RAISES MONEY TO BENEFIT VARIOUS BAPTIST MEMORIAL HEALTH CARE CORPORATION PROGRAMS AND SERVICES (SEE SCHEDULE O, page 69 FOR CONTINUATION) FUNDS RAISED BY BAPTIST MEMORIAL HEALTH CARE FOUNDATION HELP ACCOMPLISH BAPTIST MEMORIAL HEALTH CARE CORPORATION'S CHARITABLE CARE OBJECTIVES AND PROVIDE RESOURCES FOR ENHANCED PATIENT CARE, EDUCATION, AND GROUNDBREAKING CLINICAL RESEARCH THE BAPTIST MEMORIAL HEALTH CARE FOUNDATION SOLICITS, RECEIVES, AND MANAGES CONTRIBUTIONS, GIFTS, GRANTS, AND BEQUESTS

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 9,154,872 including grants of \$ 7,417,437 ) (Revenue \$ )

BAPTIST MEMORIAL HEALTH CARE FOUNDATION, ESTABLISHED IN 1983, IS THE FUNDRAISING ARM OF THE BAPTIST MEMORIAL HEALTH CARE SYSTEM, WHICH RAISES MONEY TO BENEFIT VARIOUS BAPTIST MEMORIAL HEALTH CARE CORPORATION PROGRAMS AND SERVICES. FUNDS RAISED BY BAPTIST MEMORIAL HEALTH CARE FOUNDATION HELP ACCOMPLISH BAPTIST MEMORIAL HEALTH CARE CORPORATION'S CHARITABLE CARE OBJECTIVES AND PROVIDE RESOURCES FOR ENHANCED PATIENT CARE, EDUCATION, AND GROUNDBREAKING CLINICAL RESEARCH. THE BAPTIST MEMORIAL HEALTH CARE FOUNDATION SOLICITS, RECEIVES, AND MANAGES CONTRIBUTIONS, GIFTS, GRANTS, AND BEQUESTS. CONTINUED ON SCHEDULE O, PAGE 69. FUNDS RAISED BY BAPTIST MEMORIAL HEALTH CARE FOUNDATION PLAY A KEY ROLE IN FULFILLING THE MISSION OF HEALING, PREACHING, AND TEACHING FOR THE AFFILIATES OF BAPTIST MEMORIAL HEALTH CARE CORPORATION. BAPTIST MEMORIAL HEALTH CARE FOUNDATION ADMINISTERS CONTRIBUTED DOLLARS THROUGH NUMEROUS DONOR RESTRICTED FUNDS WHICH SUPPORT THE CONTINUUM OF CARE OFFERED BY BAPTIST MEMORIAL HEALTH CARE CORPORATION FACILITIES INCLUDING ONCOLOGY, CARDIOVASCULAR, PEDIATRIC, AND REHABILITATIVE SERVICES, JUST TO NAME A FEW. BAPTIST MEMORIAL HEALTH CARE FOUNDATION ALSO ALLOCATES A PORTION OF UNRESTRICTED CONTRIBUTED DOLLARS AND PORTFOLIO EARNINGS FOR THE BENEFIT OF ITS VARIOUS GRANT PROGRAMS. THE FOLLOWING PROGRAM RECEIVED FUNDING DURING THE 2014 FISCAL YEAR: EPILEPSY MONITORING UNIT AND MULTI-DISCIPLINARY CENTER. AN EPILEPSY MONITORING UNIT AND MULTI-DISCIPLINARY CENTER DESIGNED TO IMPROVE HIGHLY SPECIALIZED SERVICES AND CARE FOR PATIENTS LIVING WITH OR AT RISK OF EPILEPSY. OFFICER GRANTS: THE BAPTIST MEMORIAL HEALTH CARE FOUNDATION'S OFFICER GRANT PROGRAM ALLOWS OFFICERS AND BOARD MEMBERS OF BAPTIST MEMORIAL HEALTH CARE FOUNDATION TO FACILITATE SMALLER GRANT REQUESTS (\$100,000 AND LESS) WITH A HEALTH-RELATED FOCUS. SOME OF THE INITIATIVES AND ORGANIZATIONS ASSISTED THROUGH THESE GRANT PROGRAMS INCLUDE BAPTIST MEMORIAL MEDICAL GROUP, INC. HYPERTENSION INITIATIVE. IN TANDEM WITH THE AMERICAN MEDICAL GROUP FOUNDATION'S NATIONAL CAMPAIGN, BAPTIST MEDICAL GROUP LAUNCHED A LOCAL CAMPAIGN TO ENCOURAGE ADULTS TO MEASURE, MONITOR, AND MAINTAIN CONTROLLED BLOOD PRESSURE. CARE JUVENILE INTERVENTION. THE GRANT SUPPORTS AN INITIATIVE THAT EDUCATES AND EMPOWERS WOMEN BY PROVIDING FREE TESTING, FACTUAL INFORMATION AND FREE LIMITED OBSTETRICAL SERVICES, AND CONFIDENTIAL COUNSELING TO MAKE LIFE-AFFIRMING CHOICES IN A CHRIST-LIKE SETTING. PARENTING HUB. OFFICER'S GRANT. THIS PROGRAM WAS CREATED AS A PILOT PROGRAM FOR A PARENTING HUB AT BAPTIST WOMEN'S DESIGNED TO FACILITATE OPEN DIALOGUE FOR GUIDANCE TO PREPARE PARENTS FOR ALL STAGES OF THE BEHAVIORAL AND EMOTIONAL CHALLENGES WITH THEIR CHILDREN. ADDITIONAL FUNDING WAS AWARDED THIS YEAR TO UNDERWRITE THE EXPENSES FOR THE "CHILDHOOD ADVERSE EXPERIENCE ASSESSMENT (ACE)" WITHIN SHELBY COUNTY PENNIES PROJECT. THE PENNIES PROJECT WAS INITIATED BY MISSISSIPPI CHILDREN WHO WENT FROM KNOWING LITTLE ABOUT THE HOLOCAUST TO WANTING TO COMMEMORATE THE 1.5 MILLION CHILDREN WHO PERISHED IN IT. THE CHILDREN RAISED HALF A MILLION PENNIES AND BEGAN A LETTER WRITING CAMPAIGN TO ACTORS AND ATHLETES TO RAISE THE BALANCE. AFTER THREE YEARS, THE CHILDREN HAD RAISED 1.5 MILLION PENNIES AND DEVELOPED A RELATIONSHIP WITH THE REGIONAL JEWISH COMMUNITY AND GAINED THE ATTENTION AND WON THE HEARTS OF ENOUGH INDIVIDUALS THAT A STATUE WAS COMMISSIONED BY THE UNKNOWN CHILD FOUNDATION IN HERNANDO, MS TO COMMEMORATE THE 1.5 MILLION CHILDREN. THE STATUE IS TITLED UNKNOWN CHILD HOLOCAUST REMEMBRANCE. SEVERAL CORPORATIONS AND FOUNDATIONS DONATED DOLLARS TO HELP THE CHILDREN REALIZE THEIR GOAL AND A PERMANENT MEMORIAL IS BEING PLANNED. BAPTIST MEMORIAL HOSPITAL DONATED A STATUE TO THE HADASSAN HOSPITAL IN ISRAEL. CHAIR LIFT FOR BLUE MOUNTAIN COLLEGE. TO HELP BLUE MOUNTAIN COLLEGE PURCHASE A CHAIR LIFT FOR PHYSICALLY CHALLENGED STUDENTS. ONCOLOGY ON TRACK. NURSE NAVIGATION SOFTWARE. THIS SOFTWARE IS DESIGNED TO ENHANCE PATIENT CARE THROUGHOUT THE BAPTIST MEMORIAL HEALTH CARE SYSTEM BY ENABLING THE SHARING OF INFORMATION IMPROVING CONTINUITY OF CARE. UNIVERSITY OF MEMPHIS MASTER HEALTH ADMINISTRATION GRADUATE ASSISTANTS. TO ENABLE UNIVERSITY OF MEMPHIS' MASTER HEALTH ADMINISTRATION PROGRAM GRADUATE STUDENTS TO INTERN AT BAPTIST MEMORIAL HOSPITAL-MEMPHIS, BAPTIST MEMORIAL HOSPITAL FOR WOMEN, AND BAPTIST MEMORIAL HOME CARE, AND IN GENERAL PROVIDE WORKFORCE DEVELOPMENT WITHIN THE SYSTEM. THE PARISH NURSE STUDY. BAPTIST MEMORIAL HOSPITAL-DE SOTO, BAPTIST CLINICAL RESEARCH INSTITUTE, AND THE CHURCH HEALTH CENTER COLLABORATED ON A PILOT STUDY TO DETERMINE IF THE USE OF FAITH-BASED COMMUNITY NURSES AND VOLUNTEER PERSONAL CARE TEAMS CAN SHIFT RESIDENTS FROM "HIGH RISK" PATIENTS TO "CONTROLLED CARE" PATIENTS. THIS SHIFT WOULD IN TURN DECREASE HOSPITAL READMISSION RATES AND EMERGENCY DEPARTMENT VISITS THROUGHOUT THE REGION. EPIC ROI. TO CONDUCT A RETURN ON INVESTMENT ANALYSIS OF THE BENEFITS OF IMPLEMENTING EPIC, A FEDERALLY CERTIFIED-COMPLETE ELECTRONIC HOSPITAL RECORD SYSTEM, WITHIN A LARGE HEALTHCARE SYSTEM IN THE MID-SOUTH WITH 14 HOSPITALS AND OVER 3,000 PHYSICIANS. PATIENT CENTERED OUTCOMES RESEARCH INSTITUTE (PCORI) GRANT. GRADUATE ASSISTANT SUPPORT. TO SUPPORT THE NIH-FUNDED "PCORI BUILDING A MULTIDISCIPLINARY BRIDGE ACROSS THE QUALITY CHASM IN THORACIC ONCOLOGY" BY SUPPORTING PERSONNEL NEEDED TO ANALYZE DATA COLLECTED DURING THE STUDY. MARKET LEADER GRANTS: THE MARKET LEADER CAPITAL GRANT WAS CREATED FOR THE MEMPHIS METRO AND REGIONAL MARKET SERVICE AREAS OF THE BAPTIST MEMORIAL HEALTH CARE SYSTEM. THE PURPOSE OF THESE GRANTS IS TO COVER GRANT REQUESTS FOR ITEMS THAT WILL DIRECTLY IMPACT PATIENT CARE IMPROVEMENT. A MAXIMUM OF \$600,000 FROM BAPTIST MEMORIAL HEALTH CARE FOUNDATION'S GRANT BUDGET WAS SET ASIDE FOR THE 2014 FISCAL YEAR FOR UNPLANNED INITIATIVES IN THE METRO AND REGIONAL MARKETS THAT MAY SURFACE DURING THE YEAR. THE SELECTION PROCESS IS CONDUCTED BY THE RESPECTIVE METRO AND REGIONAL MARKET LEADERS. AWARDS ARE MADE AT THE SOLE DISCRETION OF THE MARKET LEADERS. EACH GRANT REQUESTER, WHICH IS USUALLY A HOSPITAL ADMINISTRATOR, MUST SUBMIT A COMPLETED CAPITAL EQUIPMENT REQUEST FORM. THE FOLLOWING HOSPITALS WERE AWARDED MARKET LEADER GRANTS: BAPTIST CANCER CENTER THORACIC ONCOLOGY. TO SUPPORT THE NIH-FUNDED "PCORI BUILDING A MULTIDISCIPLINARY BRIDGE ACROSS THE QUALITY CHASM IN THORACIC ONCOLOGY" BY DEVELOPING A COMPUTER SIMULATION PROGRAM OF MATHEMATICAL MODELS OF CARE FLOW FOR LUNG CANCER PATIENTS. POST GRADUATE YEAR TWO PHARMACY-ONCOLOGY SERVICE. THIS INITIATIVE WAS FUNDED TO DETERMINE THE FEASIBILITY OF ESTABLISHING PHARMACY RESIDENCY POSITIONS SPECIFICALLY FOR ONCOLOGY CARE. DURING FISCAL YEAR ENDING 9/30/14, THE TOTAL AMOUNT AWARDED THROUGH THE BOARD OF DIRECTORS', OFFICERS', AND MARKET LEADER GRANT PROGRAMS WAS OVER \$2.1 MILLION. OTHER SUPPORT: IN 2014, THE BAPTIST MEMORIAL HEALTH CARE FOUNDATION BOARD APPROVED THE RESTRICTION OF A PORTION OF THE FOUNDATION'S PORTFOLIO OF ASSETS TO PROVIDE AN ENDOWMENT FOR THE BENEFIT OF THE BAPTIST COLLEGE OF HEALTH SCIENCES. THE INCOME FROM THESE RESTRICTED FUNDS IS TO FUND A TUITION ASSISTANCE PROGRAM FOR THE STUDENTS OF THE COLLEGE. DURING 2014, APPROXIMATELY \$381,629 WAS SPENT FROM ENDOWMENT EARNINGS TO SUPPORT THE TUITION ASSISTANCE PROGRAM. AT THE END OF 2014, IN EXCESS OF \$24 MILLION WAS RESTRICTED IN THE ENDOWMENT FOR THE BENEFIT OF THE COLLEGE AND ITS STUDENTS. DONOR-RESTRICTED FUNDS: BAPTIST MEMORIAL HEALTH CARE FOUNDATION ADMINISTERS A NUMBER OF DONOR-RESTRICTED FUNDS WHICH PROVIDE BENEFITS TO PATIENTS OF THE AFFILIATE HOSPITALS, AS WELL AS, THE COMMUNITY AT LARGE. BAPTIST MEMORIAL HEALTH CARE FOUNDATION PROVIDES SUPPORT FOR BOTH THE CHARITY NEED OF PATIENTS AND EMPLOYEES THROUGH CHARITABLE CARE AND EMPLOYEE EMERGENCY ASSISTANCE FUNDS. BAPTIST MEMORIAL HEALTH CARE FOUNDATION ROUTINELY MAKES PURCHASES TO BENEFIT CHARITY CARE PATIENTS AND THEIR FAMILY MEMBERS WHEN THERE ARE HARDSHIP CIRCUMSTANCES. EXAMPLES OF SUCH PURCHASES INCLUDE BUS TICKETS FOR TRAVEL FROM THE HOSPITAL, MINOR EQUIPMENT AND PRESCRIPTION DRUGS NEEDED UPON DISCHARGE. THESE EXPENDITURES WERE PAID DIRECTLY TO THE SERVICE PROVIDER OR TO A VENDOR. BAPTIST MEMORIAL HEALTH CARE FOUNDATION ALSO MADE DISBURSEMENTS ON BEHALF OF EMPLOYEES WHO SUFFERED CATASTROPHIC OR UNFORESEEN LOSSES DURING THE YEAR. A COMMITTEE MADE UP OF PASTORAL CARE, BAPTIST MEMORIAL HEALTH CARE FOUNDATION AND BMHCC EMPLOYEE CAMPAIGN VOLUNTEERS APPROVES EXPENDITURE APPLICATIONS FOR FUNDING FROM THE EMPLOYEE EMERGENCY ASSISTANCE FUND. DISTRIBUTIONS OF ASSISTANCE ARE GENERALLY LIMITED TO \$500 PER OCCURRENCE DURING FISCAL YEAR 2014, BAPTIST MEMORIAL HEALTH CARE FOUNDATION MADE DISBURSEMENTS OF APPROXIMATELY \$151,455 ON BEHALF OF INDIGENT PATIENTS AND THE UNINSURED AND ON BEHALF OF EMPLOYEES FOR THESE UNFORESEEN LOSSES AND EMERGENCIES.






















[illegible][illegible]

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

<b>4e</b>	<b>Total program service expenses</b>	<b>9,154,872</b>
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Part IV

Checklist of Required Schedules

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

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . .	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☒

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

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .	19	
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			
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	17	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	Yes
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body? . . . . .	8a	Yes
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed TN , AR
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
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 BRENDA SWEARENGEN 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 (901) 227-5304

Part VII

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) JASON M LITTLE DIRECTOR/PRESIDENT	1 30 38 70	X		X				0	881,834	83,275
(2) STEPHEN C REYNOLDS DIRECTOR	2 70 37 30	X						0	1,898,392	88,125
(3) MARCIA BRYAN DIRECTOR	20 0 00	X						0	0	0
(4) PAMELA ARRINDELL DIRECTOR	20 0 00	X						0	0	0
(5) ROBERT F FOGLEMAN DIRECTOR	20 0 00	X						0	0	0
(6) HENRY W MORGAN SR DIRECTOR	20 0 00	X						0	0	0
(7) KEMMONS WILSON JR DIRECTOR	20 0 00	X						0	0	0
(8) BROOKE SPARKS DIRECTOR	20 0 00	X						0	0	0
(9) RODNEY T WOLF MD DIRECTOR	20 0 00	X						0	0	0
(10) JOSEPH WELLER DIRECTOR	20 0 00	X						0	0	0
(11) DOUGLAS EDWARDS DIRECTOR	20 0 00	X						0	0	0
(12) ORAL EDWARDS DIRECTOR	20 0 00	X						0	0	0
(13) JOHNNIE D AMONETTE DIRECTOR	20 0 00	X						0	0	0
(14) MAURY BRONSTEIN MD DIRECTOR	20 0 00	X						0	0	0
(15) MILTON MAGEE DIRECTOR	20 0 00	X						0	0	0
(16) KATHLEEN BLAIR DIRECTOR	20 0 00	X						0	0	0
(17) COOPER PACE DIRECTOR	20 0 00	X						0	0	0



## Part VII

<b>1b</b>	<b>Sub-Total</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A</b>			
<b>d</b>	<b>Total (add lines 1b and 1c)</b>	704,003	3,362,353	346,052

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

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

## **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CRAWFORD INVESTMENT COUNSEL 600 GALLERIA PKWY NW ATLANTA GA 30339	INVESTMENT PORTFOLIO MANAGER	1,782,949
COMMUNITY COUNSELING SERVICES CO PO BOX 27462 NEW YORK NY 100877462	CONSULTING SERVICES	250,000

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 ►3

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a5,040			
	b	Membership dues . . . . .	1b			
	c	Fundraising events . . . . .	1c608,764			
	d	Related organizations . . . . .	1d2,927,719			
	e	Government grants (contributions)	1e230,675			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f7,754,894			
	g	Noncash contributions included in lines 1a-1f \$	2,205,374			
	h	Total. Add lines 1a-1f . . . . .	11,527,092			
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f . . . . .				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	10,826,368			10,826,368
	4	Income from investment of tax-exempt bond proceeds . . . . .				
	5	Royalties . . . . .				
	6a	Gross rents	(i) Real(ii) Personal			
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . .				
	7a	Gross amount from sales of assets other than inventory	(i) Securities(ii) Other			
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . .	22,465,748			22,465,748
	8a	Gross income from fundraising events (not including \$ 608,764 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a49,525			
	b	Less direct expenses . . . . .	b342,096			
	c	Net income or (loss) from fundraising events . . . . .	-292,571			-292,571
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a			
	b	Less direct expenses . . . . .	b			
	c	Net income or (loss) from gaming activities . . . . .				
	10a	Gross sales of inventory, less returns and allowances . . . . .	a			
	b	Less cost of goods sold . . . . .	b			
	c	Net income or (loss) from sales of inventory . . . . .				
	Miscellaneous Revenue		Business Code			
	11a	GAIN ON INVESTMENT	900090	8,802		8,802
	b					
	c					
	d	All other revenue . . . . .				
	e	Total. Add lines 11a-11d . . . . .	8,802			
	12	Total revenue. See Instructions . . . . .	44,535,439	0	0	33,008,347

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).

Check if Schedule O contains a response or note to any line 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.	7,265,982	7,265,982		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	151,455	151,455		
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.	1,091,682	619,644	109,168	362,870
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.	431,261	244,785	43,126	143,350
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	56,240	33,080	5,624	17,536
9	Other employee benefits.	124,502	73,232	12,450	38,820
10	Payroll taxes.	74,315	43,712	7,432	23,171
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.	828,417		828,417	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	526,432	472,881	53,551	
12	Advertising and promotion.				
13	Office expenses.	163,224	146,902	16,322	
14	Information technology.				
15	Royalties.				
16	Occupancy.				
17	Travel.	9,140			9,140
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	1,429		1,429	
20	Interest.	185,724		185,724	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	62		62	
23	Insurance.				
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	DUES & SUBSCRIPTIONS	103,199	103,199		
b	PUBLIC RELATIONS	7,039			7,039
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	11,020,103	9,154,872	1,263,305	601,926
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			350	1	348
	2	Savings and temporary cash investments . . . . .			8,709,019	2	15,837,855
	3	Pledges and grants receivable, net . . . . .			30,975	3	185,933
	4	Accounts receivable, net . . . . .				4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Loans and other 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) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			61,100	9	61,100
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	15,182	62	10c	0
	b	Less accumulated depreciation . . . . .	10b	15,182			
	11	Investments—publicly traded securities . . . . .			323,275,764	11	352,074,207
	12	Investments—other securities See Part IV, line 11 . . . . .			581,798	12	581,798
	13	Investments—program-related See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .			23,565,848	15	26,118,609
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			356,224,916	16	394,859,850	
Liabilities	17	Accounts payable and accrued expenses . . . . .			422,542	17	408,034
	18	Grants payable . . . . .			9,958,497	18	7,284,478
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Loans and other 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 . . . . .			2,488,918	25	1,992,213
	26	Total liabilities. Add lines 17 through 25 . . . . .			12,869,957	26	9,684,725
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			289,893,071	27	317,423,412
	28	Temporarily restricted net assets . . . . .			25,737,366	28	29,950,276
	29	Permanently restricted net assets . . . . .			27,724,522	29	37,801,437
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			343,354,959	33	385,175,125
	34	Total liabilities and net assets/fund balances . . . . .			356,224,916	34	394,859,850

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . .

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	44,535,439
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	11,020,103
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	33,515,336
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	343,354,959
5	Net unrealized gains (losses) on investments . . . . .	5	8,313,632
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	-8,802
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	385,175,125

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . .

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

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

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

Part I

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

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

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>
2	<input type="checkbox"/>	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state _____
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II )
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II )
8	<input type="checkbox"/>	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )
9	<input type="checkbox"/>	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 <b>section 509(a)(2).</b> (Complete Part III )
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>
11	<input checked="" type="checkbox"/>	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 <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h <div><div>a</div><div><input checked="" type="checkbox"/> Type I</div><div>b</div><div><input type="checkbox"/> Type II</div><div>c</div><div><input type="checkbox"/> Type III - Functionally integrated</div><div>d</div><div><input type="checkbox"/> Type III - Non-functionally integrated</div></div>
e	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <div><div>(i)</div><div>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?</div><div>(ii)</div><div>A family member of a person described in (i) above?</div><div>(iii)</div><div>A 35% controlled entity of a person described in (i) or (ii) above?</div></div>
h	<input type="checkbox"/>	Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
See Additional Data Table									
Total									6,446,998

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ▶						

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2012 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. 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 IIISupport 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		



**Part IV**    **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>

Return Reference	Explanation	
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Additional Data

Software ID:

Software Version:

EIN: 58-1544781

Name: BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC

Form 990, Sch A, Part I, Line 11h - 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 )	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) BAPTIST MEMORIAL HOSPITAL INC	620123940	3	Yes		Yes		Yes		1946004
(A) BAPTIST MEMORIAL HOSPITAL- BOONEVILLE INC	640663760	3	Yes		Yes		Yes		23770
(B) BAPTIST MEMORIAL HOSPITAL- DESOTO INC	640682111	3	Yes		Yes		Yes		504970
(C) BAPTIST MEMORIAL HOSPITAL- GOLDEN TRIANGLE INC	621519754	3	Yes		Yes		Yes		64331
(D) BAPTIST MEMORIAL HOSPITAL- HUNTINGDON INC	621166050	3	Yes		Yes		Yes		14081
(E) BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPIINC	640772726	3	Yes		Yes		Yes		56531
(F) BAPTIST MEMORIAL HOSPITAL-TIPTON INC	621113167	3	Yes		Yes		Yes		369
(G) THE STERN CARDIOVASCULAR FOUNDATION INC	274396698	3	Yes		Yes		Yes		2065
(H) BAPTIST MEMORIAL HOSPITAL-UNION CITY INC	621138045	3	Yes		Yes		Yes		0
(I) BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC	630997281	3	Yes		Yes		Yes		20329
(J) BAPTIST MEMORIAL HOSPITAL- JONESBORO INC	261214372	3	Yes		Yes		Yes		162482
(K) BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC	581645396	3	Yes		Yes		Yes		8592
(L) BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC	621599670	2	Yes		Yes		Yes		822500
(M) NEA CLINIC CHARITABLE FOUNDATION INC	710850123	3	Yes		Yes		Yes		247209
(N) BAPTIST MEMORIAL HEALTH CARE CORPORATION & AFFILIATES	581521475	501(c)(3)	Yes		Yes		Yes		565005

Form 990, Sch A, Part I, Line 11h - 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 )	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(P) BAPTIST MEMORIAL HOME CARE INC	581562973	501(c)(3)	Yes		Yes		Yes		1399380
(A) BAPTIST MEMORIAL HEALTH SERVICES INC	621509127	501(c)(3)	Yes		Yes		Yes		0
(B) BAPTIST MINOR MEDICAL CENTERS INC	621538114	501(c)(3)	Yes		Yes		Yes		0
(C) MEMPHIS LUNG PHYSICIANS FOUNDATION INC	452832975	3	Yes		Yes		Yes		19500
(D) BAPTIST MEMORIAL MEDICAL GROUP INC	621545731	3	Yes		Yes		Yes		100000
(E) BAPTIST CLINICAL RESEARCH INSTITUTE INC	453032246	501(c)(3)	Yes		Yes		Yes		485863
(F) BAPTIST MEMORIAL HEALTH CARE SYSTEM INC	581456556	501(c)(3)	Yes		Yes		Yes		0
(G) MEDICAL FINANCIAL SERVICES INC	621112364	501(c)(3)	Yes		Yes		Yes		0
(H) BAPTIST MEMORIAL MEDICAL MINISTRIES EMPLOYEE HLTH & WELFARE TRUST	621407946	501(c)(9)	Yes		Yes		Yes		0
(I) NEA BAPTIST HEALTH SYSTEM INC	271799652	3	Yes		Yes		Yes		0
(J) FAMILY CANCER CENTER FOUNDATION INC	452842963	3	Yes		Yes		Yes		0
(K) INTEGRITY ONCOLOGY FOUNDATION INC	453303687	3	Yes		Yes		Yes		0
(L) BOSTON BASKIN CANCER FOUNDATION INC	453303687	3	Yes		Yes		Yes		4017
(M) GASTROINTESTINAL SPECIALISTS FOUNDATION INC	352461541	3	Yes		Yes		Yes		0
(N) BMG FAMILY PHYSICIANS FOUNDATION INC	461953140	501(c)(3)PENDING	Yes		Yes		Yes		0

Form 990, Sch A, Part I, Line 11h - 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 )	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(AE) BAPTIST PATIENT SAFETY ORGANIZATION INC	453032372	501(c)(3)	Yes		Yes		Yes		0

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.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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

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

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

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

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

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

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

Part II-A

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

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(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)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		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)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

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

## Part IV

[illegible]



SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ 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. ▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or 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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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 XIII, 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 XIII, 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

▶ \$

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

Cat No 52283D

Schedule D (Form 990) 2013

**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 XIII
- 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 XIII and complete the following table
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a Did the organization include an amount on Form 990, Part X, line 21? 

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII 

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	35,042,237	28,812,551	20,114,868	13,541,176	11,916,661
b Contributions . . . . .	3,744,498	4,376,642	227,695	6,690,106	756,135
c Net investment earnings, gains, and losses	10,076,915	1,853,044	4,036,928	-116,414	868,380
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .			4,433,060		
f Administrative expenses . . . . .					
g End of year balance . . . . .	48,863,650	35,042,237	28,812,551	20,114,868	13,541,176

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment 

22 600 %

b Permanent endowment 

77 400 %

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
- (i) unrelated organizations . . . . .

(ii) related organizations . . . . .

	Yes	No
3a(i)		No
3a(ii)		No
3b		
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .		15,182	15,182	0
e Other . . . . .				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				0



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	44,746,913
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 XIII ) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	44,746,913
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 XIII ) . . . . .	4b	-211,474
c	Add lines 4a and 4b . . . . .	4c	-211,474
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	44,535,439

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	11,240,379
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 XIII ) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	11,240,379
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 XIII ) . . . . .	4b	-220,276
c	Add lines 4a and 4b . . . . .	4c	-220,276
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	11,020,103

Part XIII

Supplemental Information

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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
Part V, Line 4	BAPTIST MEMORIAL HEALTH CARE FOUNDATION HAS FIVE DIFFERENT TYPES OF ENDOWMENT FUNDS. THESE ARE EDUCATION, CHARITABLE, SCIENTIFIC, RELIGIOUS, AND CAPITAL PURPOSES. EDUCATIONAL ENDOWMENT FUNDS ARE FOR SUCH THINGS AS SCHOLARSHIPS TO BE AWARDED TO DESERVING STUDENTS ATTENDING BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES. OTHER EDUCATIONAL FUNDS ARE FOR OUTREACH PROGRAMS AND FELLOWSHIPS. CHARITABLE ENDOWMENT FUNDS ARE FOR SUCH THINGS AS PATIENT AND EMPLOYEE EMERGENCY ASSISTANCE, PEDIATRIC SERVICES, HOME CARE AND HOSPICE SERVICES, DISASTER RELIEF, AND THE MOBILE MAMMOGRAPHY UNIT. RELIGIOUS ENDOWMENT FUNDS ARE FOR PASTORAL CARE FOR PATIENTS AND EMPLOYEES. SCIENTIFIC AND RESEARCH ENDOWMENT FUNDS ARE FOR VARIOUS RESEARCH PROJECTS SUCH AS CANCER, AND HEART RESEARCH. CAPITAL ENDOWMENTS ARE INTENDED TO ENHANCE, REMODEL, OR BUILD CERTAIN HOSPITAL DEPARTMENTS SUCH AS THE NICU DEPARTMENT AND EMERGENCY ROOMS THAT WILL ENABLE THE HOSPITALS TO BETTER SERVE OUR PATIENTS. A NEW MEDICAL LIBRARY THAT IS AVAILABLE FOR EMPLOYEES, PATIENTS AND THEIR FAMILIES HAS BEEN FUNDED BY A CAPITAL ENDOWMENT.
Part X, Line 2	AS OF SEPTEMBER 30, 2014 AND 2013, THE FOUNDATION HAD NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS UNDER FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, INCOME TAXES, REQUIRING ADJUSTMENTS TO ITS FINANCIAL STATEMENTS. IN THE EVENT THE FOUNDATION WERE TO RECOGNIZE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, THEY WOULD BE RECOGNIZED IN THE FINANCIAL STATEMENTS AS INTEREST EXPENSE FOR INTEREST AND PURCHASED SERVICES AND OTHER FOR PENALTIES. GENERALLY, TAX YEARS 2011 THROUGH 2014 ARE OPEN TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES. THERE ARE NO INCOME TAX EXAMINATIONS CURRENTLY IN PROCESS.
Part XI, Line 4b - Other Adjustments	INVESTMENT INCOME (LOSS) 8,802 IN-KIND CONTRIBUTIONS 121,820 SPECIAL EVENTS - 342,096
Part XII, Line 4b - Other Adjustments	IN-KIND CONTRIBUTIONS 121,820 SPECIAL EVENTS EXPENSE -342,096

[illegible]

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC

Employer identification number  
58-1544781

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1

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

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and email solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

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

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total . . . . . ▶						

3

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>DUCK CLASSIC</u>	<u>CARDIAC CLASSIC</u>	<u>2</u>	(add col (a) through	
		(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts . . . .	448,747	142,785	66,757	658,289
	2	Less Contributions . . .	440,722	105,785	62,257	608,764
3	Gross income (line 1 minus line 2) . . . .	8,025	37,000	4,500	49,525	
Direct Expenses	4	Cash prizes . . . .				
	5	Noncash prizes . . .	25,846	6,797	1,590	34,233
	6	Rent/facility costs . . .	12,593	29,820	6,837	49,250
	7	Food and beverages .	19,176	7,475	4,785	31,436
	8	Entertainment . . . .				
	9	Other direct expenses .	65,073	2,993	9,477	77,543
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				(192,462)
	11	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-142,937

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
	3	Non-cash prizes . . . .			
	4	Rent/facility costs . . . .			
	5	Other direct expenses . . .			
Direct Expenses	6	Volunteer labor . . . .			
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶			

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

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

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the organization operate gaming activities with nonmembers? ☐ **Yes** ☐ **No**

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☐ **No**

**13** Indicate the percentage of gaming activity operated in

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

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

Name ▶

Address ▶

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☐ **No**

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

**c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

**16** Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ **Yes** ☐ **No**

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

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
------------------	-------------



Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Name of the organization  
BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC

Employer identification number  
58-1544781

Part I General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

2

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

32

3

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

1

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) ASSISTANCE WAS PROVIDED FOR PATIENTS FOR SUCH THINGS AS CAB FARE, MEDICATION, UTILITY BILLS, ETC THE FUNDS WERE NOT PAID DIRECTLY TO THE INDIVIDUALS, BUT FOR THE PATIENTS	396	61,123			
(2) ASSISTANCE WAS PROVIDED FOR EMPLOYEES THROUGH THE EMPLOYEE ASSISTANCE FUND EMPLOYEES CONTRIBUTE TO THE FUND ON BEHALF OF EMPLOYEES WHO MAY HAVE SUFFERED A DISASTER OR OTHER FINANCIAL PROBLEM PAYMENTS ARE MADE ON BEHALF OF THE EMPLOYEES FOR SUCH THINGS AS UTILITY BILLS, RENT, FUNERAL EXPENSES, ETC	226	90,332			

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST MEMORIAL HOSPITAL-DESOTO INC 7601 SOUTHCREST PKY SOUTHAVEN, MS 38671	64-0682111	501(c)(3)	504,970				COMMUNITY DIABETES PROGRAM, AND OTHER COMMUNITY PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST MEMORIAL HOSPITAL INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177	62-0123940	501(c)(3)	1,946,004				CANCER & HEART RESEARCH AND TESTING, COMMUNITY DIABETES PROGRAM, STEM CELL TRANSPLANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 2025 E ST WASHINGTON,TN 20006	53-0196605	501(c)(3)	30,910				DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC 2520 FIFTH ST N COLUMBUS,MS 39703	62-1519754	501(c)(3)	64,331				CANCER RESEARCH & TESTING, HOSPICE, COMMUNITY PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST MEMORIAL HOSPITAL-BOONEVILLE INC 100 HOSPITAL ST BOONEVILLE,MS 38829	64-0663760	501(c)(3)	23,770				DEVELOPMENT OF BAPTIST HEART VALVE CENTER, COMMUNITY DIABETES PROGRAM, OTHER COMMUNITY PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST MEMORIAL HOSPITAL-N MISSISSIPPI INC 2301 S LAMAR OXFORD,MS 38655	64-0772726	501(c)(3)	56,531				CANCER RESEARCH & TESTING, & OTHER COMMUNITY PROGRAMS



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MEMPHIS 635 NORMAL ST MEMPHIS, TN 38152	62-6048540	501(c)(3)	251,874				SCHOLARSHIP & GRADUATE ASSISTANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC 200 HWY 30 WEST NEW ALBANY,MS 38652	63-0997281	501(c)(3)	20,329				VARIOUS COMMUNITY AND EMPLOYEE PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC 2100 EXETER RD GERMANTOWN,TN 38138	58-1645396	501(c)(3)	8,592				PATIENT ASSISTANCE, IPADS FOR SPEECH LANGUAGE PATHOLOGY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST MEMORIAL HOME CARE INC 350 N HUMPHREYS BLVD MEMPHIS,TN 381202177	58-1562973	501(c)(3)	1,399,380				CAMP GOOD GRIEF, HOSPICE HOUSE & BEREAVEMENT CENTER, EMPLOYEE ASSISTANCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST MEMORIAL HEALTH CARE CORPORATION 350 N HUMPHREYS BLVD MEMPHIS,TN 381202177	58-1521475	501(c)(3)	565,005				ADMINISTRATIVE FELLOWS,OPERATION OUTREACH,BAPTIST ONECARE & OTHER COMMUNITY PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC 1003 MONROE MEMPHIS, TN 38104	62-1599670	501(c)(3)	822,500				SCHOLARSHIPS, COMMUNITY PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PHOENIX 4025 RIVERPOINT PKWY PHOENIX, AZ 85040	20-5964568	501(c)(3)	7,440				SCHOLARSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMPBELL CLINIC FOUNDATION 1400 S GERMANTOWN RD MEMPHIS,TN 38138	62-0548038	501(c)(3)	25,000				EDUCATIONAL DONATION



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST MEMORIAL HOSPITAL-JONESBORO INC 4800 E JOHNSON AVE JONESBORO, AR 72401	26-1214372	501(c)(3)	162,482				NEA BAPTIST CANCER CENTER, CHAPLAIN FUNDS, VARIOUS COMMUNITY PROJECTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEA BAPTIST CLINIC CHARITABLE FOUNDATION INC 4800 E JOHNSON AVE JONESBORO ,AR 72401	71-0850123	501(c)(3)	247,209				VARIOUS COMMUNITY PROGRAMS, EMPLOYEE & PATIENT ASSISTANCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEMPHIS BROOKS MUSEUM OF ART 1934 POPLAR AVE MEMPHIS, TN 38104	62-6063304	501(c)(3)	5,000				DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREAST CANCER ERADICATION INITIATIVE PO BOX 382886 GERMANTOWN, TN 381832886	62-1609633	501(c)(3)	12,000				SPONSORSHIP OF PINK RIBBON CAMPAIGN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEMMES-MURPHY FOUNDATION PO BOX 1000 DEPT 575 MEMPHIS,TN 38148	62-0642575	501(c)(3)	165,087				ENDOVASCULAR FELLOWSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST MEMORIAL MEDICAL GROUP INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177	62-1545731	501(c)(3)	100,000				MEDICAL STAFF FUND DONATIONS & HYPERTENSION INITIATIVE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST CLINICAL RESEARCH INSTITUTE INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177	45-3032246	501(c)(3)	485,863				PANCREAS STUDY & OTHER RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY 696 JACKSON AVE MEMPHIS, TN 38105	58-0660607	501(c)(3)	30,250				DONATION



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINKS INC PO BOX 240624 MEMPHIS, TN 381240624	62-6047658	501(c)(4)	5,000				DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TENNESSEE MEDICAL FOUNDATION INC 1067 CRESTHAVEN RD MEMPHIS,TN 38119	62-6048069	501(c)(3)	5,000				DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSAN G KOMEN RACE FOR THE CURE 5005 LBJ FREEWAY DALLAS, TX 752446125	75-2462834	501(c)(3)	5,000				DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LATINO MEMPHIS 6041 MT MORIAH EXT STE 16 MEMPHIS, TN 38115	31-1694878	501(c)(3)	5,000				DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFE CHOICES OF MEMPHIS INC 5575 RALEIGH LAGRANGE RD MEMPHIS,TN 38134	62-1281799	501(c)(3)	5,000				DONAITON

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE MOUNTAIN COLLEGE PO BOX 160 BLUE MOUNTAIN, MS 38610	64-0325640	501(c)(3)	25,000				DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PORTER-LEATH 868 MANASSAS ST MEMPHIS, TN 381072516	58-1409385	501(c)(3)	45,000				DONATION TO PARENTING HUB

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUVENILE INTERVENTION INC 254 S LAUDERDALE MEMPHIS, TN 38126	62-0818307	501(c)(3)	5,000				DONATION



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION OF NW MISSISSIPPI INC 315 LOSHER ST 100 HERNANDO, MS 386322124	94-3421724	501(c)(3)	25,000				DONATION TO PENNIES PROJECT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEMPHIS LUNG PHYSICIANS FOUNDATION INC 6025 WALNUT GROVE RD MEMPHIS,TN 38120	45-2832975	501(c)(3)	19,500				MEDICAL STAFF FUND DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST MEMORIAL HOSPITAL-HUNTINGDON INC 631 RB WILSON DR HUNINGDON,TN 38344	62-1166050	501(c)(3)	14,081				COMMUNITY DIABETES PROGRAM & OTHER COMMUNITY PROGRAMS

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.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC

Employer identification number  
58-1544781

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>		No
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	Yes	
<div><div>3</div><div>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, but explain in Part III</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>		No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		No
<div><div>6</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		No
<div><div>7</div><div>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</div></div>		No
<div><div>8</div><div>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</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>		

**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 and Title		(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) JASON M LITTLE DIRECTOR/PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	641,389	198,009	42,436	60,500	22,775	965,109	0
(2) STEPHEN C REYNOLDS DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,218,339	409,863	270,190	66,000	22,125	1,986,517	0
(3) GREGORY M DUCKETT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	390,718	138,345	53,064	38,250	27,664	648,041	0
(4) JAMES S FOUNTAIN SVP/CHIEF DEVELOPMENT OFF	(i)	371,955	134,395	41,466	48,500	24,370	620,686	0
	(ii)	0	0	0	0	0	0	0
(5) JENNIFER S NEVELS EXEC DIR OF DEVELOPMENT	(i)	139,665	16,522	0	25,720	10,148	192,055	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 1a	THE OFFICERS RECEIVE A PERQUISITE ALLOWANCE WHICH IS INCLUDED IN THEIR SALARIES
Part I, Line 1b	THE PRESIDENT, VICE PRESIDENTS, AND ADMINISTRATORS RECEIVE A PERQUISITE ALLOWANCE. THE ALLOWANCE IS INCLUDED IN THEIR SALARIES AND IS TAXABLE TO THEM AS ADDITIONAL INCOME. THE ORGANIZATION ALSO HAS AN ACCOUNTABLE PLAN, BUT A DISCRETIONARY SPENDING ACCOUNT IS NOT PART OF AN ACCOUNTABLE PLAN. IF ANY OF THE OTHER ITEMS LISTED ON SCHEDULE J, PART I, LINE 1a WERE APPLICABLE, THE RECIPIENTS WOULD BE REQUIRED TO FOLLOW THE ORGANIZATION'S WRITTEN POLICY REGARDING PAYMENT OR REIMBURSEMENT.
Part I, Line 3	BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER, HAS A GOVERNANCE COMMITTEE MADE UP OF THE BOARD OF DIRECTORS, WHO ALONG WITH THE HUMAN RESOURCE DEPARTMENT, UTILIZES INDEPENDENT COMPENSATION CONSULTANTS, COMPENSATION STUDIES, AND APPROVAL BY THE COMPENSATION COMMITTEE TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR AND OTHER KEY PERSONNEL.

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

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

▶Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC

Employer identification number  
58-1544781

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	4	2,061,538	FMV
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( OTHER )	X	119	99,390	FMV
26 Other ▶ ( EQUIPMENT )	X	3	30,000	FMV
27 Other ▶ ( MEDICAL EQUIP )	X	2	14,446	FMV
28 Other ▶ ( )				

29

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

30a

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

30a

No

b

If "Yes," describe the arrangement in Part II

31

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

31

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a

No

b

If "Yes," describe in Part II

33

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

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

Cat No 51227J

Schedule M (Form 990) (2013)

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Column (b)	BAPTIST MEMORIAL HEALTH CARE FOUNDATION HAS DETERMINED THE NUMBER OF CONTRIBUTIONS BY THE AMOUNT REPORTED AS CONTRIBUTIONS GREATER THAN OR EQUAL TO \$5,000 PLUS THE AMOUNT THAT IS LESS THAN \$5,000 AS RECEIVED BY THE FOUNDATION AS SPECIAL EVENTS CONTRIBUTIONS WE ARE COUNTING THE NUMBER OF CONTRIBUTORS WHO GAVE AN IN-KIND CONTRIBUTION IF THE CONTRIBUTOR GAVE MORE THAN ONE CONTRIBUTION, HE OR SHE IS COUNTED ONLY ONCE



**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

**2013****Open to Public  
Inspection**

Name of the organization  
BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC

Employer identification number

58-1544781

**Return  
Reference****Explanation**

PART III, LINE 4A,  
CONTINUATION  
OF STATEMENT  
OF PROGRAM  
SERVICES

IN TOTAL, BAPTIST MEMORIAL HEALTH CARE FOUNDATION SPENT APPROXIMATELY \$7,265,982 FROM DONOR-RESTRICTED FUNDS TO SUPPORT SERVICE AREAS SUCH AS PEDIATRIC CARE, STROKE SERVICES, HOSPICE, MEDICAL RESEARCH, CHARITY CARE, CLINICAL SCHOLARSHIPS, CARDIOLOGY, CANCER CARE AND NURSING EDUCATION. THE FOUNDATION SPONSORS SEVERAL FUNDRAISING EVENTS THROUGHOUT THE YEAR. THE ART OF CARING IS ANNUAL FUNDRAISER AND SILENT AUCTION FEATURING ART DONATED BY LOCAL ARTISTS TO BENEFIT BAPTIST TRINITY HOSPICE AND KEMMONS WILSON FAMILY CENTER FOR GOOD GRIEF. SERVICES PROVIDED BY THE KEMMONS WILSON FAMILY CENTER FOR GOOD GRIEF ARE OFFERED FREE OF CHARGE TO THOSE WHO HAVE LOST LOVED ONES, AND INCLUDE THE CAMP GOOD GRIEF PROGRAMS. HOSPICE CARE AND BEREAVEMENT PROGRAMS ARE MADE POSSIBLE BY CONTRIBUTIONS FROM THE COMMUNITY, THE SUPPORT OF BAPTIST MEMORIAL HEALTH CARE FOUNDATION AND FUNDRAISING EFFORTS, SUCH AS THE ANNUAL ART OF CARING. ANOTHER FUNDRAISING EVENT IS THE CARDIAC CLASSIC. THIS GOLF TOURNAMENT IS AN ANNUAL EVENT THAT IS SUPPORTED BY NUMEROUS COMPANIES. THE EVENT RAISES MONEY TO HELP SUPPORT BAPTIST MEMORIAL HEALTH CARE SYSTEM HOSPITALS TREAT CARDIAC PATIENTS, CONDUCT EDUCATIONAL PROGRAMS AND PERFORM RESEARCH. NEA BAPTIST CHARITABLE FOUNDATION, THE ARKANSAS DIVISION OF BAPTIST MEMORIAL HEALTH CARE FOUNDATION, SPONSORS SEVERAL EVENTS IN THE NORTHEAST ARKANSAS AREA. ONE OF THESE IS THE DUCK CLASSIC. THE DUCK CLASSIC IS AN ANNUAL EVENT. CORPORATE SPONSORS AND INDIVIDUALS DONATE MANY ITEMS FOR THE LIVE AND SILENT AUCTIONS. THERE ARE RAFFLES FOR GUNS, HUNTING EQUIPMENT, GUIDED HUNTS, ETC. EACH YEAR OVER 1,000 MEN AND WOMEN COME FROM A TEN-STATE AREA TO PARTICIPATE. ESPN OUTDOORS AND THE OUTDOORS CHANNEL PROVIDE NATIONAL COVERAGE. THIS SPECIAL EVENT RAISES MONEY TO HELP SUPPORT THE MANY PROGRAMS SPONSORED BY THE NEA BAPTIST CHARITABLE FOUNDATION SUCH AS THE MEDICINE ASSISTANCE PROGRAM, CENTER FOR HEALTHY CHILDREN, HOPE CIRCLE AND MORE. IF YOU WOULD LIKE MORE INFORMATION ON THE BAPTIST MEMORIAL HEALTH CARE FOUNDATION OR NEA BAPTIST CHARITABLE FOUNDATION, PLEASE VISIT OUR WEBSITES AT [WWW.BMHGIVING.ORG](http://WWW.BMHGIVING.ORG) OR [WWW.NEACFOUNDATION.ORG](http://WWW.NEACFOUNDATION.ORG).

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

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

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

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

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

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

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



Return Reference	Explanation
Form 990, Part VI, Section B, line 15	BAPTIST MEMORIAL HEALTH CARE CORPORATION'S HUMAN RESOURCE DEPARTMENT, THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS, AND AN INDEPENDENT COMPENSATION CONSULTING FIRM PERFORM ANNUAL REVIEWS EACH DECEMBER AND APPROVE COMPENSATION OF THE CEO AND OTHER TOP MANAGEMENT PERSONNEL. THEY USE COMPARABILITY DATA AND OTHER SOURCES AS NEEDED. THE CEO AND OTHER TOP MANAGEMENT USE THE SAME TYPE OF INFORMATION TO APPROVE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES. ON DECEMBER 10, 2012 THE COMPENSATION WAS REVIEWED AND APPROVED FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2013 FOR THE PRESIDENT, THE VICE PRESIDENTS, AND THE BAPTIST HEALTH CARE SYSTEM CEOS/ADMINISTRATORS.

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

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

Return Reference	Explanation
Form 990, Part XI, line 9	UNRECORDED INVESTMENT INCOME/LOSS -8,802

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

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC

Employer identification number  
58-1544781

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NORTHEAST ARKANSAS BAPTIST MEMORIAL HEALTH CARE LLC 4800 E JOHNSON AVE JONESBORO, AR 72401 81-0572898	OPERATION OF BAPTIST MEMORIAL HOSPITAL- JONESBORO, INC	AR			N/A
(2) NORTHEAST ARKANSAS BAPTIST HEALTH SERVICES GROUP LLC 4800 E JOHNSON AVE JONESBORO, AR 72401 27-1471186	OPERATE A PREFERRED PROVIDER ORGANIZATION	AR			N/A

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) HEALTH TECH AFFILIATES INC  350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1278576	BUYING AND LEASING REAL & PERSONAL PROPERTY	TN	N/A	C					No
(2) BAPTIST MEMORIAL HEALTH SERVICES GROUP OF THE MIDSOUTH INC  350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1534210	HEALTH INSURANCE CONTRACTING	TN	N/A	C					No
(3) SOUTHCREST PROPERTY OWNERS ASSOCIATION  7601 SOUTHCREST PKWY SOUTHAVEN, MS 38671 64-0768703	BOOKKEEPING & DATA PROCESSING FOR THE SOUTHCREST DEVELOPMENT	MS	N/A	C					No
(4) GERMANTOWN BUSINESS PARK OWNERS ASSOCIATION  350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 20-1158216	BOOKKEEPING & DATA PROCESSING FOR THE GERMANTOWN BUSINESS PARK DEVELOPMENT	TN	N/A	C					No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

Yes

1o

Yes

1p

No

1q

No

1r

Yes

1s

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Schedule R (Form 990) 2013



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

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 58-1544781

Name: BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) NEA CLINIC CHARITABLE FOUNDATION INC  4800 E JOHNSON AVE JONESBORO, AR 72401 71-0850123	MEDICAL CLINICS	AR	501(c)(3)	509(a)(1)	NEA BAPTIST HEALTH SYSTEM INC		No
(1) NEA BAPTIST HEALTH SYSTEM INC  4800 E JOHNSON AVE JONESBORO, AR 72401 27-1799652	HEALTH CARE PROVIDER	AR	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
(2) THE STERN CARDIOVASCULAR FOUNDATION INC  8060 WOLF RIVER BLVD GERMANTOWN, TN 38138 27-4396698	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC		No
(3) FAMILY CANCER CENTER FOUNDATION INC  6029 WALNUT GROVE RD MEMPHIS, TN 38120 45-2842963	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC		No
(4) INTEGRITY ONCOLOGY FOUNDATION INC  6286 BRIARCREST AVE SUITE 308 MEMPHIS, TN 38120 45-3303687	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC		No
(5) MEMPHIS LUNG PHYSICIANS FOUNDATION INC  6025 WALNUT GROVE RD MEMPHIS, TN 38120 45-2832975	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC		No
(6) BOSTON BASKIN CANCER FOUNDATION INC  6029 WALNUT GROVE RD MEMPHIS, TN 38120 45-3303607	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC		No
(7) BAPTIST MEMORIAL PATIENT SAFETY ORGANIZATION INC  350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3032372	ESTABLISHING, MAINTAINING & MANAGING A PATIENT SAFETY ORGANIZATION	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
(8) BAPTIST CLINICAL RESEARCH INSTITUTE INC  350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3032246	FACILITATE MEDICAL & SCIENTIFIC RESEARCH	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
(9) GASTROINTESTINAL SPECIALISTS FOUNDATION INC  80 HUMPHREYS CENTER MEMPHIS, TN 38120 35-2461541	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3)	170(b)(1)(A)(iii)	BAPTIST MEMORIAL MEDICAL GROUP INC		No
(10) BMG FAMILY PHYSICIANS GROUP FOUNDATION INC  2859 VAN LEER DR BARTLETT, TN 38134 46-1953140	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3) PENDING	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BAPTIST-DESOTO SURGERY CENTER  40 BURTON HILLS BLVD STE 500 NASHVILLE, TN 37215 20-0804946	AMBULATORY SURGERY	MS	N/A	N/A				No			No	
BAPTIST-EAST MEMPHIS SURGERY CENTER  80 HUMPHREYS CENTER 101 MEMPHIS, TN 38120 62-1846584	AMBULATORY SURGERY	TN	N/A	N/A				No			No	
BAPTIST-GERMANTOWN SURGERY CENTER LP  40 BURTON HILLS BLVD STE 500 NASHVILLE, TN 37215 62-1829424	AMBULATORY SURGERY	TN	N/A	N/A				No			No	
BAPTIST & PHYSICIANS OP SURGERY CENTER OF N MS  40 BURTON HILLS BLVD STE 500 NASHVILLE, TN 37215 62-0925692	AMBULATORY SURGERY	TN	N/A	N/A				No			No	
BAPTIST N MS IMAGING SERVICES LLC  504 AZALEA DR OXFORD, MS 38655 26-2641267	DIAGNOSTIC SERVICES	MS	N/A	N/A				No			No	
EAST MEMPHIS UROLOGY CENTER LP  40 BURTON HILLS BLVD STE 500 NASHVILLE, TN 37215 62-1810940	AMBULATORY UROLOGICAL SERVICES	TN	N/A	N/A				No			No	
HAMILTON EYE INSTITUTE SURGERY CENTER LP  930 MADISON AVE MEMPHIS, TN 38103 20-2873438	AMBULATORY SURGERY	TN	N/A	N/A				No			No	
MEDICAL ALTERNATIVES  4565 SHELBY RD MEMPHIS, TN 38083 62-1488427	HOME INFUSION PRODUCTS & SERVICES TO PATIENTS	TN	N/A	N/A				No			No	
MEMPHIS BIOMED VENTURES I LP  17 W PONTOTOC STE 200 MEMPHIS, TN 38103 94-3424417	MEDICAL RESEARCH	TN	N/A	N/A				No			No	
MEMPHIS SURGERY CENTER LTD LP  3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 62-1218330	AMBULATORY SURGERY	TN	N/A	N/A				No			No	
MEMPHIS-SC LLC  3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 62-1590322	AMBULATORY SURGERY	TN	N/A	N/A				No			No	
MEMPHIS-SP LLC  3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 62-1590324	AMBULATORY SURGERY	TN	N/A	N/A				No			No	
MIDTOWN SURGERY CENTER LP  40 BURTON HILLS BLVD STE 500 NASHVILLE, TN 37215 62-1619344	AMBULATORY SURGERY	TN	N/A	N/A				No			No	
NORTHWEST TENNESSEE SURGERY CENTER LLC  1722 E REELFOOT UNION CITY, TN 38261 62-1685508	AMBULATORY SURGERY	TN	N/A	N/A				No			No	
SM-B BUILDING LLC  5900 POPLAR AVE STE 100 MEMPHIS, TN 38119 62-1834236	PHYSICIAN OFFICES	TN	N/A	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Dispropportionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
TENNESSEE LITHOTRIPERS LP  9825 SPECTRUM DR BLDG 3 AUSTIN, TX 78717 56-1720365	LITHOTRIPSY SERVICES	TN	N/A	N/A				No			No	
WOLF RIVER MEDICAL CENTER LP  350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1510287	MEDICAL OFFICE BLDG	TN	N/A	N/A				No			No	
CANCER CARE CENTER OF UNION CITY LP  322 HOSPITAL BLVD JACKSON, TN 38305 26-3425045	CANCER CARE SERVICES	TN	N/A	N/A				No			No	
MAYS & SCHNAPP PAIN CENTER  55 HUMPHREYS BLVD MEMPHIS, TN 38120 62-1512849	PAIN MANAGEMENT SERVICES	TN	N/A	N/A				No			No	
CONVENIENT CARE DIAGNOSTIC CENTER PLLC  555 HWY 6 EAST BATESVILLE, MS 38606 64-0914382	RADIOLOGY & DIAGNOSTIC SERVICES	MS	N/A	N/A				No			No	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
BAPTIST MEMORIAL HOSPITAL-INC	B	1,946,004	FMV
BAPTIST MEMORIAL HEALTH CARE CORPORATION	B	565,005	FMV
BAPTIST MEMORIAL HOSPITAL-N MISSISSIPPI INC	B	56,531	FMV
BAPTIST MEMORIAL HOSPITAL-JONESBORO INC	B	162,482	FMV
BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC	B	822,500	FMV
BAPTIST MEMORIAL HOME CARE INC	B	1,399,380	FMV
NEA CLINIC CHARITABLE FOUNDATION INC	B	247,209	FMV
BAPTIST MEMORIAL HEALTH CARE CORPORATION	O	668,646	FMV
BAPTIST MEMORIAL HEALTH CARE CORPORATION	D	72,808	FMV
BAPTIST CLINICAL RESEARCH INSTITUTE INC	B	485,863	FMV
BAPTIST MEMORIAL HEALTH CARE CORPORATION	N	80,102	FMV
BAPTIST MEMORIAL MEDICAL MINISTRIES EMPLOYEE HEALTH & WELFARE TRUST	R	120,467	FMV
BAPTIST MEMORIAL HOSPITAL-DESOTO INC	B	504,970	FMV
BAPTIST MEMORIAL MEDICAL GROUP INC	B	100,000	FMV
BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC	B	64,331	FMV
BAPTIST MEMORIAL HOSPITAL-N MISSISSIPPI INC	C	64,928	FMV
BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC	C	2,585,851	FMV
BAPTIST MEMORIAL HEALTH CARE CORPORATION	C	100,000	FMV
NEA CLINIC CHARITABLE FOUNDATION INC	C	96,308	FMV