



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

<div><div>B</div><div>Check if applicable</div><div><input checked="" type="checkbox"/> Address change</div><div><input type="checkbox"/> Name change</div><div><input type="checkbox"/> Initial return</div><div><input type="checkbox"/> Final return/terminated</div><div><input type="checkbox"/> Amended return</div><div><input type="checkbox"/> Application pending</div></div>	<div><div>C</div><div>Name of organization</div><div>BAPTIST HEALTH</div><div>% BOB ROBERTS CFO</div><div>Doing business as</div></div>	<div><div>D</div><div>Employer identification number</div><div>71-0236856</div></div>
	<div><div>Number and street (or P O box if mail is not delivered to street address)</div><div>9601 BAPTIST HEALTH DRIVE</div><div><div>Room/suite</div></div></div>	<div><div>E</div><div>Telephone number</div><div>(501) 202-2000</div></div>
	<div><div>City or town, state or province, country, and ZIP or foreign postal code</div><div>LITTLE ROCK, AR 72205</div></div>	<div><div>G</div><div>Gross receipts \$ 956,188,410</div></div>
	<div><div>F</div><div>Name and address of principal officer</div><div>BOB ROBERTS CFO</div><div>9601 BAPTIST HEALTH DRIVE</div><div>LITTLE ROCK, AR 72205</div></div>	<div><div>H(a)</div><div>Is this a group return for subordinates?</div><div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div></div> <div><div>H(b)</div><div>Are all subordinates included?</div><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div><div>If "No," attach a list (see instructions)</div></div> <div><div>H(c)</div><div>Group exemption number</div><div></div></div>
	<div><div>I</div><div>Tax-exempt status</div><div><input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</div></div>	
<div><div>J</div><div>Website:</div><div>WWW BAPTIST-HEALTH COM</div></div>		
<div><div>K</div><div>Form of organization</div><div><input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</div></div>	<div><div>L</div><div>Year of formation</div><div>1955</div></div>	<div><div>M</div><div>State of legal domicile</div><div>AR</div></div>

Part I

Summary

Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>BAPTIST HEALTH EXISTS TO PROVIDE QUALITY PATIENT CENTERED SERVICES TO THE CITIZENS OF AR WITH CHRISTIAN COMPASSION &amp; PERSONAL CONCERN CONSISTENT WITH OUR CHARITABLE PURPOSES</div></div>
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>
	<div><div>3</div><div>Number of voting members of the governing body (Part VI, line 1a)</div><div>22</div></div>
	<div><div>4</div><div>Number of independent voting members of the governing body (Part VI, line 1b)</div><div>22</div></div>
	<div><div>5</div><div>Total number of individuals employed in calendar year 2014 (Part V, line 2a)</div><div>7,141</div></div>
Revenue	<div><div>6</div><div>Total number of volunteers (estimate if necessary)</div><div>589</div></div>
	<div><div>7a</div><div>Total unrelated business revenue from Part VIII, column (C), line 12</div><div>5,108,796</div></div>
	<div><div>7b</div><div>Net unrelated business taxable income from Form 990-T, line 34</div><div>757,542</div></div>
	<div><div>8</div><div>Contributions and grants (Part VIII, line 1h)</div><div>3,892,521</div></div>
	<div><div>9</div><div>Program service revenue (Part VIII, line 2g)</div><div>708,227,555</div></div>
	<div><div>10</div><div>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</div><div>11,187,087</div></div>
	<div><div>11</div><div>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</div><div>31,138,808</div></div>
	<div><div>12</div><div>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</div><div>754,445,971</div></div>
	<div><div>13</div><div>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</div><div>2,460,334</div></div>
	<div><div>14</div><div>Benefits paid to or for members (Part IX, column (A), line 4)</div><div>0</div></div>
Expenses	<div><div>15</div><div>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</div><div>353,469,428</div></div>
	<div><div>16a</div><div>Professional fundraising fees (Part IX, column (A), line 11e)</div><div>0</div></div>
	<div><div>b</div><div>Total fundraising expenses (Part IX, column (D), line 25)</div><div>0</div></div>
	<div><div>17</div><div>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</div><div>411,102,430</div></div>
	<div><div>18</div><div>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</div><div>767,032,192</div></div>
Net Assets or Fund Balances	<div><div>19</div><div>Revenue less expenses Subtract line 18 from line 12</div><div>-12,586,221</div></div>
	<div><div>20</div><div>Total assets (Part X, line 16)</div><div>822,712,475</div></div>
	<div><div>21</div><div>Total liabilities (Part X, line 26)</div><div>238,060,497</div></div>
	<div><div>22</div><div>Net assets or fund balances Subtract line 21 from line 20</div><div>584,651,978</div></div>
	<div><div>22</div><div>Net assets or fund balances Subtract line 21 from line 20</div><div>622,122,925</div></div>

Part II

Signature Block

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

Sign Here	<div><div>*****</div><div>Signature of officer</div></div>	<div><div>2015-11-12</div><div>Date</div></div>			
	<div><div>BRENT BEAULIEU VP OF FINANCE</div><div>Type or print name and title</div></div>				
Paid Preparer Use Only	<div><div>Print/Type preparer's name</div><div>AMBER SHERRILL</div></div>	<div><div>Preparer's signature</div><div>AMBER SHERRILL</div></div>	<div><div>Date</div></div>	<div><div>Check <input type="checkbox"/> if self-employed</div></div>	<div><div>PTIN</div><div>P00748683</div></div>
	<div><div>Firm's name</div><div>BKD LLP</div></div>	<div><div>Firm's EIN</div><div></div></div>			
	<div><div>Firm's address</div><div>PO BOX 3667</div><div>LITTLE ROCK, AR 722033667</div></div>	<div><div>Phone no</div><div>(501) 372-1040</div></div>			
<div><div>May the IRS discuss this return with the preparer shown above? (see instructions)</div><div><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div></div>					

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

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

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

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

4a	(Code ) (Expenses \$ 665,463,031 including grants of \$ 1,479,393 ) (Revenue \$ 753,965,976 )
	SEE SCHEDULE O
























[illegible][illegible]

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

<b>4e</b>	<b>Total program service expenses</b>	<b>665,463,031</b>
-----------	---------------------------------------	--------------------

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	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 Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	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 Yes	
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 domestic 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 or for domestic individuals 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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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	Yes	
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	Yes	
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	Yes	
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	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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)?	Yes	
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .	22	
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			
1b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	22	
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	No
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
7b	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		
8a	a The governing body? . . . . .	8a	Yes
8b	b Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	No
10b	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
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
12c	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?		
15a	a The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes
15b	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
16b	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	Yes

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶BOB ROBERTS CFO 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 (501) 202-2000

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			



Part VII

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

(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) . . . . .	▶	5,852,668	221,569	551,479

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▶229

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	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
ARKANSAS CARDIOLOGY PA, 9501 LILE DRIVE SUITE 600 LITTLE ROCK, AR 72205	PHYSICIAN SERVICES	19,774,772
MEDICAL SERVICES GROUP LTD, 904 AUTUMN ROAD SUITE 500 LITTLE ROCK, AR 722113702	MEDICAL SERVICES	7,597,281
STUTTGART MEDICAL CLINIC LTD, PO BOX 1901 STUTTGART, AR 72160	PHYSICIAN SERVICES	3,754,495
ANESTHESIOLOGY SERVICES LTD, 3805 MCCAIN PARK DR SUITE 105 NORTH LITTLE ROCK, AR 72116	ANESTHESIOLOGY	2,502,412
REVCLAIMS LLC, PO BOX 12535 JACKSONV, MS 39236	CLAIM ASSISTANCE	2,088,248

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 ▶58

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	4,517,421			
	e	Government grants (contributions) 1e	2,866,487			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	857,019			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f . . . . .	8,240,927			
Program Service Revenue	2a	PATIENT SERVICE REVENUE	Business Code 621990	753,965,976	753,965,976	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f . . . . .	753,965,976			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	7,680,991		33,090	7,647,901
	4	Income from investment of tax-exempt bond proceeds . . . . .	0			
	5	Royalties . . . . .	0			
	6a	Gross rents	(i) Real 3,588,409	(ii) Personal 207,640		
	b	Less rental expenses		101,736		
	c	Rental income or (loss)	3,588,409	105,904		
	d	Net rental income or (loss) . . . . .	3,694,313		105,904	3,588,409
	7a	Gross amount from sales of assets other than inventory	(i) Securities 145,119,437	(ii) Other 1,012,101		
	b	Less cost or other basis and sales expenses	141,758,127	2,045,611		
	c	Gain or (loss)	3,361,310	-1,033,510		
	d	Net gain or (loss) . . . . .	2,327,800			2,327,800
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .				
	b	Less direct expenses . . . . .				
	c	Net income or (loss) from fundraising events . . . . .	0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .				
	b	Less direct expenses . . . . .				
	c	Net income or (loss) from gaming activities . . . . .	0			
	10a	Gross sales of inventory, less returns and allowances . . . . .				
	b	Less cost of goods sold . . . . .				
	c	Net income or (loss) from sales of inventory . . . . .	0			
		Miscellaneous Revenue	Business Code			
	11a	CAFETERIA REVENUE	900099	5,361,602	748,376	4,613,226
	b	DRUG STORE REVENUE	446110	4,623,248	3,274,875	1,348,373
	c	SPRINGHILL SRGRY K-1	621400	946,551	946,551	
	d	All other revenue . . . . .		25,441,528		25,441,528
	e	Total. Add lines 11a-11d . . . . .	36,372,929			
	12	Total revenue. See Instructions . . . . .	812,282,936	753,965,976	5,108,796	44,967,237

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 domestic organizations and domestic governments See Part IV, line 21 . . . . .	1,479,393	1,479,393		
2	Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .	0			
4	Benefits paid to or for members . . . . .	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	4,983,443		4,983,443	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages . . . . .	279,290,903	236,797,532	42,493,371	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	19,276,397	16,343,544	2,932,853	
9	Other employee benefits . . . . .	22,418,376	19,007,479	3,410,897	
10	Payroll taxes . . . . .	31,280,249	26,521,042	4,759,207	
11	Fees for services (non-employees)				
a	Management . . . . .	0			
b	Legal . . . . .	595,175	504,621	90,554	
c	Accounting . . . . .	725,333	614,976	110,357	
d	Lobbying . . . . .	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees . . . . .	2,093	1,775	318	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	65,971,142	55,933,807	10,037,335	
12	Advertising and promotion . . . . .	2,881,864	2,443,396	438,468	
13	Office expenses . . . . .	120,248,793	101,953,258	18,295,535	
14	Information technology . . . . .	10,592,966	8,981,274	1,611,692	
15	Royalties . . . . .	0			
16	Occupancy . . . . .	14,663,779	12,432,724	2,231,055	
17	Travel . . . . .	2,599,663	2,204,131	395,532	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	62,041	52,602	9,439	
20	Interest . . . . .	3,773,810	3,199,635	574,175	
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	37,199,947	31,540,074	5,659,873	
23	Insurance . . . . .	5,759,349	4,883,079	876,270	
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 & EXPENSES	76,955,046	76,955,046		
b	BAD DEBT EXPENSE	29,353,029	29,353,029		
c	REPAIRS & MAINTENANCE	17,995,518	15,257,548	2,737,970	
d	PHARMACEUTICAL EXPENSE	8,753,891	7,422,010	1,331,881	
e	All other expenses	13,659,282	11,581,056	2,078,226	
25	Total functional expenses. Add lines 1 through 24e	770,521,482	665,463,031	105,058,451	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		31,827,821	1	41,485,164
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		80,728,327	4	97,956,773
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	5	0
	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.		0	6	0
	7	Notes and loans receivable, net		190,484	7	0
	8	Inventories for sale or use		10,777,936	8	10,942,784
	9	Prepaid expenses and deferred charges		16,475,704	9	22,123,698
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a789,896,387	322,748,154	10c	324,594,233
	b	Less: accumulated depreciation	10b465,302,154			
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities. See Part IV, line 11.		25,896,778	12	18,808,115
	13	Investments—program-related. See Part IV, line 11.		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11.		334,067,271	15	507,586,312
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34).		822,712,475	16	1,023,497,079
Liabilities	17	Accounts payable and accrued expenses		88,706,806	17	88,938,907
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		83,096,234	20	232,221,100
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		0	21	0
	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.		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		1,469,697	24	1,117,115
	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.		64,787,760	25	79,097,032
	26	<b>Total liabilities.</b> Add lines 17 through 25.		238,060,497	26	401,374,154
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets		584,566,843	27	621,778,787
	28	Temporarily restricted net assets		85,135	28	344,138
	29	Permanently restricted net assets		0	29	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	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	<b>Total net assets or fund balances</b>		584,651,978	33	622,122,925
	34	<b>Total liabilities and net assets/fund balances</b>		822,712,475	34	1,023,497,079

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	812,282,936
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	770,521,482
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	41,761,454
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	584,651,978
5	Net unrealized gains (losses) on investments . . . . .	5	3,712,946
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	-8,003,453
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	622,122,925

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	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	2c	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? . . . . .	3a	Yes
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	3b	Yes

Additional Data

Software ID:

Software Version:

EIN: 71-0236856

Name: BAPTIST HEALTH

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

(A) Name and Title	(B) Average hours per week (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) JUDY HENRY ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
(1) ED CHOATE ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
(2) HERREN HICKINGBOTHAM ..... SECRETARY	1 0 ..... 0 0	X		X				0	0	0
(3) DR GLENN MILLNER ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
(4) DR REX M HORNE JR ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
(5) MIKE COULSON ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
(6) JIM JONES ..... CHAIRMAN	1 0 ..... 0 0	X		X				0	0	0
(7) MICHAEL SHELLEY ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
(8) BARBARA GRAVES ..... VICE CHAIRMAN	1 0 ..... 0 0	X		X				0	0	0
(9) KENT LOCKWOOD ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
(10) TOMMY MAY ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
(11) DR JOHN MCCALLUM ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
(12) ROCHELLE BARTHOLOMEW ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
(13) VIRGIL MILLER ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
(14) MIKE PIERCE ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
(15) STEVEN COLLIER MD ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
(16) PHIL COX ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
(17) JOHN MCMORRAN ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
(18) DR KEN SHADDOX ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
(19) BUDDY SUTTON ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
(20) TERESA HOWELL ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
(21) DR DON SLATON ..... TRUSTEE	1 0 ..... 0 0	X						0	0	0
(22) RUSSELL D HARRINGTON JR ..... PRESIDENT EMERITUS	40 0 ..... 2 0				X			828,610	0	23,153
(23) DOUGLAS WEEKS ..... SENIOR VP & COO	40 0 ..... 0 0				X			531,852	0	64,898
(24) ROBERT C ROBERTS ..... SENIOR VP & CFO	40 0 ..... 2 0				X			685,073	0	59,437

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (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			
(26) JILL MASSIET ..... VICE PRESIDENT OF PATIENT CARE	40 0 ..... 0 0				X			253,666	0	29,952
(1) KATHRYN T MARTIN ..... VICE PRESIDENT OF PATIENT CARE	40 0 ..... 0 0				X			176,256	0	29,948
(2) HARRISON DEAN ..... SENIOR VP & ADMINSTRATOR	40 0 ..... 0 0				X			338,938	0	48,324
(3) MARSHA CUNNINGHAM ..... VICE PRESIDENT	18 0 ..... 22 0				X			0	221,569	17,698
(4) TROY WELLS ..... PRESIDENT & CEO	35 0 ..... 5 0				X			521,806	0	39,422
(5) LEE GENTRY ..... VP & ADMINISTRATOR	40 0 ..... 0 0				X			181,776	0	33,806
(6) STAN KELLAR ..... CHIEF OF CLINICAL AFFAIRS	40 0 ..... 0 0				X			368,623	0	9,713
(7) CHARLES PHILLIPS ..... CHIEF MEDICAL OFFICER	40 0 ..... 0 0				X			356,685	0	33,696
(8) GREG CRAIN ..... VP & ADMINISTRATOR	40 0 ..... 0 0				X			319,314	0	48,496
(9) FREDERICK A BENNETT JR ..... CHIEF OF CLINICAL AFFAIRS	40 0 ..... 0 0					X		260,760	0	19,806
(10) DR GUY GARDNER ..... CHIEF MEDICAL OFFICER	40 0 ..... 0 0					X		186,691	0	15,366
(11) GREG GRAHAM ..... GENERAL COUNSEL	40 0 ..... 0 0					X		299,375	0	20,961
(12) DAVID HOUSE ..... VP & CIO	40 0 ..... 0 0					X		349,649	0	40,808
(13) DAVID COBB ..... PHARMACIST	40 0 ..... 0 0					X		193,594	0	15,995

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

OMB No 1545-0047

2014

Open to Public  
Inspection

Name of the organization BAPTIST HEALTH	Employer identification number 71-0236856
--	--

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations . . . . . \_\_\_\_\_
- g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI )						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						▶

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2013 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2014. 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—2013. 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—2014. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
b 10%-facts-and-circumstances test—2013. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			▶

Part IIIPart III

Support Schedule for Organizations Described in 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> <b>Answer (a) and (b) below.</b>			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> <b>Answer (a) and (b) below.</b>			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. . . . .			
b From 2010. . . . .			
c From 2011. . . . .			
d From 2012. . . . .			
e From 2013. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. . . . .			
b From 2011. . . . .			
c From 2012. . . . .			
d From 2013. . . . .			
e From 2014. . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization BAPTIST HEALTH	Employer identification number 71-0236856
--	--

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

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

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

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

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

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

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



Part II-A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			0												
b Total lobbying expenditures to influence a legislative body (direct lobbying)		8,565	0												
c Total lobbying expenditures (add lines 1a and 1b)		8,565	0												
d Other exempt purpose expenditures		770,512,917	139,120,829												
e Total exempt purpose expenditures (add lines 1c and 1d)		770,521,482	139,120,829												
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000	1,000,000												
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></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)		250,000	250,000												
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	3,427	7,246	3,413	8,565	22,651
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	0	0

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?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i.			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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).

1	Were substantially all (90% or more) dues received nondeductible by members?	1	Yes	No
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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation

[illegible]

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization BAPTIST HEALTH	Employer identification number  71-0236856
--	--

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

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

(i) Revenue 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

Revenue included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2014

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

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

☐ Yes

☐ No

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

- 1a

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

☐ Yes

☐ No
- b

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

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

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

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . .

☐

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

- |  | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance . . . . .                     |                 |               |                     |                     |                    |
| b Contributions . . . . .                                  |                 |               |                     |                     |                    |
| c Net investment earnings, gains, and losses               |                 |               |                     |                     |                    |
| d Grants or scholarships . . . . .                         |                 |               |                     |                     |                    |
| e Other expenditures for facilities and programs . . . . . |                 |               |                     |                     |                    |
| f Administrative expenses . . . . .                        |                 |               |                     |                     |                    |
| g End of year balance . . . . .                            |                 |               |                     |                     |                    |
- 2

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

Board designated or quasi-endowment ▶
- b

Permanent endowment ▶
- c

Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

No

b

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

3b

Yes

No

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 . . . . .  |                                      | 46,882,499                     |                              | 46,882,499     |
| b Buildings . . . . .  |                                      | 437,532,918                    | 252,669,147                  | 184,863,771    |
| c Leasehold improvements . . . . .   |                                      | 428,074                        | 318,942                      | 109,132        |
| d Equipment . . . . .  |                                      | 273,848,659                    | 203,207,128                  | 70,641,531     |
| e Other . . . . .  |                                      | 31,204,237                     | 9,106,937                    | 22,097,300     |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . |                                      |                                |                              | 324,594,233    |
- Schedule D (Form 990) 2014



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	776,205,589
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments . . . . .	2a	3,712,946
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	11,648,246
e	Add lines 2a through 2d . . . . .	2e	15,361,192
3	Subtract line 2e from line 1 . . . . .	3	760,844,397
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	51,438,539
c	Add lines 4a and 4b . . . . .	4c	51,438,539
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	812,282,936

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	738,734,642
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	1,135,246
e	Add lines 2a through 2d . . . . .	2e	1,135,246
3	Subtract line 2e from line 1 . . . . .	3	737,599,396
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	32,922,086
c	Add lines 4a and 4b . . . . .	4c	32,922,086
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	770,521,482

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
FORM 990, SCHEDULE D, PART X, LINE 2	THE CORPORATION AND ITS WHOLLY OWNED OR CONTROLLED NOT-FOR-PROFIT COMPANIES ARE EXEMPT FROM INCOME TAXES UNDER SECTION 501 OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW. THE CORPORATION AND ITS TAX-EXEMPT SUBSIDIARIES ARE REQUIRED TO FILE IRS FORM 990 ON AN ANNUAL BASIS AND ARE SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME. THE CORPORATION'S TAXABLE SUBSIDIARIES ALSO FILE TAX RETURNS IN THE U.S. JURISDICTION. THE CORPORATION AND ITS SUBSIDIARIES ARE GENERALLY NO LONGER SUBJECT TO U.S. FEDERAL AND STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR INCOME TAX RETURNS FILED FOR YEARS BEFORE 2011. THE CORPORATION'S TAXABLE SUBSIDIARY, MMS AND INTEGRATED HEALTH RESOURCES, LTD., RECOGNIZE DEFERRED TAX LIABILITIES AND ASSETS FOR THE TAX EFFECTS OF DIFFERENCES BETWEEN THE FINANCIAL STATEMENT AND TAX ASSETS AND LIABILITIES. A VALUATION ALLOWANCE IS ESTABLISHED TO REDUCE DEFERRED TAX ASSETS IF IT IS MORE LIKELY THAN NOT THAT A DEFERRED TAX ASSET WILL NOT BE REALIZED. THERE WERE NO MATERIAL DEFERRED TAX ITEMS OR TAX PROVISIONS FOR THE YEARS ENDED DECEMBER 31, 2014 OR 2013.
FORM 990, SCHEDULE D, PART XI, LINE 2D	ASSUMPTION OF HOSPITAL NET ASSETS THROUGH LONG-TERM LEASE OBLIGATION \$10,476,000 RENT EXPENSES \$101,736 LOSS ON ASSETS \$1,033,510 CHANGE IN NET ASSETS OF AFFILIATED FOUNDATION \$37,000 ===== TOTAL \$11,648,246
FORM 990, SCHEDULE D, PART XI, LINE 4B	BAD DEBT EXPENSE \$29,353,029 RECOVERIES \$3,569,057 CHANGE IN DEFINED BENEFIT PLAN \$18,043,000 CHANGE IN SERP \$444,000 SPRING HILL K-1 ADJUSTMENT \$29,453 ===== TOTAL \$51,438,539
FORM 990, SCHEDULE D, PART XII, LINE 2D	RENT EXPENSES \$101,736 LOSS ON ASSETS \$1,033,510 ===== TOTAL \$1,135,246
FORM 990, SCHEDULE D, PART XII, LINE 4B	BAD DEBT EXPENSE \$29,353,029 RECOVERIES \$3,569,057 ===== TOTAL \$32,922,086

[illegible]



Additional Data

Software ID:

Software Version:

EIN: 71-0236856

Name: BAPTIST HEALTH

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
(1) INVESTMENT UNCONSOL SUBS	3,049,717
(2) OTHER ASSETS	8,152,106
(3) ADVANCE TO AFFILIATES, NET	20,813,810
(4) INVESTMENT IN AFFILIATES	0
(5) INTERNALLY DESIGNATED FUNDS	12,147,507
(6) INDENTURED FUNDS	137,193,733
(7) CAPITAL IMPROVEMENT INVESTMENT	324,829,547
(8) INTEREST IN AFFILIATE	1,399,892

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
► Attach to Form 990.  
► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
BAPTIST HEALTH

Employer identification number  
71-0236856

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) Europe (Including Iceland and Greenland)			Investments	NONE	9,189,689
( 2 ) Middle East and North Africa			Investments	NONE	223,369
( 3 ) Central America and the Caribbean			Investments	NONE	2,681,421
( 4 ) East Asia and the Pacific			Investments	NONE	5,926,384
( 5 ) North America			Investments	NONE	787,252
3a Sub-total					18,808,115
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					18,808,115

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
( 1 )									
( 2 )									
( 3 )									
( 4 )									

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶

3

Enter total number of other organizations or entities . . . . . ▶

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐ Yes

☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☒ Yes

☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*

☐ Yes

☒ No

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 71-0236856

**Name:** BAPTIST HEALTH

### **Part V** **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
BAPTIST HEALTH

Employer identification number  
71-0236856

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 <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300 %</u>  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 . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %  c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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	3a Yes	
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"? . . . . .	4 Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	5a Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	5b Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	5c	No
6a	Did the organization prepare a community benefit report during the tax year? . . . . .	6a Yes	
b	If "Yes," did the organization make it available to the public? . . . . .	6b Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

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) . . . . .		47,487	14,553,514		14,553,514	1 960 %
b Medicaid (from Worksheet 3, column a) . . . . .			80,575,955	53,645,092	26,930,864	3 630 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d <b>Total</b> Financial Assistance and Means-Tested Government Programs . . . . .		47,487	95,129,469	53,645,092	41,484,378	5 590 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	24	20,765	822,712		822,712	0 110 %
f Health professions education (from Worksheet 5) . . . . .			11,037,827	9,209,506	1,828,321	0 250 %
g Subsidized health services (from Worksheet 6) . . . . .						
h Research (from Worksheet 7) . . . . .						
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	11	262,277	1,697,863		1,697,863	0 230 %
j <b>Total</b> Other Benefits . . . . .	35	283,042	13,558,402	9,209,506	4,348,896	0 590 %
k <b>Total.</b> Add lines 7d and 7j . . . . .	35	330,529	108,687,871	62,854,598	45,833,274	6 180 %

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						
2Economic development						
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total						

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

1

No

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

29,353,029

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

7,653,777

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

283,952,523

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

6

248,662,258

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

7

35,290,265

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 %
1SURGICAL PAVILLION	ASC	50.000 %		50.000 %
2SPRINGHILL SURGERY	ASC	50.569 %		49.431 %
3AUTUMN ROAD LLC	REAL ESTATE	59.720 %		40.280 %
4ORTHOARKANSAS	ASC	51.000 %		49.000 %
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?

6  
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		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 HEALTH MED CTR ARKADELPHIA

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	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 12	3	Yes
	If "Yes," indicate what the CHNA report describes (check all that apply)		
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13		
5	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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)		
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) WWW BAPTIST-HEALTH COM		
b	<input type="checkbox"/> Other website (list url)		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
	If "Yes" (list url) WWW BAPTIST-HEALTH COM		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	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)?	12a	No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" to line 12b, 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)

Name of hospital facility or letter of facility reporting group

BAPTIST HEALTH MED CTR ARKADELPHIA

		Yes	No
<b>Financial Assistance Policy (FAP)</b>			
<b>13</b>	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 included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes
<b>15</b>	Explained the method for applying for financial assistance? . . . . .	<b>15</b>	Yes
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . .	<b>16</b>	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>X</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>X</u>		
<b>c</b>	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>X</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>Billing and Collections</b>			
<b>17</b>	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 all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	<b>17</b>	Yes
<b>18</b>	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		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

BAPTIST HEALTH MED CTR ARKADELPHIA

Name of hospital facility or letter of facility reporting group		Yes	No
<b>19</b> Did the hospital facility or other 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? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged		<b>19</b>	No
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process			
<b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
<b>a</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission			
<b>b</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
<b>c</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
<b>d</b> <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
<b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>f</b> <input type="checkbox"/> None of these efforts were made			
<b>Policy Relating to Emergency Medical Care</b>			
<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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? . . . . . If "No," indicate why		<b>21</b>	Yes
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b> <input type="checkbox"/> Other (describe in Section C)			
<b>Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)</b>			
<b>22</b> 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			
<b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
<b>b</b> <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
<b>c</b> <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>23</b> 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? . . . . . If "Yes," explain in Section C		<b>23</b>	No
<b>24</b> 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? . . . . . If "Yes," explain in Section C		<b>24</b>	No

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 HEALTH MED CTR HEBER SPRINGS

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

2

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	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 12	3	Yes
	If "Yes," indicate what the CHNA report describes (check all that apply)		
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13		
5	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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)		
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) WWW BAPTIST-HEALTH COM		
b	<input type="checkbox"/> Other website (list url)		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
	If "Yes" (list url) WWW BAPTIST-HEALTH COM		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	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)?	12a	No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" to line 12b, 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)

BAPTIST HEALTH MED CTR HEBER SPRINGS

Name of hospital facility or letter of facility reporting group		Yes	No
<b>19</b> Did the hospital facility or other 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? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged		<b>19</b>	No
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process			
<b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
<b>a</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission			
<b>b</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
<b>c</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
<b>d</b> <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
<b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>f</b> <input type="checkbox"/> None of these efforts were made			
<b>Policy Relating to Emergency Medical Care</b>			
<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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? . . . . . If "No," indicate why		<b>21</b>	Yes
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b> <input type="checkbox"/> Other (describe in Section C)			
<b>Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)</b>			
<b>22</b> 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			
<b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
<b>b</b> <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
<b>c</b> <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>23</b> 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? . . . . . If "Yes," explain in Section C		<b>23</b>	No
<b>24</b> 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? . . . . . If "Yes," explain in Section C		<b>24</b>	No

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 HEALTH MED CTR LITTLE ROCK

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

3

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	2	No
3	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 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
5	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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C . . . . .	6b	No
7	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)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.BAPTIST-HEALTH.COM</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>13</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	10	Yes
a	If "Yes" (list url) <u>WWW.BAPTIST-HEALTH.COM</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	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)? . . . . .	12a	No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	12b	
c	If "Yes" to line 12b, 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)

BAPTIST HEALTH MED CTR LITTLE ROCK

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other 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? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply) <b>a</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission <b>b</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge <b>c</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills <b>d</b> <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy <b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made	19		No
<b>Policy Relating to Emergency Medical Care</b>				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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? . . . . . If "No," indicate why <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)	21	Yes	
<b>Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)</b>				
22	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 <b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged <b>b</b> <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged <b>c</b> <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged <b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C) <b>23</b> 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? . . . . . If "Yes," explain in Section C <b>24</b> 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? . . . . . If "Yes," explain in Section C	23		No
		24		No

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 HEALTH MED CTR NLR

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

4

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 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 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 13		
5 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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 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)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) WWW BAPTIST-HEALTH COM		
b <input type="checkbox"/> Other website (list url)		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 13		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) WWW BAPTIST-HEALTH COM		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a 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)?	12a	No
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, 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)

Name of hospital facility or letter of facility reporting group

BAPTIST HEALTH MED CTR NLR

		Yes	No
<b>Financial Assistance Policy (FAP)</b>			
<b>13</b>	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 included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes
<b>15</b>	Explained the method for applying for financial assistance? . . . . .	<b>15</b>	Yes
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . .	<b>16</b>	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>X</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>X</u>		
<b>c</b>	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>X</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>Billing and Collections</b>			
<b>17</b>	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 all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	<b>17</b>	Yes
<b>18</b>	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		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

BAPTIST HEALTH MED CTR NLR

Name of hospital facility or letter of facility reporting group		Yes	No
<b>19</b> Did the hospital facility or other 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? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged		<b>19</b>	No
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process			
<b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
<b>a</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission			
<b>b</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
<b>c</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
<b>d</b> <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
<b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>f</b> <input type="checkbox"/> None of these efforts were made			
<b>Policy Relating to Emergency Medical Care</b>			
<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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? . . . . . If "No," indicate why		<b>21</b>	Yes
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b> <input type="checkbox"/> Other (describe in Section C)			
<b>Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)</b>			
<b>22</b> 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			
<b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
<b>b</b> <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
<b>c</b> <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>23</b> 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? . . . . . If "Yes," explain in Section C		<b>23</b>	No
<b>24</b> 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? . . . . . If "Yes," explain in Section C		<b>24</b>	No

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 HEALTH REHAB INSTITUTE LR

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

5

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	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 12	3	Yes
	If "Yes," indicate what the CHNA report describes (check all that apply)		
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13		
5	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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)		
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) WWW BAPTIST-HEALTH COM		
b	<input type="checkbox"/> Other website (list url)		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
	If "Yes" (list url) WWW BAPTIST-HEALTH COM		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	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)?	12a	No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" to line 12b, 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)

Name of hospital facility or letter of facility reporting group

BAPTIST HEALTH REHAB INSTITUTE LR

		Yes	No
<b>Financial Assistance Policy (FAP)</b>			
<b>13</b>	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 included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes
<b>15</b>	Explained the method for applying for financial assistance? . . . . .	<b>15</b>	Yes
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . .	<b>16</b>	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>X</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>X</u>		
<b>c</b>	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>X</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>Billing and Collections</b>			
<b>17</b>	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 all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	<b>17</b>	Yes
<b>18</b>	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		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

BAPTIST HEALTH REHAB INSTITUTE LR

Name of hospital facility or letter of facility reporting group

		Yes	No
19	Did the hospital facility or other 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? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply) <b>a</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission <b>b</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge <b>c</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills <b>d</b> <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy <b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made	19	No
<b>Policy Relating to Emergency Medical Care</b>			
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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? . . . . . If "No," indicate why <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)	21	Yes
<b>Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)</b>			
22	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 <b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged <b>b</b> <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged <b>c</b> <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged <b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C) <b>23</b> 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? . . . . . If "Yes," explain in Section C	23	No
24	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? . . . . . If "Yes," explain in Section C	24	No



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 HEALTH MED HOT SPRING

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

6

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	2	No
3	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 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
5	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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	6b	No
7	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)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.BAPTIST-HEALTH.COM</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>13</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	10	Yes
a	If "Yes" (list url) <u>WWW.BAPTIST-HEALTH.COM</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	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)? . . . . .	12a	No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	12b	
c	If "Yes" to line 12b, 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)

Name of hospital facility or letter of facility reporting group

BAPTIST HEALTH MED HOT SPRING

		Yes	No
<b>Financial Assistance Policy (FAP)</b>			
<b>13</b>	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 included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes
<b>15</b>	Explained the method for applying for financial assistance? . . . . .	<b>15</b>	Yes
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . .	<b>16</b>	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>X</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>X</u>		
<b>c</b>	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>X</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>Billing and Collections</b>			
<b>17</b>	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 all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	<b>17</b>	Yes
<b>18</b>	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		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

BAPTIST HEALTH MED HOT SPRING

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other 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? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Actions that require a legal or judicial process			
d	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission			
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	<input checked="" type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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? . . . . . If "No," indicate why	21	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	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	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input checked="" type="checkbox"/> Other (describe in Section C)			
23	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? . . . . . If "Yes," explain in Section C	23		No
24	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? . . . . . If "Yes," explain in Section C	24		No



**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)
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

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
FORM 990, SCHEDULE H, PART I, LINE 3C	SEE SCH H, PART V, LINES 13 THROUGH 16 FOR ADDITIONAL INFORMATION ON OUR FINANCIAL ASSISTANCE POLICY

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART I, LINE 6A	A LIST OF ALL ORGANIZATIONS, HEALTH IMPROVEMENT INITIATIVES, AND COMMUNITY OUTREACH THAT IS SUPPORTED BY BAPTIST HEALTH ANNUALLY IS POSTED ON OUR WEBSITE, POSTED IN VARIOUS PRINT MEDIA OUTLETS AND A SUMMARY IS MAILED TO OVER 2,000 COMMUNITY LEADERS IN ARKANSAS

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART I, LINE 7, COLUMN F	BAD DEBT EXPENSE IN THE AMOUNT OF \$29,353,029 IS INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A) ("TOTAL FUNCTIONAL EXPENSES"), BUT IS SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGES IN THIS COLUMN



Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART I, LINE 7	BAPTIST HEALTH USES THE MEDICARE COST REPORT COST TO CHARGE RATIO METHODOLOGY

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART III, LINE 4	PLEASE SEE ATTACHED AUDIT REPORT NOTE 2

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART III, LINE 8	MEDICARE COST TO CHARGE RATIO

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART III, LINE 9B	EVERY UNINSURED PATIENT IS SEEN BY A FINANCIAL COUNSELOR WHO EDUCATES THE PATIENT AND FAMILY MEMBERS ABOUT OUR FINANCIAL ASSISTANCE POLICY, ASSISTS IN COMPLETION OF A FINANCIAL ASSISTANCE APPLICATION WHEN APPROPRIATE, AND PROVIDES ASSISTANCE IN DETERMINING ELIGIBILITY UNDER FEDERAL, STATE, OR LOCAL PROGRAMS SUCH AS MEDICAID CHARITY CARE AND OTHER FINANCIAL ASSISTANCE IS PROVIDED WHEN ELIGIBLE AND COLLECTION EFFORTS CEASE ONCE ELIGIBILITY IS DETERMINED

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, LINE 2	THROUGH THE UTILIZATION AND ANALYSIS OF THIRD PARTY INFORMATION AVAILABLE TO US THROUGH NUMEROUS SOURCES SOME EXAMPLES INCLUDE ARKANSAS DEPARTMENT OF HEALTH, DEMOGRAPHIC INFORMATION AVAILABLE THROUGH UNIVERSITY OF ARKANSAS AT LITTLE ROCK CENSUS DATA CENTER, CLARITAS, THOMSON MEDSTAT ANNUAL PULSE HEALTHCARE SURVEY AS A PART OF THE MARKET EXPERT PRODUCT AND NATIONAL RESEARCH CORPORATION HEALTHCARE MARKET GUIDE WE ALSO UTILIZE QUANTITATIVE (SURVEYS) AND QUALITATIVE RESEARCH (FOCUS GROUPS) CONDUCTED ON A PERIODIC OR ON AN AS NEEDED BASIS WE ALSO UTILIZE INPUT FROM NUMEROUS COMMUNITY ADVISORY GROUPS, COMMUNITY OUTREACH ACTIVITIES AND ASSESSMENTS, PHYSICIAN INPUT, EMPLOYEE INPUT, AND ANALYSIS OF HISTORICAL INTERNAL DATA

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, LINE 3	EVERY UNINSURED PATIENT IS SEEN BY A FINANCIAL COUNSELOR WHO EDUCATES THE PATIENT AND FAMILY MEMBERS ABOUT OUR FINANCIAL ASSISTANCE POLICY, ASSISTS IN COMPLETION OF A FINANCIAL ASSISTANCE APPLICATION WHEN APPROPRIATE, AND PROVIDES ASSISTANCE IN DETERMINING ELIGIBILITY UNDER FEDERAL, STATE, OR LOCAL PROGRAMS SUCH AS MEDICAID CHARITY CARE AND OTHER FINANCIAL ASSISTANCE IS PROVIDED WHEN ELIGIBLE AND COLLECTION EFFORTS CEASE ONCE ELIGIBILITY IS DETERMINED

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, LINE 4	<p>IN THE UNITED HEALTH GROUP STATE HEALTH RANKING FOR 2014, ARKANSAS HOLDS THE 49TH WORST RANKING THROUGHOUT THE U S FOR THE GENERAL HEALTH OF ITS POPULATION, NO CHANGE IN RANKING FROM THE 2013 YEAR REPORT THE REPORT SHOWED SINCE 1990, ARKANSAS HAS FAILED TO MATCH OTHER STATES' IMPROVEMENT IN SMOKING, REDUCTION IN RISKS FOR HEART DISEASE, OR DECREASES IN INFANT MORTALITY CHALLENGES INCLUDE A HIGH PREVALENCE OF OBESITY AT 34.6 PERCENT OF THE POPULATION, A HIGH OCCUPATIONAL FATALITIES RATE AT 7.5 PER 100,000 WORKERS AND LOW IMMUNIZATION COVERAGE WITH 57.1 PERCENT OF CHILDREN AGES 19 TO 35 MONTHS RECEIVING IMMUNIZATIONS ACCORDING TO THE LATEST STATE-LEVEL DATA CENTERS FOR DISEASE CONTROL (2013), ARKANSAS HAS A HIGHER THAN AVERAGE RATE OF DEATH (PER 100,000 POPULATION) FROM DISEASES OF THE HEART (AR RATE 249.3/U.S. RATE 193.3) AND CEREBROVASCULAR DISEASE - STROKE (AR RATE 55.3/U.S. RATE 40.8) AS A PERCENTAGE OF THE STATE'S POPULATION, MORE PEOPLE IN ARKANSAS THAN THOSE IN THE GENERAL U.S. POPULATION HAVE HIGH BLOOD PRESSURE, SMOKE CIGARETTES AND ARE COMPLETELY PHYSICALLY INACTIVE IN THE PAST YEAR, THE PERCENTAGE OF CHILDREN IN POVERTY DECREASED FROM 29.6% TO 23.8% OF PERSONS UNDER THE AGE OF 18 THE PER CAPITA PERSONAL INCOME HAS INCREASED FROM \$34,723 IN 2013 TO \$36,698 IN 2014 THE LACK OF HEALTH INSURANCE, AS REPORTED BY THE UNITED HEALTH GROUP STATE HEALTH RANKINGS IS 16.2% OF THE 2014 POPULATION A 1.7% DECREASE OVER PREVIOUS YEAR ARKANSAS IS SEEING A REDUCTION IN THE 2015 UNINSURED AS A RESULT OF THE ARKANSAS STATE LEGISLATURE'S PASSAGE OF THE PRIVATE OPTION THE FULL IMPACT WILL NOT BE KNOWN UNTIL NEXT YEAR THE U.S. PERCENT OF UNINSURED CURRENTLY STANDS AT 15.6% THE LITTLE ROCK MARKET IS SERVED BY THREE MAJOR MEDICAL CENTERS INCLUDING BAPTIST HEALTH MEDICAL CENTER-LITTLE ROCK, ST VINCENT INFIRMARY AND THE UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, THREE COMMUNITY HOSPITALS INCLUDING BAPTIST HEALTH MEDICAL CENTER-NORTH LITTLE ROCK, ST VINCENT NORTH AND NORTH METRO MEDICAL CENTER FIVE NICHE OR SPECIALTY HOSPITALS INCLUDING ARKANSAS CHILDREN'S HOSPITAL, ARKANSAS HEART HOSPITAL, ARKANSAS SURGICAL HOSPITAL, ST VINCENT REHABILITATION HOSPITAL IN PARTNERSHIP WITH HEALTH SOUTH AND BAPTIST HEALTH REHABILITATION INSTITUTE, FOUR PSYCHIATRIC OR DRUG REHABILITATION FACILITIES, THREE LONG TERM ACUTE CARE HOSPITALS AND TWO VETERANS HOSPITALS THERE ARE A TOTAL OF 4,208 LICENSED BEDS IN THE LITTLE ROCK MARKET AND THIS INCLUDES 3,226 ACUTE INPATIENT BEDS (538 OF WHICH ARE PART OF THE CENTRAL ARKANSAS VA SYSTEM), 213 REHABILITATION BEDS, 729 PSYCHIATRIC AND 40 INPATIENT HOSPICE BEDS AT ARKANSAS HOSPICE INC FACILITY WHILE BAPTIST HEALTH SERVES PATIENTS FROM ALL 75 COUNTIES IN ARKANSAS, 85% OF OUR INPATIENT DISCHARGES ORIGINATE IN THE 13 COUNTY REGION IN CENTRAL ARKANSAS ACCORDING TO 2012 DATA FROM THE ARKANSAS DEPARTMENT OF HEALTH, BAPTIST HEALTH PROVIDES 13.3% OF STATE WIDE INPATIENT DISCHARGES THIS PERCENTAGE HAS SLOWLY INCREASED SINCE 2004 WHEN IT WAS 12.3% IN THE 13 COUNTY REGION IN CENTRAL ARKANSAS, BAPTIST HEALTH AVERAGED 31.7% OF INPATIENT DISCHARGES OVER THE 2009-2012 TIME PERIOD IN THE 13 COUNTY PRIMARY MARKET OF CENTRAL ARKANSAS, 68.6% OF THE POPULATION IS WHITE, 22.6% IS AFRICAN AMERICAN, 5.0% IS HISPANIC, 1.4% ARE ASIAN AND PACIFIC ISLANDERS AND 2.4% ARE OF OTHER RACIAL DESCENT THOSE DEMOGRAPHIC PERCENTAGES MIRROR OUR PATIENT PERCENTAGES</p>

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, LINE 5	BAPTIST HEALTH PROMOTES COMMUNITY HEALTH THROUGH ACTIVELY SUPPORTING AN OPEN MEDICAL STAFF AND MAINTAINS A COMPLETELY COMMUNITY BASED BOARD THROUGH OUR CORPORATE MEMBERSHIP ALL SURPLUS FUNDS ARE REINVESTED BACK IN THE COMMUNITY THROUGH NEEDS BASED SERVICES, INVESTMENT IN NEW TECHNOLOGY, UPGRADED EQUIPMENT, AND NEW AND RENOVATED FACILITIES, FREE HEALTH SCREENINGS AND OUTREACH CLINICS THROUGHOUT CENTRAL ARKANSAS, HEALTH EDUCATION THROUGH OUR LITTLE ROCK SCHOOLS OF NURSING AND ALLIED HEALTH, CARE TO ALL WITHOUT REGARD FOR ABILITY TO PAY, AND DEVELOPMENT OF A FULL CONTINUUM OF CARE THROUGH ACUTE HOSPITAL CARE, REHABILITATION SERVICES, AND HOME HEALTH SERVICES BAPTIST HEALTH ALSO PROVIDES ELECTRONIC MONITORING OF ALL INTENSIVE CARE PATIENTS AT ITS ACUTE CARE HOSPITALS AND PROVIDES THESE SERVICES FOR OTHER HOSPITALS IN ARKANSAS AS WELL



Form and Line Reference	Explanation
FORM 990, SCHEDULE H,PART VI, LINE 6	<p>BAPTIST HEALTH EXISTS TO PROVIDE QUALITY PATIENT CENTERED SERVICES TO THE CITIZENS OF ARKANSAS WITH CHRISTIAN COMPASSION AND PERSONAL CONCERN CONSISTENT WITH OUR CHARITABLE PURPOSES BAPTIST HEALTH OFFERS FURTHER EXPANSION OF HEALTH SERVICES FOR ALL ARKANSANS THROUGH ITS RELATIONSHIP WITH ITS AFFILIATED ORGANIZATIONS BAPTIST HEALTH EXTENDED CARE HOSPITAL IS LOCATED ON THE CAMPUS OF BAPTIST HEALTH MEDICAL CENTER IN LITTLE ROCK AND PROVIDES LONG TERM ACUTE CARE SERVICES FOR PATIENTS COMING FROM THE GENERAL ACUTE CARE SETTING AT BAPTIST HEALTH HOSPITALS THIS ENABLES PATIENTS NEEDING LONG STAYS IN THE HOSPITAL TO REMAIN ON THE SAME CAMPUS AND OFTEN CAN RETAIN THE SAME PHYSICIANS IN THEIR CARE BAPTIST HEALTH HOSPITALS AKA BAPTIST HEALTH MEDICAL CENTER - STUTTGART IS AN INTEGRAL PART OF THE BAPTIST HEALTH FAMILY OF HOSPITALS PROVIDING CARE TO PATIENTS FROM EVERY COUNTY IN ARKANSAS THE STUTTGART FACILITY PROVIDES A SIGNIFICANT LINK TO MEETING HEALTH CARE NEEDS IN EASTERN ARKANSAS THROUGH ITS ACUTE CARE AND PHYSICIAN SERVICES, AND THEN FOR TERTIARY LEVEL HOSPITAL NEEDS THE PATIENTS CAN BE TRANSFERRED TO BAPTIST HEALTH FACILITIES IN LITTLE ROCK AND NORTH LITTLE ROCK ARKANSAS HEALTH GROUP PROVIDES PHYSICIAN CLINIC SERVICES TO PATIENTS IN RURAL AND URBAN COMMUNITIES IN MORE THAN 30 LOCATIONS WITH MORE THAN 150 PHYSICIANS THROUGHOUT ARKANSAS PARKWAY HEALTH CENTER PROVIDES LONG-TERM CARE SKILLED NURSING SERVICES TO RESIDENTS OF PULASKI COUNTY, ARKANSAS PARKWAY VILLAGE PROVIDES ASSISTED LIVING AND INDEPENDENT LIVING COMMUNITIES IN CENTRAL ARKANSAS FOR THE ELDERLY IN WHICH MEDICAL CARE, CULTURAL AND RECREATIONAL BENEFITS ARE EXTENDED TO RESIDENTS IN ADDITION TO HOUSING AND SHELTER THE VILLAGE ALSO INCLUDES AN ASSISTED LIVING CENTER DESIGNED SPECIFICALLY FOR ALZHEIMER'S PATIENTS</p>



Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
BAPTIST HEALTH

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

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

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

OMB No 1545-0047

2014

Open to Public  
Inspection

Employer identification number  
71-0236856

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 Domestic Organizations and Domestic Governments. 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 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) ARCARE INC PO BOX 497 AUGUSTA,AR 720060497	58-1666179	501(C)(3)	876,000		N/A	N/A	GENERAL SUPPORT
(2) BOSTON MOUNTAIN RURAL HEALTH CENTER INC PO BOX 1030 MARSHALL,AR 726501030	71-0717967	501(C)(3)	220,000		N/A	N/A	GENERAL SUPPORT
(3) MAINLINE HEALTH SYSTEMS INC 106 EAST SPEEDWAY ROAD DERMOTT,AR 71638	71-0623643	501(C)(3)	114,000		N/A	N/A	GENERAL SUPPORT
(4) JEFFERSON COMPREHENSIVE CARE CENTER INC 1101 TENNESSEE STREET PINE BLUFF,AR 71601	71-0433902	501(C)(3)	250,000		N/A	N/A	GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 4

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

Part III

Grants and Other Assistance to Domestic Individuals. 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
FORM 990, SCHEDULE I, PART I, LINE 2	GRANTS GIVEN BY BAPTIST HEALTH ARE FOR THE GENERAL SUPPORT OF THE GRANTEEES THEREFORE, NO MONITORING OF THE USE OF GRANT FUNDS IS NECESSARY

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
BAPTIST HEALTH

Employer identification number  
71-0236856

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</div></div>	1b	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	Yes
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div><div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div></div>	4c	No
<div><div></div><div><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div><div>If "Yes," to line 5a or 5b, describe in Part III.</div></div>	5b	No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div><div>If "Yes," to line 6a or 6b, describe in Part III.</div></div>	6b	No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div></div>	7	No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>	9	

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

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

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

(A) Name 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 in column(B) 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
FORM 990, SCHEDULE J,PART I, LINE 4B	THE FOLLOWING INDIVIDUALS INCLUDED ON FORM 990, PART VII, SECTION A, PARTICIPATE IN A NONQUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) RUSSELL D HARRINGTON, JR, ROBERT C ROBERTS, DOUGLAS WEEKS, MARSHA CUNNINGHAM, TROY WELLS, HARRISON DEAN, AND KATHRYN MARTIN BELOW ARE REPORTABLE AMOUNTS FOR 2014 NAME NOTE (A) NOTE (B) NOTE (C) ----- ----- DEAN 0 0 0 MARTIN 0 0 0 HARRINGTON 0 10,483 0 ROBERTS 0 0 0 WEEKS 0 0 0 CUNNINGHAM 0 0 0 WELLS 0 0 0 (A) THIS IS TAXABLE PRESENT VALUE OF PAYMENTS VESTED IN 2014, BUT TO BE RECEIVED IN FUTURE YEARS AFTER RETIREMENT OVER EXECUTIVE'S LIFETIME (B) THIS IS DISTRIBUTION FROM SERP TO COVER INCOME TAXES DUE FOR 2014 (C) THIS IS PLAN AMOUNT PRESENT VALUE EARNED IN 2014 IT IS NOT TAXABLE BECAUSE IT IS NOT VESTED

Additional Data

Software ID:  
Software Version:  
EIN: 71-0236856  
Name: BAPTIST HEALTH

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

(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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 FREDERICK A BENNETT JR, CHIEF OF CLINICAL AFFAIRS	(i)	260,760	0	0	7,699	12,107	280,566	0
	(ii)	0	0	0	0	0	0	0
1 RUSSELL D HARRINGTON JR, PRESIDENT EMERITUS	(i)	524,503	60,982	243,125	15,600	7,553	851,763	100,823
	(ii)	0	0	0	0	0	0	0
2 DOUGLAS WEEKS, SENIOR VP & COO	(i)	374,175	0	157,677	55,576	9,322	596,750	40,955
	(ii)	0	0	0	0	0	0	0
3 ROBERT C ROBERTS, SENIOR VP & CFO	(i)	380,419	0	304,654	50,115	9,322	744,510	34,071
	(ii)	0	0	0	0	0	0	0
4 JILL MASSIET, VICE PRESIDENT OF PATIENT CARE	(i)	191,790	0	61,876	20,630	9,322	283,618	3,581
	(ii)	0	0	0	0	0	0	0
5 KATHRYN T MARTIN, VICE PRESIDENT OF PATIENT CARE	(i)	176,256	0	0	25,409	4,539	206,204	12,833
	(ii)	0	0	0	0	0	0	0
6 DR GUY GARDNER, CHIEF MEDICAL OFFICER	(i)	186,691	0	0	5,616	9,750	202,057	0
	(ii)	0	0	0	0	0	0	0
7 HARRISON DEAN, SENIOR VP & ADMINSTRATOR	(i)	331,658	0	7,280	43,749	4,575	387,262	26,303
	(ii)	0	0	0	0	0	0	0
8 MARSHA CUNNINGHAM, VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	215,345	0	6,224	13,159	4,539	239,267	16,201
9 TROY WELLS, PRESIDENT & CEO	(i)	436,828	0	84,978	30,100	9,322	561,228	20,453
	(ii)	0	0	0	0	0	0	0
10 GREG GRAHAM, GENERAL COUNSEL	(i)	299,375	0	0	13,408	7,553	320,336	0
	(ii)	0	0	0	0	0	0	0
11 DAVID HOUSE, VP & CIO	(i)	235,313	0	114,336	31,486	9,322	390,457	17,296
	(ii)	0	0	0	0	0	0	0
12 LEE GENTRY, VP & ADMINISTRATOR	(i)	156,047	0	25,729	24,484	9,322	215,582	14,707
	(ii)	0	0	0	0	0	0	0
13 STAN KELLAR, CHIEF OF CLINICAL AFFAIRS	(i)	368,623	0	0	9,713	0	378,336	0
	(ii)	0	0	0	0	0	0	0
14 CHARLES PHILLIPS, CHIEF MEDICAL OFFICER	(i)	355,978	0	707	24,431	9,264	390,380	16,000
	(ii)	0	0	0	0	0	0	0
15 GREG CRAIN, VP & ADMINISTRATOR	(i)	240,874	0	78,440	39,174	9,322	367,810	19,534
	(ii)	0	0	0	0	0	0	0
16 DAVID COBB, PHARMACIST	(i)	193,594	0	0	5,842	10,153	209,589	0
	(ii)	0	0	0	0	0	0	0



Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
BAPTIST HEALTH

Employer identification number  
71-0236856

Part I

Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CITY OF LITTLE ROCK AR HEALTH FACILITIES BOARD	52-1542297	537373CK6	07-17-2003	13,413,378	REFUNDED BONDS ISSUED 12/29/93		X		X		X
B	CITY OF N LITTLE ROCK AR HEALTH FACILITIES BOARD	71-0858262	660551DF6	03-31-2009	50,156,572	REFUNDED BONDS ISSUED 12/19/96		X		X		X
C	CITY OF N LITTLE ROCK AR HEALTH FACILITIES BOARD	71-0858262	660551CA8	06-14-2005	26,463,486	REFUNDED BONDS ISSUED 12/12/96		X		X		X
D	HEBER SPRINGS AR HOSPITAL & HEALTH CARE FACILITY	90-0628435	422500AU2	04-19-2006	20,974,191	CONSTRUCT HOSPITAL FACILITY		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	11,770,000		17,490,000		14,640,000		3,715,000	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	13,435,427		50,452,722		27,652,285		21,785,563	
4	Gross proceeds in reserve funds	0		5,003,917		0		0	
5	Capitalized interest from proceeds	0		0		0		1,151,484	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	273,200		168,017		513,486		692,618	
8	Credit enhancement from proceeds	0		0		236,147		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		0		0		19,941,461	
11	Other spent proceeds	0		0		0		0	
12	Other unspent proceeds	712,420		20,317		0		0	
13	Year of substantial completion	2003		2009		2006		2007	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X			X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X	X			X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
FORM 990, SCHEDULE K, PART I, LINE C	THE BONDS ISSUED IN 2009 & 2014 ARE REPORTED ON THE BOND YEAR ENDED 12/17/2014 ALL OTHER BONDS HAVE CALENDAR BOND YEAR

Return Reference	Explanation
FORM 990, SCHEDULE K, PART IV, LINE 2C	BOND REBATE CALCULATION DATE ----- BOND 1996B SERIES 12/17/2014 BOND 2003 SERIES 12/31/2014 BOND 2005 SERIES 12/31/2014 BOND 2006 SERIES 12/31/2014

Return Reference	Explanation
FORM 990, SCHEDULE K, PART II, LINE 3	TOTAL PROCEEDS OF ISSUE IS DIFFERENT BECAUSE OF INVESTMENT INCOME

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.</div> <div>▶ Attach to Form 990.</div> <div>▶ Information about Schedule K (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>	OMB No 1545-0047
		2014
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization BAPTIST HEALTH	Employer identification number 71-0236856
--	--	--

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A PULASKI COUNTY PUBLIC FACILITIES BOARD	71-0721974	74539YFB1	10-27-2010	5,770,000	REFUNDED BONDS ISSUED 4/1/02		X		X		X
B CITY OF NLR AR HEALTH FACILITIES BOARD	71-0858262	660551DR0	05-24-2012	9,995,000	REFUNDED BONDS ISSUED 07/26/2001		X		X		X
C PULASKI COUNTY PUBLIC FACILITIES BOARD	71-0721974	74540HAN4	12-16-2014	151,688,424	CONSTRUCT HOSPITAL FACILITY		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	3,215,000		1,455,000		0			
2	Amount of bonds legally defeased	0		0		0			
3	Total proceeds of issue	5,893,226		9,995,092		151,688,424			
4	Gross proceeds in reserve funds	577,000		0		0			
5	Capitalized interest from proceeds	0		0		0			
6	Proceeds in refunding escrows	0		0		0			
7	Issuance costs from proceeds	195,696		197,065		1,687,681			
8	Credit enhancement from proceeds	0		0		0			
9	Working capital expenditures from proceeds	0		0		0			
10	Capital expenditures from proceeds	0		0		15,247,518			
11	Other spent proceeds	0		0		0			
12	Other unspent proceeds	165,237		0		134,752,482			
13	Year of substantial completion	2010							
		Yes	No						
14	Were the bonds issued as part of a current refunding issue?	X		X			X		
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X			X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %		0 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %			
6	Total of lines 4 and 5	0 %		0 %		0 %			
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X			X	X			
b	Exception to rebate?		X	X			X		
c	No rebate due?		X		X		X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider	0		0		0			
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).



Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2014**  
Open to Public Inspection

Name of the organization BAPTIST HEALTH	Employer identification number 71-0236856
--	--

<b>Part I Excess Benefit Transactions</b> (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b				
1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

2	Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . .	▶ \$	
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . .	▶ \$	

**Part II**

Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total	▶ \$			
-------	------	--	--	--

<b>Part III Grants or Assistance Benefiting Interested Persons.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 27.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ED CHOATE	BOARD MEMBER/EXECUTIVE	252,196	BAPTIST PAID TO DELTA DENTAL		No

**Part V Supplemental Information**

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

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

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.****▶ Attach to Form 990 or 990-EZ.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2014****Open to Public  
Inspection**Name of the organization  
BAPTIST HEALTH**Employer identification number**

71-0236856

**Return  
Reference****Explanation**FORM 990,  
PART III,  
LINE 4A

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS - BAPTIST HEALTH PROVIDES ACCESS TO A FULL RANGE OF COMPREHENSIVE HEALTH CARE SERVICES TO INDIVIDUALS REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, DISABILITY, AGE, OR ABILITY TO PAY. ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS ESSENTIAL TO BAPTIST HEALTH FOR THE CONTINUED OPERATION, FINANCIAL STABILITY, AND ABILITY TO PROVIDE NEEDED NEW SERVICES AND TECHNOLOGY, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE HEALTH CARE AND ESSENTIAL MEDICAL SERVICES. FURTHER, OUR MISSION IS TO SERVE THIS COMMUNITY WITH RESPECT TO PROVIDING COMPREHENSIVE HEALTH CARE SERVICES AND HEALTH EDUCATION. THEREFORE, IN KEEPING WITH BAPTIST HEALTH'S COMMITMENT TO SERVE THE RESIDENTS OF ITS COMMUNITY, WE PROVIDE - SUBSIDIZED EDUCATION TO HEALTH CARE PROFESSIONALS, - FREE AND SUBSIDIZED CARE TO THOSE WHO CANNOT PAY, - CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT REIMBURSEMENT BELOW OUR REGULAR RATES PAID BY OTHER THIRD PARTIES, - HEALTH EDUCATION AND PROGRAMS/SERVICES TO ENHANCE THE HEALTH STATUS OF THE COMMUNITY, AND - IN-KIND DONATIONS TO NON-PROFIT COMMUNITY AGENCIES TO ENHANCE THEIR SERVICES TO THE COMMUNITY. SUCH SERVICES AND PROGRAMS ARE PROVIDED WHERE THE NEED AND/OR INDIVIDUAL'S INABILITY TO PAY CO-EXISTS. THESE ACTIVITIES INCLUDE WELLNESS AND PREVENTION EDUCATION PROGRAMS, COMMUNITY DIAGNOSTIC SCREENING PROGRAMS, SPECIAL PROGRAMS FOR THE ELDERLY, YOUTH AT RISK, HANDICAPPED, MEDICALLY UNDER SERVED, MEDICAL CARE FOR THE UNINSURED, AND A VARIETY OF BROAD COMMUNITY SUPPORT ACTIVITIES. BAPTIST HEALTH SERVED 46,209 INPATIENTS AND PROVIDED FOR 363,543 OUTPATIENT AND EMERGENCY ROOM VISITS DURING 2014. ALSO SERVED WERE 5,697 HOME HEALTH AND HOSPICE PATIENTS.

Return Reference	Explanation
FORM 990, PART V, LINE 4B	CAYMAN ISLANDS, BERMUDA, AUSTRALIA, CHINA, HONG KONG, JAPAN, SINGAPORE, FINLAND, FRANCE, GERMANY, IRELAND, NETHERLANDS, NORWAY, SPAIN, SWEDEN, SWITZERLAND, BELGIUM, UNITED KINGDOM, ISRAEL, CANADA

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	<p>THE CORPORATION SHALL NOT HAVE OR ISSUE SHARES OF STOCK AND NO DIVIDENDS SHALL BE PAID, AND NO PART OF THE INCOME OF THE CORPORATION SHALL BE DISTRIBUTED TO ITS MEMBERS, DIRECTORS, OR OFFICERS THE CORPORATION SHALL HAVE ONE CLASS OF MEMBERS CONSISTING OF THOSE PERSONS RECOMMENDED BY THE BOARD OF TRUSTEES AND ELECTED BY THE MEMBERS AT THEIR ANNUAL MEETING IN THE MANNER SPECIFIED IN THE CORPORATION'S CONSTITUTION AND BY LAWS THERE SHALL BE NO MEMBERSHIP DUES OR FEES THE BUSINESS OF THE CORPORATION SHALL BE CONDUCTED BY THE BOARD OF DIRECTORS WHICH MAY ALSO BE REFERRED TO AS THE BOARD OF TRUSTEES THE NUMBER OF DIRECTORS OF THE CORPORATION SHALL BE NOT LESS THAN EIGHTEEN (18) AND NOT MORE THAN TWENTY-ONE (21) AND THEIR TERMS OF OFFICE SHALL BE THREE (3) YEARS EXCEPT AS OTHERWISE PROVIDED IN THE BYLAWS THE DIRECTORS SHALL BE PERMITTED TO HOLD OFFICE FOR MORE THAN ONE TERM BY RE-ELECTION EXCEPT AS OTHERWISE PROVIDED IN THE BYLAWS EACH MEMBER OF THE CORPORATION SHALL BE ENTITLED TO ONE VOTE THE VOTE FOR TRUSTEES SHALL BE BY BALLOT EXCEPT AS OTHERWISE MAY BE PROVIDED BY THE BYLAWS, ALL ELECTIONS SHALL BE DECIDED BY A MAJORITY VOTE OF THE MEMBERS PRESENT</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	<p>THE BUSINESS AND PROPERTY OF THE CORPORATION SHALL BE MANAGED AND CONTROLLED SOLELY BY A BOARD OF TRUSTEES, EACH MEMBER OF WHICH, SAVING THOSE ELECTED TO FILL A VACANCY OR UNEXPIRED TERM, SHALL BE ELECTED BY THE MEMBERSHIP OF THE CORPORATION, EACH FOR A TERM OF THREE YEARS, BEGINNING ON JANUARY 1 AND EXPIRING ON DECEMBER 31. NO TRUSTEE SHALL BE ELIGIBLE TO SERVE MORE THAN TWO SUCCESSIVE TERMS OF THREE YEARS EACH, BUT ANY FORMER TRUSTEE SHALL BE ELIGIBLE FOR ELECTION TO THE BOARD OF TRUSTEES AFTER AT LEAST ONE YEAR'S ABSENCE THEREFROM, HOWEVER, ANY TRUSTEE WHO IS ELECTED AS AN OFFICER FOR THE ENSURING CORPORATE YEAR SHALL BE ELIGIBLE FOR REELECTION AS A TRUSTEE FOR A TERM OF ONE YEAR. ANY TRUSTEE WHO IS SERVING, OR WHO HEREFTER SHALL SERVE, AN UNEXPIRED TERM SHALL BE ELIGIBLE TO SUCCEED HIMSELF FOR TWO TERMS. ALL OFFICERS SHALL BE ELECTED FOR A TERM OF ONE YEAR, AND EACH SHALL BE ELIGIBLE TO SUCCEED HIMSELF. EACH OFFICER ELECTED AT A MEETING OF THE BOARD OF TRUSTEES SHALL SERVE FOR THE TERM BEGINNING JANUARY 1 AND EXPIRING DECEMBER 31, PROVIDED, VACANCIES IN OFFICE MAY BE FILLED AT ANY REGULAR OR SPECIAL MEETING OF THE BOARD OF TRUSTEES, AND THE HOLDERS OF ANY NEWLY CREATED OFFICE MAY LIKEWISE BE ELECTED AT ANY MEETING OF THE BOARD, AND EACH SHALL SERVE UNTIL THE TERM EXPIRES ON THE FOLLOWING 31ST DAY OF DECEMBER. THE RIGHT OF A MEMBER TO VOTE AND TO EXERCISE ANY OTHER PRIVILEGES OF MEMBERSHIP SHALL CEASE ON THE TERMINATION OF HIS MEMBERSHIP. THE RIGHT OF MEMBERSHIP IS NONTRANSFERABLE. ANY MEMBER MAY BE REMOVED FROM MEMBERSHIP AND FROM OFFICE BY THE AFFIRMATIVE VOTE OF TWO-THIRDS (2/3) OF THE MEMBERS PRESENT AT ANY LAWFUL REGULAR MEETING, OR AT ANY SPECIAL MEETING CALLED FOR THAT PURPOSE, BECAUSE OF PERSONAL, PROFESSIONAL, OR BUSINESS CONDUCT DEEMED DETRIMENTAL TO THE INTERESTS OF THE CORPORATION OR WHICH BRINGS THE MEMBER INTO DISREPUTE, FOR LACK OF SYMPATHY WITH THE PROCEDURES AND OBJECTIVES OF THE CORPORATION OR FOR REFUSAL TO RENDER REASONABLE ASSISTANCE IN CARRYING ON ITS PURPOSE.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>ANY AMENDMENT TO THESE ARTICLES OF INCORPORATION MUST BE ADOPTED BY BOTH THE BOARD OF DIRECTORS AND THE MEMBERSHIP OF THE CORPORATION IN THE FOLLOWING MANNER BY A VOTE OF A MAJORITY OF THE DIRECTORS THEN IN OFFICE, THE BOARD OF DIRECTORS MAY APPROVE AN AMENDMENT AT A REGULAR MEETING OF THE BOARD OF DIRECTORS OR AT A SPECIAL MEETING CALLED FOR THAT PURPOSE. ANY PROPOSED AMENDMENT SHALL BE PRESENTED IN WRITING TO EACH DIRECTOR AT LEAST TEN (10) DAY IN ADVANCE OF THE MEETING AT WHICH IT IS TO BE VOTED UPON THE MEMBERS MAY APPROVE AN AMENDMENT TO THESE ARTICLES OF INCORPORATION BY TWO-THIRDS OF THE VOTES CAST AT ANY REGULAR MEETING OF THE MEMBERSHIP OR AT ANY SPECIAL MEETING CALLED FOR THE PURPOSE OF CONSIDERING A PROPOSED AMENDMENT NOT LESS THAN (30) NOR MORE THAN SIXTY (60) DAYS BEFORE THE MEETING DATE, THE CORPORATION SHALL GIVE WRITTEN NOTICE OF THE MEETING TO ITS MEMBERS, AND THE NOTICE MUST STATE THAT THE PURPOSE, OR ONE OF THE PURPOSES, OF THE MEETING IS TO CONSIDER THE PROPOSED AMENDMENT AND THE NOTICE SHALL CONTAIN OR BE ACCOMPANIED BY A COPY OF THE PROPOSED AMENDMENT</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS REVIEWED BY THE VICE PRESIDENT OF FINANCE, THE CFO AND THE CEO



Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	DIRECTORS AND ABOVE ANNUALLY SUBMIT A WRITTEN STATEMENT AND ANSWER A QUESTIONNAIRE. THE DIRECTOR OF HUMAN RESOURCES INVESTIGATES ANY POTENTIAL CONFLICTS AND TAKES APPROPRIATE ACTION DEPENDING ON THE NATURE OF THE CONFLICT. THE BOARD MEMBERS ARE REQUIRED TO ANNUALLY SUBMIT A WRITTEN STATEMENT AND ANSWER A QUESTIONNAIRE. A SUBCOMMITTEE OF THE BOARD REVIEWS ANY CONFLICTS AND REPORTS THOSE TO THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE DETERMINES THE APPROPRIATE ACTION DEPENDING ON THE NATURE OF THE CONFLICT.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A & 15B	THE EXECUTIVE COMMITTEE OF THE BOARD APPOINTS DIRECTORS TO THE COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE APPROVES THE INITIAL SALARY AND ANY SUBSEQUENT SALARY ADJUSTMENTS OF ALL PERSONNEL AT THE LEVEL OF DIRECTOR AND ABOVE. THE COMPENSATION COMMITTEE OBTAINS AN INDEPENDENT SALARY SURVEY ON AN ANNUAL BASIS FOR USE IN DETERMINING THE APPROPRIATE RANGES OF ALL PERSONNEL AT THE LEVEL OF DIRECTOR AND ABOVE.

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	COPIES OF THE ORGANIZATION'S POLICIES AND GOVERNING DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN DEFINED BENEFIT PLAN GAINS (\$18,043,000) CHANGE IN SERP (444,000) ASSUMPTION OF HOSPITAL NET ASSETS THROUGH LONG-TERM LEASE OBLIGATION 10,476,000 SPRINGHILL K-1 ADJUSTMENT (29,453) CHANGE IN NET ASSETS OF AFFILIATED FOUNDATION 37,000 ----- OTHER CHANGES IN NET ASSETS (\$8,003,453)

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
BAPTIST HEALTH

Employer identification number  
71-0236856

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) BAPTIST HEALTH PHYSICIAN PARTNERS 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 46-1692255	HEALTHCARE	AR	1,019,477	2,496,245	BAPTIST HLTH

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) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ORTHOARK SURGERY  10301 KANIS ROAD LITTLE ROCK, AR 72205 71-0818555	ORTHOPEDIC	AR	BAPTIST HEALTH	RELATED	617,953	370,306		No	0		No	51 000 %
(2) AUTUMN ROAD LLC  PO BOX 3730 LITTLE ROCK, AR 72203 71-0786625	REAL ESTATE	AR	NA	N/A				No			No	
(3) MAUMELLE FAMILY  11001 EXECUTIVE CENTER DRIVE SUITE LITTLE ROCK, AR 72211 71-0824329	MEDICAL CARE	AR	NA	N/A				No			No	
(4) SPRINGHILL SURGERY  3401 SPRINGHILL DRIVE SUITE 155 NORTH LITTLE ROCK, AR 72117 62-1712554	SURGICAL	AR	BAPTIST HEALTH	UNRELATED	946,551	2,663,218		No	0		No	50 569 %
(5) BAPTIST IMAGING  9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 722059601 20-3962574	DIAGNOSTIC CE	AR	NA	N/A				No			No	

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
See Additional Data Table									

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 Yes

1b No

1c Yes

1d Yes

1e No

1f No

1g No

1h No

1i No

1j Yes

1k Yes

1l No

1m No

1n Yes

1o No

1p Yes

1q Yes

1r No

1s No

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

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

Schedule R (Form 990) 2014

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.  
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

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



**Part VII**   **Supplemental Information**

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

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

Additional Data

Software ID:

Software Version:

EIN: 71-0236856

Name: BAPTIST HEALTH

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 HEALTH FOUNDATION  9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 23-7169407	SUPPORT	AR	501(C)(3)	7	BAPTIST HLTH	Yes	
(1) PARKWAY HEALTH CENTER INC  14324 CHENAL PKWY LITTLE ROCK, AR 72211 71-0675933	LTC NURSING	AR	501(C)(3)	11A	BAPTIST HLTH	Yes	
(2) PARKWAY VILLAGE INC  14300 CHENAL PARKWAY LITTLE ROCK, AR 72211 71-0574341	RETIREMENT	AR	501(C)(3)	9	BAPTIST HLTH	Yes	
(3) ARKANSAS HEALTH GROUP  11001 EXECUTIVE CENTER DRIVE SUITE LITTLE ROCK, AR 72211 71-0781138	HEALTHCARE	AR	501(C)(3)	9	BAPTIST HLTH	Yes	
(4) MULTI SERVICES MANAGEMENT  9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 71-0743531	SUPPORT	AR	501(C)(3)	11A	BAPTIST HLTH	Yes	
(5) BAPTIST HEALTH EXTENDED CARE  9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 26-1286647	MEDICAL CTR	AR	501(C)(3)	3	BAPTIST HLTH	Yes	
(6) TWIN RIVERS MEDICAL CENTER  3050 TWIN RIVERS DR ARKADELPHIA, AR 71923 71-0541647	MEDICAL CTR	AR	501(C)(3)	3	BAPTIST HLTH	Yes	
(7) BAPTIST HEALTH HOSPITALS  9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 61-1570855	MEDICAL CTR	AR	501(C)(3)	3	BAPTIST HLTH	Yes	
(8) CONWAY COMMUNITY SERVICES  9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 46-1629800	HEALTHCARE	AR	501 (C) (3)	3	BAPTIST HLTH	Yes	
(9) COMPLETE HEALTH WITH PACE  9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 47-2101351	HEALTHCARE	AR	501 (C) (3)	9	BAPTIST HLTH	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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								
MULTIMANAGEMENT SERVICES INC 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 722057299 71-0599194	MANAGEMENT	AR	BAPTIST HEALTH	C CORPORATION	2,870,253	78,473,907	100 000 %	Yes	
MEDICAL LABORATORIES OF ARKANSAS INC 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 33-1133952	MEDICAL LAB	AR	NA	C CORPORATION				Yes	
BAPTIST MEDCARE INC 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 71-0678160	MEDICAL CARE	AR	NA	C CORPORATION				Yes	
HOMELINK HOME HEALTH CARE SERVICE INC 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 71-0599195	HOME CARE	AR	NA	C CORPORATION				Yes	
HOTEL PROPERTIES INC 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 71-0599188	HOTELS	AR	NA	C CORPORATION				Yes	
SERVICE FINANCE CORPORATION 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 71-0333251	FINANCE SERVICES	AR	NA	C CORPORATION				Yes	
SERVICE PROFESSIONALS INC 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 71-0663406	HOUSEKEEPING	AR	NA	C CORPORATION				Yes	
WESTSIDE PROPERTIES INC 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 71-0532013	REAL ESTATE	AR	NA	C CORPORATION				Yes	
INTEGRATED HEALTH RESOURCES LTD 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 33-1133950	MEDICAL LAB	AR	BAPTIST HEALTH	C CORPORATION	175,268	1,594,925	100 000 %	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MULTIMANAGEMENT SERVICES INC	A	33,090	FMV
ARKANSAS HEALTH GROUP	C	59,446	FMV
PARKWAY VILLAGE INC	D	2,657,900	FMV
MULTIMANAGEMENT SERVICES INC	D	33,244,792	FMV
ARKANSAS HEALTH GROUP	J	507,636	FMV
BAPTIST HEALTH EXTENDED CARE HOSPITAL	J	737,829	FMV
MULTIMANAGEMENT SERVICES INC	J	207,640	FMV
ARKANSAS HEALTH GROUP	K	69,497	FMV
ARKANSAS HEALTH GROUP	P	10,381,014	FMV
SERVICE PROFESSIONALS INC	P	13,098,425	FMV
BAPTIST HEALTH EXTENDED CARE HOSPITAL	Q	3,231,827	FMV
BAPTIST HEALTH HOSPITALS	Q	2,193,888	FMV
PARKWAY VILLAGE	Q	455,563	FMV
SERVICE PROFESSIONALS	Q	393,412	FMV
MULTIMANAGEMENT SERVICES INC	Q	444,029	FMV
MEDICAL LABS OF ARKANSAS INC	Q	2,622,490	FMV
PARKWAY HEALTH CENTER INC	Q	116,832	FMV