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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	OMB No 1545-0047 2013 Open to Public Inspection
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A For the 2013 calendar year, or tax year beginning 10-01-2013 , 2013, and ending 09-30-2014

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization BAPTIST MEMORIAL HOSPITAL- GOLDEN TRIANGLE INC		D Employer identification number 62-1519754	
	Doing Business As			
	Number and street (or P O box if mail is not delivered to street address) 2520 5TH STREET NORTH	Room/suite	E Telephone number (601) 244-1500	
	City or town, state or province, country, and ZIP or foreign postal code COLUMBUS, MS 39701		G Gross receipts \$ 198,341,277	
	F Name and address of principal officer JASON M LITTLE 350 N HUMPHREYS BLVD MEMPHIS, TN 38120		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ☐ (Insert no) ☐ 4947(a)(1) or ☐ 527		H(c) Group exemption number ▶		
J Website: ▶ WWW.BAPTISTONLINE.ORG/GOLDEN-TRIANGLE				
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1983	M State of legal domicile MS	

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE PROVIDES QUALITY HEALTH CARE (SEE SCHEDULE O, PG 55) SERVICES TO THE COMMUNITY REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	6	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	6	
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	1,094	
6	Total number of volunteers (estimate if necessary)	97		
7a	Total unrelated business revenue from Part VIII, column (C), line 12	100,887		
7b	Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	896,892	785,727
	9	Program service revenue (Part VIII, line 2g)	183,795,475	193,443,041
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	880,107	-18,832
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,865,688	1,590,872
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	187,438,162	195,800,808
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	143,507	141,014
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	57,039,342	58,886,023
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ☐ 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	115,133,078	122,823,299
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	172,315,927	181,850,336
	19	Revenue less expenses Subtract line 18 from line 12	15,122,235	13,950,472
	Net Assets or Fund Balances			Beginning of Current Year
20		Total assets (Part X, line 16)	122,634,940	114,608,125
21		Total liabilities (Part X, line 26)	32,514,293	29,580,781
22		Net assets or fund balances Subtract line 21 from line 20	90,120,647	85,027,344

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

Sign Here	Signature of officer			2015-08-05 Date			
	JASON M LITTLE PRESIDENT/CEO Type or print name and title						
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature		Date	Check ☐ if self-employed	PTIN
	Firm's name 					Firm's EIN 	
	Firm's address 					Phone no	

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

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

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.

[illegible][illegible]

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

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 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	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, 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	No
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	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	

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		No
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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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		No
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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? Note. 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?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, 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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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? Note. 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		
	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		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Yes

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
b	Describe in Schedule O the process, if any, used by the organization to review 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	Yes
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	No

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶MS
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ 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 ▶PAM RICHARDSON 2520 5TH STREET NORTH COLUMBUS,MS 39701 (601) 244-2568

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) MIKE WATERS DIRECTOR	20 0 00	X						0	0	0
(2) JOEL BUTLER MD DIRECTOR	20 0 00	X						0	0	0
(3) ALLEN B PUCKETT III DIRECTOR	20 0 00	X						0	0	0
(4) ALLEGRA BRIGHAM DIRECTOR	20 0 00	X						0	0	0
(5) RICHARD ROLLINS DIRECTOR	20 0 00	X						0	0	0
(6) DON DAVIS DIRECTOR	20 0 00	X						0	0	0
(7) EDWIN P CADE CEO/ADMINISTRATOR	40 00 0 00			X				0	250,948	72,835
(8) GREGORY M DUCKETT SECRETARY	20 39 80			X				0	582,127	65,914
(9) JASON M LITTLE PRESIDENT (6/01/14-9/30/14)	20 39 80			X				0	881,834	83,275
(10) STEPHEN C REYNOLDS PRESIDENT (10/01/13-5/31/14)	20 39 80			X				0	1,898,392	88,125
(11) DAVID WEBB CFO	40 00 0 00			X				148,486	0	35,871
(12) PAUL D DEPRIEST MD V P	10 39 90			X				0	526,494	50,292
(13) SALEEM A ALI PHYSICIAN	40 00 0 00					X		295,429	0	34,158
(14) JOHN E REED MD CMO	40 00 0 00					X		252,614	0	49,898
(15) WILLIAM P KOWALSKY MD PHYSICIAN	40 00 0 00					X		206,346	0	52,519
(16) STEPHEN K SMITH MD PHYSICIAN	40 00 0 00					X		168,611	0	34,932
(17) WILLIAM O LANCASTER ASST ADMIN	40 00 0 00					X		128,933	0	55,335

Part VII

(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			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,200,419	4,139,795	623,154

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 ▶24

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
COLUMBUS ANESTHESIA ASSOC 65 FIRST COLONY CR COLUMBUS MS 39702	ANESTHESIA SERVICES	1,918,468
MIDSOUTH CREDIT BUREAU INC PO BOX 548 PARIS TN 38242	COLLECTION SERVICES	477,334
COLUMBUS ORTHO CLINIC 2459 5TH ST COLUMBUS MS 39705	PHYSICIAN SERVICES	421,944
CONNECT SUPPLIES LLC PO BOX 760 ELLENDALE TN 38029	PERFUSION SERVICES	235,319
MICHAEL J BOLAND MD, 255 BAPTIST BLVD 402 COLUMBUS MS 39705	PHYSICIAN SERVICES	205,493

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 ►17

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 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d	9,000			
	e	Government grants (contributions) 1e	776,727			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	785,727			
Program Service Revenue	2a	HOSPITAL REVENUE, NET	Business Code 900099	193,117,768	193,117,768	
	b	OTHER OPERATING REVENU	900099	325,273	325,273	
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	193,443,041			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	94,077		94,077	
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real 516,308	(ii) Personal		
	b	Less rental expenses	0			
	c	Rental income or (loss)	516,308			
	d	Net rental income or (loss)	516,308		6,810	509,498
	7a	Gross amount from sales of assets other than inventory	(i) Securities 2,425,860	(ii) Other 1,700		
	b	Less cost or other basis and sales expenses	1,935,409	605,060		
	c	Gain or (loss)	490,451	-603,360		
	d	Net gain or (loss)	-112,909			-112,909
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances	a			
	b	Less cost of goods sold	b			
	c	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue	Business Code			
	11a	CAFETERIA REVENUE	900099	733,185		733,185
	b	P/S INVESTMENT INCOME	621400	331,401		331,401
	c	PAT /EMP CONVENIENCES	900099	9,978		9,978
	d	All other revenue				
	e	Total. Add lines 11a-11d	1,074,564			
	12	Total revenue. See Instructions	195,800,808	193,443,041	100,887	1,471,153

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.	141,014	141,014		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	202,831	186,605	16,226	
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.	46,223,428	42,525,554	3,697,874	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,391,719	1,280,381	111,338	
9	Other employee benefits.	7,814,145	7,189,013	625,132	
10	Payroll taxes.	3,253,900	2,993,588	260,312	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.				
d	Lobbying.	25,708	23,651	2,057	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	8,499,113	7,819,183	679,930	
12	Advertising and promotion.	406,729	374,191	32,538	
13	Office expenses.	2,639,157	2,428,024	211,133	
14	Information technology.				
15	Royalties.				
16	Occupancy.	2,812,578	2,587,572	225,006	
17	Travel.	332,027	305,465	26,562	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	39,528	36,366	3,162	
20	Interest.	652,300	600,116	52,184	
21	Payments to affiliates.	19,689,696	18,114,520	1,575,176	
22	Depreciation, depletion, and amortization.	6,067,415	5,582,022	485,393	
23	Insurance.	231,229	212,731	18,498	
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	MEDICAL SUPPLIES	37,075,895	34,109,823	2,966,072	
b	BAD DEBT, NET OF RECOVER	34,378,178	34,378,178	0	
c	MEDICAID ASSESSMENT	5,430,521	4,996,079	434,442	
d	REPAIRS & MAINTENANCE	3,328,499	3,062,219	266,280	
e	All other expenses	1,214,726	1,117,549	97,177	
25	Total functional expenses. Add lines 1 through 24e.	181,850,336	170,063,844	11,786,492	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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		6,974	1	2,400
	2	Savings and temporary cash investments		4,071,097	2	2,161,533
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		17,636,298	4	21,169,764
	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		5,846,303	8	6,595,580
	9	Prepaid expenses and deferred charges		1,813,879	9	2,441,640
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a167,861,778			
	b	Less accumulated depreciation	10b91,391,325	80,179,930	10c	76,470,453
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		11,370,766	12	4,039,825
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,709,693	15	1,726,930
	16	Total assets. Add lines 1 through 15 (must equal line 34)		122,634,940	16	114,608,125
Liabilities	17	Accounts payable and accrued expenses		9,051,260	17	9,075,462
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	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		23,463,033	25	20,505,319
	26	Total liabilities. Add lines 17 through 25		32,514,293	26	29,580,781
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		90,120,647	27	85,027,344
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		90,120,647	33	85,027,344
	34	Total liabilities and net assets/fund balances		122,634,940	34	114,608,125

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	195,800,808
2	Total expenses (must equal Part IX, column (A), line 25)	2	181,850,336
3	Revenue less expenses Subtract line 2 from line 1	3	13,950,472
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	90,120,647
5	Net unrealized gains (losses) on investments	5	-1,145,023
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	-17,898,752
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	85,027,344

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 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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 ☐ Separate basis ☐ Consolidated basis ☐ 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 ☐ Separate basis ☒ Consolidated basis ☐ 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.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization BAPTIST MEMORIAL HOSPITAL- GOLDEN TRIANGLE INC	Employer identification number 62-1519754
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Part I

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

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

1	☐	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	☐	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	☒	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	☐	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
5	☐	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6	☐	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	☐	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
8	☐	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	☐	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10	☐	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	☐	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated
e	☐	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	☐	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g	☐	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	☐	Provide the following information about the supported organization(s)

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

(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	
Total									

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).

Facts And Circumstances Test

Return Reference	Explanation	
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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

▶ **See separate instructions. ▶ 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 HOSPITAL- GOLDEN TRIANGLE INC	Employer identification number 62-1519754
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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?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

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

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

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

Part II-A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<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?		☐ Yes ☐ No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 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		25,708
j	Total. Add lines 1c through 1i.			25,708
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 HOSPITAL-GOLDEN TRIANGLE PAYS ANNUAL MEMBERSHIP DUES TO THE MISSISSIPPI HOSPITAL ASSOCIATION AND THE AMERICAN HOSPITAL ASSOCIATION. A PORTION OF THE DUES IS RELATED TO LOBBYING EXPENDITURES. THE SOLE MEMBER, BAPTIST MEMORIAL HEALTH CARE CORPORATION, PAYS MEMBERSHIP DUES TO THE AMERICAN HOSPITAL ASSOCIATION, THE ARKANSAS HOSPITAL ASSOCIATION, THE MISSISSIPPI HOSPITAL ASSOCIATION, AND THE TENNESSEE HOSPITAL ASSOCIATION. A PORTION OF THOSE DUES ARE FOR CONSULTANTS WHO ADVISE AND CONSULT WITH THE ORGANIZATION ON LEGISLATIVE AND REGULATORY MATTERS THAT MAY AFFECT THE ORGANIZATION AND ITS AFFILIATES. THESE CONSULTANTS MAY ADVOCATE POSITIONS WITH THE LEGISLATIVE AND REGULATORY BODIES OF GOVERNMENT AT LOCAL, STATE, AND FEDERAL LEVELS.

Part IV

Return Reference

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

BAPTIST MEMORIAL HOSPITAL- GOLDEN TRIANGLE INC

Employer identification number

62-1519754

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

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

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

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

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

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

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

9 In Part 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 ▶ \$ _____

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
- 1b

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

	Amount
1c	
1d	
1e	
1f	
- 2a

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

☐ Yes

☐ No
- 2b

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					
1b Contributions					
1c Net investment earnings, gains, and losses					
1d Grants or scholarships					
1e Other expenditures for facilities and programs					
1f Administrative expenses					
1g End of year balance					

- 2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

(ii) related organizations

3a(i)

3a(ii)

b

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

3b

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		816,534		816,534
1b Buildings		102,150,002	38,780,497	63,369,505
1c Leasehold improvements				
1d Equipment		62,993,406	52,166,613	10,826,793
1e Other		1,901,836	444,215	1,457,621
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				76,470,453

Schedule D (Form 990) 2013

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	
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	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	

Part 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	
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	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part 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 X, Line 2	FROM THE COMBINED AUDITED FINANCIAL STATEMENT OF BAPTIST MEMORIAL HEALTH CARE CORPORATION AND SUBSIDIARIES AS OF SEPTEMBER 30, 2014 AND 2013, BAPTIST MEMORIAL HEALTH CARE CORPORATION HAD NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS UNDER FASB ASC TOPIC 740, INCOME TAXES, REQUIRING ADJUSTMENTS TO ITS COMBINED FINANCIAL STATEMENTS. IN THE EVENT BAPTIST MEMORIAL HEALTH CARE CORPORATION WERE TO RECOGNIZE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IT WOULD BE RECOGNIZED IN THE COMBINED FINANCIAL STATEMENTS AS INTEREST EXPENSE. GENERALLY TAX YEARS 2011 THROUGH 2014 ARE OPEN TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES. THERE ARE NO INCOME TAX EXAMINATIONS CURRENTLY IN PROCESS.

[illegible]

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HOSPITAL- GOLDEN TRIANGLE INC

Employer identification number
62-1519754

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			9,661,013	1,782,795	7,878,218	5 340 %
b Medicaid (from Worksheet 3, column a)			27,812,008	27,348,302	463,706	0 310 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . .			1,204,009	1,888,548	-684,539	0 %
d Total Financial Assistance and Means-Tested Government Programs . .			38,677,030	31,019,645	7,657,385	5 650 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	12	5,367	100,267	5,186	95,081	0 060 %
f Health professions education (from Worksheet 5)	2	644	206,462	920	205,542	0 140 %
g Subsidized health services (from Worksheet 6)			53,601,856	50,245,780	3,356,076	2 280 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	6	56	27,013	0	27,013	0 020 %
j Total Other Benefits	20	6,067	53,935,598	50,251,886	3,683,712	2 500 %
k Total . Add lines 7d and 7j . .	20	6,067	92,612,628	81,271,531	11,341,097	8 150 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing	1	0	2,500	0	2,500	0 %
2Economic development	1	0	19,117	0	19,117	0 %
3Community support	1	55	9,792	200	9,592	0 %
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development	1	1,467	15,611	0	15,611	0 %
9Other						
10Total	4	1,522	47,020	200	46,820	

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

Yes

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

7,849,283

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

521,812

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

5

32,016,231

6Enter Medicare allowable costs of care relating to payments on line 5.

6

29,970,667

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

2,045,564

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☒ Cost accounting system

☐ Cost to charge ratio

☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

BAPTIST MEMORIAL HOSP-GOLDEN TRIANGLE

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1 Yes	
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs		
j ☐ Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3 Yes	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	No
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5 Yes	
a ☒ Hospital facility's website (list url) <u>WWW.BAPTISTONLINE.ORG/GOLDEN-TRIANGLE</u>		
b ☐ Other website (list url)		
c ☒ Available upon request from the hospital facility		
d ☐ Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a ☒ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b ☒ Execution of the implementation strategy		
c ☐ Participation in the development of a community-wide plan		
d ☐ Participation in the execution of a community-wide plan		
e ☒ Inclusion of a community benefit section in operational plans		
f ☒ Adoption of a budget for provision of services that address the needs identified in the CHNA		
g ☒ Prioritization of health needs in its community		
h ☒ Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i ☐ Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7 Yes	
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No		
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		9	Yes		
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>100 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		10	Yes		
11 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>300 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		11	Yes		
12 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		12	Yes		
a ☒ Income level					
b ☐ Asset level					
c ☒ Medical indigency					
d ☒ Insurance status					
e ☒ Uninsured discount					
f ☒ Medicaid/Medicare					
g ☒ State regulation					
h ☐ Residency					
i ☐ Other (describe in Part VI)					
13 Explained the method for applying for financial assistance?		13	Yes		
14 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		14	Yes		
a ☒ The policy was posted on the hospital facility's website					
b ☐ The policy was attached to billing invoices					
c ☒ The policy was posted in the hospital facility's emergency rooms or waiting rooms					
d ☒ The policy was posted in the hospital facility's admissions offices					
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility					
f ☒ The policy was available upon request					
g ☐ Other (describe in Part VI)					
Billing and Collections					
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?		15	Yes		
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP					
a ☐ Reporting to credit agency					
b ☐ Lawsuits					
c ☐ Liens on residences					
d ☐ Body attachments					
e ☐ Other similar actions (describe in Section C)					
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?				17	No
If "Yes," check all actions in which the hospital facility or a third party engaged					
a ☐ Reporting to credit agency					
b ☐ Lawsuits					
c ☐ Liens on residences					
d ☐ Body attachments					
e ☐ Other similar actions (describe in Section C)					

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** ☐ Notified individuals of the financial assistance policy on admission
 - b** ☐ Notified individuals of the financial assistance policy prior to discharge
 - c** ☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

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

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

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

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

[illegible]

Part V

Facility Information *(continued)*

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

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

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

Part VI

Supplemental Information

Provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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

Form and Line Reference	Explanation
Part I, Line 7g	SUBSIDIZED HEALTH SERVICES DOES NOT INCLUDE ANY COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS

Form and Line Reference	Explanation
Part I, Ln 7 Col(f)	PART I, LINE 7, COLUMN (F) PER IRS INSTRUCTIONS, BAD DEBT EXPENSE WAS NOT INCLUDED IN THE CALCULATION OF THE PERCENTAGE OF TOTAL CHARITY CARE AND COMMUNITY BENEFITS COST ON SCHEDULE H, LINE 7, COLUMN (F) PART I, LINE 7c, COLUMN (F) DUE TO SOFTWARE LIMITATIONS, THE PERCENT OF TOTAL EXPENSES FOR LINE 7C COLUMN (F) UNREIMBURSED COSTS-OTHER MEANS TESTED GOVERNMENT PROGRAMS IS REPORTED AS ZERO, BUT THE ACTUAL AMOUNT OF LINE 7C IS - 46%

Form and Line Reference	Explanation
PART I, LINE 6a	THE COMMUNITY BENEFIT REPORT IS PREPARED BY THE HOSPITAL'S SOLE MEMBER, BAPTIST MEMORIAL HEALTH CARE CORPORATION THE COMMUNITY BENEFIT REPORT IS MADE AVAILABLE TO THE PUBLIC BY MAIL AND AVAILABLE AT EACH AFFILIATE OF BAPTIST MEMORIAL HEALTH CARE CORPORATION

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

Form and Line Reference	Explanation
Part III, Line 4	BAPTIST MEMORIAL HOSPITAL HAS ADOPTED HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO 15, VALUATION AND FINANCIAL STATEMENT PRESENTATION OF CHARITY CARE AND BAD DEBTS BY INSTITUTIONAL PROVIDERS THE COSTING METHODOLGY USED IN DETERMINING THE AMOUNTS REPORTED ON LINES 2 AND 3 A BAD DEBT REPORT IS RUN TO PULL ALL PATIENTS THAT HAVE BEEN MOVED TO A BAD DEBT ACCOUNT LOCATION WE TAKE THE TOTAL ACCOUNT BALANCE OF ALL THE PATIENTS IN THE BAD DEBT LOCATION AND DIVIDE IT BY THE TOTAL CHARGES OF THE SAME PATIENT POPULATION WE MULTIPLY THE RESULTING RATIO BY THE TOTAL COST OF THE SAME PATIENT POPULATION THIS GIVES US THE COST ASSOCIATED WITH THE TOTAL AMOUNT OF THE ACCOUNT BALANCE MOVED TO THE BAD DEBT STATUS WE RUN A QUERY OUT OF OUR INTERNAL DATA WAREHOUSE SYSTEM THAT IDENTIFIES THIS PATIENT POPULATION THIS INFORMATION IS ENTERED INTO THE STANDARD NOTE SECTION OF EACH PATIENT RECORD WE QUALIFY OUR PATIENT QUERY BY THE STANDARD NOTES THAT REPRESENT WHEN A PATIENT REFUSES TO COMPLETE THE PAPERWORK, IF THE INFORMATION PROVIDED BY THE PATIENT IS INCOMPLETE, OR WHEN A SELF-PAY MINIMUM DISCOUNT NOTE IS ENTERED ON THE PATIENT RECORD WE THEN TAKE THIS PATIENT POPULATION AND RUN A REPORT THAT GIVES US THE TOTAL COST OF THE PATIENT POPULATION

Form and Line Reference	Explanation
Part III, Line 8	WE CAN'T GET THE PAYMENT AND MEDICARE ALLOWABLE COST INFORMATION FROM THE COST REPORT IN THE FORMAT THAT WE NEED, SO WE DO THE FOLLOWING FOR LINE 5, WE TAKE THE TOTAL PAYMENTS FOR MEDICARE PATIENTS FROM SCHEDULE 6 PATIENT POPULATION AND DIVIDE THAT BY THE TOTAL HOSPITAL MEDICARE PAYMENTS WE MULTIPLY THE RESULTING RATIO BY THE REVENUE NUMBERS THAT COME FROM THE COST REPORT FOR LINE 6, WE USE THE SAME CONCEPT TO GET THE COST INFORMATION WE GET THE TOTAL COST OF MEDICARE PATIENTS FROM SCHEDULE 6 AND DIVIDE THAT NUMBER BY THE TOTAL COST OF THE TOTAL MEDICARE PATIENT POPULATION OF THE HOSPITAL WE THEN MULTIPLY THIS RATIO BY THE COST INFORMATION FROM THE COST REPORT

Form and Line Reference	Explanation
Part III, Line 9b	THE HOSPITAL'S COLLECTION AGENCY, WILL DETERMINE IF THE PATIENT HAS A CHARITY APPLICATION ON FILE AND WAS DEEMED TO BE A CHARITY CASE BY THE HOSPITAL IF IT WAS DETERMINED THAT THE PATIENT IS A CHARITY CASE, THEN THE COLLECTION AGENCY WILL REVIEW THE REMAINING UNPAID BALANCE AFTER THE APPLICATION OF THE CHARITY DISCOUNT, AND PURSUE APPROPRIATE COLLECTION EFFORTS DEPENDING UPON THE CIRCUMSTANCES AT THE TIME, THE ENTIRE AMOUNT OWED MAY BE WRITTEN OFF OTHER PATIENTS, WHO ARE NOT CHARITY PATIENTS, GENERALLY ARE NOT OFFERED A DISCOUNT ON THE AMOUNT OWED IF THE ACCOUNT IS 0-6 MONTHS OLD THE HOSPITAL'S COLLECTION AGENCY WILL TRY TO SET UP A PAYMENT PLAN IF THE PATIENT HAS INSURANCE AND THE BILL WAS FILED WITH THEIR INSURANCE COMPANY, THE PRIOR PPO ADJUSTMENT IS GIVEN THE AMOUNT OF DISCOUNT INCREASES AS THE AGE OF THE DEBT INCREASES AS THE AGE OF THE DEBT INCREASES, DETERMINING FACTORS ARE ALSO CONSIDERED SUCH AS THE ABILITY OF THE PATIENT TO PAY, THE AGE AND HEALTH OF THE PATIENT, FAMILY CIRCUMSTANCES, CREDIT SCORE, ETC RISK FACTORS ARE ALSO CONSIDERED WHEN DETERMINING WHETHER TO SETTLE AN ACCOUNT RISK FACTORS INCLUDE HARDSHIP AND CATASTROPHE, OTHER DEBTS, AND FUTURE EXPECTANCIES

Form and Line Reference	Explanation
Part VI, Line 2	BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER OF THE HOSPITAL, PROVIDES NEEDS ASSESSMENTS THROUGH THE HEALTH SERVICES RESEARCH DEPARTMENT. IN ADDITION, LOCAL ADVISORY BOARDS PROVIDE FEEDBACK TO THE LOCAL HOSPITAL ADMINISTRATORS. THE HEALTH SERVICES RESEARCH DEPARTMENT USES VARIOUS TOOLS TO ASSIST THEM IN THE ASSESSMENTS. ONE OF THE TOOLS USED BY HEALTH SERVICES RESEARCH DEPARTMENT IS YACUBIAN RESEARCH, INC. COMMUNITY OPINION SURVEY. THIS IS A QUARTERLY RANDOM-DIGIT DIALING TELEPHONE SURVEY. SURVEYS INCLUDE QUESTIONS ASKING RESPONDENTS TO GRADE THE QUALITY OF HEALTH CARE SERVICES IN THEIR COMMUNITY. THE SERVICES ARE GRADED FROM A-F. IF A SERVICE IS GIVEN A RATING OF C OR BELOW, THE RESPONDENTS ARE ASKED FOR IDEAS FOR IMPROVEMENT. THESE CAN BE REVIEWED BY AREA, COUNTY, TOWN, ZIP CODE, AGE, GENDER, AND RACE. THE IMPROVEMENTS REQUESTED GENERALLY INVOLVE REQUESTS FOR MORE AND BETTER DOCTORS AND STAFF, AND LESS WAIT TIME. MEDICAL STAFF SURVEYS ARE ALSO USED TO ASSESS NEEDS. THESE ARE CONDUCTED BY MAIL OR INTERNET (WHICH EVER IS PREFERRED BY THE RESPONDENT) BY PRESS-GANEY, A NATIONALLY KNOWN RESEARCH COMPANY FOR BOTH PATIENT SATISFACTION AND PHYSICIAN SATISFACTION. IN THIS SURVEY, CONDUCTED EVERY OTHER YEAR, RESPONDENTS ARE QUESTIONED ABOUT THE NEED FOR NEW SERVICES OR PHYSICIAN SPECIALTIES IN THE HOSPITAL OR COMMUNITY. THERE ARE USUALLY MULTI-PHYSICIAN RECOMMENDATIONS FOR ADDITIONAL EQUIPMENT AND CERTAIN TYPES OF PHYSICIAN SPECIALISTS. THIS IS USED AS A STARTING POINT FOR DETERMINING POTENTIAL PRIORITIES FOR PHYSICIAN RECRUITING. COMMUNITY NEEDS ASSESSMENT FOR ADDITIONAL PHYSICIANS IN THE COMMUNITY IS ALSO CONDUCTED. POPULATION-BASED DEMAND ESTIMATES ARE OBTAINED FROM THE MEDSTAT INFORMUM MEDI-EDGE SOFTWARE, AND TAKES INTO ACCOUNT THE AGE AND GENDER OF THE POPULATION. THIS IS THEN COMPARED TO THE SUPPLY OF PHYSICIANS AS DETERMINED THROUGH SEVERAL DIFFERENT SOURCES- INCLUDING OUR OWN CALLING OF OFFICES TO DETERMINE THE FULL TIME EQUIVALENT OF PHYSICIANS AVAILABLE IN THE SPECIALTY OF INTEREST. THE DEMAND MINUS THE SUPPLY GIVES THE "NET NEED" CURRENTLY, AND IN 5 YEARS. THE REQUEST FOR THESE ANALYSES ARE MADE BY THE HOSPITAL'S CHIEF EXECUTIVE OFFICERS' BASED ON THE PRIORITIES GIVEN BY THE MEDICAL STAFF AND ACCORDING TO KNOWLEDGE OF CERTAIN PHYSICIANS THAT ARE LIKELY TO BE LEAVING THE AREA IN THE NEXT YEAR OR TWO. GENERALLY THE DEMAND AND SUPPLY ESTIMATES ARE FOR A GEOGRAPHIC AREA DEFINED BY THE HALF-WAY MARK BETWEEN OUR FACILITY AND THE COMMUNITY HAVING A SIMILAR SIZED MEDICAL FACILITY OF A COMPETITOR. IN LARGER MARKET AREAS, THE PHYSICIAN NEEDS ARE GENERALLY CONCENTRATED AROUND HIGHLY SPECIALIZED PHYSICIANS WHO MAY BE LEAVING OR RETIRING. THE SOFTWARE PACKAGE HAS MODULES THAT ARE USED TO DETERMINE THE NEED FOR NEW FACILITIES, SUCH AS HOSPITALS, URGENT CARE CENTERS, EXPANDED EMERGENCY ROOMS, ETC. THIS IS REVIEWED IF THERE IS AN INCREASE IN POPULATION GROWTH. PATIENT SATISFACTION SURVEYS ARE ANOTHER TOOL USED TO ASSESS NEED. PRESS GANEY MAILES SURVEYS EVERY TWO WEEKS TO A RANDOM SAMPLE OF DISCHARGED PATIENTS. THE GOAL IS TO GET APPROXIMATELY 350 COMPLETED SURVEYS PER YEAR IN EACH OF THE VARIOUS CARE SETTINGS PER FACILITY. THESE CARE SETTINGS INCLUDE INPATIENT, OUTPATIENT, EMERGENCY ROOMS, OUTPATIENT SURGERY, OUTPATIENT DIAGNOSTICS, HOME HEALTH CARE, URGENT CARE CENTERS, ETC. BASED ON THESE SURVEYS, THE NEED FOR SPECIFIC CHANGES IN PROCESSES OR TYPES OF PERSONNEL ARE ASSESSED TO MEET THE NEEDS OF THE COMMUNITIES WE SERVE. NATIONAL RESEARCH CORPORATION IS A RESEARCH COMPANY THAT INTERVIEWS 600 PEOPLE IN OUR COMMUNITY SERVICE AREA EACH YEAR VIA THE INTERNET. THESE PEOPLE ARE A PART OF A PANEL SELECTED TO REPRESENT THE CHARACTERISTICS OF THE COMMUNITY. THIS SURVEY PROVIDES AN ON-LINE TOOL FOR DETERMINING SELF-REPORTED PERCENTAGES WITH CHRONIC CONDITIONS AND USE OF PREVENTIVE SERVICES IN AREAS OF SIMILAR SIZE AND CHARACTERISTICS AROUND THE COUNTRY.

Form and Line Reference	Explanation
Part VI, Line 3	PATIENTS ARE INFORMED OF THEIR ELIGIBILTY FOR ASSISTANCE IN PERSON UPON ENTERING THE HOSPITAL FACILITY EACH PATIENT IS ASSIGNED AN ADMISSIONS PERSON WHO PROVIDES WRITTEN INFORMATION AS WELL AS VERBAL INFORMATION

Form and Line Reference	Explanation
Part VI, Line 4	BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE SERVICES THE LOWNDES COUNTY, MISSISSIPPI AND GOLDEN TRIANGLE AREA SOME PATIENTS COME FROM ALABAMA AND OTHER MISSISSIPPI COUNTIES SURROUNDING THE GOLDEN TRIANGLE AREA THE AFRICAN-AMERICAN COMMUNITY COMPRISES ABOUT 41 9% OF OUR PRIMARY SERVICE AREA HISPANICS MAKE UP ABOUT 1 5%, AND CAUCASIANS ARE ABOUT 55 1% DEMOGRAPHIC SNAPSHOTS ARE PROVIDED BY THE INDEPENDENT OUTSIDE FIRM OF CLARITAS, INC OUR OWN HEALTH SERVICES RESEARCH DEPARTMENT AT BAPTIST MEMORIAL HEALTH CARE CORPORATION (AS SOLE MEMBER) CALCULATES THE DISTRIBUTION OF INPATIENT DISCHARGES (EXCLUDING NEWBORNS) BY COUNTY THIS IS SORTED IN DESCENDING NUMBER PER COUNTY AND DETERMINES THOSE COUNTIES WITH UP TO 75-77% OF THE DISCHARGES AND THESE CONTIGUOUS COUNTIES COMPRISE THE PRIMARY MARKET AREA COUNTIES COMPRISING 78-95% OF THE DISCHARGES ARE DESIGNATED THE SECONDARY MARKET, WHILE THE REMAINING 5% IS THE TERTIARY MARKET BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE'S PRIMARY MARKET SERVICE AREA HAS 107,504 PERSONS WITH THE COMBINED PRIMARY AND SECONDARY AREA HAVING 234,499 PERSONS OTHER ITEMS SUCH AS AGE, HOUSEHOLD INCOME, AND RACE/ETHNICITY PERCENTAGES, AS COMPARED TO THE NATION AS A WHOLE, ARE ALSO USED IN THE MIX DUNN AND BRADSTREET DATA IS ALSO USED TO DETERMINE THE COMMUNITIES LARGEST EMPLOYERS

Form and Line Reference	Explanation
Part VI, Line 5	THE HOSPITALS HAVE OPEN MEDICAL STAFFS, COMMUNITY BOARD INVOLVMENT, SUPPORT SERVICES, FREE AND/OR REDUCED MAMMOGRAMS, HEALTH FAIRS, DONATION OF SUPPLIES AND MONEY, AND MANY OTHER THINGS

Form and Line Reference	Explanation
Part VI, Line 6	BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE IS AN AFFILIATE OF BAPTIST MEMORIAL HEALTH CARE CORPORATION BAPTIST MEMORIAL HEALTH CARE CORPORATION IS THE SOLE MEMBER OF A NUMBER OF HOSPITALS, MINOR MEDICAL CENTERS, HOME CARE AND HOSPICE SERVICES, AND PHYSICIAN SERVICES IN WEST TENNESSEE, NORTH MISSISSIPPI, AND EAST ARKANSAS EACH FACILITY PROVIDES HEALTH CARE SERVICES TO MEET THE NEEDS OF THE COMMUNITIES SERVED

Form and Line Reference	Explanation
Part VI, Line 7, Reports Filed With States	TN,MS,AR

Additional Data

Software ID:
Software Version:
EIN: 62-1519754
Name: BAPTIST MEMORIAL HOSPITAL- GOLDEN TRIANGLE
INC

990 Schedule H, Supplemental Information

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
BAPTIST MEMORIAL HOSP -GOLDEN TRIANGLE	
BAPTIST MEMORIAL HOSP -GOLDEN TRIANGLE	Part V, Section B, Line 20d PATIENTS RECEIVING EMERGENCY OR OTHER MEDICALLY NECESSARY CARE WHO DO NOT HAVE INSURANCE ARE BILLED IN ACCORDANCE WITH THE TERMS OF THE HOSPITAL'S "CHARITY, UNINSURED AND INDIGENT POLICY " THIS POLICY OFFERS PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE A VARIETY OF PAYMENT OPTIONS OR TERMS FOR PAYMENT THE HOSPITAL UTILIZES PAYMENT PROCEDURES FOR UNINSURED OR MEDICALLY UNDERINSURED, WHICH TAKE INTO CONSIDERATION OTHER PAYMENT ARRANGEMENTS WITH INSURANCE COMPANIES, MANAGED CARE NETWORKS, AND GOVERNMENT-SUBSIDIZED PROGRAMS

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.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
BAPTIST MEMORIAL HOSPITAL- GOLDEN TRIANGLE INC

Employer identification number
62-1519754

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
(1) MISSISSIPPI UNIVERSITY FOR WOMEN FOUNDATION 110 COLLEGE ST COLUMBUS, MS 397015800	23-7050717	501(c)(3)	115,000				NURSING PROGRAM
(2) COLUMBUS LOWNDES DEVELOPMENT LINK PO BOX 1328 COLUMBUS, MS 39703	64-0387161	501(c)(6)	12,500				GENERAL DONATION
(3) MISSISSIPPI STATE UNIVERSITY FOUNDATION (ATHLETIC DEPT) PO BOX BT MISSISSIPPI STATE, MS 39762	64-0410581	501(c)(3)	13,500				DONATION TO PURCHASE A VEHICLE TO BE USED ON FOOTBALL FIELD TO TRANSPORT INJURED PLAYERS

2

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

3

3

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

Part III

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

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

Part IV

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

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.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HOSPITAL- GOLDEN TRIANGLE INC

Employer identification number
62-1519754

Part I

Questions Regarding Compensation

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

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				
See Additional Data Table								

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.

Additional Data

Software ID:
Software Version:
EIN: 62-1519754
Name: BAPTIST MEMORIAL HOSPITAL- GOLDEN TRIANGLE INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
EDWIN P CADE CEO/ADMINISTRATOR	(i)	0	0	0	0	0	0	0
	(ii)	219,721	0	31,227	51,647	21,188	323,783	0
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
JASON M LITTLE PRESIDENT (6/01/14-9/30/14)	(i)	0	0	0	0	0	0	0
	(ii)	641,389	198,009	42,436	60,500	22,775	965,109	0
STEPHEN C REYNOLDS PRESIDENT (10/01/13-5/31/14)	(i)	0	0	0	0	0	0	0
	(ii)	1,218,339	409,863	270,190	66,000	22,125	1,986,517	0
DAVID WEBB CFO	(i)	148,486	0	0	12,274	23,597	184,357	0
	(ii)	0	0	0	0	0	0	0
PAUL D DEPRIEST MD V P	(i)	0	0	0	0	0	0	0
	(ii)	495,377	0	31,117	28,010	22,282	576,786	0
SALEEM A ALI PHYSICIAN	(i)	181,660	15,850	97,919	26,999	7,159	329,587	0
	(ii)	0	0	0	0	0	0	0
JOHN E REED MD CMO	(i)	252,614	0	0	34,941	14,957	302,512	0
	(ii)	0	0	0	0	0	0	0
WILLIAM P KOWALSKY MD PHYSICIAN	(i)	205,511	0	835	34,589	17,930	258,865	0
	(ii)	0	0	0	0	0	0	0
STEPHEN K SMITH MD PHYSICIAN	(i)	168,611	0	0	11,613	23,319	203,543	0
	(ii)	0	0	0	0	0	0	0
WILLIAM O LANCASTER ASST ADMIN	(i)	120,006	0	8,927	30,931	24,404	184,268	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization
BAPTIST MEMORIAL HOSPITAL- GOLDEN TRIANGLE INC

Employer identification number

62-1519754

Return Reference	Explanation
PART IV, LINE 20B AUDITED FINANCIAL STATEMENTS	ATTACHED ARE THE BAPTIST MEMORIAL HEALTH CARE CORPORATION AND AFFILIATES COMBINED FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND SEPTEMBER 30, 2013, AND INDEPENDENT AUDITOR'S REPORT. ALTHOUGH NOT SEPARATELY SHOWN, THE COMBINED FINANCIAL STATEMENTS INCLUDE THE FINANCIAL STATEMENTS OF THE ORGANIZATION.

Return Reference	Explanation
PART V STATEMENTS REGARDING OTHER IRS FILINGS & TAX COMPLIANCE	LINE 1a ALL FORMS 1099 ARE PREPARED BY THE ACCOUNTS PAYABLE DEPARTMENT OF THE SOLE MEMBER, BAPTIST MEMORIAL HEALTH CARE CORPORATION ALL FORMS 1099 ARE ISSUED USING THE FEDERAL TAX IDENTIFICATION NUMBER OF BAPTIST MEMORIAL HEALTH CARE CORPORATION THE 1099S ARE NOT PROCESSED BY ENTITY, BUT BY VENDOR GROUP MANY VENDORS PERFORM SERVICES FOR MULTIPLE BAPTIST ENTITIES, SO ONLY ONE 1099 IS ISSUED PER VENDOR WITH THE TOTAL AMOUNT PAID FOR SERVICES THIS NUMBER IS REPORTED ON BAPTIST MEMORIAL HEALTH CARE CORPORATION'S FORM 990, PART V, LINE 1a LINE 2a THE PAYROLL FUNCTION IS CENTRALIZED AT THE PAYROLL DEPARTMENT OF THE SOLE MEMBER, BAPTIST MEMORIAL HEALTH CARE CORPORATION THE CORPORATE PAYROLL DEPARTMENT IS RESPONSIBLE FOR ALL SALARIES AND WAGES OF THE EMPLOYEES FOR ENTIRE THE 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

Return Reference	Explanation
Form 990, Part VI, Section A, line 3	BAPTIST MEMORIAL HEALTH CARE CORPORATION AS SOLE MEMBER OF BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE 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 HOSPITAL-GOLDEN TRIANGLE 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 HOSPITAL- GOLDEN TRIANGLE 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 HOSPITAL- GOLDEN TRIANGLE 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 PRESIDENT/CEO, SR V P /CFO, THE V P OF CORPORATE FINANCE, AND THE HOSPITAL CFO IN ADDITION, THE FORM 990 IS REVIEWED ON A ROTATING BASIS OF EVERY THREE YEARS BY AN OUTSIDE INDEPENDENT ACCOUNTING AND TAX FIRM THE FORM 990 HAS NOT BEEN REVIEWED BY THE BOARD OF DIRECTORS HOWEVER, BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER, HAS A GOVERNANCE COMMITTEE THAT IS APPOINTED BY ITS BOARD OF DIRECTORS THE BAPTIST MEMORIAL HEALTH CARE CORPORATION GOVERNANCE COMMITTEE CONSISTS OF THREE OR MORE MEMBERS ALL OF WHICH MAY OR MAY NOT BE MEMBERS OF THE BOARD OF DIRECTORS THE BAPTIST MEMORIAL HEALTH CARE CORPORATION GOVERNANCE COMMITTEE WILL REVIEW THE FORM 990 AFTER SUBMITTING IT TO THE IRS

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE 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 (THE SOLE MEMBER) 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.

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 CEO/ADMINISTRATOR.

Return Reference	Explanation
Form 990, Part VI, Section C, line 18	BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE MAKES COPIES OF ITS FORMS 1023, 990, AND 990T 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 HOSPITAL-GOLDEN TRIANGLE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Return Reference	Explanation
Form 990, Part VII	GREGORY M DUCKETT - 350 N HUMPHREYS BLVD , MEMPHIS, TN 38120-2177 JASON M LITTLE - 350 N HUMPHREYS BLVD , MEMPHIS, TN 38120-2177 STEPHEN C REYNOLDS - 350 N HUMPHREYS BLVD , MEMPHIS, TN 38120-2177

Return Reference	Explanation
Form 990, Part XI, line 9	TRANSFERS TO/FROM BAPTIST MEMORIAL MEDICAL GROUP, INC -10,742,038 TRANSFERS TO/FROM BAPTIST MEMORIAL HEALTH CARE CORPORATION -7,156,714

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.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HOSPITAL- GOLDEN TRIANGLE INC

Employer identification number
62-1519754

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 ORGANIZATON	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) Dispropportionate 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 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 SOUTHCREST DEV	MS	N/A	C					No
(4) GERMANTOWN BUSINESS PARK OWNERS ASSOCIATION 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 20-1158216	BOOKKEEPING DATA PROCESSING FOR GERMANTOWN BUS PARK DEV	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

No

1c

Yes

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

No

1m

Yes

1n

No

1o

No

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			

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: 62-1519754

Name: BAPTIST MEMORIAL HOSPITAL- GOLDEN TRIANGLE 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	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-HUNTINGDON INC 631 R B WILSON DR HUNTINGDON, TN 38344 62-1166050	HEALTH CARE FACILITY/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
(9) BAPTIST CLINICAL RESEARCH INSTITUTE INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3032246	FACILITATE MEDICAL & SCIENTIFIC RESEARCH	TN	501(c)(3)	509(a)(3)	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 SERVICESINC 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 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
(18) BAPTIST MEMORIAL MEDICAL MINISTRIES EMP HLTH & WELFARE TRUST 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1407946	BAPTIST EMPLOYEE HEALTH PLAN	TN	501(c)(9)		BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
(19) BAPTIST MINOR MEDICAL CENTERS INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1538114	NON-EMERGENCY MEDICAL CLINICS	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1544781	SOLICIT, RAISE, MANAGE, APPLY, & INVEST FUNDS IN SUPPORT OF BAPTIST ENTITIES	TN	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
(1) BAPTIST MEMORIAL HOSPITAL-JONESBORO INC 4800 E JOHNSON AVE JONESBORO, AR 72401 26-1214372	HEALTH CARE FACILITY/HOSPITAL	AR	501(c)(3)	509(a)(1)	NEA BAPTIST HEALTH SYSTEM INC		No
(2) NEA BAPTIST HEALTH SYSTEM INC 4800 E JOHNSON AVE JONESBORO, AR 72401 27-1799652	HEALTH CARE SERVICE PROVIDER	AR	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
(3) NEA CLINIC CHARITABLE FOUNDATION INC 4800 E JOHNSON AVE JONESBORO, AR 72401 71-0850123	HEALTH CARE SERVICE PROVIDER	AR	501(c)(3)	509(a)(1)	NEA BAPTIST HEALTH SYSTEM INC		No
(4) 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
(5) BAPTIST CANCER CENTER PHYSICIANS 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
(6) INTEGRITY ONCOLOGY FOUNDATION INC 6286 BRIARCREST AVE STE 308 MEMPHIS, TN 38120 45-3303687	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC		No
(7) 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
(8) 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
(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)	170)b)(1)(A)(iii)	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	TN	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 & PHYSICIANS OP SURGERY CENTER OF N MS 40 BURTON HILLS BLVD STE 500 NASHVILLE, TN 37215 62-0925692	AMBULATORY SURGERY	MS	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 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 CENTERM 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	AMBULATORY SURGERY	TN	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 HEALTH CARE CORPORATION	D	1,807,215	FMV
BAPTIST MEMORIAL HEALTH CARE CORPORATION	M	19,689,700	FMV
BAPTIST MEMORIAL HOSPITAL-DESOTO	D	17,291,849	FMV
BAPTIST MEMORIAL MEDICAL GROUP INC	J	288,198	FMV
BAPTIST MEMORIAL MEDICAL MINISTRIES EMPLOYEE HEALTH & WELFARE TRUST	R	9,162,330	FMV
BAPTIST MEMORIAL MEDICAL GROUP INC	M	1,934,982	FMV
BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	C	68,053	FMV
BAPTIST MEMORIAL HEALTH CARE CORPORATION	R	7,156,714	FMV
BAPTIST MEMORIAL MEDICAL GROUP INC	R	10,742,037	FMV

Baptist Memorial Health Care Corporation and Affiliates

Combined Financial Statements as of and for the
Years Ended September 30, 2014 and 2013, and
Independent Auditors' Report

BAPTIST MEMORIAL HEALTH CARE CORPORATION AND AFFILIATES

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INDEPENDENT AUDITORS' REPORT

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

We have audited the accompanying combined financial statements of Baptist Memorial Health Care Corporation (a Tennessee nonprofit corporation) and affiliates (collectively, BMHCC), all of which are under common ownership and common management, which comprise the combined balance sheets as of September 30, 2014 and 2013, and the related combined statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the combined financial statements.

Management's Responsibility for the Combined Financial Statements

Management is responsible for the preparation and fair presentation of these combined financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of combined financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these combined financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the combined financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the combined financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to BMHCC's preparation and fair presentation of the combined financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of BMHCC's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the combined financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the financial position of BMHCC as of September 30, 2014 and 2013, and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Deloitte & Touche LLP

January 20, 2015

BAPTIST MEMORIAL HEALTH CARE CORPORATION AND AFFILIATES

COMBINED BALANCE SHEETS

AS OF SEPTEMBER 30, 2014 AND 2013

(Amounts in thousands)

	2014	2013
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 77,262	\$ 102,825
Short-term investments	110	-
Patient accounts receivable—net of estimated uncollectible amounts of \$85,960 and \$68,668 in 2014 and 2013, respectively	279,838	242,567
Other receivables—net	26,177	18,540
Inventory, prepaid expenses, and other assets	100,957	91,555
Estimated settlements with third parties	3,674	9,051
Total current assets	488,018	464,538
INVESTMENTS	733,076	847,195
ASSETS WHOSE USE IS LIMITED	24,125	21,545
PROPERTY AND EQUIPMENT—Net	1,241,388	1,189,387
GOODWILL	1,855	74,675
OTHER LONG-TERM ASSETS	24,812	27,751
TOTAL	\$2,513,274	\$2,625,091
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Current portion of long-term debt and capital lease obligations	\$ 179,870	\$ 125,818
Accounts payable	32,753	35,690
Accrued expenses and other	154,437	157,411
Estimated settlements with third parties	19,816	13,564
Total current liabilities	386,876	332,483
LONG-TERM DEBT AND CAPITAL LEASE OBLIGATIONS	360,901	313,989
OTHER LONG-TERM LIABILITIES	136,232	155,289
COMMITMENTS AND CONTINGENCIES (Note 18)		
NET ASSETS		
Unrestricted net assets	1,558,142	1,766,149
Temporarily and permanently restricted net assets	71,123	57,181
Total net assets	1,629,265	1,823,330
TOTAL	\$2,513,274	\$2,625,091

See notes to combined financial statements

BAPTIST MEMORIAL HEALTH CARE CORPORATION AND AFFILIATES

COMBINED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013

(Amounts in thousands)

	2014	2013
UNRESTRICTED REVENUES AND OTHER SUPPORT		
Patient service revenue—net of contractuals	\$2,073,582	\$2,053,898
Provision for bad debt	<u>(267,310)</u>	<u>(250,715)</u>
Net patient service revenue	1,806,272	1,803,183
Other revenue	<u>80,578</u>	<u>81,242</u>
Total unrestricted revenues and other support	<u>1,886,850</u>	<u>1,884,425</u>
EXPENSES		
Salaries and benefits	1,069,398	1,008,871
Supplies and drugs	435,882	423,074
Purchased services and other	314,663	292,723
Professional fees	149,335	103,602
Depreciation and amortization	132,018	115,227
Goodwill impairment charge	74,517	-
Interest	10,778	10,049
Loss on asset impairment	<u>-</u>	<u>1,765</u>
Total expenses	<u>2,186,591</u>	<u>1,955,311</u>
LOSS FROM OPERATIONS	<u>(299,741)</u>	<u>(70,886)</u>
NONOPERATING INCOME (LOSS)		
Interest and dividend income from marketable portfolio	24,466	28,459
Net realized gains on investments from marketable portfolio	67,333	69,491
Noncontrolling interest and other—net	<u>7,891</u>	<u>(6,590)</u>
Total nonoperating income	<u>99,690</u>	<u>91,360</u>
(EXPENSES IN EXCESS OF REVENUES)		
REVENUES IN EXCESS OF EXPENSES	<u>(200,051)</u>	<u>20,474</u>

(Continued)

BAPTIST MEMORIAL HEALTH CARE CORPORATION AND AFFILIATES

COMBINED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013

(Amounts in thousands)

	2014	2013
UNRESTRICTED NET ASSETS:		
(Expenses in excess of revenues) revenues in excess of expenses	\$ (200,051)	\$ 20,474
Net unrealized losses on investments	(6,394)	(2,266)
Net (distributions) contributions made from/to joint venture partners and other	<u>(1,562)</u>	<u>1,749</u>
Change in unrestricted net assets	<u>(208,007)</u>	<u>19,957</u>
TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS:		
Gifts and donations	17,475	13,182
Investment income	116	86
Net unrealized gains (losses) on investments	1,011	(1,366)
Net distributions made to affiliates and others	<u>(4,660)</u>	<u>(3,885)</u>
Increase in temporarily and permanently restricted net assets	<u>13,942</u>	<u>8,017</u>
CHANGE IN NET ASSETS	(194,065)	27,974
NET ASSETS—Beginning of year	<u>1,823,330</u>	<u>1,795,356</u>
NET ASSETS—End of year	<u><u>\$1,629,265</u></u>	<u><u>\$1,823,330</u></u>

See notes to combined financial statements

(Concluded)

BAPTIST MEMORIAL HEALTH CARE CORPORATION AND AFFILIATES

COMBINED STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013 (Amounts in thousands)

	2014	2013
CASH FLOWS FROM OPERATING ACTIVITIES AND NONOPERATING INCOME		
Change in net assets	\$ (194,065)	\$ 27,974
Adjustments to reconcile change in net assets to net cash (used in) provided by operating activities and nonoperating income		
Depreciation and amortization	131,476	114,683
Goodwill impairment charge	74,517	
Net realized gain on sales of investments and fixed assets	(64,479)	(68,897)
Net unrealized loss on investments	5,383	3,632
Loss on asset impairment	-	1,765
Changes in operating assets and liabilities		
Net patient accounts receivable	(37,271)	19,781
Inventory, prepaid expenses, and other assets	(9,119)	(7,324)
Accounts payable, accrued expenses, and other liabilities	340	7,110
Other long-term liabilities	(15,851)	(20,053)
Net cash (used in) provided by operating activities and nonoperating income	<u>(109,069)</u>	<u>78,671</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Acquisitions	(2,514)	(27,773)
Capital expenditures	(183,069)	(227,377)
Proceeds from sales of fixed assets	886	969
Purchases of long-term investments	(185,291)	(273,509)
Sales of long-term investments	362,076	392,406
(Increase) decrease in short-term investments	(110)	275
Increase in assets whose use is limited	(2,580)	(2,591)
Other	(3,494)	(1,823)
Net cash used in investing activities	<u>(14,096)</u>	<u>(139,423)</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Proceeds from issuance of debt	222,490	53,013
Principal payments on debt and capital lease obligations	(124,888)	(25,199)
Net cash provided by financing activities	<u>97,602</u>	<u>27,814</u>
NET CHANGE IN CASH AND CASH EQUIVALENTS	(25,563)	(32,938)
CASH AND CASH EQUIVALENTS—Beginning of year	<u>102,825</u>	<u>135,763</u>
CASH AND CASH EQUIVALENTS—End of year	<u>\$ 77,262</u>	<u>\$ 102,825</u>
CASH PAID FOR INTEREST DURING THE YEAR	<u>\$ 12,085</u>	<u>\$ 11,863</u>

See notes to combined financial statements

BAPTIST MEMORIAL HEALTH CARE CORPORATION AND AFFILIATES

NOTES TO COMBINED FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

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

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

BMHCC's allowance for doubtful accounts increased from 22.06% of accounts receivable (net of contractuals) as of September 30, 2013, to 23.50% as of September 30, 2014. This increase in the percentage was largely the result of a deterioration of collection rates experienced in 2014.

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

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

Property and Equipment—Property and equipment is recorded at cost when purchased or at fair market value when received by donation. Property and equipment is depreciated on a straight-line basis over its estimated useful life. Property and equipment held under capital leases is amortized evenly over the lesser of the lease term or its estimated useful life. In fiscal year 2014, the Company extended the useful lives assigned to certain long-lived assets based on an independent assessment. The change in depreciable lives resulted in a reduction in depreciation expense for the year ended September 30, 2014, of approximately \$7,558,000.

Property and equipment also consists of capitalized software costs, which are amortized on a straight-line basis over the estimated useful life of the software that ranges from three to eight years. As of September 30, 2014, capitalized software costs included in property and equipment is approximately \$61,424,000, and accumulated amortization on those costs is approximately \$7,578,000. As of September 30, 2013, capitalized software costs included in property and equipment is approximately \$53,693,000, and accumulated amortization on those costs were approximately \$2,340,000.

BMHCC capitalizes interest on borrowings during the active construction period of major capital projects. Capitalized interest is added to the cost of underlying assets and is amortized over the useful lives of the assets. Interest capitalized in 2014 and 2013 was approximately \$369,000 and \$851,000, respectively.

Goodwill—Goodwill is included in the accompanying combined balance sheets and represents the excess of costs over the fair value of assets of businesses acquired. In accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 958, *Not-for-Profit Entities*, BMHCC performs an annual impairment assessment of goodwill. BMHCC performs the impairment test at the reporting unit level at least annually or when events occur that require an evaluation to be performed at an interim date. If BMHCC determines the carrying value of goodwill is impaired, or if the carrying value of a business that is to be sold or otherwise disposed of exceeds its fair value, then management reduces the carrying value, including any allocated goodwill, to fair value. Estimates of fair value are based on appraisals, established market prices for comparative assets, or internal estimates of future net cash flows. BMHCC has selected June 30 as the date on which it will perform its annual impairment assessment. Due to declines in operations, operating profits and cash flows were lower than expected in Memphis, Tennessee metropolitan, and Jonesboro, Arkansas markets. Based on that trend, the earnings forecast for the next five years was revised. An impairment of approximately \$74,517,000 has been recorded on goodwill related to the Memphis metropolitan and Jonesboro markets in 2014. There was no impairment of goodwill during the year ended September 30, 2013. There can be no assurance that future goodwill impairment tests will not result in a charge to operations.

Impairment of Long-Lived Assets—BMHCC evaluates the carrying value of its long-lived assets under the provisions of FASB ASC Topic 360, *Property, Plant, and Equipment*. Under FASB ASC Topic 360, when events, circumstances, and operating results indicate that the carrying value of property and equipment assets may be impaired, BMHCC prepares projections of the undiscounted future cash flows expected to result from the use of the assets and their eventual disposition. If the projections identify impairment, BMHCC compares the assets' current carrying value to the assets' fair value. Fair value is based on current market values or discounted future cash flows. No impairment charge was recorded in 2014. An impairment of approximately \$1,765,000 has been recorded on certain long-lived assets at an affiliated hospital in 2013.

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

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

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

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

	2014	2013
Medicare	\$ 760,509	\$ 764,457
Medicaid	200,035	177,139
Commercial and Blue Cross	585,977	565,265
Managed care	152,200	187,805
Other	<u>374,861</u>	<u>359,232</u>
Total	<u>\$2,073,582</u>	<u>\$2,053,898</u>

Charity Care—BMHCC provides care to uninsured and medically indigent patients (those patients with a demonstrated inability to pay) at either no charge or at substantially reduced rates. For medically indigent patients, no effort is made to pursue collection of any amounts charged after the determination of medical indigency of the patient has been made. Discounts are granted to uninsured patients who do not meet the requirements for medical indigency. Since management does not expect payment for charity care, the charges forgone are excluded from net patient service revenue. The amount of charity care provided, inclusive of discounts for uninsured patients based upon charges foregone, was approximately \$213,161,000 and \$210,427,000 in 2014 and 2013, respectively. BMHCC estimates the cost of charity care by calculating a ratio of cost to gross charges and applying that ratio to the gross

uncompensated charges associated with providing care to patients that qualify for charity care. The estimated cost of charity care provided in 2014 and 2013 was approximately \$63,249,000 and \$60,120,000, respectively (see Note 3)

Electronic Health Record Initiatives—Under certain provisions of the American Recovery and Reinvestment Act of 2009 (ARRA), federal incentive payments are available to hospitals, physicians, and certain other professionals (“Providers”) when they adopt, implement, or upgrade (AII) certified electronic health record (EHR) technology or become “meaningful users,” as defined by ARRA, of EHR technology in ways that demonstrate improved quality, safety, and effectiveness of care. Providers can become eligible for annual Medicare incentive payments by demonstrating meaningful use of EHR technology in each period over four periods. Medicaid providers can receive their initial incentive payment by satisfying AII criteria, but must demonstrate meaningful use of EHR technology in subsequent years in order to qualify for additional payments. Hospitals may be eligible for both Medicare and Medicaid EHR incentive payments; however, Providers may be eligible for either Medicare or Medicaid incentive payments, but not both. Hospitals that are meaningful users under the Medicare EHR incentive payment program are deemed meaningful users under the Medicaid EHR incentive payment program and do not need to meet additional criteria imposed by a state. Medicaid EHR incentive payments to Providers are 100% federally funded and administered by the states. The Centers for Medicare and Medicaid Services (CMS) established calendar year 2011 as the first year states could offer EHR incentive payments. Before a state may offer EHR incentive payments, the state must submit and CMS must approve the state’s incentive plan.

BMIICC recognizes Medicaid EHR incentive payments in the accompanying combined statements of operations and changes in net assets for the first payment year when: (1) CMS approves a state’s EHR incentive plan and (2) a hospital or employed physician acquires certified EHR technology. Medicaid EHR incentive payments for subsequent payment years are recognized in the period during which management becomes reasonably assured of meeting the meaningful use criteria. BMIICC recognizes Medicare EHR incentive payments when compliance with specified meaningful use criteria is reasonably assured. As a result, BMIICC recognized approximately \$5,942,000 and \$8,189,000 of Medicare and Medicaid EHR incentive payments as other revenue in the accompanying combined statements of operations and changes in net assets in 2014 and 2013, respectively.

Beginning in 2015, Providers that have not demonstrated meaningful use of certified EHR technology and have not applied and qualified for a hardship exception are subject to penalties. For eligible hospitals, the penalty would be a reduced market basket update to the inpatient prospective payment system standardized amount in 2015 and each subsequent fiscal year. For eligible professionals, the penalty would be a 1% per year cumulative reduction applied to the Medicare physician fee schedule amount for covered professional services, subject to a cap of 5%. BMIICC anticipates that certain of its hospitals and professionals will be subject to the aforementioned penalties.

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

As of September 30, 2014 and 2013, BMIICC had not identified any uncertain tax positions under FASB ASC Topic 740, *Income Taxes*, requiring adjustments to its combined financial statements. In the event BMIICC were to recognize interest and penalties related to uncertain tax positions, it would be recognized in the combined financial statements as interest expense. Generally, tax years 2011 through 2014 are open to examination by the federal and state taxing authorities. There are no income tax examinations currently in process.

Fair Value Measurements—BMHCC follows the authoritative guidance contained in FASB ASC Topic 820, *Fair Value Measurements and Disclosures*. Fair value is generally defined as the exit price at which an asset or liability could be exchanged in a current transaction between willing unrelated parties, other than in a forced liquidation or sale. The guidance establishes a fair value hierarchy, giving the highest priority to quoted prices in active markets and the lowest priority to unobservable data, and requires disclosures for assets and liabilities measured at fair value based on their level in the hierarchy.

The fair value framework requires the categorization of assets and liabilities into three levels based upon the assumptions used to value the assets or liabilities. Level 1 provides the most reliable measure of fair value, whereas Level 3 generally requires significant management judgment. The three levels are defined as follows:

Level 1—Unadjusted quoted prices in active markets for identical assets or liabilities at the measurement date.

Level 2—Observable inputs other than those included in Level 1. For example, quoted prices for similar assets or liabilities in active markets or quoted prices for identical assets or liabilities in inactive markets.

Level 3—Unobservable inputs reflecting management's own assumption about the inputs used in pricing the asset or liability at the measurement date.

Assets measured at fair value based on the three-level hierarchy include investments, assets whose use is limited, long-lived assets acquired in a business combination, and goodwill.

Recent Accounting Pronouncements—In May 2014, the FASB issued Accounting Standards Update (ASU) No. 2014-09, *Revenue From Contracts With Customers*, which outlines a single comprehensive model for recognizing revenue and supersedes most existing revenue recognition guidance, including guidance specific to the health care industry. This ASU provides companies the option of applying a full or modified retrospective approach upon adoption. This ASU is effective for fiscal years beginning after December 15, 2016. Early adoption is not permitted. BMHCC will adopt this ASU on October 1, 2017, and is currently evaluating its plan for adoption and the impact on its revenue recognition policies and procedures and the resulting impact on its combined financial position, results of operations, and cash flows.

Subsequent Events—Management has evaluated events and transactions that have occurred between September 30, 2014, and January 20, 2015, which is the date that the combined financial statements were available to be issued for possible recognition or disclosure in the combined financial statements.

2. ACQUISITIONS

During 2014, Baptist Memorial Medical Group, Inc. (BMMG), a nontaxable affiliate of BMHCC, purchased the assets of six physician practices for approximately \$5,579,000. Five of these transactions include promissory notes to the sellers for a total of approximately \$3,065,000.

The consideration paid for the assets acquired during the year ended September 30, 2014, is as follows (in thousands):

Cash consideration for real and personal property	\$ 2,514
Assumption of promissory notes	<u>3,065</u>
Total purchase price	<u>\$ 5,579</u>

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

Current assets	\$ 73
Property and equipment	3,790
Goodwill	1,717
Current liabilities	<u>(1)</u>
Total purchase price	<u>\$ 5,579</u>

During 2013, BMMG purchased the assets of 13 physician practices for approximately \$30,638,000. Nine of these transactions include promissory notes to the sellers for a total of approximately \$2,865,000.

The consideration paid for the assets acquired during the year ended September 30, 2013, is as follows (in thousands):

Cash consideration for real and personal property	\$ 27,773
Assumption of promissory notes	<u>2,865</u>
Total purchase price	<u>\$ 30,638</u>

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

Current assets	\$ 1,524
Property and equipment	12,933
Goodwill	17,386
Current liabilities	<u>(1,205)</u>
Total purchase price	<u>\$ 30,638</u>

3. COMMUNITY BENEFIT

The summary of the costs (estimated using applicable cost to charge ratio) of certain of BMIICC's community services provided to the indigent and to the broader community for the years ended September 30, 2014 and 2013, is as follows (in thousands):

	2014	2013
Benefits for the indigent:		
Traditional charity care—at cost	\$ 63,249	\$ 60,120
Unpaid costs of Medicaid/TennCare programs	<u>63,289</u>	<u>69,120</u>
Total benefits for the indigent	<u>126,538</u>	<u>129,240</u>
Benefits for the broader community:		
Uncompensated care—uninsured and underinsured—at cost	79,316	72,816
Unpaid costs of Medicare programs	<u>225,901</u>	<u>146,401</u>
Total benefits for the broader community	<u>305,217</u>	<u>219,217</u>
Total	<u>\$ 431,755</u>	<u>\$ 348,457</u>

This summary of community services costs above does not include impact of assessment programs. See Note 4 for additional disclosures.

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

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

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

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

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

4. NET PATIENT SERVICE REVENUE

BMHCC has agreements with third parties that provide for payments to BMHCC at amounts different from its established rates. Net patient service revenue included in the accompanying combined statements of operations and changes in net assets is stated net of contractual adjustments of approximately \$4,368,718,000 and \$4,099,192,000 in 2014 and 2013, respectively. A summary of the payment arrangements with major third-party payors is as follows:

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

Arkansas Medicaid—Payment for inpatient services is generally based on prospectively determined daily rates. Payment for outpatient services is generally based on prospectively determined rates.

Mississippi Medicaid—Payment for inpatient and outpatient services is generally based on prospectively determined rates.

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

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

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

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

During 2014 and 2013, BMIICC adjusted its estimates of settlement of prior years' cost reports and other revenue recognition estimates. The revised estimates reflect filings during 2014 and 2013 of the cost reports for 2013 and 2012, final settlement of previously filed cost reports, reopening or appeal of past cost report filings, as well as other changes in revenue recognized for prior years' services. The net effect of these adjustments was to increase net patient service revenue by approximately \$134,000 and \$7,511,000 for the years ended September 30, 2014 and 2013, respectively.

Currently, each of the states in which BMIICC operates participate in supplemental reimbursement programs for the purpose of providing reimbursement to providers to offset a portion of the cost of providing care to Medicaid patients. These programs are designed with input from CMS and are funded with a combination of state and federal resources, including, in certain instances, fees or taxes levied on the providers. After these supplemental programs are signed into law, BMIICC recognizes revenue and related expenses in the period in which amounts are estimable and collection is reasonably assured. Reimbursement received via these programs, as reflected in net patient service revenues, was approximately \$94,420,000 and \$89,389,000 for the years ended September 30, 2014 and 2013, respectively. Fees and tax assessments relative to such programs were approximately \$56,686,000 and \$55,974,000 for the years ended September 30, 2014 and 2013, respectively, and is recorded as operating expenses in the accompanying combined statements of operations. As these programs are legislatively approved for a defined period of time (one or multiple years), future receipts of reimbursement under such supplemental reimbursement programs are not guaranteed.

5. BUSINESS AND CREDIT CONCENTRATIONS

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

The mix of accounts receivable, net of contractual allowances from patients and third-party payors, as of September 30, 2014 and 2013, is as follows:

	2014	2013
Medicare	28 %	35 %
Commercial and Blue Cross	22	20
Managed care	10	10
Medicaid	9	9
Patients (self-pay)	28	23
Other third-party payors	<u>3</u>	<u>3</u>
Total	<u>100 %</u>	<u>100 %</u>

6. INVESTMENTS

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

The composition of investments, as of September 30, 2014 and 2013, is as follows (in thousands):

	2014	2013
Investments with readily determinable market values:		
Cash	\$ 35,118	\$ 22,816
US government debt obligations	18,838	53,145
Corporate obligations	178,583	194,293
Municipal obligations	22,244	38,085
Common stocks	477,947	530,469
Mutual funds	<u>35,574</u>	<u>31,203</u>
	768,304	870,011
Less cash	(35,118)	(22,816)
Less short-term investments	<u>(110)</u>	<u>-</u>
Total	<u>\$ 733,076</u>	<u>\$ 847,195</u>

The composition of net investment income for the marketable investment portfolio for the years ended September 30, 2014 and 2013, is as follows (in thousands):

	2014	2013
Interest and dividend income	\$24,466	\$ 28,459
Net realized gains on investments	<u>67,333</u>	<u>69,491</u>
Total	<u>\$91,799</u>	<u>\$ 97,950</u>

The gross unrealized losses and fair value of BMIICC's investments with unrealized losses that are not deemed to be other-than-temporarily impaired, aggregated by investment category and length of time that individual securities have been in a continuous unrealized loss position as of September 30, 2014 and 2013, are shown as follows (in millions):

Description of Securities	As of September 30, 2014					
	Less than 12 Months		12 Months or Greater		Total	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
U.S. government debt obligations	\$ -	\$ -	\$ 2	\$ -	\$ 2	\$ -
Corporate obligations	13.5	-	44.3	(0.4)	57.8	(0.4)
Municipal obligations	0.2	-	0.1	-	0.4	-
Common stocks	19.5	(0.6)	38.7	(3.2)	58.2	(3.8)
Mutual funds	-	-	-	-	-	-
Total	<u>\$ 33.2</u>	<u>\$ (0.6)</u>	<u>\$ 85.1</u>	<u>\$ (3.6)</u>	<u>\$ 118.4</u>	<u>\$ (4.2)</u>

Description of Securities	As of September 30, 2013					
	Less than 12 Months		12 Months or Greater		Total	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
U.S. government debt obligations	\$ -	\$ -	\$ 2.0	\$ -	\$ 2.0	\$ -
Corporate obligations	32.0	(0.7)	34.3	(1.8)	66.3	(2.5)
Municipal obligations	4.9	(0.2)	1.5	-	6.4	(0.2)
Common stocks	62.6	(6.3)	-	-	62.6	(6.3)
Mutual funds	-	-	-	-	-	-
Total	<u>\$ 99.5</u>	<u>\$ (7.2)</u>	<u>\$ 37.8</u>	<u>\$ (1.8)</u>	<u>\$ 137.3</u>	<u>\$ (9.0)</u>

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

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

7. FAIR VALUE MEASUREMENTS

BMIICC's assets and liabilities by asset class and fair value hierarchy level as of September 30, 2014, are presented in the following table (in thousands):

Description	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Totals
Assets—investments:				
Cash	\$ 35,118	\$ -	\$ -	\$ 35,118
US government obligations	-	18,838	-	18,838
Corporate obligations	-	178,583	-	178,583
Municipal obligations	-	22,244	-	22,244
Common stocks	477,947	-	-	477,947
Mutual funds	<u>35,574</u>	<u>-</u>	<u>-</u>	<u>35,574</u>
Total assets—investments	<u>\$ 548,639</u>	<u>\$ 219,665</u>	<u>\$ -</u>	<u>\$ 768,304</u>
Liabilities—interest rate swap	<u>\$ -</u>	<u>\$ (1,995)</u>	<u>\$ -</u>	<u>\$ (1,995)</u>

BMIICC's assets and liabilities by asset class and fair value hierarchy level as of September 30, 2013, are presented in the following table (in thousands):

Description	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Totals
Assets—investments:				
Cash	\$ 22,816	\$ -	\$ -	\$ 22,816
US government obligations	-	53,145	-	53,145
Corporate obligations	-	194,293	-	194,293
Municipal obligations	-	38,085	-	38,085
Common stocks	530,469	-	-	530,469
Mutual funds	<u>31,203</u>	<u>-</u>	<u>-</u>	<u>31,203</u>
Total assets—investments	<u>\$ 584,488</u>	<u>\$ 285,523</u>	<u>\$ -</u>	<u>\$ 870,011</u>
Liabilities—interest rate swap	<u>\$ -</u>	<u>\$ (2,624)</u>	<u>\$ -</u>	<u>\$ (2,624)</u>

There were no significant transfers between Level 1, Level 2, or Level 3 assets during the years ended September 30, 2014 and 2013.

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

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

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

The fair values of the debt instruments have been estimated using significant observable inputs including interest rates currently available to BMHCC for borrowings having similar characteristics, collateral, and duration (Level 2). The aggregate fair value approximated \$542,445,000 and \$443,278,000 as of September 30, 2014 and 2013, respectively. The carrying amounts of cash and cash equivalents, accounts receivable, inventory, prepaids, other assets, accounts payable, and accrued expenses approximate fair value based on their short-term nature.

8. ASSETS WHOSE USE IS LIMITED

The composition of long-term assets whose use is limited as of September 30, 2014 and 2013, is as follows (in thousands):

	2014	2013
Baptist Memorial Health Care Foundation Scholarships	<u>\$24,125</u>	<u>\$ 21,545</u>

Assets whose use is limited are invested as of September 30, 2014 and 2013, in the following (in thousands):

	2014	2013
US government obligations	\$ 541	\$ 955
Corporate obligations	4,118	3,606
Municipal obligations	646	739
Common stocks	17,984	15,805
Mutual funds	<u>836</u>	<u>440</u>
Total	<u>\$24,125</u>	<u>\$ 21,545</u>

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

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

9. PROPERTY AND EQUIPMENT

The composition of property and equipment as of September 30, 2014 and 2013, is as follows (in thousands):

	Useful Lives in Years	2014	2013
Owned:			
Land and land improvements	3–25	\$ 165.311	\$ 146.503
Buildings and improvements	5–47	1,290.964	1,067.678
Equipment	2–25	1,051.978	877.310
Construction in progress		<u>39.542</u>	<u>307.226</u>
Total owned		2,547.795	2,398.717
Held under capital leases	5–35	<u>6.916</u>	<u>6.396</u>
Total property and equipment		2,554.711	2,405.113
Less accumulated depreciation and amortization		<u>(1,313.323)</u>	<u>(1,215.726)</u>
Property and equipment—net		<u>\$ 1,241.388</u>	<u>\$ 1,189.387</u>

10. GOODWILL

Information on changes in the carrying value of goodwill, which is included in the accompanying combined balance sheets as of September 30, 2014 and 2013, is as follows (in thousands):

Balance—September 30, 2012	\$ 57,289
Goodwill acquired during the year	<u>17,386</u>
Balance—September 30, 2013	74,675
Goodwill acquired during the year	1,717
Goodwill impairment charge	(74,517)
Other	<u>(20)</u>
Balance—September 30, 2014	<u>\$ 1,855</u>

11. OTHER LONG-TERM ASSETS

The composition of other assets as of September 30, 2014 and 2013, is as follows (in thousands):

	2014	2013
Cash surrender value of life insurance	\$ 955	\$ 5,105
Notes receivable	107	132
Deferred charges and other assets	8,105	6,668
Land held for investment	10,396	10,396
Investments in affiliates	<u>5,249</u>	<u>5,450</u>
Total	<u>\$24,812</u>	<u>\$ 27,751</u>

12. LONG-TERM DEBT AND CAPITAL LEASE OBLIGATIONS

A summary of long-term debt and capital lease obligations as of September 30, 2014 and 2013, is as follows (in thousands):

	2014	2013
Series 2014A Note payable—due in installments through 2016, variable interest, LIBOR, plus 0.8% ⁽¹⁾	\$ 165,709	\$ -
Series 2012A Note payable, variable interest, LIBOR, plus 0.5% ⁽¹⁾	-	96,642
Series 2009 Taxable Commercial Paper, variable interest from 0.12% to 0.40% ⁽¹⁾	150,000	100,000
Series 2004A Revenue bonds—due in installments through 2020, fixed interest rate from 2% to 5% (plus original issue premium of \$5,687 and \$6,261 at September 30, 2014 and 2013, respectively) ⁽¹⁾	96,882	114,626
Series 2004B1 and 2004B2 Revenue bonds—due in installments through 2024, fixed interest from 4.5% to 5% (B1) and variable less than 1% (B2) (less original net issue discount of \$378 and \$410 at September 30, 2014 and 2013, respectively) ⁽¹⁾	112,577	114,245
Notes payable to banks and others—due in installments through 2019, variable interest from less than 0.5% to 5%	11,155	10,191
Capital lease obligations	<u>4,448</u>	<u>4,103</u>
Total long-term debt and capital obligations	540,771	439,807
Less current portion	<u>(179,870)</u>	<u>(125,818)</u>
Long-term debt and capital lease obligations	<u>\$ 360,901</u>	<u>\$ 313,989</u>

⁽¹⁾ Issued under System Trust Indenture

Included in the foregoing table are notes and bonds with a principal balance outstanding as of September 30, 2014, of approximately \$519,859,000 under a system trust indenture dated as of September 1, 2004, with US Bank, as trustee, as amended and supplemented thereto, as of February 13, 2014 ("System Trust Indenture"). The System Trust Indenture permits BMIICC and certain hospitals and affiliated corporations (the "Obligated Group") to finance certain activities. All members of the Obligated Group are jointly and severally liable for obligations due under the System Trust Indenture. Obligations under the System Trust Indenture are secured by pledge of the gross revenue of each member of the Obligated Group. The System Trust Indenture includes certain covenants and restrictions with which the Obligated Group must comply. As of September 30, 2014, BMIICC was not in compliance with one of its debt covenants in the System Trust Indenture; however, BMIICC has obtained a written agreement from the Trustee that it has followed the required steps as required in the System Trust Indenture agreement. Therefore, BMIICC is not in an event of default of the System Trust Indenture as described in that agreement.

On February 13, 2014, BMIICC entered into a loan agreement with Bank of America (Series 2014A) in the amount of approximately \$171,720,000. The funds were used to repay the Series 2012A Note and are for financing the costs of capital projects of one or more members of the Obligated Group. The interest rate is equal to the London InterBank Offered Rate (LIBOR) daily floating rate, plus 0.6%. The interest rate will adjust upwards or downwards in increments of 0.10% based on the Obligated Group's long-term debt rating. At September 30, 2014, the interest rate was 0.95%. As of September 30, 2014, BMIICC was not in compliance with one of its debt covenants with Bank of America; however, BMIICC has obtained a waiver from Bank of America for its covenant violation. In addition, on January 20, 2015, BMIICC amended its Series 2014A agreement with Bank of America to waive the debt covenant requirement for the rolling 12-months ended December 31, 2014 and rolling 12-months ended March 31, 2015.

On October 27, 2009, BMIICC adopted a resolution to issue commercial paper notes ("Commercial Paper") in the amount of \$150,000,000 through a taxable commercial paper program. The Commercial Paper is available to be drawn for any corporate purpose. Each note issued from the Commercial Paper will mature on a business day not later than 270 days after the date of issuance of such note. Interest on a note is payable at maturity and the notes are not subject to redemption prior to their maturity date. The notes are general obligations of BMIICC and treated as short-term debt for accounting purposes. During 2014, \$50,000,000 was drawn from the Commercial Paper. There is no available borrowing capacity under the Commercial Paper program as of September 30, 2014.

The Health, Education, and Housing Facility Board of the County of Shelby, Tennessee Revenue Bonds Series 2004A ("Series 2004A Bonds") were issued during September 2004, in the principal amount of \$229,360,000 to refund the Tennessee Variable Rate Revenue Bonds Series 2000, issued on May 11, 2000 ("Series 2000 Bonds"). At the time of refunding, the outstanding principal of the Series 2000 Bonds was \$245,600,000. On October 21, 2009, BMIICC entered into a bond purchase agreement with Merrill Lynch. This bond purchase agreement relates to the remarketing in the fixed-rate mode of \$186,355,000 aggregate principal amounts, including \$167,970,000, which represented the remaining outstanding balance of the Series 2004A Revenue bonds. The bonds were originally issued as multimodal variable rate bonds and on November 5, 2009, the bonds were remarketed in the fixed-rate mode. Interest on the bonds is payable on March 1 and September 1 of each year, commencing March 1, 2010, and range in rates from 2.5% to 5%, with maturities from 2010 to 2024.

The Mississippi Hospital Equipment and Facilities Authority Revenue Bonds Series 2004B1 ("Series 2004B1 Bonds") and Revenue Bond Series 2004B2 ("Series 2004B2 Bonds") were issued during September 2004, in the principal amounts of \$86,000,000 and \$73,385,000, respectively, to refund the Mississippi Variable Rate Revenue Bonds Series 2001, issued on May 24, 2001.

("Series 2001 Bonds"), and to provide a significant portion of the funding of a construction, renovation, and improvement project at Baptist Memorial Hospital-DeSoto. At the time of refunding, the outstanding principal of the Series 2001 Bonds was \$34,320,000. The Series 2004B1 Bonds were issued as fixed-rate bonds and interest is payable on March 1 and September 1 of each year. The Series 2004B2 Bonds were originally issued as all multimodal variable rate bonds and interest is payable on March 1 and September 1 of each year. The bond purchase agreement with Merrill Lynch that was entered into on October 21, 2009, also included remarketing \$18,385,000 of the Series 2004B1 Bonds. The bonds were originally issued as multimodal variable rate bonds and on November 5, 2009, the bonds were remarketed in the fixed-rate mode. Interest on this portion of the bonds is payable on March 1 and September 1 of each year, commencing March 1, 2010, and range in rates from 0.61% to 5%, with maturities from 2010 to 2024.

A rate maintenance agreement (RMA) was entered into during September 2004 between BMHCC, Merrill Lynch, Pierce, Fenner & Smith Incorporated ("Merrill Lynch"), and Merrill Lynch Capital Services, Inc. (MLCS). The Series 2004A Bonds and Series 2004B2 Bonds are subject to the RMA. Under this agreement, MLCS guarantees BMHCC an effective variable-rate debt service yield based upon the Securities Industry and Financial Markets Association Municipal Swap Index (SIFMA), plus 55 basis points. During 2006 and 2005, certain bonds reset their respective interest rates. Based on the current conditions at the time of reset, the RMA guarantees BMHCC an effective variable-rate debt service yield based upon the SIFMA, plus 45 basis points. The initial term of the RMA was five years, but upon the reset of the bonds the RMA term was extended through 2016. The RMA is accounted for as a derivative; however, the fair value has been determined to be \$0 as of September 30, 2014 and 2013.

During 2001, BMHCC entered into an interest rate swap agreement relating to \$38,000,000 of the bonds (due in installments through 2021) described above. The interest rate swap agreement was intended to convert the bonds from a variable interest rate based on 70% of one-month LIBOR to a fixed rate of 4.12%. The market deficit of the swap agreement was approximately \$1,995,000 and \$2,624,000 as of September 30, 2014 and 2013, respectively, and was included in other long-term liabilities in the accompanying combined balance sheets. Upon redemption of the bonds in 2004, the swap no longer qualified for hedge accounting; therefore, the change in market value has been included in earnings.

Certain affiliate hospitals are obligated to their respective counties under capital leases. The initial lease terms range from 30 to 35 years.

The scheduled maturities of long-term debt and capital lease obligations (including interest) subsequent to September 30, 2014, are as follows (in thousands):

Years Ending September 30	Long-Term Debt	Capital Lease Obligations
2015	\$179,667	\$ 203
2016	180,967	488
2017	20,945	254
2018	20,969	142
2019	15,789	51
Thereafter	<u>112,677</u>	<u>6,869</u>
	531,014	8,007
Plus net unamortized premium on bonds	5,309	-
Less amounts representing interest on capital lease obligations	<u>-</u>	<u>(3,559)</u>
Total	<u>\$536,323</u>	<u>\$ 4,448</u>

13. ACCRUED EXPENSES

The composition of accrued expenses and other as of September 30, 2014 and 2013, is as follows (in thousands):

	2014	2013
Accrued compensation and benefits	\$ 80,530	\$ 76,273
Accrued health claims incurred but not reported	14,081	14,831
Accrued other	38,015	35,989
Other current liabilities	19,224	27,474
Current portion of postretirement health care benefits	<u>2,587</u>	<u>2,844</u>
Total	<u>\$ 154,437</u>	<u>\$ 157,411</u>

14. OTHER LONG-TERM LIABILITIES

The composition of other long-term liabilities as of September 30, 2014 and 2013, is as follows (in thousands):

	2014	2013
Reserve for self-insurance	\$ 67,951	\$ 79,887
Postretirement benefit obligations and supplemental retirement benefits	40,013	38,696
Noncontrolling interests	6,776	9,019
Other	<u>21,492</u>	<u>27,687</u>
Total	<u>\$ 136,232</u>	<u>\$ 155,289</u>

Included in other for 2014 and 2013 is approximately \$6,933,000 and \$11,093,000, respectively, representing the long-term, unpaid portion of a software licensing agreement entered into during 2012. The current portion of the agreement is approximately \$4,160,000 for both the years ended 2014 and 2013 and is included in accrued expenses and other in the combined balance sheets.

15. EMPLOYEE RETIREMENT PLANS

Defined Contribution Plan—Certain BMIICC entities sponsor a Section 403(b) defined contribution employee benefit plan administered through Guidestone Financial Resources of the Southern Baptist Convention. For those entities, employees who are at least 21 years of age and have completed 1,000 hours of service during a 12-month period are eligible to participate. Participants may make matched tax-deferred contributions of 2% to 5% of eligible earnings, as defined. These contributions are then matched on a graduated scale based on years of service from 50% of eligible contributions up to 200% of eligible contributions by BMIICC, up to 5% of the participants' annual base salaries. Effective January 1, 2014, the maximum match was reduced from 200% to 150% of eligible contributions. Participants may also make unmatched tax-deferred contributions up to applicable Internal Revenue Service limitations. Participants vest in BMIICC's matching contributions 20% after two years of service, with subsequent annual increases of 20% up to 100% after six years of service. During 2014 and 2013, BMIICC's matching contribution approximated \$27,397,000 and \$31,847,000, respectively.

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

Net periodic postretirement benefit cost for the years ended September 30, 2014 and 2013, includes the following components (in thousands):

	2014	2013
Service cost	\$ 520	\$ 716
Interest cost on accumulated postretirement benefit obligation	1,271	1,111
Net amortizations	<u>(128)</u>	<u>167</u>
Total	<u>\$ 1,663</u>	<u>\$ 1,994</u>

The change in benefit obligation and reconciliation of funded status as of September 30, 2014 and 2013, is as follows (in thousands):

	2014	2013
Benefit obligation—beginning of year	\$30,616	\$ 33,399
Service cost	520	716
Interest cost	1,271	1,111
Plan participants' contributions	1,369	1,422
Amendments	86	(71)
Actuarial gain	(1,257)	(2,512)
Benefits paid	<u>(3,803)</u>	<u>(3,449)</u>
Benefit obligation—end of year	<u>28,802</u>	<u>30,616</u>
Funded status	<u>\$28,802</u>	<u>\$ 30,616</u>

Amounts recognized in the combined balance sheets as of September 30, 2014 and 2013, consist of the following (in thousands):

	Other Benefits	
	2014	2013
Current liabilities	\$ 2,587	\$ 2,844
Noncurrent liabilities	26,215	27,772

Amounts recognized as changes in unrestricted net assets arising from a postretirement benefit plan, but not yet included in net periodic benefit cost as of September 30, 2014 and 2013, consist of the following (in thousands):

	Other Benefits	
	2014	2013
Net gain	\$ (9,030)	\$ (8,374)
Prior service cost	<u>1,121</u>	<u>1,508</u>
Total	<u>\$ (7,909)</u>	<u>\$ (6,866)</u>

Other Changes in Plan Assets and Benefits—Obligations recognized in unrestricted net assets as of September 30, 2014 and 2013, are as follows (in thousands):

	2014	2013
Net (gain) loss	\$ (1,257)	\$ (2,512)
Amortization of net loss	601	316
Prior-service credit	86	(71)
Amortization of prior-service cost	<u>(473)</u>	<u>(483)</u>
Total recognized in unrestricted net assets	<u>\$ (1,043)</u>	<u>\$ (2,750)</u>
Total recognized in net periodic benefit cost and unrestricted net assets	<u>\$ 620</u>	<u>\$ (756)</u>

The estimated net gain and prior-service cost for the postretirement benefit plan that will be amortized from accumulated unrestricted net assets into net periodic benefit cost over the next fiscal year are approximately \$719,000 and \$484,000, respectively.

Benefit payments, net of plan participants' contributions, are expected to be paid as of September 30, 2014, are as follows (in thousands):

Years Ending September 30	Amount
2015	\$ 2,587
2016	2,537
2017	2,420
2018	2,297
2019	2,186
2020–2024	8,977

Weighted-average assumptions used to determine net periodic benefit cost for the years ended September 30, 2014 and 2013, consist of the following:

	Other Benefits	
	2014	2013
Discount rate	<u>4.35 %</u>	<u>3.45 %</u>

Weighted-average assumptions used to determine benefit obligations as of September 30, 2014 and 2013, consist of the following:

	Other Benefits	
	2014	2013
Discount rate	<u>4.00 %</u>	<u>4.35 %</u>

Assumed health care cost trend rates as of September 30, 2014 and 2013, consist of the following:

	2014	2013
Post-65 health care cost trend rate assumed for next year	7.25 %	8.00 %
Rate to which the cost trend rate is assumed to (the ultimate trend rate)	4.75 %	5.00 %
Year that the rate reaches the ultimate trend rate	2024	2019

BMIICC expects to contribute approximately \$2,587,000 to its postretirement benefit plan in 2015.

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

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

Net periodic benefit cost for the years ended September 30, 2014 and 2013, includes the following components (in thousands):

	2014	2013
Service cost	\$ 618	\$ 676
Interest cost on accumulated benefit obligation	505	464
Amortization of unrecognized gain	174	174
Recognized loss	<u>292</u>	<u>340</u>
Net periodic benefit cost	<u>\$ 1,589</u>	<u>\$ 1,654</u>

The change in benefit obligation and reconciliation of funded status as of September 30, 2014 and 2013, is as follows (in thousands):

	2014	2013
Benefit obligation—beginning of year	\$ 5,949	\$ 7,199
Net periodic benefit cost	1,589	1,654
Benefits paid	<u>(602)</u>	<u>(2,904)</u>
Benefit obligation—end of year	6,936	5,949
Change in unrestricted reserves	<u>5,794</u>	<u>4,975</u>
Net amount recognized	<u>\$12,730</u>	<u>\$ 10,924</u>

As of September 30, 2014, projected future benefit payments are as follows (in thousands):

Years Ending September 30	Amount
2015	\$1,012
2016	1,128
2017	1,123
2018	1,527
2019	1,276
2020–2024	9,636

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

16. RESTRICTED NET ASSETS

Temporarily Restricted Net Assets—The composition of temporarily restricted net assets as of September 30, 2014 and 2013, is as follows (in thousands):

	2014	2013
Specific purpose:		
Educational activities	\$17,633	\$ 12,630
Charitable and religious activities	6,716	8,024
Capital additions	6,705	6,638
Science and research	788	793
Charitable remainder trusts	<u>1,430</u>	<u>1,320</u>
Total	<u>\$33,272</u>	<u>\$ 29,405</u>

Permanently Restricted Net Assets—The composition of permanently restricted net assets as of September 30, 2014 and 2013, is as follows (in thousands):

	2014	2013
Permanent endowment funds—the income from which is expendable to support:		
Educational activities	\$20,676	\$ 18,222
Charitable and religious activities	12,437	5,299
Capital additions	1,706	1,521
Science and research	2,660	2,371
Charitable remainder trusts	<u>372</u>	<u>363</u>
Total	<u>\$37,851</u>	<u>\$ 27,776</u>

17. ENDOWMENT FUNDS

BMJICC's endowment consists of approximately 115 individual funds established for a variety of purposes. Its endowment includes only donor-restricted endowment funds. There are no board-designated endowment funds.

Net assets associated with endowment funds, including funds designated by BMJICC's board of directors to function as endowments are classified and reported based on the existence or absence of donor-imposed restrictions. All permanently restricted net assets as of September 30, 2014 and 2013, are donor-restricted endowments.

Changes in endowment net assets all of which are permanently restricted for the years ended September 30, 2014 and 2013, are as follows (in thousands):

	Permanently Restricted	
	2014	2013
Endowment net assets—beginning of year	\$27,725	\$ 24,379
Contributions and bequests	4,071	921
Transfers	2,031	5
Interest and dividends	29	28
Net realized and unrealized gain	<u>3,944</u>	<u>2,392</u>
Endowment net assets—end of year	<u>\$37,800</u>	<u>\$ 27,725</u>

18. COMMITMENTS AND CONTINGENCIES

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

The schedule, by year, of minimum lease payments for the next five years under operating leases as of September 30, 2014, that have initial or remaining lease terms in excess of one year consists of the following (in thousands):

Years Ending September 30	Minimum Lease Payments
2015	\$ 14,401
2016	10,739
2017	7,246
2018	5,848
2019	4,189
Hereafter	<u>10,318</u>
Total	<u>\$ 52,741</u>

Total rental expense in 2014 and 2013 for all operating leases was approximately \$25,837,000 and \$26,853,000, respectively.

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

Professional and General Liability—BMIICC accrues an estimated liability for its uninsured exposure and self-insured retention based on historical loss patterns and actuarial projections. BMIICC's estimated liability for the self-insured portion of professional and general liability claims was approximately \$57,170,000 and \$69,225,000 as of September 30, 2014 and 2013, respectively. These estimated liabilities represent the present value of estimated future professional liability claims payments based on expected loss patterns using a weighted-average discount rate of 3.5% in both 2014 and 2013.

As of September 30, 2014 and 2013, BMIICC has claims against Reciprocal of America that are due to the Company under previous insurance contracts, but considers these amounts to be gain contingencies, which are accounted for in accordance with ASC Topic 450, *Contingencies*. BMIICC will recognize amounts due from Reciprocal of America when substantially all uncertainties about the timing and amount of realization are resolved. These amounts, if realized by BMIICC, are not expected to be material to the combined financial statements.

BMIICC has procured excess hospital and general liability insurance through Ironshore Inc. on a claims-made basis. As of September 30, 2014, BMIICC's deductible is the first \$5,000,000 per claim, including defense costs for the Tennessee and Mississippi facilities. In Arkansas, the deductible is the first \$1,000,000 per claim. The policy has liability limits of \$25,000,000 per occurrence for the Tennessee, Mississippi, and Arkansas facilities.

On September 1, 2013, BMIICC obtained a fronted professional and general liability policy covering claims in the state of Arkansas. BMIICC is responsible for managing and paying all claims under the policy. BMIICC carries a letter of credit of \$3,000,000 on the policy.

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

Employee Health—BMIICC offers subsidized health insurance to its employees through a self-insured plan. Self-insurance reserves for the employee health program were approximately \$14,081,000 and \$14,831,000 as of September 30, 2014 and 2013, respectively. The estimated reserve for employee health claims is based on actual claims history.

Workers' Compensation—BMIICC is self-insured for workers' compensation liability for the first \$1,000,000 per accident in the states of Arkansas, Mississippi, and Tennessee, and has excess coverage up to applicable statutory limits for each state on a claims-made basis. The workers' compensation self-insurance reserves are approximately \$8,569,000 and \$8,022,000 as of September 30, 2014 and 2013, respectively.

Employment Practices Liability—BMIICC is self-insured for employment practices liability (EPL) for the first \$350,000 per claim. The reserves are approximately \$2,212,000 and \$2,640,000 as of September 30, 2014 and 2013, respectively. BMIICC has EPL coverage as part of the directors and officers liability policy, which has a \$10,000,000 limit.

Physician Commitments—BMIICC has committed to provide certain financial assistance pursuant to recruiting agreements with various physicians practicing in the communities it serves. In consideration for a physician relocating to one of its communities and agreeing to engage in private practice for the benefit of the respective community, BMIICC may provide loans to those physicians, normally over a period of one year, to assist in the establishment of the physician's practice. The actual amount of such commitments to be advanced to physicians often depends upon the financial results of a physician's private practice during the term of the agreement. As of September 30, 2014, the maximum potential amount of future payments under these commitments is approximately \$6,897,000. A portion of such payments is recoverable by BMIICC from physicians who do not fulfill their commitment period, which varies by contract, to the respective community.

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

The original term for each agreement is 180 months with 14 successive options to renew (each for a five-year period), which begin to expire in 2015. In addition, there is an option for BMIICC to purchase a facility from the third party. During 2014, BMIICC sold the rights to purchase the facilities from the third party for approximately \$12,000,000, and is included in nonoperating income in the combined statements of operations and changes in net assets. As of September 30, 2014, the estimated remaining maximum potential future payments related to these guarantees are approximately \$31,700,000, which assumes no future tenants; therefore, zero rental income. Amounts actually funded under these guarantees were approximately \$4,477,000 and \$5,175,000 for the years ended September 30, 2014 and 2013, respectively. As these guarantees inceptioned before the initial recognition requirements of ASC Topic 460, *Guarantees*, there is no liability recorded related to these instruments.

Commitments to Build Hospital Facilities—As of September 30, 2014, BMIICC had a commitment to build a replacement facility for its North Mississippi hospital. The North Mississippi commitment is for an approximate \$250,000,000 facility to be completed no later than 2017. Approximately \$25,113,000 relative to the North Mississippi facility is included in property and equipment (land and construction in progress) as of September 30, 2014.

Other Industry Risks—The health care industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters, such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayments for amounts previously received for patient services. BMIICC believes it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing that would have a material impact on its financial position or results of operations. Compliance with these and other laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time.

The Patient Protection and Affordable Care Act of 2010, or the Reform Legislation, mandates that substantially all US citizens maintain medical insurance coverage, which has begun to increase the number of persons with access to health insurance in the United States. The Reform Legislation expands health insurance coverage through a combination of public program expansion and private sector health insurance reforms.

Based on the Congressional Budget Office (CBO) projections issued in April 2014, the Reform Legislation could result in 12 million and 25 million formerly uninsured Americans gaining insurance coverage by the end of 2014 and 2016, respectively. In an April 2014 report, the CBO projects, by the end of 2016, a 45% reduction in the number of nonelderly Americans who remain uninsured due to the effects on insurance coverage from the Reform Legislation. BMIICC believes its hospitals are well positioned to participate in the provider networks of various Qualified Health Plans (QHPs) offering plan options on the health insurance exchanges. Regarding the markets in which we participate, Tennessee and Mississippi participate in a federally managed exchange. Arkansas expanded Medicaid coverage and uses Medicaid funds to pay QHP premiums for all newly eligible adults. Most of BMIICC's exchange reimbursement arrangements reflect a slight discount to that of commercial rates.

The Reform Legislation also makes a number of other changes to Medicare and Medicaid, such as reductions to the Medicare annual market basket update for federal fiscal years 2010 through 2019; a productivity offset to the Medicare market basket update, which began October 1, 2011; and a reduction to the Medicare and Medicaid disproportionate share payments, that could adversely impact the reimbursement received under these programs. Also included in the Reform Legislation are provisions

aimed at reducing fraud, waste, and abuse in the health care industry. These provisions allocate significant additional resources to federal enforcement agencies and expand the use of private contractors to recover potentially inappropriate Medicare and Medicaid payments. The Reform Legislation amends several existing federal laws, including the Medicare Anti-Kickback Statute and the False Claims Act, making it easier for government agencies and private plaintiffs to prevail in lawsuits brought against health care providers. These amendments also make it easier for potentially severe fines and penalties to be imposed on health care providers accused of violating applicable laws and regulations. BMIICC believes the expansion of private sector and Medicaid coverage will, over time, increase BMIICC's reimbursement related to providing services to individuals who were previously uninsured, which should reduce BMIICC's expense from uncollectible accounts receivable.

The various provisions in the Reform Legislation that directly or indirectly affect reimbursement are scheduled to take effect over a number of years. Over time and contingent upon if Tennessee expands Medicaid coverage, BMIICC believes the net impact of the overall changes as a result of the Reform Legislation may have a positive effect on net operating revenues. Other provisions of the Reform Legislation, such as requirements related to employee health insurance coverage, should increase BMIICC's operating costs.

19. FUNCTIONAL EXPENSES

BMIICC provides general health care and other services to residents within its geographic location. Expenses related to providing these services for the years ended September 30, 2014 and 2013, are as follows (in thousands):

	2014	2013
Health care services	\$1,600,255	\$1,496,571
Managed care	3,089	2,613
Student instruction	12,393	12,188
General and administrative	<u>570,854</u>	<u>443,939</u>
Total	<u>\$2,186,591</u>	<u>\$1,955,311</u>

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