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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 10-01-2014 , and ending 09-30-2015

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BAPTIST MEMORIAL HEALTH CARE CORPORATION		D Employer identification number 58-1521475
	Doing business as		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (901) 227-7014
	350 N HUMPHREYS BLVD		
	City or town, state or province, country, and ZIP or foreign postal code MEMPHIS, TN 381202177		G Gross receipts \$ 227,526,507
F Name and address of principal officer JASON M LITTLE 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177			
H(a) Is this a group return for subordinates? <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>			
H(b) Are all subordinates included? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>If "No," attach a list (see instructions)</div>			
H(c) Group exemption number ▶			
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW BMHCC ORG			

K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 1954	M State of legal domicile TN
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Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities BAPTIST MEMORIAL HEALTH CARE CORPORATION IS AFFILIATED WITH A NUMBER OF (SEE SCH O, pg 52)TAX EXEMPT HOSPITALS, HEALTH, HOME AND HOSPICE CARE SERVICE PROVIDERS IN ARKANSAS, MISSISSIPPI, AND TENNESSEE AND SUPPLIES MANAGEMENT, CONSULTING AND SUPPORT SERVICES TO THEM THROUGH ITS CORPORATE STAFF		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	857
	6	Total number of volunteers (estimate if necessary)	6	150
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,492,341
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	466,505	128,731
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	234,750,184	204,710,215
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,609,384	-7,359,140
12		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,452,977	2,024,098
			239,279,050	199,503,904
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,685,169	846,288
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	116,027,537	107,966,001
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	154,478,811	100,660,543
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	272,191,517	209,472,832
	19	Revenue less expenses Subtract line 18 from line 12	-32,912,467	-9,968,928
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	989,871,406	775,535,430
	21	Total liabilities (Part X, line 26)	485,978,375	234,319,086
	22	Net assets or fund balances Subtract line 21 from line 20	503,893,031	541,216,344

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>Signature of officer</div> <div>JASON M LITTLE PRESIDENT/CEO</div>		<div>2016-08-09</div> <div>Date</div>		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name FRANCIS J BEDARD	Preparer's signature FRANCIS J BEDARD	Date	Check <input type="checkbox"/> if self-employed	PTIN P00752421
	Firm's name ▶ DELOITTE TAX LLP			Firm's EIN ▶ 86-1065772	
	Firm's address ▶ 1033 DEMONBREUN SUITE 400 NASHVILLE, TN 37203			Phone no (615) 259-1811	



















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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

Part IV Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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

Form **990** (2014)

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	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	No
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	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
BRENDA SWEARENGEN

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

(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)	22,859,151	24,544	2,152,812

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 **180**

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
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
HURON CONSULTING 3005 MOMENTUM PL CHICAGO, IL 606895330	CONSULTANT SERVICES	29,261,948
SHIFTWISE POB 70870 ST PAUL, MN 551709705	PHYSICIAN STAFFING	16,258,210
JOHNSON CONTROLS 6935 APPLING FARMS PKWY 12 MEMPHIS, TN 38133	PLANT OPS MGMT SERVICES	8,680,142
NETWORK DATA SOURCE 7936 PLAYER FOREST MEMPHIS, TN 38119	DATA INSTALLATION SERVICES	3,872,936
HARRIS SHELTON HANOVER & WALSH 9990S SHADY GROVE RD 300 MEMPHIS, TN 381204126	LEGAL SERVICES	3,542,605

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 ▶76

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	128,731			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		128,731			
Program Service Revenue	2a	MANAGEMENT FEE REVENUE	Business Code 541200	194,891,340	194,827,248	64,092	
	b	OTHER REVENUE/LOSS	541200	9,818,875	9,811,476	7,399	
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		204,710,215			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		244,386		244,386
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real 210,940	(ii) Personal			
b		Less rental expenses	28,849				
c		Rental income or (loss)	182,091				
d		Net rental income or (loss)		182,091			182,091
7a		Gross amount from sales of assets other than inventory	(i) Securities 20,318,445	(ii) Other 71,783			
b		Less cost or other basis and sales expenses	25,166,197	2,827,557			
c		Gain or (loss)	-4,847,752	-2,755,774			
d		Net gain or (loss)		-7,603,526			-7,603,526
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events					
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances	a				
b		Less cost of goods sold	b				
c		Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code					
11a	BHSG ALLOCATION	561000	1,420,850		1,420,850		
b	NON-OPERATING REVENUE	900099	408,826	408,826			
c	BAD DEBT RECOVERIES	900099	12,331	12,331			
d	All other revenue						
e	Total. Add lines 11a-11d		1,842,007				
12	Total revenue. See Instructions		199,503,904	205,059,881	1,492,341	-7,177,049	

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.	845,617	845,617		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	671	671		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	17,974,789	17,935,935	38,854	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	68,830,800	68,682,017	148,783	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	4,768,182	4,756,439	11,743	
9	Other employee benefits.	11,696,468	11,664,697	31,771	
10	Payroll taxes.	4,695,762	4,684,745	11,017	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	3,048,170	3,048,170		
c	Accounting.	1,250,750	1,250,750		
d	Lobbying.	64,536	64,125	411	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	601,529	597,695	3,834	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	18,259,704	18,143,334	116,370	
12	Advertising and promotion.	1,260,559	1,247,827	12,732	
13	Office expenses.	5,484,702	5,483,041	1,661	
14	Information technology.				
15	Royalties.				
16	Occupancy.	1,339,659	1,339,659		
17	Travel.	1,349,984	1,346,798	3,186	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	108,077		108,077	
20	Interest.	1,072,562	1,067,872	4,690	
21	Payments to affiliates.	162,420	162,349	71	
22	Depreciation, depletion, and amortization.	34,061,244	33,906,945	154,299	
23	Insurance.	539,747	539,747		
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	REPAIR & MAINTENANCE	29,406,609	29,281,127	125,482	
b	BOOKS, DUES, AND SUBSCR	1,990,348	1,987,400	2,948	
c	TAX & LICENSES	349,280	349,280	0	
d	PATIENT/EMP/VISITOR REL	270,984	270,866	118	
e	All other expenses	39,679	39,644	35	
25	Total functional expenses. Add lines 1 through 24e.	209,472,832	208,696,750	776,082	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		213	1	200
	2	Savings and temporary cash investments			2	9,692,105
	3	Pledges and grants receivable, net			3	75,000
	4	Accounts receivable, net			4	747,808
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		10,377,611	9	10,690,234
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	382,994,382		
	b	Less accumulated depreciation	10b	261,710,483	144,276,831	10c 121,283,899
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		36,038,249	12	14,342,918
	13	Investments—program-related See Part IV, line 11		10,396,823	13	10,396,823
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		788,781,679	15	608,306,443
	16	Total assets. Add lines 1 through 15 (must equal line 34)		989,871,406	16	775,535,430
Liabilities	17	Accounts payable and accrued expenses		30,033,831	17	31,574,242
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		353,361,741	23	46,681,626
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		102,582,803	25	156,063,218
	26	Total liabilities. Add lines 17 through 25		485,978,375	26	234,319,086
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		503,893,031	27	541,216,344
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		503,893,031	33	541,216,344
	34	Total liabilities and net assets/fund balances		989,871,406	34	775,535,430

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	199,503,904
2	Total expenses (must equal Part IX, column (A), line 25)	2	209,472,832
3	Revenue less expenses Subtract line 2 from line 1	3	-9,968,928
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	503,893,031
5	Net unrealized gains (losses) on investments	5	-10,657,652
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	57,949,893
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	541,216,344

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 58-1521475

Name: BAPTIST MEMORIAL HEALTH CARE CORPORATION

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) JASON M LITTLE PRESIDENT/CEO/DIR	35 00 5 00	X		X				1,012,007	0	54,865
(1) A WATSON BELL DIRECTOR	0 80 0 00	X						0	0	0
(2) ALLEN B PUCKETT III DIRECTOR	0 80 0 00	X						0	0	0
(3) DANA E KELLY DIRECTOR	0 80 0 00	X						0	0	0
(4) JAMES M GLASGOW JR DIRECTOR	0 80 0 00	X						0	0	0
(5) MILTON M MAGEE DIRECTOR	0 80 0 00	X						0	0	0
(6) JOHN STANFORD DDS DIRECTOR	0 80 0 00	X						0	0	0
(7) DALE MORRIS MD DIRECTOR	0 80 0 00	X						0	0	0
(8) MICHAEL CARY DIRECTOR	0 80 0 00	X						0	0	0
(9) LARRY MCCLENDON DIRECTOR	0 80 0 00	X						0	0	0
(10) MARTHA PERRINNE BEARD DIRECTOR	0 80 0 00	X						0	0	0
(11) JOHNNIE AMONETTE DIRECTOR	0 80 0 00	X						0	0	0
(12) MURRAY BENTON DIRECTOR	0 80 0 00	X						0	0	0
(13) BRYAN JORDAN DIRECTOR	0 80 0 00	X						0	0	0
(14) BECKY WILSON DIRECTOR	0 80 0 00	X						0	0	0
(15) DAVID W BARHAM V P /OPERATIONS FINANCE	38 80 1 20			X				769,658	0	59,687
(16) JAMES W BOSWELL V P /PHYS SER/CEO BMMG	38 90 1 10			X				882,590	0	72,034
(17) ZACHARY R CHANDLER EXEC V P /CSO	39 80 0 20			X				727,981	0	39,943
(18) PAUL D DEPRIEST MD EXEC V P /COO	35 30 4 70			X				872,409	0	54,444
(19) GREGORY M DUCKETT SR V P /CORP SECRETARY	34 60 5 40			X				750,243	0	58,842
(20) DANA B DYE CEO/ADMIN	39 80 0 20			X				421,524	0	37,745
(21) DAVID R ELLIOTT V P /MANAGED CARE/CEO BHSG	40 00 0 00			X				485,609	0	54,154
(22) JAMES SCOTT FOUNTAIN SR V P /CDO	20 00 20 00			X				695,594	0	73,458
(23) WILLIAM A GRIFFIN V P CORP FINANCE	40 00 0 00			X				521,143	0	53,227
(24) BEVERLY D JORDAN V P /CHIEF CLINICAL TRAN	40 00 0 00			X				611,675	0	51,826

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) RANDY J KING V P /MARKET LEADER	37 20 2 80			X				641,700	0	61,096
(1) JOHN F LACY V P HR (10/1/14-10/27/14)	40 00 0 00			X				493,463	0	40,876
(2) BETTY SUE MCGARVEY COLLEGE PRESIDENT	40 00 0 00			X				524,270	0	55,639
(3) MARK E SWANSON V P /CMO	40 00 0 00			X				319,186	0	22,714
(4) WALTER J GRACE CEO/ADMIN	40 00 0 00			X				323,404	0	45,738
(5) JAMES A GRANTHAM CEO/ADMIN	40 00 0 00			X				156,559	0	34,319
(6) STEPHEN EDGE MD PRES BMMG ONCOLOGY	40 00 0 00			X				600,310	0	63,137
(7) JAMES R HUFFMAN III CEO/ADMIN	40 00 0 00			X				572,435	0	59,717
(8) KYLE E ARMSTRONG CEO/ADMIN	40 00 0 00			X				266,589	0	44,209
(9) NANCY W AVERWATER V P HR (10/28/14-9/30/15)	40 00 0 00			X				419,729	0	47,932
(10) BARRY BONDURANT CEO/ADMIN	40 00 0 00			X				275,547	0	35,173
(11) SAMUEL S LYND CEO/ADMIN	40 00 0 00			X				109,769	0	13,078
(12) SUSAN M BREEDEN CEO/ADMIN	40 00 0 00			X				269,496	0	38,777
(13) JOHN C BROWN CHIEF MED INFO OFFICER	40 00 0 00			X				361,480	0	41,302
(14) EDWIN PAUL CADE CEO/ADMIN	40 00 0 00			X				433,293	0	73,212
(15) BRAD H PARSONS CEO/ADMIN	40 00 0 00			X				321,479	0	45,956
(16) DONALD R POUNDS SR V P /CFO	38 60 1 40			X				1,325,861	0	60,464
(17) RICHARD D REISELT V P /CHIEF INFO OFFICER	40 00 0 00			X				478,500	0	78,778
(18) WILLIAM A TUTTLE V P PLANNING	38 60 1 40			X				419,810	0	37,108
(19) ANITA S VAUGHN CEO/ADMIN	40 00 0 00			X				568,318	0	79,118
(20) DERRICK B ZIEGLER CEO/ADMIN	40 00 0 00			X				562,728	0	56,208
(21) SUSAN P FERGUSON V P /CNO	40 00 0 00			X				145,459	24,544	34,099
(22) HENRY P SULLIVANT MD CHIEF MED OFFICER	40 00 0 00			X				408,088	0	50,082
(23) WILLIAM C HENNING CEO/ADMIN	40 00 0 00			X				367,554	0	41,334
(24) KEITH NORMAN V P	40 00 0 00			X				118,740	0	31,086

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			
(51) ANNA K BISHOP ADMINISTRATOR	40 00 0 00				X			196,397	0	57,231
(1) WAID RAY ASSOCIATE CORP COUNSEL	40 00 0 00					X		190,767	0	37,577
(2) MARGARET C MASSEY SYS DIR FINANCE	40 00 0 00					X		190,448	0	47,851
(3) TERRY L PAHDE DIR COMPENSATION/BENEFITS	40 00 0 00					X		191,866	0	55,433
(4) STEPHANIE M CLARK SYS DIR CUSTOMER EXP & CEO	40 00 0 00					X		185,317	0	29,753
(5) JOHN E STANFORD ADMIN CLINICAL OPERATIONS	40 00 0 00					X		197,135	0	34,378
(6) STEPHEN C REYNOLDS (PRESIDENT EMERITUS) FORMER	0 00 0 00						X	1,688,227	0	77,750
(7) JAMIE P RODGERS CEO/ADMIN (FORMER)	0 00 0 00						X	160,331	0	11,461
(8) LARRY V BRAUGHTON FORMER OFFICER	0 00 0 00						X	410,661	0	0
(9) ROBERT S GORDON FORMER OFFICER	0 00 0 00						X	406,505	0	1
(10) DAVID HOGAN FORMER OFFICER	0 00 0 00						X	292,311	0	0
(11) RICHARD D DREWRY MD FORMER OFFICER	0 00 0 00						X	267,407	0	0
(12) JIMMY D AINSWORTH FORMER OFFICER	0 00 0 00						X	247,579	0	0

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.

OMB No 1545-0047
2014
Open to Public Inspection

Name of the organization BAPTIST MEMORIAL HEALTH CARE CORPORATION	Employer identification number 58-1521475
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Part I

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

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

1

☐

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

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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 29

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		
See Additional Data Table						
Total 29					52,505,351	

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 Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1 Yes	
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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	No
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	No
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 Part VI 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 Part VI 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	No
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	No
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. 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 Part VI .	6 Yes	
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	No
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	No
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 Part VI .	9a	No
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 Part VI .	9b	No
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 Part VI .	9c	No
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	No
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	No
b A family member of a person described in (a) above?	11b	No
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	No

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 Part VI 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 Part VI 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 Part VI 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?	Yes	
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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	Yes	
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 Part VI the role the organization's supported organizations played in this regard.		No

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 line 2 below.			
b <input checked="" type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 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> Answer (a) and (b) below.			
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 Part VI identify those supported organizations and explain 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.	2a		
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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
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.	3a	Yes	
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.	3b	Yes	

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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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	Minimum Asset Amount (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	Distributable Amount. 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 A, PART I, LINE 11g, COLUMN (iii)	BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER OF THE SUPPORTED ENTITIES, PROVIDES CERTAIN LEGAL, FINANCE, QUALITY, AND PERSONNEL SERVICES PURSUANT TO A SHARED SERVICES AGREEMENT
SCHEDULE A PART I, LINE 11g, COLUMN (VI) AMOUNT OF OTHER SUP	BAPTIST MEMORIAL HEALTH CARE CORPORATION PROVIDED MANAGEMENT SERVICES, SHARED EMPLOYEES, AND ALSO TRANSFERRED EQUIPMENT TO SOME OF ITS RELATED ORGANIZATIONS THESE AMOUNTS HAVE BEEN INCLUDED IN LINE 11G, COLUMN (VI)
SCHEDULE A PART IV SECTION A, LINE 6	PLEASE SEE SCHEDULE I, PART II FOR DONATIONS TO PUBLIC CHARITIES THAT FURTHER THE MISSION OF THE SUPPORTED ORGANIZATIONS
SCHEDULE A PART IV, SECTION D , LINE 1	BAPTIST MEMORIAL HEALTH CARE CORPORATION IS THE PARENT ORGANIZATION, AND SOLE MEMBER OF ITS AFFILIATES IT ELECTS THE BOARD OF DIRECTORS OF ITS AFFILIATES AND APPROVES ALL OF THE ACTIONS OF ITS AFFILIATES' BOARD OF DIRECTORS DURING THE PROCESS OF PREPARING IT 2014 FORM 990, THE ORGANIZATION REVIEWED ITS PUBLIC CHARITY STATUS AND DETERMINED THAT UNDER THE RECENTLY FINALIZED IRS REGULATIONS ITS PUBLIC CHARITY STATUS HAD CHANGED TO A TYPE III FUNCTIONALLY INTEGRATED ORGANIZATION THE ORGANIZATION PROVIDED THE INFORMATION DESCRIBED IN LINE 1 TO ITS SUPPORTED ORGANIZATIONS, BUT NOT TIMELY IN THE FUTURE, THE ORGANIZATION WILL TIMELY ISSUE THE NOTIFICATION
SCHEDULE A PART IV, SECTION E , LINE 3a	BAPTIST MEMORIAL HEALTH CARE CORPORATION IS THE PARENT ORGANIZATION, AND SOLE MEMBER OF ITS AFFILIATES IT ELECTS THE BOARD OF DIRECTORS OF ITS AFFILIATES AND APPROVES ALL OF THE ACTIONS OF ITS AFFILIATES' BOARD OF DIRECTORS
SCHEDULE A PART IV, SECTION E , LINE 3b	BAPTIST MEMORIAL HEALTH CARE CORPORATION IS THE PARENT ORGANIZATION, AND SOLE MEMBER OF ITS AFFILIATES IT ELECTS THE BOARD OF DIRECTORS OF ITS AFFILIATES AND APPROVES ALL OF THE ACTIONS OF ITS AFFILIATES' BOARD OF DIRECTORS

Additional Data

Software ID:

Software Version:

EIN: 58-1521475

Name: BAPTIST MEMORIAL HEALTH CARE CORPORATION

Form 990, Sch A, Part I, Line 11g - 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		
(A) BAPTIST MEMORIAL HOSPITAL INC	620123940		Yes		9,891,994	81,967,200
(A) BAPTIST MEMORIAL HOSPITAL-BOONEVILLE INC	640663760		Yes		0	2,922,902
(B) BAPTIST MEMORIAL HOSPITAL-DESOTO INC	640682111		Yes		17,341,985	30,374,203
(C) BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC	621519754		Yes		1,982,903	17,004,360
(D) BAPTIST MEMORIAL HOSPITAL-HUNTINGDON INC	621166050		Yes		0	2,164,667
(E) BAPTIST MINOR MEDICAL CENTERS INC	621538114		Yes		0	280,677
(F) BAPTIST MEMORIAL HOSPITAL--NORTH MISSISSIPPI INC	640772726		Yes		0	18,741,470
(G) BAPTIST MEMORIAL HOSPITAL-TIPTON INC	621113167		Yes		0	8,656,064
(H) BAPTIST MEMORIAL HOSPITAL-UNION CITY INC	621138045		Yes		0	5,882,007
(I) BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC	630997281		Yes		19,288,469	5,965,164
(J) BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICESINC	581645396		Yes		0	4,394,926
(K) BAPTIST COLLEGE OF HEALTH SCIENCES INC	621599670		Yes		0	60,575
(L) BAPTIST MEMORIAL HOSPITAL-JONESBORO INC	261214372		Yes		0	16,927,314
(M) BAPTIST MEMORIAL HEALTH SERVICES INC	621509127		Yes		4,000,000	596,229
(N) BAPTIST MEMORIAL MEDICAL GROUP INC	621545731		Yes		0	1,453,464

Form 990, Sch A, Part I, Line 11g - 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		
(P) MEDICAL FINANCIAL SERVICES INC	621112364		Yes		0	138,790
(A) BAPTIST MEMORIAL PATIENT SAFETY ORGANIZATION INC	453032372		Yes		0	0
(B) NORTHEAST ARKANSAS BAPTIST HEALTH SYSTEM INC	271799652		Yes		0	16,838,684
(C) BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	581544781		Yes		0	566,014
(D) BAPTIST MEMORIAL HOME CARE INC	581562973		Yes		0	874,497
(E) BOSTON BASKIN CANCER FOUNDATION INC	453303607		Yes		0	0
(F) BAPTIST CANCER CENTER PHYSICIANS FOUNDATION INC	452842963		Yes		0	0
(G) THE STERN CARDIOVASCULAR FOUNDATION INC	274396698		Yes		0	13,302
(H) INTEGRITY ONCOLOGY FOUNDATION INC	453303687		Yes		0	0
(I) MEMPHIS LUNG PHYSICIANS FOUNDATION INC	452832975		Yes		0	0
(J) NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION INC	710850123		Yes		0	12,854
(K) BAPTIST CLINICAL RESEARCH INSTITUTE INC	453032246		Yes		0	0
(L) BMG FAMILY PHYSICIANS GROUP FOUNDATION INC	461953140		Yes		0	0
(M) GASTROINTESTINAL SPECIALISTS INC	352461541		Yes		0	0

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

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 MEMORIAL HEALTH CARE CORPORATION	Employer identification number 58-1521475
--	--

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

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the 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					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		64,536
j	Total. Add lines 1c through 1i.			64,536
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

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

Return Reference	Explanation
Part II-B, Line 1	BAPTIST MEMORIAL HEALTH CARE CORPORATION PAYS MEMBERSHIP DUES TO THE AMERICAN HOSPITAL ASSOCIATION, THE ARKANSAS HOSPITAL ASSOCIATION, THE MISSISSIPPI HOSPITAL ASSOCIATION, AND THE TENNESSEE HOSPITAL ASSOCIATION. A PORTION OF THOSE DUES ARE FOR CONSULTANTS WHO ADVISE AND CONSULT WITH THE ORGANIZATION ON LEGISLATIVE AND REGULATORY MATTERS THAT MAY AFFECT THE ORGANIZATION AND ITS AFFILIATES. THESE CONSULTANTS MAY ADVOCATE POSITIONS WITH THE LEGISLATIVE AND REGULATORY BODIES OF GOVERNMENT AT LOCAL, STATE, AND FEDERAL LEVELS.

[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.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization BAPTIST MEMORIAL HEALTH CARE CORPORATION	Employer identification number 58-1521475
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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

► \$ _____

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

(ii) related organizations

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		21,458,173		21,458,173
b Buildings		28,834,645	17,302,378	11,532,267
c Leasehold improvements		65,004	65,004	0
d Equipment		332,442,054	244,180,875	88,261,179
e Other		194,506	162,226	32,280
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				121,283,899

Part VII

Investments—Other Securities.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

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

Part IX

Other Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d
See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	597,638,434
(2) CASH SURRENDER VALUE OF OFFICERS LIFE INSURANCE	692,314
(3) CONSTRUCTION IN PROCESS	9,975,695
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	608,306,443

Part X

Other Liabilities.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
POST RETIREMENT BENEFIT OBLIGATION	13,542,224
RESERVE FOR SELF-INSURANCE	54,145,617
DUE TO AFFILIATES	88,375,377
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	156,063,218

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☒

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Part XII

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

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

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
Part X, Line 2	THE AUDIT FOR THE YEAR ENDED SEPTEMBER 30, 2015 IS NOT YET COMPLETE. THE ORGANIZATION EXPECTS THAT WHEN THE AUDIT IS ISSUED, THE FOOTNOTE RELATED TO UNCERTAIN TAX POSITIONS WILL BE THE SAME AS IN THE PRIOR TWO YEARS. FROM THE CONSOLIDATED AUDITED FINANCIAL STATEMENT OF BAPTIST MEMORIAL HEALTH CARE CORPORATION AND SUBSIDIARIES AS OF SEPTEMBER 30, 2014 AND 2013, BAPTIST MEMORIAL HEALTH CARE CORPORATION HAD NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS UNDER FASB ASC TOPIC 740, INCOME TAXES, REQUIRING ADJUSTMENTS TO ITS COMBINED FINANCIAL STATEMENTS. IN THE EVENT BAPTIST MEMORIAL HEALTH CARE CORPORATION WERE TO RECOGNIZE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IT WOULD BE RECOGNIZED IN THE COMBINED FINANCIAL STATEMENTS AS INTEREST EXPENSE. GENERALLY, TAX YEARS 2011 THROUGH 2014 ARE OPEN TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES. THERE ARE NO INCOME TAX EXAMINATIONS CURRENTLY IN PROCESS.

[illegible]

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BAPTIST MEMORIAL HEALTH CARE CORPORATION

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

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

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

OMB No 1545-0047

2014

Open to Public
Inspection

Employer identification number
58-1521475

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
See Additional Data 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
Part I, Line 2	ALL ORGANIZATIONS ARE REQUIRED TO SUBMIT PROOF OF TAX EXEMPT STATUS THAT IS VERIFIED BY THE IRS DATABASE BEFORE THEY CAN PROCEED WITH THEIR REQUEST THEY MAY USE OUR ONLINE CHARITABLE REQUEST APPLICATION TO SUBMIT A REQUEST IF THEY ARE NOT A 501(c)(3) ORGANIZATION, THEY ARE REQUIRED TO SUBMIT A COPY OF THEIR DETERMINATION LETTER FROM THE IRS VALIDATING THEIR EXEMPT STATUS BEFORE WE CAN PROVIDE ANY IN-KIND GIVEAWAYS OR SERVICES (CONTINUED ON PG 42) WE ALSO MONITOR THE FUNDS TO ENSURE THEY ARE USED FOR THE PURPOSE GRANTED WE MAKE EVERY EFFORT TO DIRECT OUR FUNDING TO A PROGRAM FOR A SPECIFIC PURPOSE ORGANIZATIONS ARE ASKED TO SHOW RESULTS AND DOCUMENTATION ANNUALLY BEFORE THEIR REQUEST CAN BE CONSIDERED FOR FUTURE FUNDING THE REQUESTS ARE REVIEWED AND APPROVED BY VARIOUS INDIVIDUALS DEPENDING UPON THE TYPE AND AMOUNT OF THE REQUEST SMALL AMOUNTS MAY BE APPROVED BY THE SYSTEM COORDINATOR, CASH SPONSORSHIPS MAY BE APPROVED BY THE SYSTEM DIRECTOR OF COMMUNICATIONS, ANYTHING OVER \$10,000 MAY BE APPROVED BY THE BAPTIST MEMORIAL HEALTH CARE FOUNDATION SENIOR V P , AND ANYTHING OVER \$50,000 NEEDS APPROVAL BY THE CORPORATE PRESIDENT/CEO FOR MORE INFORMATION ABOUT BAPTIST CHARITABLE GIVING GUIDELINES, PLEASE VISIT HTTP //WWW BAPTISTONLINE ORG/ABOUT/COMMUNITY/GUIDELINES/

Additional Data

Software ID:
Software Version:
EIN: 58-1521475
Name: BAPTIST MEMORIAL HEALTH CARE CORPORATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COALITION FOR A BETTER MEMPHISPO BOX 281376 MEMPHIS,TN 38168	20-4330607	501(C)(3)	5,000				PARENTING SPONSORSHIP
AMERICAN CANCER SOCIETY1378 UNION AVE MEMPHIS,TN 38103	23-7040934	501(C)(3)	10,000				DONATION-HOPE LODGE
AMERICAN HEART ASSN 7272 GREENVILLE AVE DALLAS,TX 75231	13-5613797	501(C)(3)	45,000				MEMPHIS HEART GALA & WALK SPONSOR

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 2025 E STREET NW WASHINGTON,DC 20006	53-0196605	501(C)(3)	25,000				DONATION-HEALTH AND SAFETY
ARTS MEMPHISPO BOX 1000 DEPT 882 MEMPHIS,TN 381480882	62-0693547	501(C)(3)	25,000				DONATION
BARTLETT CHAMBER FOUNDATION2969 ELMORE PARK RD BARTLETT,TN 38134	26-1993309	501(C)(3)	6,000				COMMUNITY DEVELOPMENT INITIATIVE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELLEVUE FOUNDATION 2000 APPLING RD CORDOVA,TN 38016	62-1818929	501(C)(3)	20,000				SPONSOR MOBILE DENTAL CLINIC
BOSTON COLLEGE CARROLL SCHOOL55 LEE RD CHESTNUT HILL,MA 024673942	04-2103545	501(C)(3)	5,000				DONATION
CHRISTIAN MEDICAL AND DENTAL SOCIETYPO BOX 7500 BRISTOL,TN 37621	36-2284267	501(C)(3)	10,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST COMMUNITY HEALTH SERVICES INC 2953 BROAD AVE MEMPHIS, TN 38112	62-1583270	501(C)(3)	182,000				SUPPORT OUTREACH PROGRAM, OPERATION OUTREACH VAN, PUBLIC TRANSPORTATION FOR HOMELESS
FELLOWSHIP OF CHRISTIAN ATHLETES-TN AFFILIATE 1722 E REELFOOT AVE STE 200 UNION CITY, TN 38261	44-0610626	501(C)(3)	5,000				DONATION
GREATER MEMPHIS CHAMBER OF COMMERCE PO BOX 224 MEMPHIS, TN 38101	62-0291250	501(C)(3)	20,000				SPONSORSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHY MEMPHIS COMMON TABLE6027 WALNUT GROVE RD 215 MEMPHIS,TN 38120	62-1820264	501(C)(3)	15,000				DONATION
JACKSON STATE DEVELOPMENT FOUNDATIONPO BOX 17144 JACKSON,TN 39217	23-7061115	501(C)(3)	5,000				DONATIONDONATION
JUNIOR ACHIEVEMENT OF MEMPHIS AND THE MIDSOUTH307 MADISON AVE MEMPHIS,TN 38103	62-0549549	501(C)(3)	50,000				CORPORATE SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEADERSHIP MEMPHIS119 S MAIN ST 425 MEMPHIS,TN 38103	62-1043517	501(C)(3)	12,500				CORPORATE SPONSORSHIP
LORRIANE FOUNDATION (NATIONAL CIVIL RIGHTS MUSEUM)450 MULBERRY ST MEMPHIS,TN 38103	58-1484027	501(C)(3)	10,397				SPONSORSHIP FREEDOM AWARDS DINNER AND DONATION TO MUSEUM
MARCH OF DIMES1275 MAMARONECK AVE WHITE PLAINS,NY 10605	13-1846366	501(C)(3)	5,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEMPHIS BIO WORKS FOUNDATION20 S DUDLEY STE 900 MEMPHIS, TN 38103	62-1858660	501(C)(3)	15,000				DONATION
MEMPHIS BRANCH NAACP 588 VANCE AVE MEMPHIS, TN 38126	62-0637884	501(C)(3)	14,150				DONATION TO FREEDOM FUND GALA
MEMPHIS CATHOLIC URBAN SCHOOLS INC5825 SHELBY OAKS DR MEMPHIS, TN 38134	06-1691074	501(C)(3)	20,000				SPONSOR EDUCATION THAT WOORKS & INTERNSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEMPHIS MUSEUMS INC 3050 CENTRAL AVE MEMPHIS,TN 38111	62-0801926	501(C)(3)	13,400				GET FIT PROGRAM
METHODIST HEALTH CARE-MEMPHIS1211 UNION AVE 700 MEMPHIS,TN 38104	58-1454711	501(C)(3)	146,013				CHARITY PATIENT PAYMENTS
MINORITY BUSINESS COUNCILPO BOX 100 DEPT 860 MEMPHIS,TN 38173	62-1198163	501(C)(3)	25,000				SPONSOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW MEMPHIS INSTITUTE 22 N FRONT ST STE 500 MEMPHIS, TN 38103	58-1607228	501(C)(3)	24,600				DONATION AND TWO FELLOWS
NEXUS LEADERS INC4055 POPLAR AVE MEMPHIS, TN 38103	26-2444063	501(C)(3)	5,000				LEADERSHIP PROGRAM
REGIONAL ONE HEALTH 877 JEFFERSON AVE MEMPHIS, TN 38103	58-1737037	501(C)(3)	6,000				SPONSOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMYPO BOX 1428 ALEXANDRIA,VA 22313	13-2923701	501(C)(3)	17,800				SPONSORSHIP
ST PATRICK COMMUNITY OUTREACH277 S FOURTH ST MEMPHIS,TN 38126	58-1807957	501(C)(3)	7,500				MOBILE FOOD MARKET SPONSOR
SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FWY DALLAS,TX 752446125	71-1835298	501(C)(3)	5,000				RACE FOR THE CURE SPONSOR

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.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HEALTH CARE CORPORATION

Employer identification number
58-1521475

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

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use 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
Part I, Line 1a	THE OFFICERS RECEIVE A PERQUISITE ALLOWANCE WHICH IS INCLUDED IN THEIR SALARIES
Part I, Line 1b	THE PRESIDENT, ALL VICE PRESIDENTS, AND ADMINISTRATORS RECEIVE A PERQUISITE ALLOWANCE. THE ALLOWANCE IS INCLUDED IN THEIR SALARIES AND IS TAXABLE TO THEM AS ADDITIONAL INCOME. THE ORGANIZATION ALSO HAS AN ACCOUNTABLE PLAN, BUT A DISCRETIONARY SPENDING ACCOUNT IS NOT PART OF AN ACCOUNTABLE PLAN. IF ANY OF THE OTHER ITEMS LISTED ON SCHEDULE J, PART I, LINE 1a WERE APPLICABLE, THE RECIPIENTS WOULD BE REQUIRED TO FOLLOW THE ORGANIZATION'S WRITTEN POLICY REGARDING PAYMENT OR REIMBURSEMENT.
SCHEDULE J PART I, LINE 3	BAPTIST MEMORIAL HEALTH CARE CORPORATION HAS A GOVERNANCE COMMITTEE MADE UP OF THE BOARD OF DIRECTORS, WHO ALONG WITH THE HUMAN RESOURCE DEPARTMENT, UTILIZES INDEPENDENT COMPENSATION CONSULTANTS, COMPENSATION STUDIES, AND APPROVAL BY THE COMPENSATION COMMITTEE TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR AND OTHER KEY PERSONNEL.
SCHEDULE J, PART II	STEPHEN C. REYNOLDS RECEIVED COMPENSATION AS PRESIDENT OF BAPTIST MEMORIAL HEALTH CARE CORPORATION. HE RETIRED 5/31/14, AND THIS COMPENSATION REPRESENTS THE COMPENSATION EARNED DURING THE CALENDAR YEAR ENDING 12/31/14. JAMIE P. RODGERS RECEIVED COMPENSATION AS CEO/ADMINISTRATOR OF BAPTIST MEMORIAL HOSPITAL-TIPTON, INC. HIS COMPENSATION WAS PAID BY BAPTIST MEMORIAL HEALTH CARE CORPORATION. MR. RODGERS RETIRED 7/30/14, AND THIS COMPENSATION REPRESENTS THE COMPENSATION EARNED DURING THE CALENDAR YEAR ENDING 12/31/14. ROBERT S. GORDON, FORMER VICE PRESIDENT/CHIEF ADMINISTRATIVE OFFICER OF BAPTIST MEMORIAL HEALTH CARE CORPORATION, RECEIVED COMPENSATION FOR CONSULTING SERVICES PERFORMED DURING THE CALENDAR YEAR ENDING 12/31/14. DAVID HOGAN, FORMER EXECUTIVE VICE PRESIDENT OF BAPTIST MEMORIAL HEALTH CARE CORPORATION, RECEIVED COMPENSATION FOR CONSULTING SERVICES AND THE TAXABLE PORTION OF THE CASH VALUE OF LIFE INSURANCE POLICY HELD BY BAPTIST MEMORIAL HEALTH CARE CORPORATION. RICHARD D. DREWRY, M.D., FORMER VICE PRESIDENT/CHIEF MEDICAL OFFICER OF BAPTIST MEMORIAL HEALTH CARE CORPORATION, RECEIVED PAYMENT FOR THE TAXABLE PORTION OF THE CASH VALUE OF LIFE INSURANCE POLICY HELD BY BAPTIST MEMORIAL HEALTH CARE CORPORATION. JIMMY D. AINSWORTH, FORMER EXECUTIVE VICE PRESIDENT OF BAPTIST MEMORIAL HEALTH CARE CORPORATION, RECEIVED PAYMENT FOR THE TAXABLE PORTION OF THE CASH VALUE OF LIFE INSURANCE POLICY HELD BY BAPTIST MEMORIAL HEALTH CARE CORPORATION.
SCHEDULE J PART I, LINE 4A	LARRY V. BRAUGHTON, FORMER VICE PRESIDENT OF HUMAN RESOURCES FOR BAPTIST MEMORIAL HEALTH CARE CORPORATION, RECEIVED COMPENSATION FOR CONSULTING SERVICES, FOR THE TAXABLE PORTION OF THE CASH VALUE OF LIFE INSURANCE POLICY HELD BY BAPTIST MEMORIAL HEALTH CARE CORPORATION, AND SEVERANCE PAY OF \$215,279.

Additional Data

Software ID:

Software Version:

EIN: 58-1521475

Name: BAPTIST MEMORIAL HEALTH CARE CORPORATION

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				
JASON M LITTLE, PRESIDENT/CEO/DIR	(i) (ii)	739,507 0	160,624 0	111,876 0	30,500 0	24,365 0	1,066,872 0	0 0
DAVID W BARHAM, V P /OPERATIONS FINANCE	(i) (ii)	290,899 0	58,420 0	420,339 0	32,500 0	27,187 0	829,345 0	0 0
JAMES W BOSWELL, V P /PHYS SER/CEO BMMG	(i) (ii)	583,053 0	115,772 0	183,765 0	42,500 0	29,534 0	954,624 0	0 0
ZACHARY R CHANDLER, EXEC V P /CSO	(i) (ii)	476,619 0	100,323 0	151,039 0	19,500 0	20,443 0	767,924 0	0 0
PAUL D DEPRIEST MD, EXEC V P /COO	(i) (ii)	542,162 0	116,229 0	214,018 0	29,500 0	24,944 0	926,853 0	0 0
GREGORY M DUCKETT, SR V P /CORP SECRETARY	(i) (ii)	406,545 0	91,330 0	252,368 0	32,500 0	26,342 0	809,085 0	0 0
DANA B DYE, CEO/ADMIN	(i) (ii)	300,943 0	66,200 0	54,381 0	31,750 0	5,995 0	459,269 0	0 0
DAVID R ELLIOTT, V P /MANAGED CARE/CEO BMSG	(i) (ii)	304,671 0	61,719 0	119,219 0	35,379 0	18,775 0	539,763 0	0 0
JAMES SCOTT FOUNTAIN, SR V P /CDO	(i) (ii)	382,753 0	88,723 0	224,118 0	42,500 0	30,958 0	769,052 0	0 0
WILLIAM A GRIFFIN, V P CORP FINANCE	(i) (ii)	293,963 0	58,517 0	168,663 0	32,500 0	20,727 0	574,370 0	0 0
BEVERLY D JORDAN, V P /CHIEF CLINICAL TRAN	(i) (ii)	317,290 0	72,524 0	221,861 0	32,500 0	19,326 0	663,501 0	0 0
RANDY J KING, V P /MARKET LEADER	(i) (ii)	359,810 0	69,385 0	212,505 0	42,500 0	18,596 0	702,796 0	0 0
JOHN F LACY, V P HR (10/1/14-10/27/14)	(i) (ii)	285,013 0	74,451 0	133,999 0	19,500 0	21,376 0	534,339 0	0 0
BETTY SUE MCGARVEY, COLLEGE PRESIDENT	(i) (ii)	252,560 0	59,778 0	211,932 0	40,813 0	14,826 0	579,909 0	0 0
MARK E SWANSON, V P /CMO	(i) (ii)	308,762 0	0 0	10,424 0	17,500 0	5,214 0	341,900 0	0 0
WALTER J GRACE, CEO/ADMIN	(i) (ii)	168,644 0	43,493 0	111,267 0	22,984 0	22,754 0	369,142 0	0 0
JAMES A GRANTHAM, CEO/ADMIN	(i) (ii)	111,871 0	20,455 0	24,233 0	15,006 0	19,313 0	190,878 0	0 0
STEPHEN EDGE MD, PRES BMMG ONCOLOGY	(i) (ii)	554,636 0	40,000 0	5,674 0	40,433 0	22,704 0	663,447 0	0 0
JAMES R HUFFMAN III, CEO/ADMIN	(i) (ii)	238,823 0	53,706 0	279,906 0	41,351 0	18,366 0	632,152 0	0 0
KYLE E ARMSTRONG, CEO/ADMIN	(i) (ii)	176,046 0	40,565 0	49,978 0	23,660 0	20,549 0	310,798 0	0 0

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				
NANCY W AVERWATER, V P HR (10/28/14-9/30/15)	(i) (ii)	201,687 0	42,289 0	175,753 0	28,750 0	19,182 0	467,661 0	0 0
BARRY BONDURANT, CEO/ADMIN	(i) (ii)	167,435 0	40,793 0	67,319 0	16,624 0	18,549 0	310,720 0	0 0
SAMUEL S LYND, CEO/ADMIN	(i) (ii)	91,335 0	0 0	18,434 0	7,298 0	5,780 0	122,847 0	0 0
SUSAN M BREEDEN, CEO/ADMIN	(i) (ii)	160,091 0	30,913 0	78,492 0	31,370 0	7,407 0	308,273 0	0 0
JOHN C BROWN, CHIEF MED INFO OFFICER	(i) (ii)	343,032 0	18,448 0	0 0	27,331 0	13,971 0	402,782 0	0 0
EDWIN PAUL CADE, CEO/ADMIN	(i) (ii)	212,032 0	56,496 0	164,765 0	52,550 0	20,662 0	506,505 0	0 0
BRAD H PARSONS, CEO/ADMIN	(i) (ii)	212,147 0	49,538 0	59,794 0	25,540 0	20,416 0	367,435 0	0 0
DONALD R POUNDS, SR V P /CFO	(i) (ii)	537,555 0	121,333 0	666,973 0	42,500 0	17,964 0	1,386,325 0	0 0
RICHARD D REISELT, V P /CHIEF INFO OFFICER	(i) (ii)	256,338 0	56,247 0	165,915 0	57,400 0	21,378 0	557,278 0	0 0
WILLIAM A TUTTLE, V P PLANNING	(i) (ii)	175,250 0	30,417 0	214,143 0	23,397 0	13,711 0	456,918 0	0 0
ANITA S VAUGHN, CEO/ADMIN	(i) (ii)	224,208 0	44,217 0	299,893 0	58,613 0	20,505 0	647,436 0	0 0
DERRICK B ZIEGLER, CEO/ADMIN	(i) (ii)	322,900 0	69,064 0	170,764 0	48,902 0	7,306 0	618,936 0	0 0
SUSAN P FERGUSON, V P /CNO	(i) (ii)	138,498 14,706	0 9,838	6,961 0	18,587 1,985	11,847 1,680	175,893 28,209	0 0
HENRY P SULLIVANT MD, CHIEF MED OFFICER	(i) (ii)	353,928 0	0 0	54,160 0	36,462 0	13,620 0	458,170 0	0 0
WILLIAM C HENNING, CEO/ADMIN	(i) (ii)	277,663 0	41,842 0	48,049 0	21,090 0	20,244 0	408,888 0	0 0
ANNA K BISHOP, ADMINISTRATOR	(i) (ii)	186,635 0	9,762 0	0 0	36,712 0	20,519 0	253,628 0	0 0
WAID RAY, ASSOCIATE CORP COUNSEL	(i) (ii)	172,802 0	17,965 0	0 0	23,071 0	14,506 0	228,344 0	0 0
MARGARET C MASSEY, SYS DIR FINANCE	(i) (ii)	188,240 0	0 0	2,208 0	25,405 0	22,446 0	238,299 0	0 0
TERRY L PAHDE, DIR COMPENSATION/BENEFITS	(i) (ii)	171,768 0	19,086 0	1,012 0	32,444 0	22,989 0	247,299 0	0 0
STEPHANIE M CLARK, SYS DIR CUSTOMER EXP & CEO	(i) (ii)	167,748 0	17,569 0	0 0	0 0	29,753 0	215,070 0	0 0

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				
JOHN E STANFORD, ADMIN CLINICAL OPERATIONS	(i) (ii)	153,725 0	11,607 0	31,803 0	24,222 0	10,156 0	231,513 0
STEPHEN C REYNOLDS, (PRESIDENT EMERITUS) FORMER	(i) (ii)	573,600 0	335,766 0	778,861 0	70,000 0	7,750 0	1,765,977 0
JAMIE P RODGERS, CEO/ADMIN (FORMER)	(i) (ii)	18,939 0	26,685 0	114,707 0	1,080 0	10,381 0	171,792 0
LARRY V BRAUGHTON, FORMER OFFICER	(i) (ii)	0 0	31,531 0	379,130 0	0 0	0 0	410,661 0
ROBERT S GORDON, FORMER OFFICER	(i) (ii)	40,261 0	366,244 0	0 0	0 0	1 0	406,506 0
DAVID HOGAN, FORMER OFFICER	(i) (ii)	0 0	0 0	292,311 0	0 0	0 0	292,311 0
RICHARD D DREWRY MD, FORMER OFFICER	(i) (ii)	0 0	0 0	267,407 0	0 0	0 0	267,407 0
JIMMY D AINSWORTH, FORMER OFFICER	(i) (ii)	0 0	0 0	247,579 0	0 0	0 0	247,579 0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization BAPTIST MEMORIAL HEALTH CARE CORPORATION	Employer identification number 58-1521475
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Return Reference	Explanation
FORM 990, PART III, THE MISSION STATEMENT	TO THEM THROUGH ITS CORPORATE MANAGEMENT STAFF SERVICES ARE PROVIDED TO THESE RELATED ORGANIZATIONS THAT PROVIDE QUALITY HEALTH CARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE SUPPORT SERVICES INCLUDE CLINICAL, FINANCIAL, LEGAL, AND OPERATIONAL BY PROVIDING THESE SERVICES ON A CENTRALIZED AND COORDINATED BASIS THE AFFILIATED ORGANIZATIONS ARE RUN MORE EFFICIENTLY AND EFFECTIVELY THE QUALITY OF SERVICES IS HIGHER AND IS MORE COST EFFECTIVE, AND THE DATA GENERATED IS MORE MEANINGFUL THESE EFFICIENCIES CONTRIBUTE IMPORTANTLY TO THE EXEMPT PURPOSE OF THE RELATED ORGANIZATIONS AND ALLOW THEM TO ACCOMPLISH THEIR CHARITABLE PURPOSES AND TO BETTER UTILIZE THEIR RESOURCES WHERE THEY ARE NEEDED MOST-PROVIDING BETTER CARE FOR THE COMMUNITY

Return Reference	Explanation	
	PART III STATEMENT OF PROGRAM SERVICES CONTINUED	<p>BAPTIST MEMORIAL HEALTH CARE AND VANDERBILT UNIVERSITY MEDICAL CENTER BEGAN AN ACADEMIC AFFILIATION IN OCTOBER 2012. THIS ACADEMIC AFFILIATION WILL PROVIDE FOR NEW CLINICAL RESEARCH AND ACADEMIC EDUCATION OPPORTUNITIES THAT ARE DESIGNED TO ENHANCE CANCER PROGRAMS. THE AFFILIATION ESTABLISHES A FRAMEWORK FOR COLLABORATIVE ONCOLOGY INITIATIVES BETWEEN BAPTIST CANCER CENTER AND VANDERBILT-INGRAM CANCER CENTER. BAPTIST CANCER CENTER PATIENTS WILL HAVE INCREASED ACCESS TO VANDERBILT-INGRAM CANCER CENTER CLINICAL RESEARCH TRIALS AND GENETIC DIAGNOSTIC TOOLS. MANY OF THESE SERVICES WILL BE AVAILABLE IN LOCAL COMMUNITIES THROUGHOUT BAPTIST'S 14 HOSPITALS IN MISSISSIPPI, ARKANSAS, AND TENNESSEE. BAPTIST MEMORIAL HEALTH CARE CORPORATION EMPHASIZES CUSTOMER SERVICE. CUSTOMER SERVICE IS A KEY PART OF THE BAPTIST MEMORIAL HEALTH CARE CORPORATION'S CULTURE. TERMED SERVICE FIRST, BAPTIST MEMORIAL HEALTH CARE CORPORATION AND ITS AFFILIATED ENTITIES THROUGHOUT THE MID-SOUTH ARE FINDING BETTER WAYS TO SERVE OUR CUSTOMERS AND EXCEED THEIR EXPECTATIONS. BAPTIST MEMORIAL HEALTH CARE'S COMMITMENT TO CARE BEYOND THE WALLS OF THE HOSPITALS IS SINCERE AND LONG-STANDING. OUR GIVING IS FOCUSED ON TWO PRIMARY AREAS, HEALTH CARE DELIVERY AND PREVENTIVE SERVICES AND EDUCATION. WE ARE DEDICATED TO BUILDING A HEALTHY COMMUNITY BY ANTICIPATING AND RESPONDING TO OUR COMMUNITIES' HEALTH NEEDS, IMPROVING THE WELL-BEING OF THE PEOPLE WE SERVE AND TO BEING A NEIGHBOR OF CHOICE. NOT ONLY DO WE PROVIDE FINANCIAL SUPPORT THROUGH OUR SUSTAINABLE AND ONGOING PARTNERSHIPS WITH LOCAL COMMUNITY GROUPS AND ORGANIZATIONS, BUT WE ALSO OFFER IN-KIND DONATIONS AND VOLUNTEERS. IN APRIL 2015, BAPTIST MEMORIAL HEALTH CARE INTRODUCED A BAPTIST HEALTHY COMMUNITIES PROGRAM TO FAITH LEADERS. BAPTIST HEALTHY COMMUNITIES IS DESIGNED TO IMPROVE THE OVERALL WELLNESS OF LOCAL COMMUNITIES BY ADDRESSING SOME OF THEIR MOST PRESSING HEALTH NEEDS. THE PROGRAM WILL PROVIDE BETTER HEALTH CARE RESOURCES TO CONGREGATIONS AND FAITH PROGRAMS THAT HAVE A SHARED INTEREST IN ACHIEVING A HEALTHIER COMMUNITY. TO LEARN MORE ABOUT THE PROGRAM OR TO REGISTER ONLINE, PLEASE VISIT WWW.BAPTISTCOMMUNITIES.ORG. BAPTIST MEMORIAL HEALTH CARE CORPORATION HAS ALSO PROVIDED A NUMBER OF OTHER SERVICES TO THE COMMUNITY. IT RECOGNIZES THAT ITS PEOPLE ARE ITS MOST VALUABLE ASSET. TO SHARE THIS ASSET WITH THE COMMUNITY AT LARGE, ALL COLLEAGUES ARE ENCOURAGED TO GET INVOLVED BY VOLUNTEERING. BELOW IS A PARTIAL LISTING OF THE ORGANIZATIONS AND ACTIVITIES BAPTIST MEMORIAL HEALTH CARE CORPORATION SUPPORTED IN FISCAL YEAR ENDING SEPTEMBER 30, 2015: --AGAPE CHILD & FAMILY SERVICES --ALLIANCE FOR NONPROFIT EXCELLENCE --ALS ASSOCIATION --ALZHEIMER'S ASSOCIATION --AMERICAN CANCER SOCIETY --AMERICAN DIABETES ASSOCIATION --AMERICAN HEART AND STROKE ASSOCIATION --AMERICAN RED CROSS --ARTS MEMPHIS --BELLEVUE BAPTIST CHRISTIAN MOBILE DENTAL CLINIC --BOY SCOUTS OF AMERICA --BOYS & GIRLS CLUB --BRIDGES --CHILDREN'S MUSEUM OF MEMPHIS --CHRIST COMMUNITY HEALTH SERVICES --CHRISTIAN MEDICAL & DENTAL ASSOCIATION --CHURCH HEALTH CENTER --CHURCHES THROUGHOUT OUR SERVICE AREA --COMMUNITY ALLIANCE FOR THE HOMELESS --CROSSLINK INTERNATIONAL --DIXON GALLERY & GARDENS --DRESS FOR SUCCESS --DYERSBURG STATE COMMUNITY COLLEGE --FACING HISTORY AND OURSELVES --GIRL SCOUTS HEART OF THE SOUTH --GIRLS INC --HABITAT FOR HUMANITY --HARWOOD CENTER --HEALTHY MEMPHIS COMMON TABLE --HEALTHY SHELBY --JUNIOR ACHIEVEMENT --JUVENILE DIABETES RESEARCH FOUNDATION --LEADERSHIP MEMPHIS --LEMOYNE OWEN COLLEGE --LITERACY MIDSOUTH --LOCAL FARMERS MARKETS --LORRAINE FOUNDATION (NATIONAL CIVIL RIGHTS MUSEUM) --MARCH OF DIMES --MEMPHIS ATHLETIC MINISTRIES --MEMPHIS BIOWORKS FOUNDATION --MEMPHIS BOTANIC GARDENS --MEMPHIS BRANCH NAACP --MEMPHIS HOUSING AUTHORITY --MEMPHIS LIBRARY FOUNDATION --MEMPHIS-MIDSOUTH AFFILIATE OF SUSAN G. KOMEN FOR THE CURE --METROPOLITAN INTER-FAITH ASSOCIATION (MIFA) --MID-SOUTH FOOD BANK --MIDSOUTH MINORITY BUSINESS COUNCIL --MISSISSIPPI NURSES ASSOCIATION --NATIONAL COUNCIL ON HEALTH CARE FOR THE HOMELESS --NATIONAL MS SOCIETY --NEW MEMPHIS INSTITUTE --PINK PALACE MUSEUM --PUBLIC SCHOOLS THROUGHOUT THE COMMUNITIES IN WHICH WE OPERATE --SALVATION ARMY AND KROC CENTER --SHELBY FARMS PARK CONSERVANCY --SOUTHWEST TN COMMUNITY COLLEGE --THE REGIONAL MEDICAL CENTER --THE UNIVERSITY OF MEMPHIS --TN MEN'S HEALTH NETWORK --UNION UNIVERSITY --UNITED WAY OF THE MID-SOUTH --UNIVERSITY OF TENNESSEE --WOMEN'S FOUNDATION. ONE OF THE LARGEST NOT-FOR-PROFIT HEALTH CARE SYSTEMS IN THE UNITED STATES, BAPTIST MEMORIAL HEALTH CARE OFFERS A FULL CONTINUUM OF CARE TO COMMUNITIES THROUGHOUT THE MID-SOUTH. THE BAPTIST SYSTEM, WHICH CONSISTENTLY RANKS AMONG THE TOP INTEGRATED HEALTH CARE NETWORKS IN THE NATION, COMPRISES 14 AFFILIATE HOSPITALS IN WEST TENNESSEE, NORTH MISSISSIPPI AND EAST ARKANSAS, MORE THAN 4,000 AFFILIATED PHYSICIANS, A MULTISPECIALTY PHYSICIAN GROUP, HOME, HOSPICE AND PSYCHIATRIC CARE, MINOR MEDICAL CENTERS AND CLINICS, A NETWORK OF SURGERY,</p>

Return Reference	Explanation	
	PART III STATEMENT OF PROGRAM SERVICES CONTINUED	REHABILITATION AND OTHER OUTPATIENT CENTERS, AND AN EDUCATION SYSTEM HIGHLIGHTED BY THE BAPTIST COLLEGE OF HEALTH SCIENCES. BAPTIST HAS MORE THAN 2,300 LICENSED BEDS SYSTEMWIDE, EMPLOYS MORE THAN 14,000 PEOPLE AND HAS APPROXIMATELY 85,000 ADMISSIONS ANNUALLY. FOR MORE INFORMATION ON BAPTIST MEMORIAL HEALTH CARE CORPORATION'S COMMUNITY OUTREACH AND COMMITMENT, PLEASE VISIT OUR WEB SITE, WWW.BAPTISTONLINE.ORG

Return Reference	Explanation
PART IV, LINE 12b	THE ORGANIZATION'S COMBINED FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTANT. HOWEVER, THE AUDIT FOR THIS TAX YEAR IS NOT YET COMPLETE. THE FINANCIAL INFORMATION IN THIS RETURN IS NOT EXPECTED TO CHANGE.

Return Reference	Explanation
PART V, LINE 7g	THE ORGANIZATION DID NOT RECEIVE ANY CONTRIBUTIONS OF QUALIFIED INTELLECTUAL PROPERTY REQUIRING IT TO FILE A FORM 8899

Return Reference	Explanation
PART V, LINE 7h	THE ORGANIZATION DID NOT RECEIVE ANY CONTRIBUTIONS OF CARS, BOATS, AIRPLANES, OR OTHER VEHICLES REQUIRING IT TO FILE A FORM 1098-C

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

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

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	BAPTIST MEMORIAL HEALTH CARE CORPORATION'S HUMAN RESOURCE DEPARTMENT, THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS, AND AN INDEPENDENT COMPENSATION CONSULTING FIRM PERFORM ANNUAL REVIEWS EACH DECEMBER AND APPROVE COMPENSATION OF THE CEO AND OTHER TOP MANAGEMENT PERSONNEL. THEY USE COMPARABILITY DATA AND OTHER SOURCES AS NEEDED. THE CEO AND OTHER TOP MANAGEMENT USE THE SAME TYPE OF INFORMATION TO APPROVE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES. ON DECEMBER 14, 2013 THE COMPENSATION WAS REVIEWED AND APPROVED FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2014 FOR THE PRESIDENT, THE VICE PRESIDENTS, AND THE CEO/ADMINISTRATORS.

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

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

Return Reference	Explanation
Form 990, Part XI, line 9	ADJUSTMENT TO EQUITY EARNINGS IN INVESTMENT -49,077 TRANSFER TO/FROM BAPTIST MEMORIAL HOSPITAL-DESOTO, INC 17,341,985 TRANSFER TO/FROM BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE, INC 1,982,903 TRANSFER TO/FROM BAPTIST MEMORIAL HOSPITAL, INC 9,821,458 ADJUSTMENT TO PENSION LIABILITY 2,564,155 TRANSFER TO/FROM BAPTIST MEMORIAL HOSPITAL-UNION COUNTY, INC 19,288,469 TRANSFER TO/FROM MEDICAL FINANCIAL SERVICES, INC 3,000,000 TRANSFER TO/FROM BAPTIST MEMORIAL HEALTH SERVICES, INC 4,000,000

Return Reference	Explanation
PART XII, LINE 2B	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTANT. HOWEVER, THE AUDIT FOR THIS TAX YEAR IS NOT YET COMPLETE. THE FINANCIAL INFORMATION INCLUDED IN THIS RETURN IS NOT EXPECTED TO CHANGE.

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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (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 MEMORIAL HEALTH CARE CORPORATION

Employer identification number
58-1521475

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NORTHEAST ARKANSAS BAPTIST MEMORIAL HEALTH CARE LLC 4800 E JOHNSON AVE JONESBORO, AR 72401 81-0572898	OPERATION OF BAPTIST MEMORIAL HOSPITAL- JONESBORO, INC	AR			N/A
(2) NEA BAPTIST HEALTH SERVICES GROUP LLC 4800 E JOHNSON AVE JONESBORO, AR 72401 27-1471186	OPERATE A PREFERRED PROVIDER ORGANIZATION	AR			N/A

Part II

Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership

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

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) HEALTH TECH AFFILIATES INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1278576	BUYING & LEASING REAL & PERSONAL PROPERTY	TN	BAPTIST MEMORIAL HEALTH CARE CORPORATION	C	3,463,366	3,360,699	100 000 %	Yes	
(2) BAPTIST MEMORIAL HEALTH SERVICES GROUP OF THE MID-SOUTH INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1534210	HEALTH INSURANCE CONTRACTING	TN	BAPTIST MEMORIAL HEALTH CARE CORPORATION	C	1,403,079	103,489	100 000 %	Yes	
(3) SOUTHCREST PROPERTY OWNERS ASSOCIATION 7601 SOUTHCREST PKWY SOUTHAVEN, MS 38671 64-0768703	BOOKKEEPING & DATA PROCESSING FOR THE SOUTHCREST DEVELOPMENT	MS	BAPTIST MEMORIAL HEALTH CARE CORPORATION	C	43,620	39,054	76 350 %	Yes	
(4) GERMANTOWN BUSINESS PARK OWNERS ASSOCIATION 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 20-1158216	BOOKKEEPING & DATA PROCESSING FOR THE GERMANTOWN BUSINESS PARK DEVELOPMENT	TN	BAPTIST MEMORIAL MEDICAL GROUP INC	C					No

Part V

Transactions With Related Organizations

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

No

No

Yes

Yes

Yes

No

No

No

No

No

Yes

No

Yes

Yes

No

Yes

Yes

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
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Additional Data

Software ID:

Software Version:

EIN: 58-1521475

Name: BAPTIST MEMORIAL HEALTH CARE CORPORATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) BAPTIST MEMORIAL HEALTH CARE SYSTEM INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1456556	CARRY OUT THE HEALTH CARE MISSIONS OF THE BAPTIST CONVENTIONS OF ARK, MS, TN	TN	501(c)(3)	509(a)(3)	N/A		No
(1) BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC 1003 MONROE MEMPHIS, TN 38104 62-1599670	EDUCATION OF HEALTH CARE PROFESSIONALS	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HOSPITAL INC		No
(2) BAPTIST MEMORIAL HEALTH SERVICES INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1509127	PROVISION OF HEALTH CARE PROVIDERS & HOME MEDICAL EQUIPMENT	TN	501(c)(3)	509(a)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(3) BAPTIST MEMORIAL HOSPITAL INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-0123940	HEALTH CARE FACILITY/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(4) MEDICAL FINANCIAL SERVICES INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1112364	COLLECTION AGENCY FOR BAPTIST FACILITIES	TN	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(5) BAPTIST MEMORIAL HOSPITAL-BOONEVILLE INC 100 HOSPITAL ST BOONEVILLE, MS 38829 64-0663760	HEALTH CARE FACILITY/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(6) BAPTIST MEMORIAL HOSPITAL-DESOTO INC 7601 SOUTHCREST PKWY SOUTHAVEN, MS 38671 64-0682111	HEALTH CARE FACILITY/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(7) BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC 2520 FIFTH ST COLUMBUS, MS 39703 62-1519754	HEALTH CARE FACILITY/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(8) BAPTIST MEMORIAL HOSPITAL-HUNTINGDON INC 631 RB WILSON DR HUNTINGDON, TN 38344 62-1166050	HEALTH CARE FACILITY/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(9) BAPTIST CLINICAL RESEARCH INSTITUTE INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3032246	FACILITATE MEDICAL & SCIENTIFIC RESEARCH	TN	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(10) BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC 2301 S LAMAR OXFORD, MS 38655 64-0772726	HEALTH CARE FACILITY/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(11) BAPTIST MEMORIAL HOSPITAL-TIPTON INC 1995 HWY 51 SOUTH COVINGTON, TN 38019 62-1113167	HEALTH CARE FACILITY/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(12) BAPTIST MEMORIAL HOSPITAL-UNION CITY INC 1201 BISHOP ST UNION CITY, TN 38261 62-1138045	HEALTH CARE FACILITY/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(13) BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC 200 HWY 30 WEST NEW ALBANY, MS 38652 63-0997281	HEALTH CARE FACILITY/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(14) BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC 2100 EXETER RD GERMANTOWN, TN 38138 58-1645396	HEALTH CARE FACILITY/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(15) BAPTIST MEMORIAL HOME CARE INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1562973	HOME HEALTH CARE & HOSPICE SERVICES	TN	501(c)(3)	509(a)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(16) BAPTIST MEMORIAL MEDICAL GROUP INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1545731	PROVISION OF HEALTH CARE PROVIDERS FOR BAPTIST FACILITIES	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(17) BAPTIST MEMORIAL PATIENT SAFETY ORGANIZATION INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3032372	ESTABLISHING, MAINTAINING & MANAGING A PATIENT SAFETY ORGANIZATION	TN	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(18) BAPTIST MEMORIAL MEDICAL MIN EMP HLTH & WELFARE TRUST 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1407946	BAPTIST EMPLOYEE HEALTH PLAN	TN	501(c)(9)		BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(19) BAPTIST MINOR MEDICAL CENTERS INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1538114	NON-EMERGENCY MEDICAL CLINICS	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? YesNo	
(21) BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1544781	SOLICIT, RAISE, MANAGE, APPLY, & INVEST FUNDS IN SUPPORT OF BAPTIST ENTITIES	TN	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(1) BAPTIST MEMORIAL HOSPITAL-JONESBORO INC 4800 E JOHNSON AVE JONESBORO, AR 72401 26-1214372	HEALTH CARE FACILITY/HOSPITAL	AR	501(c)(3)	509(a)(1)	NEA BAPTIST HEALTH SYSTEM INC		No
(2) NEA BAPTIST HEALTH SYSTEM INC 4800 E JOHNSON AVE JONESBORO, AR 72401 27-1799652	HEALTH CARE SERVICE PROVIDER	AR	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(3) NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION INC 4800 E JOHNSON AVE JONESBORO, AR 72401 71-0850123	HEALTH CARE SERVICE PROVIDER	AR	501(c)(3)	509(a)(1)	NEA BAPTIST HEALTH SYSTEM INC		No
(4) THE STERN CARDIOVASCULAR FOUNDATION INC 8060 WOLF RIVER BLVD GERMANTOWN, TN 38138 27-4396698	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC		No
(5) BAPTIST CANCER CENTER PHYSICIANS FOUNDATION INC 6029 WALNUT GROVE RD MEMPHIS, TN 38120 45-2842963	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC		No
(6) INTEGRITY ONCOLOGY FOUNDATION INC 6286 BRIARCREST AVE STE 308 MEMPHIS, TN 38120 45-3303687	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC		No
(7) MEMPHIS LUNG PHYSICIANS FOUNDATION INC 6025 WALNUT GROVE RD MEMPHIS, TN 38120 45-2832975	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC		No
(8) BOSTON BASKIN CANCER FOUNDATION INC 6029 WALNUT GROVE RD MEMPHIS, TN 38120 45-3303607	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC		No
(9) GASTROINTESTINAL SPECIALISTS FOUNDATION INC 80 HUMPHREYS CENTER MEMPHIS, TN 38120 35-2461541	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3)	170(b)(1)(A)(iii)	BAPTIST MEMORIAL MEDICAL GROUP INC		No
(10) BMG FAMILY PHYSICIANS GROUP FOUNDATION INC 2859 VAN LEER DR BARTLETT, TN 38134 46-1953140	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3)	170(b)(1)(A)(iii)	BAPTIST MEMORIAL MEDICAL GROUP INC		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproporionate 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	
TENNESSEE LITHOTRIPERS LP 9825 SPECTRUM DR BLDG 3 AUSTIN, TX 78717 56-1720365	LITHOTRIPSY SERVICES	TN	N/A	N/A				No			No	
WOLF RIVER MEDICAL CENTER LP 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1510287	MEDICAL OFFICE BLDG	TN	N/A	N/A				No			No	
CANCER CARE CENTER OF UNION CITY LP 322 HOSPITAL BLVD JACKSON, TN 38305 26-3425045	CANCER CARE SERVICES	TN	N/A	N/A				No			No	
MAYS & SCNAPP PAIN CENTER 55 HUMPHREYS CENTER SUITE 200 MEMPHIS, TN 38120 62-1512849	PAIN MANAGEMENT SERVICES	TN	N/A	N/A				No			No	
CONVENIENT CARE DIAGNOSTIC CENTER PLLC 555 HWY 6 EAST BATESVILLE, MS 38606 64-0914382	RADIOLOGY & DIAGNOSTIC SERVICES	MS	N/A	N/A				No			No	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCESINC	C	4,412,888	CASH
BAPTIST MEMORIAL HEALTH CARE CORPORATION AFFILIATES	D	68,498,480	CASH
BAPTIST MEMORIAL HEALTH CARE CORPORATION AFFILIATES	E	192,666,625	CASH
BAPTIST MEMORIAL HOSPITAL INC	L	80,712,888	CASH
BAPTIST MEMORIAL HOSPITAL INC	O	582,143	CASH
BAPTIST MEMORIAL HOSPITAL INC	R	10,564,163	CASH
BAPTIST MEMORIAL HOSPITAL-BOONEVILLE INC	L	2,833,524	CASH
BAPTIST MEMORIAL HOSPITAL-BOONEVILLE INC	O	89,378	CASH
BAPTIST MEMORIAL HOSPITAL-DESOTOINC	L	29,226,156	CASH
BAPTIST MEMORIAL HOSPITAL-DESOTOINC	O	398,977	CASH
BAPTIST MEMORIAL HOSPITAL-DESOTOINC	R	18,091,055	CASH
BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLEINC	L	16,988,244	CASH
BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLEINC	R	1,982,903	CASH
BAPTIST MEMORIAL HOSPITAL-HUNTINGDON INC	L	2,153,880	CASH
BAPTIST MEMORIAL HOSPITAL-JONESBORO INC	L	16,761,636	CASH
BAPTIST MEMORIAL HOSPITAL-JONESBORO INC	O	165,678	CASH
BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC	L	18,410,196	CASH
BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC	O	331,274	CASH
BAPTIST MEMORIAL HOSPITAL-TIPTON INC	L	8,625,888	CASH
BAPTIST MEMORIAL HOSPITAL-UNION CITY INC	L	5,843,616	CASH
BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC	L	5,949,048	CASH
BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC	R	19,288,469	CASH
BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	N	80,102	FMV
BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	O	485,912	CASH
BAPTIST MEMORIAL MEDICAL GROUP INC	L	1,246,836	CASH

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
BAPTIST MEMORIAL MEDICAL GROUP INC	O	206,628	CASH
BAPTIST MEMORIAL MEDICAL MINISTRIES EMPLOYEE HLTH & WELFARE TRUST	R	10,374,988	CASH
BAPTIST MEMORIAL HOME CARE INC	L	864,024	CASH
BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC	L	4,229,664	CASH
BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC	O	165,262	CASH
MEDICAL FINANCIAL SERVICES INC	L	125,688	CASH
MEDICAL FINANCIAL SERVICES INC	R	3,000,000	CASH
BAPTIST MINOR MEDICAL CENTERS INC	L	270,204	CASH
BAPTIST MEMORIAL HEALTH SERVICES INC	L	585,756	CASH
BAPTIST MEMORIAL HEALTH SERVICES INC	R	4,000,000	CASH
BAPTIST HEALTH SERVICES GROUP OF THE MIDSOUTH INC	N	197,714	FMV
BAPTIST HEALTH SERVICES GROUP OF THE MIDSOUTH INC	Q	627,518	CASH
HEALTH TECH AFFILIATES INC	L	64,092	CASH
NEA BAPTIST HEALTH SYSTEM INC	L	16,761,636	CASH
NEA BAPTIST HEALTH SYSTEM INC	O	77,048	CASH