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Form 990  Department of the Treasury Internal Revenue	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
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A For the 2014 calendar year, or tax year beginning 10-01-2014 , and ending 09-30-2015			
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization BAPTIST MEMORIAL HOSPITAL		D Employer identification number 62-0123940
	Doing business as		E Telephone number (901) 227-5117
	Number and street (or P O box if mail is not delivered to street address) 350 N HUMPHREYS BLVD	Room/suite	G Gross receipts \$ 718,750,367
	City or town, state or province, country, and ZIP or foreign postal code MEMPHIS, TN 381202177		
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? ☐ Yes ☒ No	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
J Website: ► WWW.BAPTISTONLINE.ORG		H(c) Group exemption number ►	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ►		L Year of formation 1954	M State of legal domicile TN

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities BAPTIST MEMORIAL HOSPITAL, INC PROVIDES QUALITY MEDICAL HEALTHCARE (see Schedule O, pg 99) REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	3,84
	6 Total number of volunteers (estimate if necessary)	6	21
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	65,39
b Net unrelated business taxable income from Form 990-T, line 34	7b	-69,19	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 742,581	Current Year 1,783,370
	9 Program service revenue (Part VIII, line 2g)	675,133,007	700,563,108
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,801,576	1,354,642
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,907,701	2,636,928
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	685,584,865	706,338,048
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	312,035
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)		258,547,130	251,399,803
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)		478,733,244	461,692,145
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		737,592,409	713,437,563
19 Revenue less expenses Subtract line 18 from line 12		-52,007,544	-7,099,515
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 480,298,694	End of Year 468,065,404
	21 Total liabilities (Part X, line 26)	233,795,421	248,184,248
	22 Net assets or fund balances Subtract line 21 from line 20	246,503,273	219,881,156

Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	
Sign Here	Signature of officer JASON M LITTLE PRESIDENT Type or print name and title
	2016-08-09 Date
Paid Preparer Use Only	Print/Type preparer's name FRANCIS J BEDARD Preparer's signature FRANCIS J BEDARD Date Check ☐ if self-employed PTIN P00752421
	Firm's name ▶ DELOITTE TAX LLP Firm's EIN ▶ 86-1065772 Firm's address ▶ 1033 DEMONBREUN SUITE 400 Phone no (615) 259-1811 NASHVILLE, TN 37203

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

BAPTIST MEMORIAL HOSPITAL, INC PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

[illegible]

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 	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	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 		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 	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 		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 		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 		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		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 		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 		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 	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 		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 		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 	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	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 	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 		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 	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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		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		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		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)		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		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		No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	Yes	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	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		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	0	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	3,841	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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

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

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

350 N HUMPHREYS BLVD
MEMPHIS, TN 381202177 (901) 226-0508

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	1,983,507	7,529,681	893,971

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization108

	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
MORRISON MGMT SPECIALISTS INC PO BOX 102289 ATLANTA, GA 303682289	CAFETERIA MGMT	7,522,677
UNIVERSITY OF TENNESSEE 881 MADISON AVE MEMPHIS, TN 38163	PHYSICIAN SERVICES	5,381,560
AMERICAN ANESTHESIOLOGY 1900 EXETER RD 210 GERMANTOWN, TN 38138	ANESTHESIA SERVICES	2,687,104
CONNECT SUPPLIES LLC 5118 PARK AVE 316 MEMPHIS, TN 38117	PERFUSION SERVICES	2,668,234
FLINTCO PO BOX 142637 ST LOUIS, MO 631142634	CONSTRUCTION SERVICES	2,426,393

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization52

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 _____	1,783,370				
	b	Membership dues	1b _____					
	c	Fundraising events	1c _____					
	d	Related organizations	1d 1,783,370					
	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						1,783,370
Program Service Revenue	2a	HOSPITAL REVENUE	Business Code 541200	700,563,108	700,497,717	65,391		
	b	_____	_____	_____	_____	_____		
	c	_____	_____	_____	_____	_____		
	d	_____	_____	_____	_____	_____		
	e	_____	_____	_____	_____	_____		
	f	All other program service revenue	_____	_____	_____	_____		
	g	Total. Add lines 2a-2f		700,563,108				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		367,542			367,542
4		Income from investment of tax-exempt bond proceeds						
5		Royalties						
6a		Gross rents	(i) Real					
			(ii) Personal					
			3,612,779					
			8,376,423					
b		Less rental expenses						
c		Rental income or (loss)	-4,763,644					
d		Net rental income or (loss)		-4,763,644			-4,763,644	
7a		Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			5,012,328					10,668
			3,993,356					42,540
b		Less cost or other basis and sales expenses						
c		Gain or (loss)	1,018,972	-31,872				
d		Net gain or (loss)		987,100			987,100	
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a _____					
b		Less direct expenses	b _____					
c		Net income or (loss) from fundraising events						
9a		Gross income from gaming activities See Part IV, line 19	a _____					
b		Less direct expenses	b _____					
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances	a _____						
b	Less cost of goods sold	b _____						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11a	CAFETERIA	722210	4,317,323			4,317,323		
b	INSURANCE RECOVERIES	900099	2,708,536	2,708,536				
c	PAT /EMP CONVENIENCES	900099	369,862			369,862		
d	All other revenue		4,851	4,851				
e	Total. Add lines 11a-11d		7,400,572					
12	Total revenue. See Instructions		706,338,048	703,211,104	65,391	1,278,183		

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	345,619	345,619		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	1,589,172	1,509,713	79,459	
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	199,894,071	189,899,367	9,994,704	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,903,507	5,608,332	295,175	
9 Other employee benefits	30,014,214	28,513,503	1,500,711	
10 Payroll taxes	13,998,839	13,298,897	699,942	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying	46,167	40,627	5,540	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	47,778,339	43,541,970	4,236,369	
12 Advertising and promotion	152,459	134,164	18,295	
13 Office expenses	11,061,611	9,734,218	1,327,393	
14 Information technology				
15 Royalties				
16 Occupancy	7,209,728	6,344,561	865,167	
17 Travel	391,585	344,595	46,990	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	251,449	221,275	30,174	
20 Interest	2,418,022	2,127,859	290,163	
21 Payments to affiliates	90,942,401	80,029,314	10,913,087	
22 Depreciation, depletion, and amortization	29,333,358	25,813,355	3,520,003	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	156,100,448	148,295,426	7,805,022	
b BAD DEBT, NET RECOVERY	69,459,095	69,459,095	0	
c MEDICAID ASSESSMENT	27,563,564	24,255,936	3,307,628	
d REPAIRS & MAINTENANCE	12,889,026	11,342,343	1,546,683	
e All other expenses	6,094,893	5,363,505	731,388	
25 Total functional expenses. Add lines 1 through 24e	713,437,567	666,223,674	47,213,893	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		16,581	1	17,946	
	2	Savings and temporary cash investments		17,084,849	2	27,991,005	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		103,381,467	4	103,743,471	
	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	14,186	
	8	Inventories for sale or use		17,128,118	8	17,516,807	
	9	Prepaid expenses and deferred charges		5,001,895	9	5,436,197	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	748,068,322			
	b	Less: accumulated depreciation	10b	469,871,074	274,240,526	10c	278,197,248
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		10,846,742	12	539,982	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		52,598,516	15	34,608,562	
16	Total assets. Add lines 1 through 15 (must equal line 34)		480,298,694	16	468,065,404		
Liabilities	17	Accounts payable and accrued expenses		38,808,920	17	39,835,799	
	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		97,312,289	23	78,783,725	
	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		97,674,212	25	129,564,724	
	26	Total liabilities. Add lines 17 through 25		233,795,421	26	248,184,248	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		246,459,498	27	219,837,381	
	28	Temporarily restricted net assets		43,775	28	43,775	
	29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
	33	Total net assets or fund balances		246,503,273	33	219,881,156	
	34	Total liabilities and net assets/fund balances		480,298,694	34	468,065,404	

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	706,338,048
2	Total expenses (must equal Part IX, column (A), line 25)	2	713,437,567
3	Revenue less expenses Subtract line 2 from line 1	3	-7,099,519
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	246,503,273
5	Net unrealized gains (losses) on investments	5	-1,986,010
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-17,536,588
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	219,881,156

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	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
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 62-0123940

Name: BAPTIST MEMORIAL HOSPITAL

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) RANDY J KING DIRECTOR	0 20 39 80	X						0	641,700	61,096
(1) CHRISTINE MESTEMACHER MD DIRECTOR	0 20 0 00	X						0	0	0
(2) JAMES M GLASGOW JR DIRECTOR	0 20 0 00	X						0	0	0
(3) DANA KELLY DIRECTOR	0 20 0 00	X						0	0	0
(4) MILTON E MAGEE DIRECTOR	0 20 0 00	X						0	0	0
(5) SPENCE WILSON DIRECTOR	0 20 0 00	X						0	0	0
(6) DR DALE MORRIS DIRECTOR	0 20 0 00	X						0	0	0
(7) MARTHA BEARD DIRECTOR	0 20 0 00	X						0	0	0
(8) STEVE THRELKELD MD DIRECTOR	0 20 0 00	X						0	0	0
(9) ROBERT SCHRINER MD DIRECTOR	0 20 0 00	X						0	0	0
(10) BRAD WOLF MD DIRECTOR	0 20 0 00	X						0	0	0
(11) GREGORY M DUCKETT SECRETARY	0 20 39 80			X				0	750,243	58,842
(12) KYLE E ARMSTRONG CEO/ADMIN	40 00 0 00			X				0	266,589	44,209
(13) JASON M LITTLE PRESIDENT	0 20 39 80			X				0	1,012,007	54,865
(14) PAUL D DEPRIEST MD V P /COO	0 20 39 80			X				0	872,409	54,444
(15) ANITA VAUGHN CEO/ADMIN	40 00 0 00			X				0	568,318	79,118
(16) DANA DYE CEO/ADMIN	40 00 0 00			X				0	421,524	37,745
(17) CYNDI S PITTMAN CFO	40 00 0 00			X				206,006	0	47,987
(18) MARGARET H WILLIAMS CFO	40 00 0 00			X				109,628	0	20,423
(19) CHRISTIAN C PATRICK MD CMO	40 00 0 00				X			423,353	0	63,395
(20) REBECCA M HUNTER CNO	40 00 0 00				X			225,464	0	29,219
(21) LINDSAY R STENCEL ASST ADMINISTRATOR	40 00 0 00				X			156,421	0	35,603
(22) STEPHEN L HELTON PHYS ADVISOR-CASE MGMT	40 00 0 00					X		208,346	0	20,390
(23) JERRY S WALKER PHARMACIST	40 00 0 00					X		164,138	0	27,772
(24) DARLA G BELT DIR NURSING	40 00 0 00					X		167,504	0	12,388

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) JUBEI LIE PHYSICIST	40 00 0 00					X		153,409	0	40,250
(1) KEVIN L BRONSON CHIEF PHYSICIST	35 50 5 50					X		169,238	17,955	32,320
(2) STEPHEN C REYNOLDS FORMER PRESIDENT	0 00 0 20						X	0	1,688,227	77,750
(3) DERICK B ZIEGLER FORMER CEO/ADMIN	0 00 40 00						X	0	562,728	56,200
(4) ZACHARY R CHANDLER FORMER DIRECTOR	0 00 40 00						X	0	727,981	39,940

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2014

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization BAPTIST MEMORIAL HOSPITAL	Employer identification number 62-0123940
---	--

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

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

1

☐

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

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

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

b

☐

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

c

☐

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

d

☐

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

e

☐

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

f

☐

Enter the number of supported organizations _____

g

☐

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) A amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►						

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

Part 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	
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	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in 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	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b 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	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 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.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

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** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** Activities Test **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.*
- 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.*
- 3** Parent of Supported Organizations **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.*
- 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.*

	Yes	No
2a		
2b		
3a		
3b		

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	☐ 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
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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ 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 HOSPITAL	Employer identification number 62-0123940
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

Part II-A

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

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

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

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the 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		46,167
j	Total. Add lines 1c through 1i			46,167
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 HOSPITAL PAYS ANNUAL DUES TO THE TENNESSEE HOSPITAL ASSOCIATION AND AMERICAN HOSPITAL ASSOCIATION. A PORTION OF THE DUES IS RELATED TO LOBBYING EXPENSES. THE SOLE MEMBER, BAPTIST MEMORIAL HEALTH CARE CORPORATION, PAYS MEMBERSHIP DUES TO THE AMERICAN HOSPITAL ASSOCIATION, THE ARKANSAS HOSPITAL ASSOCIATION, THE MISSISSIPPI HOSPITAL ASSOCIATION, AND THE TENNESSEE HOSPITAL ASSOCIATION. A PORTION OF THOSE DUES ARE FOR CONSULTANTS WHO ADVISE AND CONSULT WITH THE ORGANIZATION ON LEGISLATIVE AND REGULATORY MATTERS THAT MAY AFFECT THE ORGANIZATION AND ITS AFFILIATES. THESE CONSULTANTS MAY ADVOCATE POSITIONS WITH THE LEGISLATIVE AND REGULATORY BODIES OF GOVERNMENT AT LOCAL, STATE, AND FEDERAL LEVELS.

Part IV

Return Reference

Explanation

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
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 HOSPITAL	Employer identification number 62-0123940
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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.

1	Total number at end of year	(a) Donor advised funds	(b) Funds and other accounts
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?		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e g , recreation or education) ☐ Protection of natural habitat ☐ Preservation of open space ☐ Preservation of an historically important land area ☐ Preservation of a certified historic structure		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year		
a	Total number of conservation easements	2a	Held at the End of the Year
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____		
4	Number of states where property subject to conservation easement is located ► _____		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part 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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

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

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

Describe in Part XIII the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	27,133,534		27,133,534
b	Buildings	469,896,747	267,801,712	202,095,035
c	Leasehold improvements	3,876,647	2,718,492	1,158,155
d	Equipment	216,755,393	172,864,693	43,890,700
e	Other	30,406,001	26,486,177	3,919,824
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))			278,197,248

Schedule D (Form 990) 2014

Part XII 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 XIII 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 H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HOSPITAL

Employer identification number
62-0123940

Part I Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

No

1b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

Yes

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?

4

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

5b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

Yes

5c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

No

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

6b

If "Yes," did the organization make it available to the public?

6b

Yes

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			18,311,173	585,932	17,725,241	2 750 %
b Medicaid (from Worksheet 3, column a)			115,996,077	81,431,087	34,564,990	5 370 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			3,118,453	1,051,791	2,066,662	0 320 %
d Total Financial Assistance and Means-Tested Government Programs			137,425,703	83,068,810	54,356,893	8 440 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	14	7,499	96,541	0	96,541	0 010 %
f Health professions education (from Worksheet 5)	6	398	26,060,384	15,917,920	10,142,464	1 580 %
g Subsidized health services (from Worksheet 6)			283,739,260	218,303,348	65,435,912	10 160 %
h Research (from Worksheet 7)			174,016	212,384	-38,368	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	10	7,501	211,290	0	211,290	0 030 %
j Total. Other Benefits	30	15,398	310,281,491	234,433,652	75,847,839	11 780 %
k Total. Add lines 7d and 7j	30	15,398	447,707,194	317,502,462	130,204,732	20 220 %

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

Cat No 50192T

Schedule H (Form 990) 2014

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development	2	1,500	5,449	0	5,449	0 %
3 Community support	2	0	5,720	0	5,720	0 %
4 Environmental improvements						
5 Leadership development and training for community members	2	125	9,270	0	9,270	0 %
6 Coalition building	1	0	127	0	127	0 %
7 Community health improvement advocacy						
8 Workforce development	2	355	14,658	0	14,658	0 %
9 Other						
10 Total	9	1,980	35,224		35,224	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	11,451,599	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	11,224,248	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	125,480,875	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	98,786,706	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	26,694,169	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☒ Cost accounting system ☐ Cost to charge ratio ☐ Other			

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

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

3

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 12		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a ☒ Hospital facility's website (list url) www.baptistonline.org/app/files/public/1344/Baptist-Memphis-CHNA-Rep		
b ☐ Other website (list url)		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 12		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) www.baptistonline.org/app/files/public/1580/Baptist-Memphis-CHNA-Imp		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information *(continued)*

BAPTIST MEMORIAL HOSPITAL-MEMPHIS

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Financial Assistance Policy (FAP)			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100 000000000000%</u> and FPG family income limit for eligibility for discounted care of <u>300 000000000000%</u>		
b	☐ Income level other than FPG (describe in Section C)		
c	☐ Asset level		
d	☒ Medical indigency		
e	☒ Insurance status		
f	☒ Underinsurance discount		
g	☐ Residency		
h	☐ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance?	15 Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	☐ Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	16 Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☒ The FAP was widely available on a website (list url) <u>www.baptistonline.org/expense-navigator/financial-assistance/</u>		
	☒ The FAP application form was widely available on a website (list url)		
b	<u>www.baptistonline.org/app/files/public/1011/pdf-Financial-Evaluation</u>		
c	☐ A plain language summary of the FAP was widely available on a website (list url) <u>www.baptistonline.org/app/files/public/1011/pdf-Financial-Evaluation</u>		
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☐ Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17 Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Actions that require a legal or judicial process		
d	☐ Other similar actions (describe in Section C)		
e	☒ None of these actions or other similar actions were permitted		

Part V Facility Information *(continued)*

BAPTIST MEMORIAL HOSPITAL-MEMPHIS

Name of hospital facility or letter of facility reporting group _____

	Yes	No
19 Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
a ☐ Reporting to credit agency(ies)		
b ☐ Selling an individual's debt to another party		
c ☐ Actions that require a legal or judicial process		
d ☐ Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)		
a ☒ Notified individuals of the financial assistance policy on admission		
b ☒ Notified individuals of the financial assistance policy prior to discharge		
c ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e ☐ Other (describe in Section C)		
f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes	
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

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

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☒ Other (describe in Section C)			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23		No
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	☒ A definition of the community served by the hospital facility		
b	☒ Demographics of the community		
c	☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	☒ How data was obtained		
e	☒ The significant health needs of the community		
f	☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	☒ The process for consulting with persons representing the community's interests		
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	☐ Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 12		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	☒ Hospital facility's website (list url) www.baptistonline.org/app/files/public/1351/Baptist-Womens-Hospital-		
b	☐ Other website (list url)		
c	☒ Made a paper copy available for public inspection without charge at the hospital facility		
d	☐ Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 12		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a	If "Yes" (list url) www.baptistonline.org/app/files/public/1574/Baptist-Womens-Hospital-		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information *(continued)*

BAPTIST MEMORIAL HOSPITAL FOR WOMEN

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Financial Assistance Policy (FAP)			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100.00000000000000%</u> and FPG family income limit for eligibility for discounted care of <u>300.00000000000000%</u>		
b	☐ Income level other than FPG (describe in Section C)		
c	☐ Asset level		
d	☒ Medical indigency		
e	☒ Insurance status		
f	☒ Underinsurance discount		
g	☐ Residency		
h	☐ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance?	15 Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	☐ Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	16 Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☒ The FAP was widely available on a website (list url) <u>www.baptistonline.org/expense-navigator/financial-assistance/</u>		
	☒ The FAP application form was widely available on a website (list url)		
b	<u>www.baptistonline.org/app/files/public/1011/pdf-Financial-Evaluation</u>		
c	☐ A plain language summary of the FAP was widely available on a website (list url) <u>www.baptistonline.org/app/files/public/1011/pdf-Financial-Evaluation</u>		
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☐ Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17 Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Actions that require a legal or judicial process		
d	☐ Other similar actions (describe in Section C)		
e	☒ None of these actions or other similar actions were permitted		

Part V Facility Information *(continued)*

BAPTIST MEMORIAL HOSPITAL FOR WOMEN

Name of hospital facility or letter of facility reporting group _____

	Yes	No
19 Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
a ☐ Reporting to credit agency(ies)		
b ☐ Selling an individual's debt to another party		
c ☐ Actions that require a legal or judicial process		
d ☐ Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)		
a ☒ Notified individuals of the financial assistance policy on admission		
b ☒ Notified individuals of the financial assistance policy prior to discharge		
c ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e ☐ Other (describe in Section C)		
f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

	Yes	No
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	
a ☐ The hospital facility did not provide care for any emergency medical conditions		
b ☐ The hospital facility's policy was not in writing		
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d ☐ Other (describe in Section C)		

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

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d ☒ Other (describe in Section C)		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23	No
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24	No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE

Name of hospital facility or letter of facility reporting group

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

3

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a ☒ Hospital facility's website (list url) <u>www.baptistonline.org/app/files/public/1338/Baptist-Collierville-CHN</u>		
b ☐ Other website (list url)		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>12</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) <u>www.baptistonline.org/app/files/public/1576/Baptist-Collierville-CHN</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information *(continued)*

BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Financial Assistance Policy (FAP)			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100.00000000000000%</u> and FPG family income limit for eligibility for discounted care of <u>300.00000000000000%</u>			
b ☐ Income level other than FPG (describe in Section C)			
c ☐ Asset level			
d ☒ Medical indigency			
e ☒ Insurance status			
f ☒ Underinsurance discount			
g ☐ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance?	15	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☒ The FAP was widely available on a website (list url) <u>www.baptistonline.org/expense-navigator/financial-assistance/</u>			
☒ The FAP application form was widely available on a website (list url)			
b <u>www.baptistonline.org/app/files/public/1011/pdf-Financial-Evaluation</u>			
c ☐ A plain language summary of the FAP was widely available on a website (list url) <u>www.baptistonline.org/app/files/public/1011/pdf-Financial-Evaluation</u>			
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☐ Other (describe in Section C)			
Billing and Collections			
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Actions that require a legal or judicial process			
d ☐ Other similar actions (describe in Section C)			
e ☒ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE

Name of hospital facility or letter of facility reporting group _____

	Yes	No
19 Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
a ☐ Reporting to credit agency(ies)		
b ☐ Selling an individual's debt to another party		
c ☐ Actions that require a legal or judicial process		
d ☐ Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)		
a ☒ Notified individuals of the financial assistance policy on admission		
b ☒ Notified individuals of the financial assistance policy prior to discharge		
c ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e ☐ Other (describe in Section C)		
f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

	Yes	No
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes
a ☐ The hospital facility did not provide care for any emergency medical conditions		
b ☐ The hospital facility's policy was not in writing		
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d ☐ Other (describe in Section C)		

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

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☒ Other (describe in Section C)			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23		No
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

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

Part VI Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
Part I, Line 7	A BAD DEBT REPORT IS RUN TO PULL ALL PATIENTS THAT HAVE BEEN MOVED TO A BAD DEBT ACCOUNT LOCATION WE TAKE THE TOTAL ACCOUNT BALANCE OF ALL THE PATIENTS IN THE BAD DEBT LOCATION AND DIVIDE IT BY THE TOTAL CHARGES OF THE SAME PATIENT POPULATION WE MULTIPLY THE RESULTING RATIO BY THE TOTAL COST OF THE SAME PATIENT POPULATION THIS GIVES US THE COST ASSOCIATED WITH THE TOTAL AMOUNT OF THE ACCOUNT BALANCE MOVED TO THE BAD DEBT STATUS WE RUN A QUERY OUT OF OUR INTERNAL DATA WAREHOUSE SYSTEM THAT IDENTIFIES THIS PATIENT POPULATION THIS INFORMATION IS ENTERED INTO THE STANDARD NOTE SECTION OF EACH PATIENT RECORD WE QUALIFY OUR PATIENT QUERY BY THE STANDARD NOTES THAT REPRESENT WHEN A PATIENT REFUSES TO COMPLETE THE PAPERWORK, IF THE INFORMATION PROVIDED BY THE PATIENT IS INCOMPLETE, OR WHEN A SELF-PAY MINIMUM DISCOUNT NOTE IS ENTERED ON THE PATIENT RECORD WE THEN TAKE THIS PATIENT POPULATION AND RUN A REPORT THAT GIVES US THE TOTAL COST OF THE PATIENT POPULATION OUR COST ACCOUNTING PROCESS REFLECTS FULLY LOADED COST FOR ALL OF OUR PATIENT POPULATIONS FULLY LOADED COST INCLUDES DIRECT, CAPITAL, AND INDIRECT COST AFTER WORKING WITH OUR DEPARTMENT DIRECTORS AND CFOS TO MAKE SURE THE DOLLARS IN THE GENERAL LEDGER ARE IN THE CORRECT PLACE TO REFLECT OUR TIME AND EFFORTS SPENT THROUGHOUT THE YEAR, WE DEVELOP RELATIVE VALUE UNITS TO ALLOCATE THE ACTUAL GENERAL LEDGER COST DOWN TO THE PROCEDURE CHARGE CODES FROM OUR PATIENT ACCOUNTING SYSTEM ALL OVERHEAD IS ALLOCATED DOWN TO THE REVENUE PRODUCING DEPARTMENTS BASED ON VARIOUS STATISTICS ONCE EVERY CHARGE CODE HAS GONE THROUGH THE COST AND AUDIT PROCESS, WE CAN RUN THE PATIENT LEVEL REPORTS USED FOR THE FORM 990 TO GET TO THE COST INFORMATION NEEDED

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

Form and Line Reference	Explanation
Part I, Ln 7 Col(f)	PER IRS INSTRUCTIONS, BAD DEBT EXPENSE WAS NOT INCLUDED IN THE CALCULATION OF THE PERCENTAGE OF TOTAL CHARITY CARE AND COMMUNITY BENEFITS COST ON SCHEDULE H, LINE 7, COLUMN (F)

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

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

Form and Line Reference	Explanation
Part III, Line 4	BAPTIST MEMORIAL HOSPITAL HAS ADOPTED HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO 15, VALUATION AND FINANCIAL STATEMENT PRESENTATION OF CHARITY CARE AND BAD DEBTS BY INSTITUTIONAL PROVIDERS THE BAPTIST MEMORIAL HEALTH CARE CORPORATION AND AFFILIATES COMBINED FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND SEPTEMBER 30, 2013, AND INDEPENDENT AUDITOR'S REPORT ARE ATTACHED 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 THE ALLOWANCE FOR DOUBTFUL ACCOUNTS WILL BE SUBSTANTIALLY THE SAME AS NOTED IN THE PRIOR TWO YEARS THERE IS NOT A SEPARATE BAD DEBT EXPENSE FOOTNOTE IN THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS ALLOWANCE FOR DOUBTFUL ACCOUNTS IS DISCUSSED IN A SEPARATE PARAGRAPH BEGINNING ON PAGE 7 OF THE AUDITED FINANCIAL STATEMENTS

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

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

Form and Line Reference	Explanation
Part VI, Line 2	BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER OF BAPTIST MEMORIAL HOSPITAL, INC , WHICH INCLUDES BAPTIST MEMORIAL HOSPITAL-MEMPHIS, BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE AND BAPTIST MEMORIAL HOSPITAL FOR WOMEN, PROVIDES NEEDS ASSESSMENTS THROUGH THE HEALTH SERVICES RESEARCH DEPARTMENT IN ADDITION, LOCAL ADVISORY BOARDS PROVIDE FEEDBACK TO THE LOCAL HOSPITAL ADMINISTRATORS THE HEALTH SERVICES RESEARCH DEPARTMENT USES VARIOUS TOOLS TO ASSIST THEM IN THE ASSESSMENTS ONE OF THE TOOLS USED BY HEALTH SERVICES RESEARCH DEPARTMENT IS YACUBIAN RESEARCH, INC COMMUNITY OPINION SURVEY THIS IS A QUARTERLY RANDOM-DIGIT DIALING TELEPHONE SURVEY THE MEMPHIS METRO MARKET HAS 500 RESPONDENTS PER QUARTER SURVEYS INCLUDE QUESTIONS ASKING RESPONDENTS TO GRADE THE QUALITY OF HEALTH CARE SERVICES IN THEIR COMMUNITY THE SERVICES ARE GRADED FROM A-F IF A SERVICE IS GIVEN A RATING OF C OR BELOW, THE RESPONDENTS ARE ASKED FOR IDEAS FOR IMPROVEMENT THESE CAN BE REVIEWED BY AREA, COUNTY, TOWN, ZIP CODE, AGE, GENDER, AND RACE THE TOP CONCERN THAT RESPONDENTS FEEL AFFECTS THE QUALITY OF HEALTH CARE IS RELATED TO INSURANCE MEDICAL STAFF SURVEYS ARE ALSO USED TO ASSESS NEEDS THESE ARE CONDUCTED BY MAIL OR INTERNET (WHICH EVER IS PREFERRED BY THE RESPONDENT) BY PRESS-GANEY, A NATIONALLY KNOWN RESEARCH COMPANY FOR BOTH PATIENT SATISFACTION AND PHYSICIAN SATISFACTION IN THIS SURVEY, CONDUCTED EVERY OTHER YEAR, RESPONDENTS ARE QUESTIONED ABOUT THE NEED FOR NEW SERVICES OR PHYSICIAN SPECIALTIES IN THE HOSPITAL OR COMMUNITY THIS IS USED AS A STARTING POINT FOR DETERMINING POTENTIAL PRIORITIES FOR PHYSICIAN RECRUITING COMMUNITY NEEDS ASSESSMENTS FOR ADDITIONAL PHYSICIANS IN THE COMMUNITY ARE ALSO CONDUCTED PRODUCTIVITY-BASED AND POPULATION-BASED DEMAND ESTIMATES ARE OBTAINED FROM TRUVEN HEALTH ANALYTICS MARKET EXPERT SOFTWARE DEMAND ESTIMATES TAKE INTO ACCOUNT THE POPULATION SIZE OF THE SERVICE AREA AS WELL AS THE AGE AND GENDER OF THE POPULATION WHEN POSSIBLE THESE TWO DEMAND MODELS ARE AUGMENTED BY ONE OR MORE NATIONALLY-RECOGNIZED PHYSICIAN DEMAND MODELS, AND THE MODEL WITH THE MIDDLE DEMAND VALUE IS CHOSEN AS THE FINAL PHYSICIAN DEMAND ESTIMATE THIS IS THEN COMPARED TO THE SUPPLY OF PHYSICIANS AS DETERMINED THROUGH SEVERAL DIFFERENT SOURCES, INCLUDING OUR OWN CALLING OF OFFICES TO DETERMINE THE FULL TIME EQUIVALENT OF PHYSICIANS AVAILABLE IN THE SPECIALTY OF INTEREST THE DEMAND MINUS THE SUPPLY GIVES THE "NET NEED" CURRENTLY AND IN FIVE YEARS THE REQUESTS FOR THESE PHYSICIAN NEED ANALYSES ARE MADE BY THE HOSPITAL'S CHIEF EXECUTIVE OFFICERS, BASED ON THE PRIORITIES GIVEN BY THE MEDICAL STAFF AND ACCORDING TO KNOWLEDGE OF CERTAIN PHYSICIANS THAT ARE LIKELY TO BE LEAVING THE AREA IN THE NEXT YEAR OR TWO GENERALLY THE DEMAND AND SUPPLY ESTIMATES ARE FOR A GEOGRAPHIC AREA DEFINED BY THE HALF-WAY MARK BETWEEN OUR FACILITY AND THE COMMUNITY HAVING A SIMILAR SIZED MEDICAL FACILITY OR A COMPETITOR IN THE SAME SPECIALTY IN LARGER MARKET AREAS, THE PHYSICIAN NEEDS ARE GENERALLY CONCENTRATED AROUND HIGHLY SPECIALIZED PHYSICIANS WHO MAY BE LEAVING OR RETIRING TRUVEN HEALTH ANALYTICS MARKET EXPERT SOFTWARE ALSO HAS MODULES THAT ARE USED TO DETERMINE THE NEED FOR NEW FACILITIES, SUCH AS HOSPITALS, URGENT CARE CENTERS, EXPANDED EMERGENCY ROOMS, ETC THIS IS REVIEWED IF THERE IS AN INCREASE IN POPULATION THAT SUGGESTS THE NEED FOR NEW SERVICES IN THE COMMUNITIES WE SERVE INTERNAL HOSPITAL UTILIZATION DATA ARE ALSO REVIEWED TO ASSESS THE NEED FOR EXPANSION OR MODIFICATION OF FACILITIES AND SERVICES PATIENT SATISFACTION SURVEYS ARE ANOTHER TOOL USED TO ASSESS NEED PRESS GANEY MAILS SURVEYS EVERY TWO WEEKS TO A RANDOM SAMPLE OF DISCHARGED PATIENTS PRESS GANEY HAS DETERMINED THE NUMBER OF COMPLETED SURVEYS NEEDED FOR EACH CARE SETTING IN ORDER TO MEET THEIR GOALS FOR STATISTICAL CONFIDENCE WE STRIVE TO MAIL ENOUGH SURVEYS EACH QUARTER TO MEET THOSE PREFERRED NUMBERS FOR EACH HOSPITAL THESE CARE SETTINGS INCLUDE INPATIENT, OUTPATIENT, EMERGENCY ROOMS, OUTPATIENT SURGERY, OUTPATIENT DIAGNOSTICS, HOME HEALTH CARE, URGENT CARE CENTERS, ETC BASED ON THESE SURVEYS, THE NEED FOR SPECIFIC CHANGES IN PROCESSES OR TYPES OF PERSONNEL ARE ASSESSED TO MEET THE NEEDS OF THE COMMUNITIES WE SERVE NATIONAL RESEARCH CORPORATION IS A RESEARCH COMPANY THAT USES ITS TICKER INTERNET TOOL TO SURVEY RESIDENTS OF THE COMMUNITIES THAT WE SERVE THESE PEOPLE ARE A PART OF A PANEL SELECTED TO REPRESENT THE CHARACTERISTICS OF THE COMMUNITY THIS SURVEY PROVIDES AN ON-LINE TOOL FOR DETERMINING SELF-REPORTED PERCENTAGES WITH CHRONIC CONDITIONS AND USE OF PREVENTIVE SERVICES IN AREAS OF SIMILAR SIZE AND CHARACTERISTICS AROUND THE COUNTRY

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

Form and Line Reference	Explanation
Part VI, Line 4	BAPTIST MEMORIAL HOSPITAL, WHICH INCLUDES BAPTIST MEMORIAL HOSPITAL-MEMPHIS, BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE, AND BAPTIST MEMORIAL HOSPITAL FOR WOMEN, SERVES THE MEMPHIS METRO AREA. SOME PATIENTS COME FROM ARKANSAS, MISSISSIPPI, MISSOURI, AND COUNTIES SURROUNDING THE MEMPHIS AREA. THE AFRICAN-AMERICAN COMMUNITY COMPRISES ABOUT 46.4% OF OUR PRIMARY SERVICE AREA. HISPANICS MAKE UP ABOUT 5.8%, AND CAUCASIANS ARE ABOUT 44.0%. DEMOGRAPHIC "SNAPSHOTS" ARE PROVIDED BY THE INDEPENDENT OUTSIDE FIRM OF CLARITAS, INC. OUR OWN HEALTH SERVICES RESEARCH DEPARTMENT CALCULATES THE DISTRIBUTION OF INPATIENT DISCHARGES (EXCLUDING NEWBORNS) BY COUNTY. THIS IS SORTED IN DESCENDING NUMBER PER COUNTY AND DETERMINES THOSE COUNTIES WITH UP TO 75-77% OF THE DISCHARGES AND THESE CONTIGUOUS COUNTIES COMPRISE THE "PRIMARY MARKET" AREA. COUNTIES COMPRIISING 78-95% OF THE DISCHARGES ARE DESIGNATED THE SECONDARY MARKET, WHILE THE REMAINING 5% IS THE TERTIARY MARKET. THE MEMPHIS PRIMARY MARKET SERVICE AREA HAS 1,163,426 PERSONS WITH THE COMBINED PRIMARY AND SECONDARY AREAS HAVING 2,098,334 PERSONS. OTHER ITEMS SUCH AS AGE, HOUSEHOLD INCOME, AND RACE/ETHNICITY PERCENTAGES, AS COMPARED TO THE NATION AS A WHOLE, ARE ALSO USED IN THE MIX.

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

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

Form and Line Reference	Explanation
Part VI, Line 7, Reports Filed With States	T N, M S, A R



Additional Data

Software ID:
Software Version:
EIN: 62-0123940
Name: BAPTIST MEMORIAL HOSPITAL

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
BAPTIST MEMORIAL HOSPITAL-MEMPHIS	Part V, Section B, Line 5 SURVEYS A STATISTICAL HOUSEHOLD SURVEY WAS COMPLETED WITH 704 ADULTS FROM THE BAPTIST MEMORIAL HOSPITAL-MEMPHIS SERVICE AREA THE SURVEY THAT WAS UTILIZED ALIGNS WITH THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) QUESTIONNAIRE THAT IS ANNUALLY CONDUCTED NATIONWIDE BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) AND STATE HEALTH DEPARTMENTS THE SURVEY ASSESSED INDICATORS SUCH AS GENERAL HEALTH STATUS, PREVENTION ACTIVITIES (SCREENINGS, EXERCISE, ETC), AND RISKY BEHAVIORS (ALCOHOL USE, ETC) THE RESULTS WERE ALSO EXAMINED BY A VARIETY OF DEMOGRAPHIC INDICATORS SUCH AS AGE, RACE, ETHNICITY, AND GENDER A NUMBER OF EXISTING RESOURCES WERE REVIEWED TO FULLY UNDERSTAND SECONDARY DATA TRENDS THE SECONDARY DATA THAT WAS ANALYZED INCLUDED STATISTICS SUCH AS MORTALITY RATES, CANCER STATISTICS, COMMUNICABLE DISEASE DATA, SOCIAL DETERMINANTS OF HEALTH (POVERTY, CRIME, EDUCATION, ETC), AMONG OTHERS THIS INFORMATION WAS USED TO SUPPLEMENT THE PRIMARY DATA THAT WAS COLLECTED AND FLESH OUT RESEARCH GAPS NOT ADDRESSED IN THE HOUSEHOLD SURVEY THE PRIMARY SOURCES OF THE SECONDARY DATA INCLUDED THE U S CENSUS BUREAU, STATE PUBLIC HEALTH AGENCIES, AND THE COUNTY HEALTH RANKINGS REPORTS WHERE AVAILABLE, THE LOCAL-LEVEL DATA WAS COMPARED TO STATE AND NATIONAL BENCHMARKS KEY INFORMANT INTERVIEWS KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH 75 PROFESSIONALS AND KEY CONTACTS IN THE AREAS SURROUNDING THE 14-HOSPITAL SERVICE AREAS WORKING WITH LEADERSHIP FROM EACH OF THE SYSTEM HOSPITALS, BAPTIST IDENTIFIED SPECIFIC INDIVIDUALS TO BE INTERVIEWED AND INVITED THEM TO PARTICIPATE IN THE STUDY THE SURVEY INCLUDED A RANGE OF INDIVIDUALS, INCLUDING ELECTED OFFICIALS, PRIVATE PHYSICIANS, HEALTH AND HUMAN SERVICES EXPERTS, LONG-TERM CARE PROVIDERS, REPRESENTATIVES FROM THE FAITH COMMUNITY, AND EDUCATORS THE CONTENT OF THE QUESTIONNAIRE FOCUSED ON PERCEPTIONS OF COMMUNITY NEEDS AND STRENGTHS ACROSS THREE KEY DOMAINS PERCEIVED QUALITY OF CARE, KEY HEALTH ISSUES PROMINENT IN THE COMMUNITY, AND QUALITY OF LIFE ISSUES FOCUS GROUPS IN NOVEMBER 2012, HEALTH CARE CONSUMERS FROM THE HOSPITAL SERVICE AREAS PARTICIPATED IN FOCUS GROUPS THE FOCUS GROUPS ADDRESSED DIABETES AND PRE-DIABETES BASED ON FINDINGS FROM THE SURVEYS DISCUSSION TOPICS INCLUDED HEALTH KNOWLEDGE, SELF-CARE BEHAVIORS, HEALTH CARE ACCESS, COMMUNICATION PREFERENCES, AND DESIRED SUPPORT SERVICES A DISCUSSION GUIDE, DEVELOPED IN CONSULTATION WITH BAPTIST MEMORIAL HEALTH CARE, WAS USED TO PROMPT DISCUSSION AND GUIDE THE FACILITATION PARTICIPANTS WERE RECRUITED THROUGH TELEPHONE CALLS TO HOUSEHOLDS WITHIN THE SERVICE AREA AND THROUGH LOCAL HEALTH AND HUMAN SERVICE ORGANIZATIONS PARTICIPANTS WERE PRE-SCREENED TO ENSURE THAT THEY WERE EITHER DIABETIC OR PRE-DIABETIC EACH SESSION LASTED APPROXIMATELY TWO HOURS AND WAS FACILITATED BY TRAINED HOLLERAN STAFF IN EXCHANGE FOR THEIR PARTICIPATION, ATTENDEES WERE GIVEN A \$50 CASH INCENTIVE AT THE COMPLETION OF THE FOCUS GROUP, DINNER WAS ALSO PROVIDED IT IS IMPORTANT TO NOTE THAT THE FOCUS GROUP RESULTS REFLECT THE PERCEPTIONS OF A SMALL SAMPLE OF COMMUNITY MEMBERS AND MAY NOT NECESSARILY REPRESENT ALL COMMUNITY MEMBERS IN THE HOSPITAL SERVICE AREA COMMUNITY REPRESENTATION COMMUNITY ENGAGEMENT AND FEEDBACK WERE AN INTEGRAL PART OF THE CHNA PROCESS A STATISTICALLY VALID SAMPLING STRATEGY ENSURED COMMUNITY REPRESENTATION IN THE HOUSEHOLD SURVEY PUBLIC HEALTH EXPERTS, HEALTH CARE PROFESSIONALS, AND REPRESENTATIVES OF UNDERSERVED POPULATIONS SHARED KNOWLEDGE AND EXPERTISE ABOUT COMMUNITY HEALTH ISSUES AS PART OF THE KEY INFORMANT INTERVIEWS HEALTH CARE CONSUMERS, INCLUDING MEDICALLY UNDERSERVED INDIVIDUALS AND CHRONICALLY-ILL PATIENTS, WERE INCLUDED IN THE FOCUS GROUPS

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

Form and Line Reference	Explanation
BAPTIST MEMORIAL HOSPITAL FOR WOMEN	Part V, Section B, Line 5 SURVEYS A STATISTICAL HOUSEHOLD SURVEY WAS COMPLETED WITH 704 ADULTS FROM THE BAPTIST MEMORIAL HOSPITAL FOR WOMEN SERVICE AREA THE SURVEY THAT WAS UTILIZED ALIGNS WITH THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) QUESTIONNAIRE THAT IS ANNUALLY CONDUCTED NATIONWIDE BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) AND STATE HEALTH DEPARTMENTS THE SURVEY ASSESSED INDICATORS SUCH AS GENERAL HEALTH STATUS, PREVENTION ACTIVITIES (SCREENINGS, EXERCISE, ETC), AND RISKY BEHAVIORS (ALCOHOL USE, ETC) THE RESULTS WERE ALSO EXAMINED BY A VARIETY OF DEMOGRAPHIC INDICATORS SUCH AS AGE, RACE, ETHNICITY, AND GENDER A NUMBER OF EXISTING RESOURCES WERE REVIEWED TO FULLY UNDERSTAND SECONDARY DATA TRENDS THE SECONDARY DATA THAT WAS ANALYZED INCLUDED STATISTICS SUCH AS MORTALITY RATES, CANCER STATISTICS, COMMUNICABLE DISEASE DATA, SOCIAL DETERMINANTS OF HEALTH (POVERTY, CRIME, EDUCATION, ETC), AMONG OTHERS THIS INFORMATION WAS USED TO SUPPLEMENT THE PRIMARY DATA THAT WAS COLLECTED AND FLESH OUT RESEARCH GAPS NOT ADDRESSED IN THE HOUSEHOLD SURVEY THE PRIMARY SOURCES OF THE SECONDARY DATA INCLUDED THE U S CENSUS BUREAU, STATE PUBLIC HEALTH AGENCIES, AND THE COUNTY HEALTH RANKINGS REPORTS WHERE AVAILABLE, THE LOCAL-LEVEL DATA WAS COMPARED TO STATE AND NATIONAL BENCHMARKS KEY INFORMANT INTERVIEWS KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH 75 PROFESSIONALS AND KEY CONTACTS IN THE AREAS SURROUNDING THE 14-HOSPITAL SERVICE AREAS WORKING WITH LEADERSHIP FROM EACH OF THE SYSTEM HOSPITALS, BAPTIST IDENTIFIED SPECIFIC INDIVIDUALS TO BE INTERVIEWED AND INVITED THEM TO PARTICIPATE IN THE STUDY THE SURVEY INCLUDED A RANGE OF INDIVIDUALS, INCLUDING ELECTED OFFICIALS, PRIVATE PHYSICIANS, HEALTH AND HUMAN SERVICES EXPERTS, LONG-TERM CARE PROVIDERS, REPRESENTATIVES FROM THE FAITH COMMUNITY, AND EDUCATORS THE CONTENT OF THE QUESTIONNAIRE FOCUSED ON PERCEPTIONS OF COMMUNITY NEEDS AND STRENGTHS ACROSS THREE KEY DOMAINS PERCEIVED QUALITY OF CARE, KEY HEALTH ISSUES PROMINENT IN THE COMMUNITY, AND QUALITY OF LIFE ISSUES FOCUS GROUPS IN NOVEMBER 2012, HEALTH CARE CONSUMERS FROM THE HOSPITAL SERVICE AREAS PARTICIPATED IN FOCUS GROUPS THE FOCUS GROUPS ADDRESSED DIABETES AND PRE-DIABETES BASED ON FINDINGS FROM THE SURVEYS DISCUSSION TOPICS INCLUDED HEALTH KNOWLEDGE, SELF-CARE BEHAVIORS, HEALTH CARE ACCESS, COMMUNICATION PREFERENCES, AND DESIRED SUPPORT SERVICES A DISCUSSION GUIDE, DEVELOPED IN CONSULTATION WITH BAPTIST MEMORIAL HEALTH CARE, WAS USED TO PROMPT DISCUSSION AND GUIDE THE FACILITATION PARTICIPANTS WERE RECRUITED THROUGH TELEPHONE CALLS TO HOUSEHOLDS WITHIN THE SERVICE AREA AND THROUGH LOCAL HEALTH AND HUMAN SERVICE ORGANIZATIONS PARTICIPANTS WERE PRE-SCREENED TO ENSURE THAT THEY WERE EITHER DIABETIC OR PRE-DIABETIC EACH SESSION LASTED APPROXIMATELY TWO HOURS AND WAS FACILITATED BY TRAINED HOLLERAN STAFF IN EXCHANGE FOR THEIR PARTICIPATION, ATTENDEES WERE GIVEN A \$50 CASH INCENTIVE AT THE COMPLETION OF THE FOCUS GROUP, DINNER WAS ALSO PROVIDED IT IS IMPORTANT TO NOTE THAT THE FOCUS GROUP RESULTS REFLECT THE PERCEPTIONS OF A SMALL SAMPLE OF COMMUNITY MEMBERS AND MAY NOT NECESSARILY REPRESENT ALL COMMUNITY MEMBERS IN THE HOSPITAL SERVICE AREA COMMUNITY REPRESENTATION COMMUNITY ENGAGEMENT AND FEEDBACK WERE AN INTEGRAL PART OF THE CHNA PROCESS A STATISTICALLY VALID SAMPLING STRATEGY ENSURED COMMUNITY REPRESENTATION IN THE HOUSEHOLD SURVEY PUBLIC HEALTH EXPERTS, HEALTH CARE PROFESSIONALS, AND REPRESENTATIVES OF UNDERSERVED POPULATIONS SHARED KNOWLEDGE AND EXPERTISE ABOUT COMMUNITY HEALTH ISSUES AS PART OF THE KEY INFORMANT INTERVIEWS HEALTH CARE CONSUMERS, INCLUDING MEDICALLY UNDERSERVED INDIVIDUALS AND CHRONICALLY-ILL PATIENTS, WERE INCLUDED IN THE FOCUS GROUPS

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

Form and Line Reference	Explanation
BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE	Part V, Section B, Line 5 SURVEYS A STATISTICAL HOUSEHOLD SURVEY WAS COMPLETED WITH 697 ADULTS FROM THE BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE SERVICE AREA THE SURVEY THAT WAS UTILIZED ALIGNS WITH THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) QUESTIONNAIRE THAT IS ANNUALLY CONDUCTED NATIONWIDE BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) AND STATE HEALTH DEPARTMENTS THE SURVEY ASSESSED INDICATORS SUCH AS GENERAL HEALTH STATUS, PREVENTION ACTIVITIES (SCREENINGS, EXERCISE, ETC), AND RISKY BEHAVIORS (ALCOHOL USE, ETC) THE RESULTS WERE ALSO EXAMINED BY A VARIETY OF DEMOGRAPHIC INDICATORS SUCH AS AGE, RACE, ETHNICITY, AND GENDER A NUMBER OF EXISTING RESOURCES WERE REVIEWED TO FULLY UNDERSTAND SECONDARY DATA TRENDS THE SECONDARY DATA THAT WAS ANALYZED INCLUDED STATISTICS SUCH AS MORTALITY RATES, CANCER STATISTICS, COMMUNICABLE DISEASE DATA, SOCIAL DETERMINANTS OF HEALTH (POVERTY, CRIME, EDUCATION, ETC), AMONG OTHERS THIS INFORMATION WAS USED TO SUPPLEMENT THE PRIMARY DATA THAT WAS COLLECTED AND FLESH OUT RESEARCH GAPS NOT ADDRESSED IN THE HOUSEHOLD SURVEY THE PRIMARY SOURCES OF THE SECONDARY DATA INCLUDED THE U S CENSUS BUREAU, STATE PUBLIC HEALTH AGENCIES, AND THE COUNTY HEALTH RANKINGS REPORTS WHERE AVAILABLE, THE LOCAL-LEVEL DATA WAS COMPARED TO STATE AND NATIONAL BENCHMARKS KEY INFORMANT INTERVIEWS KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH 75 PROFESSIONALS AND KEY CONTACTS IN THE AREAS SURROUNDING THE 14-HOSPITAL SERVICE AREAS WORKING WITH LEADERSHIP FROM EACH OF THE SYSTEM HOSPITALS, BAPTIST IDENTIFIED SPECIFIC INDIVIDUALS TO BE INTERVIEWED AND INVITED THEM TO PARTICIPATE IN THE STUDY THE SURVEY INCLUDED A RANGE OF INDIVIDUALS, INCLUDING ELECTED OFFICIALS, PRIVATE PHYSICIANS, HEALTH AND HUMAN SERVICES EXPERTS, LONG-TERM CARE PROVIDERS, REPRESENTATIVES FROM THE FAITH COMMUNITY, AND EDUCATORS THE CONTENT OF THE QUESTIONNAIRE FOCUSED ON PERCEPTIONS OF COMMUNITY NEEDS AND STRENGTHS ACROSS THREE KEY DOMAINS PERCEIVED QUALITY OF CARE, KEY HEALTH ISSUES PROMINENT IN THE COMMUNITY, AND QUALITY OF LIFE ISSUES FOCUS GROUPS IN NOVEMBER 2012, HEALTH CARE CONSUMERS FROM THE HOSPITAL SERVICE AREAS PARTICIPATED IN FOCUS GROUPS THE FOCUS GROUPS ADDRESSED DIABETES AND PRE-DIABETES BASED ON FINDINGS FROM THE SURVEYS DISCUSSION TOPICS INCLUDED HEALTH KNOWLEDGE, SELF-CARE BEHAVIORS, HEALTH CARE ACCESS, COMMUNICATION PREFERENCES, AND DESIRED SUPPORT SERVICES A DISCUSSION GUIDE, DEVELOPED IN CONSULTATION WITH BAPTIST MEMORIAL HEALTH CARE, WAS USED TO PROMPT DISCUSSION AND GUIDE THE FACILITATION PARTICIPANTS WERE RECRUITED THROUGH TELEPHONE CALLS TO HOUSEHOLDS WITHIN THE SERVICE AREA AND THROUGH LOCAL HEALTH AND HUMAN SERVICE ORGANIZATIONS PARTICIPANTS WERE PRE-SCREENED TO ENSURE THAT THEY WERE EITHER DIABETIC OR PRE-DIABETIC EACH SESSION LASTED APPROXIMATELY TWO HOURS AND WAS FACILITATED BY TRAINED HOLLERAN STAFF IN EXCHANGE FOR THEIR PARTICIPATION, ATTENDEES WERE GIVEN A \$50 CASH INCENTIVE AT THE COMPLETION OF THE FOCUS GROUP, DINNER WAS ALSO PROVIDED IT IS IMPORTANT TO NOTE THAT THE FOCUS GROUP RESULTS REFLECT THE PERCEPTIONS OF A SMALL SAMPLE OF COMMUNITY MEMBERS AND MAY NOT NECESSARILY REPRESENT ALL COMMUNITY MEMBERS IN THE HOSPITAL SERVICE AREA COMMUNITY REPRESENTATION COMMUNITY ENGAGEMENT AND FEEDBACK WERE AN INTEGRAL PART OF THE CHNA PROCESS A STATISTICALLY VALID SAMPLING STRATEGY ENSURED COMMUNITY REPRESENTATION IN THE HOUSEHOLD SURVEY PUBLIC HEALTH EXPERTS, HEALTH CARE PROFESSIONALS, AND REPRESENTATIVES OF UNDERSERVED POPULATIONS SHARED KNOWLEDGE AND EXPERTISE ABOUT COMMUNITY HEALTH ISSUES AS PART OF THE KEY INFORMANT INTERVIEWS HEALTH CARE CONSUMERS, INCLUDING MEDICALLY UNDERSERVED INDIVIDUALS AND CHRONICALLY-ILL PATIENTS, WERE INCLUDED IN THE FOCUS GROUPS

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

Form and Line Reference	Explanation
BAPTIST MEMORIAL HOSPITAL-MEMPHIS	Part V, Section B, Line 11 1 HEALTHY LIFESTYLE CHOICES RECOGNIZING THE CONNECTION BETWEEN N DIABETES, CARDIOVASCULAR DISEASE, AND OTHER CHRONIC CONDITIONS TO HEALTHY LIFESTYLE CHOICES, BAPTIST MEMORIAL HOSPITAL-MEMPHIS WILL SEEK TO REDUCE THESE CHRONIC CONDITIONS BY FOCUSING EDUCATION AND AWARENESS ON PROMOTING HEALTHY EATING AND PHYSICAL ACTIVITY A REDUCTION IN CHRONIC DISEASE RATES WILL LIKELY NOT BE SEEN IN THE INITIAL THREEYEAR CYCLE, HOWEVER, BAPTIST MEMORIAL HOSPITAL-MEMPHIS EXPECTS THAT SUCCESS IN INCREASING AWARENESS OF THE RELATIONSHIP BETWEEN HEALTHY LIFESTYLE CHOICES AND DISEASE WILL IMPACT THE NUMBER OF RESIDENTS AT RISK FOR OR DIAGNOSED WITH DIABETES, CARDIOVASCULAR DISEASE, AND OTHER CHRONIC CONDITIONS IN THE FUTURE STRATEGIES INCLUDE THE FOLLOWING --WELL4ME WELLNESS PROGRAM-HEALTHY EATING, ACTIVE LIVING AND EDUCATIONAL RESOURCES FOR KNOWING AND MONITORING THEIR NUMBERS FOR HOSPITAL COLLEAGUES AND THEIR FAMILY MEMBERS --FARMER'S MARKET-COMMUNITY FARMER'S MARKET CONDUCTED EVERY JUNE, JULY, AUGUST, SEPTEMBER AND NOVEMBER --WELL4ME 5K FUN RUN & WALK FOR WELLNESS-COMMUNITY EVENT HOSTED EACH AUGUST TO ENCOURAGE EXERCISE --DISPENSARY OF HOPE- PARTNER WITH DISPENSARY OF HOPE TO PROVIDE MEDICATIONS TO PATIENTS WITHOUT INSURANCE--SPEAKERS BUREAU - HOSPITAL EXPERTS AVAILABLE TO SPEAK TO THE COMMUNITY ABOUT HEALTHY LIFESTYLE CHOICES--ADOPT-A-SCHOOL-PARTNER WITH TWO SCHOOLS TO PROVIDE SPEAKERS AND/OR RESOURCES AS REQUESTED -- AMERICAN HEART ASSOCIATION-PARTNER WITH LOCAL AHA TO PROVIDE EDUCATION ABOUT STROKE AND HEART-RELATED TOPICS AND SUPPORT FUNDRAISING EFFORTS --AMERICAN CANCER SOCIETY-PARTNER WITH LOCAL ACS TO PROVIDE EDUCATION ABOUT CANCER RELATED TOPICS AND SUPPORT FUNDRAISING EFFORTS --SHELBY FARMS PARK-PARTNER WITH SHELBY FARMS PARK TO PROMOTE EXERCISE --KROC CENTER-PARTNER WITH KROC CENTER TO PROVIDE EDUCATION ON HEALTH AND WELLNESS TOPICS --MID-SOUTH FOOD BANK- CONDUCT FOOD DRIVES FOR NON-PERISHABLE FOOD ITEMS --HEALTHY MEMPHIS COMMON TABLE-PARTNER WITH THIS CITYWIDE GROUP TO IMPROVE THE HEALTH AND WELLNESS OF THOSE IN THE MEMPHIS METROPOLITAN AREA --HEALTHY SHELBY-PARTNER WITH THIS CITYWIDE GROUP TO IMPROVE THE HEALTH AND WELLNESS OF THOSE IN THE MEMPHIS METROPOLITAN AREA BAPTIST MEMORIAL HOSPITAL-MEMPHIS WILL ALSO PARTNER WITH THE FOLLOWING COMMUNITY ORGANIZATIONS TO ADDRESS OUR STRATEGIES LISTED ABOVE --AMERICAN HEART ASSOCIATION--AMERICAN CANCER SOCIETY--SHELBY FARMS PARK CONSERVANCY--SALVATION ARMY KROC CENTER--MID-SOUTH FOOD BANK--HEALTHY MEMPHIS COMMON TABLE --HEALTHY SHELBY--SHELBY COUNTY SCHOOLS--SHELBY COUNTY HEALTH DEPARTMENT--UNITED WAY-- PINK PALACE LEARNING LABELS PROGRAM--LOCAL CHURCHES AND COMMUNITY GROUPS2 CANCER WITH THE SUPPORT OF THE BAPTIST CANCER CENTER, BAPTIST MEMORIAL HOSPITAL-MEMPHIS WILL SEEK TO EDUCATE RESIDENTS ABOUT THE RISK FACTORS FOR CANCER AND EARLY DETECTION, WITH THE GOAL OF IMPROVING CANCER MORTALITY RATES AND QUALITY OF LIFE FOR PATIENTS WITH CANCER STRATEGIES INCLUDE THE FOLLOWING --BLOOD & MARROW SUPPORT GROUP-DEDICATED TO PROVIDING SUPPORT FOR PATIENTS AND CAREGIVERS FOR THOSE GOING THROUGH BLOOD AND MARROW TRANSPLANTS --REACH TO RECOVERY SUPPORT GROUP-DEDICATED TO PROVIDING SUPPORT FOR PATIENTS WITH BREAST CANCER --NATIONAL MARROW DONOR PROGRAM- COMMUNITY DRIVES TO RECRUITING POTENTIAL BLOOD STEM CELL/BONE MARROW DONORS FOR PATIENTS WHO HAVE LIFE-THREATENING BLOOD CANCERS (LEUKEMIA, APLASTIC ANEMIA, LYMPHOMA)-- SUSAN G KOMEN'S RACE FOR THE CURE-PARTNER WITH LOCAL KOMEN ORGANIZATION TO PROVIDE EDUCATION ABOUT BREAST CANCER AND SUPPORT FUNDRAISING EFFORTS --SPEAKERS BUREAU-HOSPITAL EXPERTS AVAILABLE TO SPEAK TO THE COMMUNITY ABOUT CANCER RELATED TOPICS BAPTIST MEMORIAL HOSPITAL-MEMPHIS WILL ALSO PARTNER WITH THE FOLLOWING COMMUNITY ORGANIZATIONS TO ADDRESS OUR STRATEGIES LISTED ABOVE --AMERICAN CANCER SOCIETY--SUSAN G KOMEN FOUNDATION--LOCAL CHURCHES AND COMMUNITY GROUPS--SYSTEM PARTNERSHIP WITH VANDERBILT-INGRAM CANCER CENTER--REACH TO RECOVERY--NATIONAL MARROW DONOR PROGRAM--SHELBY COUNTY HEALTH DEPARTMENT3 MATERNAL & WOMEN'S HEALTH IMPROVING OUTCOMES FOR BABIES STARTS BY ENSURING PREGNANT MOTHERS HAVE ACCESS TO EARLY PRENATAL CARE AND BEGIN TO MAKE HEALTHY LIFESTYLE CHOICES DURING PREGNANCY AND CONTINUE HEALTHY BEHAVIORS AFTER GIVING BIRTH WE WILL CONDUCT THE FOLLOWING STRATEGIES --SERVE AS A CONNECTOR TO COMMUNITY RESOURCES --MARCH OF DIMES-PARTNER MARCH OF DIMES TO SUPPORT FUNDRAISING EFFORTS --GIRLS' DAY OUT-PARTNER WITH BAPTIST MEMORIAL HOSPITAL FOR WOMEN TO PROVIDE HEALTH RELATED EDUCATION TO WOMEN IN THE COMMUNITY --SISTERHOOD SHOWCASE- PROVIDE EDUCATION ON HEALTH-RELATED TOPICS TO WOMEN IN THE COMMUNITY BAPTIST MEMORIAL HOSPITAL-MEMPHIS WILL ALSO PARTNER WITH THE FOLLOWING COMMUNITY ORGANIZATIONS TO ADDRESS OUR STRATEGIES LISTED ABOVE --SHELBY COUNTY HEALTH DEPARTMENT--HEALTHY SHELBY--MARCH OF DIMES FOUNDATION--URBAN CHILD INSTITUTE--UNITED WAY AGENCIES4 MENTAL HEALTH RECOGNIZING THE RELATIONSHIP BETWEEN MENTAL HEALTH AND OPTIMAL PHYSICAL HEALTH

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

Form and Line Reference	Explanation
BAPTIST MEMORIAL HOSPITAL-MEMPHIS	FOR PATIENTS AND THEIR CAREGIVERS, BAPTIST MEMORIAL HOSPITAL-MEMPHIS WILL AIM TO HELP RESIDENTS IDENTIFY THE SIGNS OF DEMENTIA AND/OR ALZHEIMER'S DISEASE AND PROVIDE SUPPORT FOR CAREGIVERS WE WILL CONDUCT THE FOLLOWING STRATEGIES --ALZHEIMER'S SUPPORT GROUP-DEDICATED TO HELPING PATIENTS WITH DEMENTIA/ALZHEIMER'S AND THEIR CAREGIVERS --REFRESH & RETREAT STROKE CAMP-PARTNER WITH REFRESH & RETREAT STROKE CAMP TO PROVIDE A WEEKEND AWAY FOR STROKE PATIENTS AND THEIR CAREGIVERS --STROKE SUPPORT GROUP-DEDICATED TO HELPING STROKE PATIENTS AND THEIR CAREGIVERS --CAMP GOOD GRIEF-BEREAVEMENT CAMPS FOR CHILDREN AND TEENS WHO HAVE EXPERIENCED THE LOSS OF A LOVED ONE --COLLABORATE WITH MEMORY CARE CENTER FOR DIAGNOSES AND RESOURCES --CONTINUE TO WORK WITH COMMUNITY GROUPS TO PROVIDE RESOURCES AND REFERRALS TO EDUCATE RESIDENTS AND COLLEAGUES ON MENTAL HEALTH ISSUES AND CAREGIVER SUPPORT --SPEAKERS BUREAU-HOSPITAL EXPERTS AVAILABLE TO SPEAK TO THE COMMUNITY ABOUT MENTAL HEALTH-RELATED TOPICS BAPTIST MEMPRIAL HOSPITAL-MEMPHIS WILL ALSO PARTNER WITH THE FOLLOWING COMMUNITY ORGANIZATIONS TO ADDRESS OUR STRATEGIES LISTED ABOVE --ALZHEIMER'S ASSOCIATION--REFRESH & RETREAT STROKE CAMP--AMERICAN STROKE ASSOCIATION--AGING COMMISSION--ASSISTED LIVING AND SENIOR CARE FACILITIESBAPTIST MEMORIAL HOSPITAL-MEMPHIS PLANS TO ADDRESS ALL FOUR OF THE PRIORITIZED HEALTH NEEDS IDENTIFIED THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENT IT WILL CONTINUE TO PLAY A LEADERSHIP ROLE IN ADDRESSING THE HEALTH NEEDS OF THE RESIDENTS IN THE COMMUNITIES IT SERVES FOR COMMUNITY NEEDS NOT IDENTIFIED AS PRIORITIES, BAPTIST MEMORIAL HOSPITAL-MEMPHIS WILL CONTINUE TO PLAY A SUPPORT ROLE AS RESOURCES ARE AVAILABLE AS WITH ALL BAPTIST MEMORIAL HOSPITAL-MEMPHIS PROGRAMS, THE HOSPITAL WILL CONTINUE TO MONITOR COMMUNITY NEEDS AND ADJUST PROGRAMMING AND SERVICES ACCORDINGLY

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

Form and Line Reference	Explanation
BAPTIST MEMORIAL HOSPITAL FOR WOMEN	Part V, Section B, Line 11 1 HEALTHY LIFESTYLE CHOICES RECOGNIZING THE CONNECTION BETWEEN N DIABETES, CARDIOVASCULAR DISEASE, AND OTHER CHRONIC CONDITIONS TO HEALTHY LIFESTYLE CHOICES, BAPTIST MEMORIAL HOSPITAL FOR WOMEN WILL SEEK TO REDUCE THESE CHRONIC CONDITIONS BY FOCUSING EDUCATION AND AWARENESS ON PROMOTING HEALTHY EATING AND PHYSICAL ACTIVITY A REDUCTION IN CHRONIC DISEASE RATES WILL LIKELY NOT BE SEEN IN THE INITIAL THREE YEAR CYCLE, HOWEVER, BAPTIST MEMORIAL HOSPITAL FOR WOMEN EXPECTS THAT SUCCESS IN INCREASING AWARENESS OF THE RELATIONSHIP BETWEEN HEALTHY LIFESTYLE CHOICES AND DISEASE WILL IMPACT THE NUMBER OF RESIDENTS AT RISK FOR OR DIAGNOSED WITH DIABETES, CARDIOVASCULAR DISEASE, AND OTHER CHRONIC CONDITIONS IN THE FUTURE STRATEGIES INCLUDE THE FOLLOWING PEDIATRIC NUTRITION CONSULTS -- ONE-ON-ONE CONSULTS WITH NUTRITIONIST--EDUCATIONAL MEAL PLANS--FREE TO THE PUBLIC RED BIRDS PLAY FOR HEALTH --FOCUS ON NUTRITION AND EXERCISE FOR CHILDREN--ADDRESSES CHILDHOOD OBESITY AND DIABETES CHILDREN'S MUSEUM OF MEMPHIS --HEALTHY PLATE EDUCATION--INTERACTIVE HEALTHY LIFESTYLE ACTIVITY CENTER FOR CHILDREN SAM PATTERSON LIBRARY SPEAKER SERIES --RHYTHM OF LIFE/CARDIAC EDUCATION--HEART RISKS--REACH YOUR HEALTH GOALS/NUTRITIONAL EDUCATION--A TOUCH OF SUGAR/DIABETES EDUCATION/HEALTHY CHURCH INITIATIVES --NEW SHILOH BAPTIST/HEART HEALTHY EDUCATION/OBESITY/DIABETES--HAMMOND GROVE BAPTIST CHURCH/NUTRITION EDUCATION--MORNING GROVE CHURCH/NUTRITION EDUCATION/PEDIATRIC BACK TO SCHOOL HEALTH FAIR --FREE HEALTH SCREENINGS FOR CHILDREN & PARENTS--PROVIDE EDUCATION ON HEALTHY LIFESTYLE CHOICES--PHYSICIANS PROVIDED THE SCREENINGS WITH INFORMATION FOR FOLLOW-UP SPEAKERS BUREAU-HOSPITAL EXPERTS AVAILABLE TO SPEAK TO THE COMMUNITY ABOUT HEALTHY LIFESTYLE CHOICES IN ADDITION TO THE AFOREMENTIONED COMMUNITY ASSETS, THE FOLLOWING ORGANIZATIONS ALSO EXIST IN THE COMMUNITY BAPTIST MEMORIAL HOSPITAL FOR WOMEN WILL WORK COLLABORATIVELY WITH THESE ENTITIES TO ADDRESS THE OBJECTIVES AND STRATEGIES OUTLINED ABOVE --PEDIATRIC OPHTHALMOLOGISTS--AMERICAN HEART ASSOCIATION- -AMERICAN DIABETES ASSOCIATION--CHOOSE MY PLATE--MICHELLE OBAMA'S "LET'S MOVE"--SALVATION ARMY KROC CENTER--MEMPHIS BOTANIC GARDEN HEAL PROGRAMMING--HEALTHY MEMPHIS COMMON TABLE--HEALTHY SHELBY--SHELBY COUNTY SCHOOLS--SHELBY COUNTY HEALTH DEPARTMENT--UNITED WAY--PINK PA LACE LEARNING LABELS PROGRAM--LOCAL CHURCHES AND COMMUNITY GROUPS2 CANCER WITH THE SUPPORT OF THE BAPTIST CANCER CENTER, BAPTIST MEMORIAL HOSPITAL FOR WOMEN WILL SEEK TO EDUCATE RESIDENTS ABOUT THE RISK FACTORS FOR CANCER AND EARLY DETECTION, WITH THE GOAL OF IMPROVING CANCER MORTALITY RATES AND QUALITY OF LIFE FOR PATIENTS WITH CANCER STRATEGIES INCLUDE THE FOLLOWING CONTINUE OUTREACH AROUND CANCER CARE EDUCATION --SAM PATTERSON LIBRARY SPEAKER SERIES--BAPTIST WOMEN'S SPEAKER'S BUREAU--AREA CHURCHES AND PLACES OF WORSHIP--AREA COMMUNITY GROUPS AND CENTERS--AREA SORORITIES AND FRATERNITIES CONTINUE HOSTING AND PROVISION OF RESOURCES TO SUPPORT GROUPS --LOOK GOOD FEEL BETTER/PARTNERSHIP WITH AMERICAN CANCER SOCIETY & SEPHORA--WHOW SUPPORT GROUP/BREAST CANCER SURVIVORS & PATIENTS SUPPORTING EACH OTHER--FLYING COLORS/BREAST CANCER SUPPORT GROUP CONTINUE HEALTH FAIRS/SCREENINGS --SAM PATTERSON LIBRARY SKIN CANCER SCREENINGS--AREA COLLEGES/UNIVERSITIES--AREA BUSINESS EMPLOYEE GROUPS--CHURCH HEALTH CENTERS--CHRIST COMMUNITY CLINICS--AHEC/SERVING HISPANIC COMMUNITY--AREA CHURCHES AND PLACES OF WORSHIP--AREA COMMUNITY GROUPS AND CENTERS--AREA SORORITIES AND FRATERNITIES COMMUNITY ACCESS TO THE UNDERSERVED --WOMEN'S HEALTH CENTER MOBILE MAMMOGRAPHY SERVICE--FIRST AND ONLY MOBILE MAMMOGRAPHY SERVICE IN THE MEMPHIS/MID-SOUTH AREA FOR OVER 25 YEARS--PROVIDING EDUCATION AND SERVICE TO WOMEN WHO DO NOT HAVE ACCESS--PROVIDING MAMMOGRAPHY SCREENING AND DIAGNOSTICS THROUGH GRANT FUNDING FOR THE UNINSURED WHO MEET ESTABLISHED CHARITY GUIDELINESEVENTS --RACE FOR THE CURE--PINK TIE/BREAST CANCER SURVIVOR FASHIONS HOW/BREAST HEALTH EDUCATION & AWARENESS--THINK PINK LUNCHEON/FUNDRAISER & BREAST HEALTH EDUCATION & AWARENESS--PINK RIBBON OPEN/BREAST CANCER ERADICATION INITIATIVE--CANCER DAY/SURVIVORSHIP AWARENESS AND EDUCATION--PINK HEALS TOUR/EDUCATION, AWARENESS & FUNDRAISING--DAZZLE/MOBILE EVENT, EDUCATION, AWARENESS--GERMANTOWN SIDEWALK SALES/MOBILE EVENT, EDUCATION, AWARENESS--MACY'S OAK COURT MALL/AWARENESS AND EDUCATION IN ADDITION TO THE AFOREMENTIONED COMMUNITY ASSETS, THE FOLLOWING ORGANIZATIONS ALSO EXIST IN THE COMMUNITY BAPTIST MEMORIAL HOSPITAL FOR WOMEN WILL WORK COLLABORATIVELY WITH THESE ENTITIES TO ADDRESS THE OBJECTIVES AND STRATEGIES OUTLINED ABOVE --SUSAN G KOMEN--AMERICAN CANCER SOCIETY--BREAST CANCER ERADICATION INITIATIVE--OVARIAN CANCER ASSOCIATION--TN BREAST COALITION--ZETA TAU ALPHA CHAPTER--SYSTEM PARTNERSHIP WITH VANDERBILT-INGRAM CANCER CENTER--SHELBY COUNTY HEALTH DEPARTMENT--LOCAL CHURCHES AND COMMUNITY GROUPS3 MATERNAL & WOMEN'S HEALTH IMPROVING OUTCOMES FOR BABIES STARTS BY ENSURING PREGNANT MOTHERS HAVE

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

Form and Line Reference	Explanation
BAPTIST MEMORIAL HOSPITAL FOR WOMEN	VE ACCESS TO EARLY PRENATAL CARE AND BEGIN TO MAKE HEALTHY LIFESTYLE CHOICES DURING PREGNANCY AND CONTINUE HEALTHY BEHAVIORS AFTER GIVING BIRTH WE WILL CONDUCT THE FOLLOWING STRATEGIES EDUCATION --BEAUTIFUL BUNDLES/NEW MOM'S SUPPORT GROUP--BREASTFEEDING CLASSES--HEART TO HEART/SKIN TO SKIN BREASTFEEDING INITIATIVE--STORK'S NEST/PARTNERSHIP WITH AGAPE TO PROVIDE EDUCATION ON PREGNANCY THROUGH BABY'S SECOND YEAREVENTS --MID-SOUTH BABY & KIDS EXPO/ PROVIDE PRENATAL EDUCATION AND HEALTHY LIFESTYLE ACTIVITIES FOR CHILDREN AND THEIR FAMILIES --MARCH OF DIMES WALK/PRENATAL EDUCATION, PROGRAMS TO DECREASE INFANT MORTALITY--MARCH OF DIMES PARTNERSHIP/LUNCHEON AND FUNDRAISER TO RAISE AWARENESS REGARDING PREMATUREITY--DIAPE R DRIVE/DONATIONS TO THE STORK'S NESTBAPTIST MEMORIAL HOSPITAL HOSPITAL FOR WOMEN WILL ALSO PARTNER WITH THE FOLLOWING COMMUNITY ORGANIZATIONS TO ADDRESS OUR STRATEGIES LISTED ABOVE --SHELBY COUNTY BREASTFEEDING COALITION--MARCH OF DIMES--SHELBY COUNTY PREMATUREITY INITIATIVE--HEALTHY SHELBY INITIATIVE--SHELBY COUNTY HEALTH DEPARTMENT--UNITED WAY AGENCIES--SHELBY COUNTY SCHOOLS AND AREA PRIVATE SCHOOLS4 MENTAL HEALTH RECOGNIZING THE RELATIONSHIP BETWEEN MENTAL HEALTH AND OPTIMAL PHYSICAL HEALTH FOR PATIENTS AND THEIR CAREGIVERS, BAPTIST MEMORIAL HOSPITAL FOR WOMEN WILL AIM TO HELP RESIDENTS IDENTIFY THE SIGNS OF DEMENTIA AND/OR ALZHEIMER'S DISEASE AND PROVIDE SUPPORT FOR CAREGIVERS WE WILL CONDUCT THE FOLLOWING STRATEGIES --CAMP GOOD GRIEF-BEREAVEMENT CAMPS FOR CHILDREN AND TEENS WHO HAVE EXPERIENCED THE LOSS OF A LOVED ONE --COLLABORATE WITH MEMORY CARE CENTER FOR DIAGNOSES AND RESOURCES --CONTINUE TO WORK WITH COMMUNITY GROUPS TO PROVIDE RESOURCES AND REFERRALS TO EDUCATE RESIDENTS AND COLLEAGUES ON MENTAL HEALTH ISSUES AND CAREGIVER SUPPORT BAPTIST MEMORIAL HOSPITAL HOSPITAL FOR WOMEN WILL ALSO PARTNER WITH THE FOLLOWING COMMUNITY ORGANIZATIONS TO ADDRESS OUR STRATEGIES LISTED ABOVE --LAKESIDE PARTNERSHIP/BEHAVIORAL HEALTH--CITY OF MEMPHIS--BOY SCOUTS OF AMERICA--GIRLS INC --GIRL SCOUTS--ALZHEIMER'S ASSOCIATION--AMERICAN STROKE ASSOCIATION--AGING COMMISSION--ASSISTED LIVING, SENIOR CARE FACILITIESBAPTIST MEMORIAL HOSPITAL HOSPITAL FOR WOMEN PLANS TO ADDRESS ALL FOUR OF THE PRIORITIZED HEALTH NEEDS IDENTIFIED THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENT IT WILL CONTINUE TO PLAY A LEADERSHIP ROLE IN ADDRESSING THE HEALTH NEEDS OF THE RESIDENTS IN THE COMMUNITIES IT SERVES FOR COMMUNITY NEEDS NOT IDENTIFIED AS PRIORITIES, BAPTIST MEMORIAL HOSPITAL FOR WOMEN WILL CONTINUE TO PLAY A SUPPORT ROLE AS RESOURCES ARE AVAILABLE AS WITH ALL BAPTIST MEMORIAL HOSPITAL FOR WOMEN PROGRAMS, THE HOSPITAL WILL CONTINUE TO MONITOR COMMUNITY NEEDS AND ADJUST PROGRAMMING AND SERVICES ACCORDINGLY

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

Form and Line Reference	Explanation
BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE	Part V, Section B, Line 11 1 HEALTHY LIFESTYLE CHOICES RECOGNIZING THE CONNECTION BETWEEN N DIABETES, CARDIOVASCULAR DISEASE, AND OTHER CHRONIC CONDITIONS TO HEALTHY LIFESTYLE CHOICES, BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE WILL SEEK TO REDUCE THESE CHRONIC CONDITIONS BY FOCUSING EDUCATION AND AWARENESS ON PROMOTING HEALTHY EATING AND PHYSICAL ACTIVITY A REDUCTION IN CHRONIC DISEASE RATES WILL LIKELY NOT BE SEEN IN THE INITIAL THREE YEAR CYCLE, HOWEVER, BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE EXPECTS THAT SUCCESS IN INCREASING AWARENESS OF THE RELATIONSHIP BETWEEN HEALTHY LIFESTYLE CHOICES AND DISEASE WILL IMPACT THE NUMBER OF RESIDENTS AT RISK FOR OR DIAGNOSED WITH DIABETES, CARDIOVASCULAR DISEASE, AND OTHER CHRONIC CONDITIONS IN THE FUTURE STRATEGIES INCLUDE THE FOLLOWING --HOST ANNUAL WOMEN'S HEALTH FAIR THE EVENT INCLUDES VENDORS WITH HEALTH EDUCATION ON VARIOUS ISSUES INCLUDING DIET/NUTRITION, EXERCISE, DIABETES, SCREENINGS, ETC BETWEEN 300 AND 500 PARTICIPANTS ATTEND EACH YEAR --SPEAKERS BUREAU-HOSPITAL EXPERTS AVAILABLE TO SPEAK TO THE COMMUNITY--OFFER ONE-ON-ONE OUTPATIENT APPOINTMENTS WITH OUR REGISTERED DIETICIAN TO PROVIDE EDUCATIONAL MATERIALS AND HELP PATIENTS BETTER MANAGE THEIR DIABETES --PUBLISH MONTHLY NEWSPAPER ARTICLES TO EDUCATE THE COMMUNITY ABOUT HEALTH-RELATED TOPICS AND TIPS TO LIVE A HEALTHIER LIFESTYLE--PROVIDE FREE QUARTERLY EDUCATION PROGRAMS ON HEALTH RELATED TOPICS SUCH AS DIABETES, CHOLESTEROL, HEART DISEASE, ETC --HUMANA VITALITY WELLNESS PROGRAM-HEALTHY EATING AND EXERCISE OPTIONS FOR COLLEAGUES AND THEIR FAMILY MEMBERS BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE WILL ALSO PARTNER WITH THE FOLLOWING COMMUNITY ORGANIZATIONS TO ADDRESS OUR STRATEGIES LISTED ABOVE --AMERICAN CANCER SOCIETY--AMERICAN HEART ASSOCIATION--AMERICAN LUNG ASSOCIATION--SHELBY COUNTY SCHOOLS--COLLIERVILLE CHAMBER OF COMMERCE--COLLIERVILLE PARKS AND RECREATION--LOCAL CHURCHES AND COMMUNITY GROUPS2 CANCER WITH THE SUPPORT OF THE BAPTIST CANCER CENTER, BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE WILL SEEK TO EDUCATE RESIDENTS ABOUT THE RISK FACTORS FOR CANCER AND EARLY DETECTION, WITH THE GOAL OF IMPROVING CANCER MORTALITY RATES AND QUALITY OF LIFE FOR PATIENTS WITH CANCER STRATEGIES INCLUDE THE FOLLOWING --BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE CONTINUES TO PROMOTE AND ADVERTISE THE IMPORTANCE OF MAMMOGRAPHY WE PROVIDE EDUCATION TO LOCAL WOMEN'S CLUBS ABOUT SERVICES IN OUR WOMEN'S CENTER AND INFORMATION ON BREAST HEALTH DURING BREAST CANCER AWARENESS MONTH, WE PUBLISH PRINT ADS IN LOCAL NEWSPAPERS AND OTHER PUBLICATIONS AS WELL AS SUBMIT ARTICLES TO THE NEWSPAPERS --IN 2013, BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE WAS A REGISTRATION LOCATION FOR THE REGIONAL AMERICAN CANCER SOCIETY CPS-3 STUDY TO HELP DETERMINE THE CORRELATION BETWEEN SMOKING AND CANCER BAPTIST MEMORIAL HOSPITAL-MEMPHIS AND BAPTIST MEMORIAL HOSPITAL-DESOTO ALSO PARTICIPATED IN THE PROJECT --SPEAKERS BUREAU-HOSPITAL EXPERTS AVAILABLE TO SPEAK TO THE COMMUNITYBAPTIST MEMORIAL HOSPITAL-COLLIERVILLE WILL ALSO PARTNER WITH THE FOLLOWING COMMUNITY ORGANIZATIONS TO ADDRESS OUR STRATEGIES LISTED ABOVE --AMERICAN CANCER SOCIETY--COLLIERVILLE WOMEN'S CLUB--MAKING STRIDES--SUSAN G KOMEN FOUNDATION--LOCAL CHURCHES AND COMMUNITY GROUPS3 MATERNAL & WOMEN'S HEALTH IMPROVING OUTCOMES FOR BABIES STARTS BY ENSURING PREGNANT MOTHERS HAVE ACCESS TO EARLY PRENATAL CARE AND BEGIN TO MAKE HEALTHY LIFESTYLE CHOICES DURING PREGNANCY AND CONTINUE HEALTHY BEHAVIORS AFTER GIVING BIRTH WE WILL CONDUCT THE FOLLOWING STRATEGIES BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE WILL CONTINUE TO WORK WITH COMMUNITY GROUPS TO PROVIDE RESOURCES AND REFERRALS TO EDUCATE RESIDENTS AND COLLEAGUES ON MATERNAL AND WOMEN'S HEALTH ISSUES AS THESE SERVICES ARE NOT OFFERED AT THE HOSPITAL, REFERRALS FOR SPECIFIC SERVICES AND PROVIDERS ARE MADE TO BAPTIST MEMORIAL HOSPITAL FOR WOMEN BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE WILL ALSO PARTNER WITH THE FOLLOWING COMMUNITY ORGANIZATIONS TO ADDRESS OUR STRATEGIES LISTED ABOVE --SHELBY COUNTY HEALTH DEPARTMENT --MARCH OF DIMES--HEALTHY SHELBY --URBAN CHILD INSTITUTE4 MENTAL HEALTH RECOGNIZING THE RELATIONSHIP BETWEEN MENTAL HEALTH AND OPTIMAL PHYSICAL HEALTH FOR PATIENTS AND THEIR CAREGIVERS, BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE WILL AIM TO HELP RESIDENTS IDENTIFY THE SIGNS OF DEMENTIA AND/OR ALZHEIMER'S DISEASE AND PROVIDE SUPPORT FOR CAREGIVERS WE WILL CONDUCT THE FOLLOWING STRATEGIES --BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE WILL CONTINUE TO WORK WITH COMMUNITY GROUPS TO PROVIDE RESOURCES AND REFERRALS TO EDUCATE RESIDENTS AND COLLEAGUES ON MENTAL HEALTH ISSUES AND CAREGIVER SUPPORT --CONCERN EMPLOYEE ASSISTANCE PROGRAM FOR COLLEAGUES--COLLABORATE WITH MEMORY CARE CENTER FOR DIAGNOSES AND RESOURCES BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE WILL ALSO PARTNER WITH THE FOLLOWING COMMUNITY ORGANIZATIONS TO ADDRESS OUR STRATEGIES LISTED ABOVE --PAGE ROBBINS ADULT DAY CARE--ALZHEIMER'S ASSOCIATION--AGING COMMISSION--ASSISTED LIVING, SEN

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

Form and Line Reference	Explanation
BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE	FOR CARE FACILITIESBAPTIST MEMORIAL HOSPITAL-COLLIERVILLE PLANS TO ADDRESS ALL FOUR OF THE PRIORITIZED HEALTH NEEDS IDENTIFIED THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENT IT WILL CONTINUE TO PLAY A LEADERSHIP ROLE IN ADDRESSING THE HEALTH NEEDS OF THE RESIDENTS IN THE COMMUNITIES IT SERVES FOR COMMUNITY NEEDS NOT IDENTIFIED AS PRIORITIES OR WITH SERVICES NOT AVAILABLE ONSITE, BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE WILL CONTINUE TO PLAY A SUPPORT ROLE AS RESOURCES ARE AVAILABLE AS WITH ALL BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE PROGRAMS, THE HOSPITAL WILL CONTINUE TO MONITOR COMMUNITY NEEDS AND ADJUST PROGRAMMING AND SERVICES ACCORDINGLY

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
BAPTIST MEMORIAL HOSPITAL-MEMPHIS	Part V, Section B, Line 13b 1 MONEY INCOME INCLUDES EARNINGS, UNEMPLOYMENT COMPENSATION, WORKERS' COMPENSATION, SOCIAL SECURITY, SUPPLEMENTAL SECURITY INCOME, DISABILITY PAYMENTS, PUBLIC ASSISTANCE, VETERANS' PAYMENTS, SURVIVOR BENEFITS, PENSION OR RETIREMENT INCOME, INTEREST, DIVIDENDS, RENTS, ROYALTIES, INCOME FROM ESTATES, TRUSTS, EDUCATIONAL ASSISTANCE, ALIMONY, CHILD SUPPORT, ASSISTANCE FROM OUTSIDE THE HOUSEHOLD, AND OTHER MISCELLANEOUS SOURCES WHEN CALCULATING INCOME FROM ANY OF THE PRECEDING SOURCES USE THE GROSS AMOUNT 2 NON-CASH BENEFITS (SUCH AS FOOD STAMPS AND HOUSING SUBSIDIES) DO NOT COUNT AS INCOME 3 IF A PERSON LIVES WITH A FAMILY, CALCULATE THE TOTAL GROSS INCOME OF ALL FAMILY MEMBERS A) NON-RELATIVES, INCLUDING HOUSEMATES, DO NOT COUNT B) A CHILD WHO IS A FULL-TIME STUDENT AWAY FROM HOME IN AN ACCREDITED COLLEGE MAY BE COUNTED C) MINOR CHILDRENS' EARNED WAGES ARE NOT TO BE INCLUDED IN DETERMINING INCOME D) COURT-ORDERED OR STATE/FEDERAL ISSUED ASSISTANCE RELATED TO A MINOR SHOULD BE INCLUDED IN DETERMINING INCOME 4 PRIMARY RESIDENCE OF INDIVIDUALS CLAIMED IN A FAMILY UNIT SHOULD BE VERIFIED USING TAX RETURNS OR FEDERAL, STATE OR GOVERNMENTAL COURT DOCUMENTS INDICATING RESIDENCY

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
BAPTIST MEMORIAL HOSPITAL FOR WOMEN	Part V, Section B, Line 13b 1 MONEY INCOME INCLUDES EARNINGS, UNEMPLOYMENT COMPENSATION, WORKERS' COMPENSATION, SOCIAL SECURITY, SUPPLEMENTAL SECURITY INCOME, DISABILITY PAYMENTS, PUBLIC ASSISTANCE, VETERANS' PAYMENTS, SURVIVOR BENEFITS, PENSION OR RETIREMENT INCOME, INTEREST, DIVIDENDS, RENTS, ROYALTIES, INCOME FROM ESTATES, TRUSTS, EDUCATIONAL ASSISTANCE, ALIMONY, CHILD SUPPORT, ASSISTANCE FROM OUTSIDE THE HOUSEHOLD, AND OTHER MISCELLANEOUS SOURCES WHEN CALCULATING INCOME FROM ANY OF THE PRECEDING SOURCES USE THE GROSS AMOUNT 2 NON-CASH BENEFITS (SUCH AS FOOD STAMPS AND HOUSING SUBSIDIES) DO NOT COUNT AS INCOME 3 IF A PERSON LIVES WITH A FAMILY, CALCULATE THE TOTAL GROSS INCOME OF ALL FAMILY MEMBERS A) NON-RELATIVES, INCLUDING HOUSEMATES, DO NOT COUNT B) A CHILD WHO IS A FULL-TIME STUDENT AWAY FROM HOME IN AN ACCREDITED COLLEGE MAY BE COUNTED C) MINOR CHILDRENS' EARNED WAGES ARE NOT TO BE INCLUDED IN DETERMINING INCOME D) COURT-ORDERED OR STATE/FEDERAL ISSUED ASSISTANCE RELATED TO A MINOR SHOULD BE INCLUDED IN DETERMINING INCOME 4 PRIMARY RESIDENCE OF INDIVIDUALS CLAIMED IN A FAMILY UNIT SHOULD BE VERIFIED USING TAX RETURNS OR FEDERAL, STATE OR GOVERNMENTAL COURT DOCUMENTS INDICATING RESIDENCY

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE	Part V, Section B, Line 13b 1 MONEY INCOME INCLUDES EARNINGS, UNEMPLOYMENT COMPENSATION, WORKERS' COMPENSATION, SOCIAL SECURITY, SUPPLEMENTAL SECURITY INCOME, DISABILITY PAYMENTS, PUBLIC ASSISTANCE, VETERANS' PAYMENTS, SURVIVOR BENEFITS, PENSION OR RETIREMENT INCOME, INTEREST, DIVIDENDS, RENTS, ROYALTIES, INCOME FROM ESTATES, TRUSTS, EDUCATIONAL ASSISTANCE, ALIMONY, CHILD SUPPORT, ASSISTANCE FROM OUTSIDE THE HOUSEHOLD, AND OTHER MISCELLANEOUS SOURCES WHEN CALCULATING INCOME FROM ANY OF THE PRECEDING SOURCES USE THE GROSS AMOUNT 2 NON-CASH BENEFITS (SUCH AS FOOD STAMPS AND HOUSING SUBSIDIES) DO NOT COUNT AS INCOME 3 IF A PERSON LIVES WITH A FAMILY, CALCULATE THE TOTAL GROSS INCOME OF ALL FAMILY MEMBERS A) NON-RELATIVES, INCLUDING HOUSEMATES, DO NOT COUNT B) A CHILD WHO IS A FULL-TIME STUDENT AWAY FROM HOME IN AN ACCREDITED COLLEGE MAY BE COUNTED C) MINOR CHILDRENS' EARNED WAGES ARE NOT TO BE INCLUDED IN DETERMINING INCOME D) COURT-ORDERED OR STATE/FEDERAL ISSUED ASSISTANCE RELATED TO A MINOR SHOULD BE INCLUDED IN DETERMINING INCOME 4 PRIMARY RESIDENCE OF INDIVIDUALS CLAIMED IN A FAMILY UNIT SHOULD BE VERIFIED USING TAX RETURNS OR FEDERAL, STATE OR GOVERNMENTAL COURT DOCUMENTS INDICATING RESIDENCY

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
BAPTIST MEMORIAL HOSPITAL-MEMPHIS	Part V , Section B, Line 22d PATIENTS RECEIVING EMERGENCY CARE OR OTHER MEDICALLY NECESSARY CARE WHO DO NOT HAVE INSURANCE ARE BILLED IN ACCORDANCE WITH THE TERMS OF THE HOSPITAL'S "CHARITY, UNINSURED AND INDIGENT POLICY " THIS POLICY OFFERS PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE, A VARIETY OF PAYMENT OPTIONS OR TERMS FOR PAYMENT THE HOSPITAL UTILIZES PAYMENT PROCEDURES FOR UNINSURED OR MEDICALLY UNDERINSURED, WHICH TAKE INTO CONSIDERATION OTHER PAYMENT ARRANGEMENTS WITH INSURANCE COMPANIES, MANAGED CARE NETWORKS, AND GOVERNMENT-SPONSORED PROGRAMS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
BAPTIST MEMORIAL HOSPITAL FOR WOMEN	Part V, Section B, Line 22d PATIENTS RECEIVING EMERGENCY CARE OR OTHER MEDICALLY NECESSARY CARE WHO DO NOT HAVE INSURANCE ARE BILLED IN ACCORDANCE WITH THE TERMS OF THE HOSPITAL'S "CHARITY, UNINSURED AND INDIGENT POLICY " THIS POLICY OFFERS PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE, A VARIETY OF PAYMENT OPTIONS OR TERMS FOR PAYMENT THE HOSPITAL UTILIZES PAYMENT PROCEDURES FOR UNINSURED OR MEDICALLY UNDERINSURED, WHICH TAKE INTO CONSIDERATION OTHER PAYMENT ARRANGEMENTS WITH INSURANCE COMPANIES, MANAGED CARE NETWORKS, AND GOVERNMENT-SPONSORED PROGRAMS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE	Part V , Section B, Line 22d PATIENTS RECEIVING EMERGENCY OR OTHER MEDICALLY NECESSARY CARE WHO DO NOT HAVE INSURANCE ARE BILLED IN ACCORDANCE WITH THE TERMS OF THE HOSPITAL'S "CHARITY, UNINSURED AND INDIGENT POLICY " THIS POLICY OFFERS PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE, A VARIETY OF PAYMENT OPTIONS OR TERMS FOR PAYMENT THE HOSPITAL UTILIZES PAYMENT PROCEDURES FOR UNINSURED OR MEDICALLY UNDERINSURED, WHICH TAKE INTO CONSIDERATION OTHER PAYMENT ARRANGEMENTS WITH INSURANCE COMPANIES, MANGAGED CARE NETWORKS, AND GOVERNMENT-SPONSORED PROGRAMS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Part V , Section B, Line 16	Financial Assistance Policy Website Availability

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
BAPTIST MEMORIAL HOSPITAL-MEMPHIS Part V, Section B, line 16a website	www.baptistonline.org/expense-navigator/financial-assistance/

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
BAPTIST MEMORIAL HOSPITAL-MEMPHIS Part V, Section B, line 16b website	www.baptistonline.org/app/files/public/1011/pdf-Financial-Evaluation

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
BAPTIST MEMORIAL HOSPITAL FOR WOMEN Part V, Section B, line 16a website	www.baptistonline.org/expense-navigator/financial-assistance/

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
BAPTIST MEMORIAL HOSPITAL FOR WOMEN Part V, Section B, line 16b website	www.baptistonline.org/app/files/public/1011/pdf-Financial-Evaluation

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE Part V, Section B, line 16a website	www.baptistonline.org/expense-navigator/financial-assistance/

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE Part V, Section B, line 16b website	www.baptistonline.org/app/files/public/1011/pdf-Financial-Evaluation

Schedule I
(Form 990)

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

Department of the Treasury
Internal Revenue Service

Name of the organization
BAPTIST MEMORIAL HOSPITAL

Employer identification number
62-0123940

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE BREAST CANCER ERADICATION INITIATIVE PO BOX 382886 GERMANTOWN,TN 381832886	62-1609633	501(c)(3)	25,000				ERADICATION INITIATIVE SPONSOR
(2) CROSSLINK INTERNATIONAL 427 N MAPLE AVE FALLS CHURCH,VA 220463428	54-1827160	501(c)(3)		304,344	BOOK VALUE	EYEGLASSES & MEDICAL SUPPLIES	EYE GLASSES & MEDICAL SUPPLIES

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

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

Part III

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

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

Part IV

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

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

Schedule J

(Form 990)

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

Department of the Treasury

Internal Revenue Service

Name of the organization

BAPTIST MEMORIAL HOSPITAL

Employer identification number

62-0123940

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☒ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes 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. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
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?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
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?	5b	No
If "Yes," to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	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, VICE PRESIDENTS, AND ADMINISTRATORS RECEIVE A PERQUISITE ALLOWANCE. THE ALLOWANCE IS INCLUDED IN THEIR SALARIES AND IS TAXABLE TO THEM AS ADDITIONAL INCOME. THE ORGANIZATION ALSO HAS AN ACCOUNTABLE PLAN, BUT A DISCRETIONARY SPENDING ACCOUNT IS NOT PART OF AN ACCOUNTABLE PLAN. IF ANY OF THE OTHER ITEMS LISTED ON SCHEDULE J, PART I, LINE 1a WERE APPLICABLE, THE RECIPIENTS WOULD BE REQUIRED TO FOLLOW THE ORGANIZATION'S WRITTEN POLICY REGARDING PAYMENT OR REIMBURSEMENT.
PART I, LINE 3	BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER, HAS A GOVERNANCE COMMITTEE MADE UP OF THE BOARD OF DIRECTORS, WHO ALONG WITH THE HUMAN RESOURCE DEPARTMENT, UTILIZES INDEPENDENT COMPENSATION CONSULTANTS, COMPENSATION STUDIES, AND APPROVAL BY THE COMPENSATION COMMITTEE TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR AND OTHER KEY PERSONNEL.
FORM 990, SCHEDULE J PART II	LINE 17 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. LINE 18 DERICK B. ZIEGLER RECEIVED COMPENSATION AS VICE PRESIDENT OF BAPTIST MEMORIAL HEALTH CARE CORPORATION. THIS COMPENSATION REPRESENTS THE COMPENSATION EARNED DURING THE CALENDAR YEAR ENDING 12/31/14. HE DID NOT RECEIVE COMPENSATION AS A DIRECTOR. LINE 19 ZACHARY R. CHANDLER RECEIVED COMPENSATION AS EXECUTIVE VICE PRESIDENT OF BAPTIST MEMORIAL HEALTH CARE CORPORATION. THIS COMPENSATION REPRESENTS THE COMPENSATION EARNED DURING THE CALENDAR YEAR ENDING 12/31/14. HE DID NOT RECEIVE COMPENSATION AS A DIRECTOR.

Additional Data

Software ID:
Software Version:
EIN: 62-0123940
Name: BAPTIST MEMORIAL HOSPITAL

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				
RANDY J KING, DIRECTOR	(i) 0	0	0	0	0	0	0
	(ii) 359,810	69,385	212,505	42,500	18,596	702,796	0
GREGORY M DUCKETT, SECRETARY	(i) 0	0	0	0	0	0	0
	(ii) 406,545	91,330	252,368	32,500	26,342	809,085	0
KYLE E ARMSTRONG, CEO/ADMIN	(i) 0	0	0	0	0	0	0
	(ii) 176,046	40,565	49,978	23,660	20,549	310,798	0
JASON M LITTLE, PRESIDENT	(i) 0	0	0	0	0	0	0
	(ii) 739,507	160,624	111,876	30,500	24,365	1,066,872	0
PAUL D DEPRIEST MD, V P /COO	(i) 0	0	0	0	0	0	0
	(ii) 542,162	116,229	214,018	29,500	24,944	926,853	0
ANITA VAUGHN, CEO/ADMIN	(i) 0	0	0	0	0	0	0
	(ii) 224,208	44,217	299,893	58,613	20,505	647,436	0
DANA DYE, CEO/ADMIN	(i) 0	0	0	0	0	0	0
	(ii) 300,943	66,200	54,381	31,750	5,995	459,269	0
CYNDI S PITTMAN, CFO	(i) 192,747	12,998	261	25,952	22,035	253,993	0
	(ii) 0	0	0	0	0	0	0
CHRISTIAN C PATRICK MD, CMO	(i) 378,175	45,178	0	39,079	24,316	486,748	0
	(ii) 0	0	0	0	0	0	0
REBECCA M HUNTER, CNO	(i) 214,401	11,063	0	16,241	12,978	254,683	0
	(ii) 0	0	0	0	0	0	0
LINDSAY R STENCEL, ASST ADMINISTRATOR	(i) 146,707	9,714	0	15,815	19,788	192,024	0
	(ii) 0	0	0	0	0	0	0
STEPHEN L HELTON, PHYS ADVISOR-CASE MGMT	(i) 208,346	0	0	17,828	2,562	228,736	0
	(ii) 0	0	0	0	0	0	0
JERRY S WALKER, PHARMACIST	(i) 164,138	0	0	27,438	334	191,910	0
	(ii) 0	0	0	0	0	0	0
DARLA G BELT, DIR NURSING	(i) 155,919	11,585	0	3,981	8,407	179,892	0
	(ii) 0	0	0	0	0	0	0
JUBEI LIE, PHYSICIST	(i) 153,409	0	0	18,177	22,073	193,659	0
	(ii) 0	0	0	0	0	0	0
KEVIN L BRONSON, CHIEF PHYSICIST	(i) 169,238	0	0	13,587	15,344	198,169	0
	(ii) 17,955	0	0	1,446	1,947	21,348	0
STEPHEN C REYNOLDS, FORMER PRESIDENT	(i) 0	0	0	0	0	0	0
	(ii) 573,600	335,766	778,861	70,000	7,750	1,765,977	0
DERICK B ZIEGLER, FORMER CEO/ADMIN	(i) 0	0	0	0	0	0	0
	(ii) 322,900	69,064	170,764	48,902	7,306	618,936	0
ZACHARY R CHANDLER, FORMER DIRECTOR	(i) 0	0	0	0	0	0	0
	(ii) 476,619	100,323	151,039	19,500	20,443	767,924	0

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
BAPTIST MEMORIAL HOSPITAL

Employer identification number
62-0123940

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A THE HEALTH EDUCATIONAL & HOUSING FACILITY BOARD OF SHELBY COUNTY TN	52-1283414	821697B40	11-05-2009	175,081,809	EXPANSION AND UPGRADES TO HOSPITALS-BONDS CONVERTED TO FIXED RATE		X	X			X

Part II Proceeds									
		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	73,670,000							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1,657,093							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2004							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART II LINE 3	THE DIFFERENCE BETWEEN THE ISSUE PRICE OF THE BONDS IN PART I COLUMN (e) IS DUE TO PRINCIPAL PAYMENTS, THUS REDUCING THE AMOUNT OF PROCEEDS AT YEAR END

Return Reference	Explanation
PART III, LINE 9, PART IV, LINE 7, AND PART V,	OUR MASTER TRUST INDENTURE IS THE GOVERNING DOCUMENT FOR THE BONDS

Return Reference	Explanation
SCHEDULE K, PART IV LINE 2(c)	THE REBATE COMPUTATION WAS CALCULATED AS OF SEPTEMBER 1, 2014

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.**2014****Open to Public
Inspection**Name of the organization
BAPTIST MEMORIAL HOSPITAL**Employer identification number**

62-0123940

Return Reference	Explanation	
	PART III, STATEMENT OF PROGRAM SERVICES CONTINUED	BAPTIST MEMORIAL HOSPITAL RECENTLY BECAME THE ONLY HOSPITAL IN MEMPHIS TO BEGIN USING THE NEW SPY GLASS DS TECHNOLOGY TO DIAGNOSE AND TREAT DISEASES AND CONDITIONS OF THE LIVER, GAL BLADDER, PANCREAS AND BILE DUCTS "THE VISUALIZATION IS FAR SUPERIOR AND INTERPRETATION IS MUCH EASIER THAN THE ORIGINAL SPY GLASS," SAID DR. EDWARD CATT AU, GASTROENTEROLOGIST AT BAPTIST MEMPHIS "IT GIVES ME INCREASED CONFIDENCE IN DIAGNOSIS, NOT TO MENTION IT'S COST-E FFECTIVE AND CAN BE LESS RISKY COMPARED TO TRADITIONAL SURGICAL APPROACHES " SPY GLASS IS U SED IN CONJUNCTION WITH ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), AN ESTABLIS HED ENDOSCOPY PROCEDURE TO OBTAIN RADIOGRAPHIC IMAGES OF THE BILE DUCTS AND PANCREAS AND T O PERFORM DIA GNOSTIC AND THERAPEUTIC PROCEDURES SPY GLASS DS ALLOWS FOR HIGH-RESOLUTION IM AGING DURING THE ERCP PROCEDURE TO BETTER TARGET BIOPSIES AND MORE SAFELY FRAGMENT STONES THE NEW SYSTEM USES A SMALL, UNIQUE VIDEO SCOPE THAT IS PASSED THROUGH THE WORKING CANAL OF THE STANDARD ERCP SCOPE AND INSERTED DIRECTLY INTO THE BILIARY AND PANCREATIC DUCTS, GI VING PHYSICIANS THE ABILITY TO HAVE DIRECT VISUALIZATION INSIDE THESE STRUCTURES SPY GLASS DS TYPICALLY RESULTS IN MORE EFFICIENT EVALUATIONS AND HELPS REDUCE THE NEED FOR ADDITION AL TESTING AND REPEAT PROCEDURES COMPARED TO TRADITIONAL ERCP, ENABLING PATIENTS TO RECEIV E A DEFINITIVE DIAGNOSIS AND TREATMENT SOONER DR CATT AU IS EXTREMELY FAMILIAR WITH THIS TECHNOLOGY , HAVING FIRST BEEN INVOLVED IN RESEAR CH WITH PROTOTY PES FROM OTHER MANUFACTURER S MORE THAN 25 YEARS AGO IN 2010, HE PERFORMED THE CITY'S FIRST ELECTROHYDRAULIC LITHOTRI PSY (THE REMOVAL OF LARGE STONES FROM THE BILE DUCT WITHOUT OPEN SURGERY) WITH SPY GLASS " SPY GLASS DS INCREASES THE LIKELIHOOD OF QUICKLY MANAGING THE PROBLEM AND DECREASES THE NEE D FOR TRADITIONAL SURGERY," SAID DR CATT AU "FOR PATIENTS, THE RISKS ARE MINIMIZED AND TH E INCREASED BENEFITS CAN BE SIGNIFICANT " BAPTIST MEMORIAL HOSPITAL AND ITS EMPLOYEES HAVE WON SEVERAL NATIONAL AWARDS FOR QUALITY AND SERVICE SOME OF THESE INCLUDE BAPTIST MEMOR IAL HOSPITAL WAS RECENTLY RECOGNIZED BY THE AMERICAN HEART ASSOCIATION FOR THEIR STROKE CA RE JOINT COMMISSION AWARD --DESIGNATED BY THE JOINT COMMISSION AS A KEY PERFORMER ON KEY QUALITY MEASURES FOR HEART ATTACK, HEART FAILURE, AND PNEUMONIA, AS WELL AS SURGICAL CARE AND PERINATAL CARE CONSUMER CHOICE AWARD --RECIPIENT OF A CONSUMER CHOICE AWARD AS MEMPH IS' MOST PREFERRED HOSPITAL FROM THE NATIONAL RESEARCH CORPORATION MEMPHIS MOST AWARD --R ECIPIENT OF A MEMPHIS MOST AWARD BY THE MEMPHIS METROPOLITAN COMMUNITY AS HAVING ONE OF TH E BEST HOSPITALS IN THE AREA TENNESSEE NURSES ASSOCIATION'S OUTSTANDING EMPLOYER AWARD -- BAPTIST MEMORIAL HOSPITAL RECENTLY EARNED THE TENNESSEE NURSES ASSOCIATION'S OUTSTANDING E MPLOYER AWARD FOR ITS COMMITMENT TO NURSES AND NURSING EXCELLENCE THE BAPTIST MEMORIAL HO SPITAL PHARMACY DEPARTMENT RECENTLY WON THE TENNESSEE SOCIETY OF HEALTH-SYSTEM PHARMACISTS ' INNOVATIVE HEALTH-SYSTEM PHARMACY PRACTICE AWARD THE AWARD IS GIVEN ANNUALLY TO A PHARMACY DEPARTMENT STAFF IN A HOSPITAL WITH MORE THAN 100 BEDS IN RECOGNITION OF EFFORTS THAT ADVANCED THE LEVEL OF PHARMACY SERVICES WITHIN THE PAST TWO YEARS OVER THE LAST FEW YEARS THE HOSPITAL HAS MOVED TO A DECENTRALIZED MODEL, ALLOWING MANY OF THE PHARMA CISTS TO MOVE FROM THE INPATIENT AREA OUT TO THE FLOORS BY MAKING THIS MOVE, HOSPITAL PHARMACISTS ARE MORE VISIBLE, MORE INVOLVED AND MORE IMMEDIATELY AVAILABLE TO NURSES AND ANCILLARY STAFF THE INPATIENT STAFF ASSISTS WITH PROVIDING SERVICES TO THE AMBULATORY CARE CENTER, STEM CE LL CENTER, CARDIAC SERVICES AS WELL AS OFF-SITE PHYSICIAN PRACTICES THE BAPTIST MEMORIAL HOSPITAL CAMPUS OFFERS TWO LIBRARIES THAT PROVIDE JOURNALS, BOOKS, AS WELL AS MEETING AND STUDY SPACE, FOR BAPTIST TEAM MEMBERS, PHYSICIANS, PATIENTS AND THE PUBLIC BOTH FACILITIE S WERE MADE POSSIBLE THROUGH GIFTS TO THE BAPTIST MEMORIAL HEALTH CARE FOUNDATION THE DR MAURY W BRONSTEIN HEALTH SCIENCES LIBRARY , LOCATED ON THE CONCOURSE LEVEL AT BAPTIST MEM PHIS, OPENED IN 1998 IN HONOR OF THE LONGTIME BAPTIST INTERNIST AND CARDIOLOGIST THE LIBR ARY SUBSCRIBES TO 43 JOURNALS AND, WITH THE OPENING OF THE SPENCE AND BECKY WILSON BAPTIST CHILDREN'S HOSPITAL, HOPES TO ADD MORE PEDIATRIC BOOKS TO ITS COLLECTION THE LIBRARY ALS O FILLS THOUSANDS OF REQUESTS FOR ARTICLES FROM PHYSICIANS AND CLINICIANS BAPTIST MEMORIA L HOSPITAL DOES NOT LIMIT ITS CONCERN FOR THE COMMUNITY TO PATIENT CARE IT HAS FOUR OTHER AREAS THAT MAKE CONTRIBUTIONS TO IMPROVING THE CONDITION OF INDIVIDUALS IN THE MID-SOUTH THESE AREAS ARE EDUCATION OF HEALTH CARE PROFESSIONALS, COMMUNITY RELATIONS ACTIVITIES, D ONATIONS TO THE COMMUNITY, AND VOLUNTEERISM EDUCATION OF HEALTH CARE PROFESSIONALS BAPTI ST MEMORIAL HOSPITAL HAS A COMMITMENT TO INSURING THAT AN EDUCATED AND TRAINED WORK FORCE OF HEALTH CARE PROFESSIONALS IS AVAILABLE TO THE MEMPHIS COMMUNITY SIGNIFICANT EXPENSES WERE INCURRED IN CONNECTION WITH PROGRAM COSTS FOR

Return Reference	Explanation	
	PART III, STATEMENT OF PROGRAM SERVICES CONTINUED	EDUCATION BAPTIST MEMORIAL HOSPITAL ALSO SUPPORTS AN INTERN AND RESIDENCY PROGRAM THROUGH THE UNIVERSITY OF TENNESSEE-MEMPHIS COMMUNITY RELATIONS ACTIVITIES BAPTIST MEMORIAL HOSPITAL PROVIDED THE FOLLOWING SPECIAL ACTIVITIES THROUGH VARIOUS SERVICES AND DEPARTMENTS IN THE HOSPITAL PARTNERSHIP WITH TWO INNER-CITY SCHOOLS THROUGH THE ADOPT-A-SCHOOL PROGRAM THAT INCLUDED THE FOLLOWING --AN INCENTIVE PROGRAM FOR ACADEMIC ATTENDANCE AND STUDENT ENGAGEMENT --CAREER DAY SPEAKERS OTHER COMMUNITY RELATIONS' ACTIVITIES INCLUDED --MIDSOUTH FOOD BANK --CROSSLINK INTERNATIONAL-MEMPHIS --SUSAN G KOMEN RACE FOR THE CURE --AMERICAN HEART ASSOCIATION --DONATIONS FOR HOMELESS PATIENTS SERVED BY BAPTIST MEMORIAL HEALTH CARE CORPORATION'S OUTREACH VAN --ANNUAL PICNIC FOR CURRENT AND FORMER HEART TRANSPLANT PATIENTS AND THEIR FAMILIES --AMERICAN CANCER SOCIETY'S LOOK GOOD, FEEL BETTER SESSIONS --A COMMUNITY-BASED STROKE SUPPORT GROUP --THE USE OF HOSPITAL MEETING ROOMS FOR VARIOUS COMMUNITY GROUPS AT NO CHARGE DONATIONS TO THE COMMUNITY --BAPTIST MEMORIAL HOSPITAL DONATES MEDICAL EQUIPMENT THAT HAS BEEN RETIRED FROM SERVICE. CLASSES & SEMINARS BAPTIST MEMORIAL HOSPITAL OFFERED VARIOUS CLASSES AND SEMINARS AT NO COST TO PARTICIPANTS VOLUNTEERISM BAPTIST MEMORIAL HOSPITAL ENCOURAGES VOLUNTEERISM IN ITS EMPLOYEES BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE LOCATION MEDICAL SERVICES AT THE HOSPITAL INCLUDE A SLEEP DISORDERS CENTER, OUTPATIENT REHABILITATION, INPATIENT AND OUTPATIENT SURGERY, A CRITICAL CARE UNIT, A FULL-SERVICE EMERGENCY ROOM, INPATIENT AND OUTPATIENT DIAGNOSTICS, FIVE SURGERY SUITES, 58 ACUTE CARE BEDS, SEVEN CRITICAL CARE BEDS AND A SIX-BED CRITICAL CARE STEP-DOWN UNIT THE BAPTIST COLLIERVILLE WOMEN'S CENTER OFFERS WOMEN ADVANCED TECHNOLOGY IN THE DETECTION OF BREAST CANCER CLOSE TO HOME CERTIFIED BY THE FOOD AND DRUG ADMINISTRATION AND ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY, THE CENTER OFFERS SCREENING AND DIAGNOSTIC MAMMOGRAMS, BREAST ULTRASOUNDS, CYST ASPIRATIONS, BIOPSIES, WIRE LOCALIZATIONS AND BONE DENSITOMETRY TESTING EXPERIENCED BOARD-CERTIFIED FEMALE RADIOLOGISTS AND CERTIFIED MAMMOGRAPHY TECHNOLOGISTS CONCERNED WITH PATIENT COMFORT AND EARLY DETECTION STAFF THE CENTER BAPTIST COLLIERVILLE ALSO OFFERS THE TECHNICALLY ADVANCED LIFE-SAVING PROCEDURE CALLED HEARTSCORE THE HEARTSCORE SCAN CAN DETECT HEART DISEASE LONG BEFORE ANY SYMPTOMS APPEAR NEW TECHNOLOGICAL ADVANCES EMPLOYED BY BAPTIST COLLIERVILLE ENABLE INTEGRATED INFORMATION SYSTEMS TO HELP MOVE THE HOSPITAL TOWARD A "PAPERLESS" ENVIRONMENT SELF-CONTAINED 12-BED NURSING WINGS-EACH CONTAINING A DEDICATED NURSING STATION, SUPPLY ROOM AND EQUIPMENT-ALLOW NURSES TO PROVIDE THE HIGHEST LEVEL OF CARE TO PATIENTS PHYSICIANS' OFFICES, LOCATED ON THE SECOND AND THIRD FLOORS, ARE INTEGRATED INTO THE HOSPITAL SLEEP DISORDERS CENTER THE BAPTIST SLEEP DISORDERS CENTER AT BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE IS A FACILITY PROVIDING CLINICAL DIAGNOSTIC SERVICES AND TREATMENTS TO PATIENTS WHO HAVE SYMPTOMS OR FEATURES THAT SUGGEST THE PRESENCE OF A SLEEP DISORDER THE CENTER IS LOCATED ON THE THIRD FLOOR OF THE HOSPITAL AND CONSISTS OF EIGHT INDIVIDUAL SLEEP ROOMS WITH ADJACENT BATHROOMS THE CENTER IS STAFFED BY HIGHLY TRAINED AND EXPERIENCED POLYSOMNOGRAPHY TECHNICIANS DR ROBERT SCHRINER IS MEDICAL DIRECTOR OF THE CENTER THE CENTER FIRST OPENED IN THE FALL OF 1977, AND MORE THAN 32,000 PATIENTS HAVE BEEN EVALUATED SINCE THEN IN 1978, THE CENTER WAS ONE OF THE FIRST TO BE ACCREDITED IN THE UNITED STATES FOR MORE INFORMATION ABOUT SLEEP DISORDERS, PLEASE VISIT THE AMERICAN ACADEMY OF SLEEP MEDICINE WEB SITE OR THEIR SLEEP EDUCATION WEBSITE

Return Reference	Explanation	
	PART III, STATEMENT OF PROGRAM SERVICES CONTINUED	REHABILITATION AND WELLNESS THE WELLNESS CENTER AT BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE HELPS PATIENTS EFFECTIVELY MANAGE THEIR WELLNESS AND REHABILITATION FROM CHRONIC DISEASE, PHYSICAL INJURY OR DETERIORATION USING PREVENTIVE MEASURES, SUCH AS EXERCISE AND STRENGTHENING, HEALTHY EATING AND LIFESTYLE EDUCATION WE ARE DEDICATED TO CULTIVATING ACTIVE PARTNERSHIPS WITH CLIENTS TO CONTINUALLY IMPROVE THE HEALTH AND WELLNESS OF THE COMMUNITIES WE SERVE THE STAFF COMPRISES PHYSICAL, OCCUPATIONAL AND SPEECH THERAPISTS, A CERTIFIED ATHLETIC TRAINER, AND A CERTIFIED PHYSICAL THERAPY ASSISTANT - ALL OF WHOM ARE TRAINED TO MEET AN INDIVIDUAL'S SPECIFIC NEEDS WITH REFERRAL FROM A PHYSICIAN, BAPTIST COLLIERVILLE ALSO OFFERS REHABILITATION FOR WORK-RELATED INJURIES, SPORTS INJURIES, TENDONITIS, JOINT REPLACEMENT AND STROKE, AS WELL AS MUSCULOSKELETAL PROBLEMS OUTPATIENT REHABILITATION SERVICES INCLUDE -- PHYSICAL THERAPY --OCCUPATIONAL THERAPY --SPEECH THERAPY BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE'S REHABILITATION DEPARTMENT OFFERS PHYSICAL THERAPY SERVICES AT ITS SATELLITE CLINIC AT THE DESOTO ATHLETIC CLUB LOCATED AT THE COLLIERVILLE COMMUNITY CENTER THIS CLINIC SERVES AS ANOTHER PLACE FOR PATIENTS TO RECEIVE HIGH-QUALITY PHYSICAL THERAPY CLOSE TO HOME THE CLINIC OFFERS A VARIETY OF PHYSICAL THERAPY SERVICES ON A PHYSICIAN REFERRAL BASIS PATIENTS CAN RECEIVE PHYSICAL THERAPY TO HELP THEM RECOVER FROM AN INJURY, ILLNESS OR SURGICAL PROCEDURE THERAPY ALSO IS OFFERED TO HELP PATIENTS DEAL WITH PAIN OR RELEASE HOW TO PERFORM FUNCTIONS ON THE JOB PHYSICAL THERAPY SERVICES AT THIS LOCATION INCLUDE -- NEUROLOGICAL DISORDERS --ORTHOPEDIC DIAGNOSES --SPORTS INJURIES --AMPUTATIONS --ARTHRITIS --CHRONIC PAIN SYNDROMES (COMPLEX REGIONAL PAIN SYNDROME, FIBROMYALGIA) --BALANCE DISORDERS --MULTIPLE TRAUMAS --SPINAL DISORDERS --HAND INJURIES PHYSICIAN REFERRALS ARE REQUIRED PLEASE CALL BAPTIST COLLIERVILLE AT 901-861-8926 OR THE COLLIERVILLE COMMUNITY CENTER AT 901-850-2128 BAPTIST MEMORIAL HOSPITAL FOR WOMEN DURING THE YEAR ENDING SEPTEMBER 30, 2015, BAPTIST MEMORIAL HOSPITAL FOR WOMEN'S PROGRAM SERVICES PRODUCED THE FOLLOWING RESULTS --THE MOTHER-BABY OBSTETRICS/LABOR AND DELIVERY DEPARTMENT HAD 10,290 PATIENT VISITS AT A COST OF \$11,388,693 --THE NEONATAL-ICU DEPARTMENT HAD 11,490 PATIENT VISITS AT A COST OF \$6,246,511 --THE WOMEN'S HEALTH CENTER PERFORMED 43,361 PROCEDURES AT A COST OF \$3,674,085 BAPTIST MEMORIAL HOSPITAL FOR WOMEN IS ONLY ONE OF FIFTEEN FREESTANDING WOMEN'S HOSPITALS IN AMERICA IT WAS DESIGNED ENTIRELY TO MEET THE NEEDS OF WOMEN THROUGH EVERY STAGE OF LIFE-FROM CHILDBIRTH TO MENOPAUSE RESEARCH SHOWS THAT WOMEN MAKE 80 PERCENT OF THE DECISIONS ON HEALTH CARE AND BAPTIST WANTED TO MEET THEIR NEEDS THE HOSPITAL INCORPORATES THE BAPTIST WOMEN'S HEALTH CENTER THE WOMEN'S HEALTH CENTER, IS A FULL-SERVICE MAMMOGRAPHY AND OSTEOPOROSIS TESTING CENTER FOR WOMEN THE WOMEN'S HEALTH CENTER PERFORMED 43,361 PROCEDURES, 26,877 OF WHICH WERE MAMMOGRAMS THE CENTER WAS AMONG THE FIRST SEVEN IN THE NATION TO HAVE A FULL-FIELD DIGITAL MAMMOGRAPHY MACHINE, WHICH PROVIDES A THREE-DIMENSIONAL IMAGE OF THE BREAST THE BAPTIST WOMEN'S HEALTH CENTER HAS RADIOLOGISTS WHO SERVE THE WOMEN IN ARKANSAS, MISSISSIPPI, MISSOURI AND TENNESSEE AT EACH OF BAPTIST MEMORIAL HOSPITAL'S METRO LOCATIONS THE CENTER ALSO OPERATES THE ONLY DIGITAL MOBILE MAMMOGRAPHY UNIT IN THE AREA LAST YEAR, MORE THAN 2,044 MAMMOGRAMS WERE PERFORMED ANOTHER DEPARTMENT OF THE BAPTIST MEMORIAL HOSPITAL FOR WOMEN IS THE COMPREHENSIVE BREAST CENTER, WHICH OFFERS A MULTI-DISCIPLINARY APPROACH TO DIAGNOSING AND TREATING BREAST CANCER IT ENCOMPASSES THE WOMEN'S HEALTH CENTER, THE MULTI-DISCIPLINARY BREAST CONFERENCE, AND THE NEW BREAST RISK MANAGEMENT CENTER NURSE NAVIGATORS ARE AVAILABLE IN THE WOMEN'S HEALTH CENTER TO HELP GUIDE A PATIENT THROUGH HER JOURNEY OF BREAST CANCER TREATMENT PATIENTS CAN ALSO RECEIVE SECOND AND THIRD OPINIONS ABOUT TREATMENT OPTIONS FROM LOCAL BREAST CANCER EXPERTS AT THE BREAST CONFERENCES AND FINALLY WITH THE NEW BREAST RISK MANAGEMENT CENTER, PATIENTS CAN TAKE A PRO-ACTIVE APPROACH TO THEIR HEALTH AS PART OF THE BREAST RISK MANAGEMENT CENTER, RISK ASSESSMENT, GENETIC COUNSELING AND GENETIC TESTING ARE AVAILABLE THE CENTER IS ONE OF ONLY A FEW HOSPITAL-BASED CENTERS TO IDENTIFY HIGH-RISK WOMEN BEFORE A CANCER DIAGNOSIS WOMEN WHO ARE CONCERNED ABOUT THEIR RISK OF DEVELOPING BREAST CANCER CAN MEET WITH AN ONCOLOGY CERTIFIED NURSE AND CERTIFIED GENETIC COUNSELORS THAT WILL MAKE RECOMMENDATIONS ON THE BEST METHODS FOR PREVENTING AND DETECTING CANCER BASED UPON THE INDIVIDUAL'S RISK ASSESSMENT THE BAPTIST WOMEN'S HEALTH BOUTIQUE, LOCATED WITHIN THE HOSPITAL, OFFERS ONE-ON-ONE PRIVATE SERVICE WITH CERTIFIED PROSTHESES AND POST-SURGICAL FITTERS OF WIGS AND OTHER ITEMS A CERTIFIED LACTATION CONSULTANT WILL HELP NURSING MOTHERS WITH BREASTFEEDING ISSUES BAPTIST MEMORIAL HOSPITAL FOR WOMEN RECENTLY OPENED THE UNIVERSAL

Return Reference	Explanation	
	PART III, STATEMENT OF PROGRAM SERVICES CONTINUED	PARENTING PLACE, ONE OF ONLY TWO FACILITIES OF ITS KIND IN THE UNITED STATES THE UNIVERSAL PARENTING PLACE PROVIDES PARENTS WITH FREE PROFESSIONAL COUNSELING, INFORMATION AND EMOTIONAL SUPPORT FOR FAMILY-RELATED ISSUES THE OFFICE OF TENNESSEE GOVERNOR BILL HASLAM AND THE TENNESSEE CHILD PASSENGER SAFETY PROGRAM RECENTLY NAMED BAPTIST MEMORIAL HOSPITAL FOR WOMEN THE "FITTING STATION OF THE YEAR" FOR ITS CAR SEAT EDUCATION PROGRAM THE AWARD IS GIVEN TO ORGANIZATIONS THAT HAVE TECHNICIANS WHO COMPLETE A TRAINING COURSE AND YEARLY CONTINUING EDUCATION AND ARE CERTIFIED TO PROVIDE CAR SEAT CHECKS TO THE COMMUNITY THE HOSPITAL HAS FIVE NURSES WHO ARE ALL CERTIFIED CAR PASSENGER SAFETY TECHNICIANS AND PROVIDE EDUCATION AND CAR SEAT CHECKS TO PATIENTS SO ALL BABIES GO HOME SAFELY AND THEIR PARENTS KNOW CORRECT CAR SEAT SAFETY AND USE BAPTIST MEMORIAL HOSPITAL FOR WOMEN ALSO HAS A MEDICAL LIBRARY THAT IS OPEN TO THE PUBLIC IT SERVES AS A RESOURCE CENTER FOR PATIENTS, THEIR FAMILIES AND HEALTH CARE PROFESSIONALS THE LIBRARY HAS BOOKS, CD-ROM PRODUCTS, VIDEO-TAPES, BROCHURES AND TEACHING MODELS, AS WELL AS INTERNET ACCESS THE HOSPITAL PROVIDED SEMINARS ON WOMEN'S ISSUES TO OB-GYN PHYSICIANS, FAMILY PRACTICE PHYSICIANS, NEONATOLOGISTS, NURSE PRACTITIONERS, RISK MANAGEMENT PERSONNEL AND ALLIED HEALTH PROFESSIONALS WHO HAVE AN ACTIVE ROLE IN WOMEN'S HEALTH CARE THE SEMINARS FOCUSED ON WOMEN'S HEALTH CARE ISSUES IN THE NEW MILLENNIUM TOPICS INCLUDED INITIATIVES IN WOMEN'S HEALTH, PERIMENOPAUSE AND MENOPAUSE, PHYSICIAN BURNOUT, COMPLEMENTARY MEDICINE IN OBSTETRICS AND GYNECOLOGY, AND OTHERS THE ACCREDITED PROGRAM-WHICH FEATURED NATIONALLY KNOWN EXPERTS-WAS FREE TO BAPTIST PHYSICIANS, RESIDENTS, NURSE PRACTITIONERS AND ALLIED HEALTH AND RISK MANAGEMENT PERSONNEL THE HOSPITAL ALSO OFFERS CLASSES AND SEMINARS FREE TO THE PUBLIC SOME OF THESE SEMINARS WERE ENTITLED --ARE YOU AT RISK FOR DEVELOPING BREAST CANCER? --HOSPICE-IT'S ABOUT LIVING --ARE YOU AT RISK FOR HEART DISEASE? --THE ABC'S OF YOUR LABORATORY TESTS --ARE YOU DENSE? --LIVING WELL WHILE SERIOUSLY ILL --SKIN CANCER SCREENING --HOW TO GET A GOOD NIGHT'S SLEEP --PARENTING WHILE SCHOOL IS IN SESSION A 180-SEAT COMMUNITY EDUCATION CLASSROOM IS USED FOR PRENATAL CLASSES, SUPPORT GROUPS AND SEMINARS THE FACILITY HAS THE MOST ADVANCED INFANT SECURITY SYSTEM AVAILABLE DONATIONS MADE BY BAPTIST MEMORIAL HOSPITAL FOR WOMEN --THE BREAST CANCER ERADICATION INITIATIVE --WOMEN'S FOUNDATION FOR A GREATER MEMPHIS --SUSAN G KOMEN MEMPHIS-MIDSOUTH AFFILIATE --MEMPHIS SYMPHONY ORCHESTRA THE SPENCE AND BECKY WILSON BAPTIST CHILDREN'S HOSPITAL THE SPENCE AND BECKY WILSON BAPTIST CHILDREN'S HOSPITAL, PART OF BAPTIST MEMORIAL HOSPITAL FOR WOMEN, IS THE HOME OF OUR CHILDREN'S HOSPITAL SERVICES THE HOSPITAL OPENED ITS 17,000 SQUARE-FOOT EMERGENCY ROOM, WHICH FEATURES 10 BAYS FOR PATIENT CARE, AND A 2,000 SQUARE-FOOT DIAGNOSTICS AREA ON JANUARY 28, 2015 THE EMERGENCY DEPARTMENT IS STAFFED 24/7 WITH PEDIATRIC EMERGENCY MEDICINE PHYSICIANS, PEDIATRIC HOSPITALISTS AND AN ARRAY OF OTHER PEDIATRIC SPECIALISTS, INCLUDING THE BAPTIST SYSTEM'S FIRST PEDIATRIC GENERAL SURGEON AND A PEDIATRIC ANESTHESIOLOGIST THE PEDIATRIC EMERGENCY ROOM PROVIDES CARE FOR A HOST OF ISSUES INCLUDING BROKEN BONES, FEVER, SPRAINS, STRAINS AND TEARS, DEHYDRATION, FLU, RESPIRATORY ILLNESSES, LACERATIONS AND MORE FROM JANUARY 28, 2015 THROUGH SEPTEMBER 30, 2015 THE PEDIATRIC EMERGENCY ROOM HAD 9,934 PATIENT VISITS

Return Reference	Explanation
PART III, STATEMENT OF PROGRAM SERVICES CONTINUED	OUR EMERGENCY SERVICES ARE OFFERED 24 HOURS A DAY, EVERY DAY TO HELP CARE FOR YOUR CHILD'S URGENT HEALTH CARE NEEDS. WE PROVIDE EXPERT CARE AND MANAGEMENT OF A LONG LIST OF CHILDHOOD CONDITIONS, INCLUDING --ACUTE ASTHMA --VOMITING AND DIARRHEA --DEHYDRATION --EAR INFECTIONS --UPPER RESPIRATORY INFECTIONS --RASHES --FEVER --PNEUMONIA --ABDOMINAL PAIN --NEW-ONSET DIABETES --ORTHOPEDIC AND SPORTS INJURIES P D'S PERCH--BAPTIST MEMORIAL WOMEN'S HOSPITAL PEDIATRIC OUTPATIENT CENTER FEATURES A CHILD-FRIENDLY ENVIRONMENT WITH A PLAY AREA FOR KIDS. PEDIATRIC PATIENTS FROM BIRTH TO AGE 18 CAN PLAY, WATCH VIDEOS OR JUST RELAX IN THE COMFORTABLE AND SECURE SURROUNDINGS. PEDIATRIC NURSES, A PEDIATRIC ANESTHESIOLOGIST AND A CERTIFIED CHILD LIFE SPECIALIST PROVIDE SPECIALIZED CARE AND EDUCATION. A MUSIC SYSTEM, WHICH INCLUDES A MULTI-DISC CD CHANGER, DUAL CASSETTES AND AN AM/FM RADIO, WERE RECENTLY ADDED TO ALL MAGNETIC RESONANCE IMAGING MACHINES IN THE HOSPITAL SO CHILDREN CAN LISTEN TO THEIR FAVORITE SONGS WHILE BEING TREATED AT THE CENTER. THEY ALSO MAY BRING THEIR FAVORITE SONGS OR MOVIES FROM HOME. OUTPATIENT SERVICES INCLUDE --FULL-SERVICE LAB, DRAWN BY PEDIATRIC NURSES --FLUOROSCOPY EXAMS --RESPIRATORY CARE --INTERVENTIONAL RADIOLOGY PROCEDURES --NUTRITION COUNSELING --AUDIOLOGY --CATHETERIZATIONS --PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER LINE (PICC) PLACEMENTS --INTRAVENOUS INFUSIONS, SUCH AS ANTIBIOTICS, CHEMOTHERAPY, BLOOD AND IV IMMUNE GLOBULIN --INTRAMUSCULAR AND SUBCUTANEOUS INJECTIONS --MODERATE SEDATION AND GENERAL ANESTHESIA, AS NEEDED FOR PROCEDURES. OUTPATIENT DIAGNOSTICS INCLUDE --DIAGNOSTIC X-RAYS --COMPUTERIZED TOMOGRAPHY (CT) WITH ANESTHESIA CAPABILITIES, IF NEEDED --EKG, 24-HOUR HOLTER MONITORS AND PEDIATRIC ECHOCARDIOGRAMS --MRI WITH ANESTHESIA CAPABILITIES, IF NEEDED --ULTRASOUNDS. PEDIATRIC SURGERY: THE HOSPITAL PROVIDES A VARIETY OF SURGERY SERVICES FOR CHILDREN, INCLUDING PRE-ADMISSION SURGERY EVALUATION THROUGH P D'S NEST PROGRAM TO MAKE CHILDREN AND THEIR FAMILIES AS COMFORTABLE AS POSSIBLE. BAPTIST MEMORIAL HOSPITAL FOR WOMEN HAS PRESURGERY AND POSTSURGERY PEDIATRIC ROOMS. THE HOSPITAL'S PEDIATRIC SURGERY SERVICES INCLUDE --EAR, NOSE AND THROAT --GYN --OPHTHALMOLOGY --ORAL AND DENTAL --ORTHOPEDICS --PLASTIC SURGERY --UROLOGY. THE PEDIATRIC DEVELOPMENTAL NEEDS EVALUATION AND SURGERY TEACHING (P D NEST) PROGRAM HELPS REDUCE CHILDREN'S FEARS OF SURGERY AND TESTS, MAKING THE HOSPITAL EXPERIENCE A MORE POSITIVE ONE. CHILDREN ARE PREPARED FOR SURGICAL AND DIAGNOSTIC PROCEDURES THROUGH MEDICAL PLAY AND EDUCATION WITH THE HELP OF CERTIFIED CHILD LIFE SPECIALISTS AND STAFF NURSES. THE STAFF PROVIDE WHATEVER PATIENTS NEED TO HAVE A POSITIVE AND COMFORTABLE HOSPITAL EXPERIENCE - PREPROCEDURE EDUCATION, MEDICAL PLAY, PLAY THERAPY, SIMPLE DISTRACTIONS OR PATIENT AND FAMILY SUPPORT. PLUS, PARENTS HAVE THE OPPORTUNITY TO FINALIZE ANY PAPERWORK AND TAKE CARE OF ANY PRESURGERY EVALUATIONS. PEDIATRIC EYE CENTER: WHETHER YOUR CHILD IS EXHIBITING SYMPTOMS OF A MINOR CONDITION, OR SYMPTOMS OF SOMETHING MORE SERIOUS, SUCH AS EYE TRAUMA, BAPTIST MEMORIAL HOSPITAL IS READY TO HELP. THROUGH A GRANT FROM THE BAPTIST MEMORIAL HOSPITAL FOUNDATION, BAPTIST HAS ESTABLISHED THE AREA'S FIRST COMPREHENSIVE EYE CENTER FOR BABIES AND CHILDREN. FOR THE FIRST TIME EVER, FAMILIES WILL BE ABLE TO ACCESS THE FULL CONTINUUM OF PEDIATRIC EYE CARE UNDER ONE ROOF, INCLUDING PREVENTION, DIAGNOSIS, TREATMENT, SURGERY, AND FOLLOW-UP CARE. LED BY DR. JORGE CALZADA OF THE CHARLES RETINA INSTITUTE, THE CENTER USES THE LATEST TECHNOLOGY TO TREAT MANY COMMON PEDIATRIC EYE DISORDERS, SUCH AS --CROSSED EYES --LAZY EYE --NEARSIGHTEDNESS --RETINOPATHY OF PREMATURITY --EYE TRAUMA --DISEASES THAT DEVELOP WITH AGE (GLAUCOMA OR CATARACTS). THE CARE PROVIDED THROUGH THE EYE CENTER HAVE REDUCED THE INCIDENCE OF BAPTIST NEWBORNS WITH RETINOPATHY OF PREMATURITY, A DISEASE COMMONLY SEEN IN NICU INFANTS THAT CAN RESULT IN SCARRING AND RETINAL DETACHMENT, FROM 41.7 TO 18.2 PERCENT. THIS IS JUST ONE EXAMPLE OF BAPTIST PEDIATRIC EYE CENTER CHANGING THE LIVES OF CHILDREN AND THEIR FAMILIES FOR THE BETTER BY HELPING THEM GET BETTER. FOR MORE INFORMATION ON OUR PEDIATRIC SERVICES, PLEASE CONTACT US BY CALLING 901-227-PEDS (7337) OR EMAILING INFO.CHILDRENS@BMHCC.ORG

Return Reference	Explanation
PART IV, LINE 20b AUDITED FINANCIAL STATEMENTS	ATTACHED ARE THE BAPTIST MEMORIAL HEALTH CARE CORPORATION AND AFFILIATES COMBINED FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND SEPTEMBER 30, 2013, AND INDEPENDENT AUDITOR'S REPORT. ALTHOUGH NOT SEPARATELY SHOWN, THE COMBINED FINANCIAL STATEMENTS INCLUDE THE FINANCIAL STATEMENTS OF THE ORGANIZATION. THE AUDIT FOR THE YEAR ENDED SEPTEMBER 30, 2015 IS NOT YET COMPLETE. THE FINANCIAL INFORMATION INCLUDED IN THIS RETURN IS NOT EXPECTED TO CHANGE.

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

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

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

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

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

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

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	BAPTIST MEMORIAL HOSPITAL 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

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 A COMPENSATION CONSULTING FIRM PERFORM ANNUAL REVIEWS EACH DECEMBER AND APPROVE COMPENSATION OF THE CORPORATE 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, VICE PRESIDENT, SECRETARY, AND ALL CEO/ADMINISTRATORS.

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

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

Return Reference	Explanation
Form 990, Part VII	KYLE E ARMSTRONG - 1500 W POPLAR AVE , COLLIERVILLE, TN 38017 ANITA VAUGHN - 6225 HUMPHREYS BLVD , MEMPHIS, TN 38120 DANA DYE - 6019 WALNUT GROVE RD , MEMPHIS, TN 38120 CYNDI S PITTMAN - 6019 WALNUT GROVE RD , MEMPHIS, TN 38120 MARGARET H WILLIAMS - 6225 HUMPHREYS BLVD , MEMPHIS, TN 38120 CHRISTIAN C PATRICK, M D - 6225 HUMPHREYS BLVD , MEMPHIS, TN 38120 ZACHARY R CHANDLER REBECCA M HUNTER - 6225 HUMPHREYS BLVD , MEMPHIS, TN 38120 STEPHEN L HELTON - 6225 HUMPHREYS BLVD , MEMPHIS, TN 38120

Return Reference	Explanation
Form 990, Part XI, line 9	TRANSFERS TO/FROM BAPTIST MEMORIAL HEALTH CARE CORPORATION -9,821,458 TRANSFERS TO/FROM BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES, INC -70,536 ADJUSTMENT TO PENSION LIABILITY -7,644,594

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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ 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 HOSPITAL

Employer identification number

62-0123940

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) BAPTIST HEALTH SERVICES GROUP OF THE MIDSOUTH INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1534210	HEALTH INSURANCE CONTRACTING	TN	N/A	C					No
(2) HEALTH TECH AFFILIATES INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1278576	BUYING AND LEASING REAL & PERSONAL PROPERTY	TN	N/A	C					No
(3) SOUTHCREST PROPERTY OWNERS ASSOCIATION 7601 SOUTHCREST PKWY SOUTHAVEN, MS 38671 64-0768703	BOOKKEEPING/DATA PROCESSING FOR SOUTHCREST DEV	MS	N/A	C					No
(4) GERMANTOWN BUSINESS PARK OWNERS ASSOCIATION 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 20-1158216	BOOKKEEPING/DATA PROCESSING FOR GERMANTOWN BUS PARK DEVELOPMENT	TN	N/A	C					No

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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

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

	Yes	No
1a		No
1b		No
1c	Yes	
1d	Yes	
1e	Yes	
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l		No
1m	Yes	
1n		No
1o		No
1p	Yes	
1q		No
1r	Yes	
1s	Yes	

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			

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: 62-0123940

Name: BAPTIST MEMORIAL HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) BAPTIST MEMORIAL HEALTH CARE CORPORATION 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1521475	MANAGEMENT, ADMINISTRATIVE & DATA PROCESSING SERVICES FOR AFFILIATES	TN	501(c)(3)	509(a)(3)	N/A		No
(1) BAPTIST MEMORIAL HEALTH CARE SYSTEM INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1456556	CARRY OUT THE HEALTH CARE MISSIONS OF THE BAPTIST CONVENTIONS OF AR, MS, TN	TN	501(c)(3)	509(a)(3)	N/A		No
(2) BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC 1003 MONROE AVE MEMPHIS, TN 38104 62-1599670	EDUCATION OF HEALTH CARE PROFESSIONALS	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HOSPITAL INC	Yes	
(3) BAPTIST MEMORIAL HEALTH SERVICES INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1509127	PROVISION OF HEALTH CARE PROVIDERS & HOME MEDICAL EQUIPMENT & SERVICES	TN	501(c)(3)	509(a)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
(4) MEDICAL FINANCIAL SERVICES INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1112364	COLLECTION AGENCY FOR BAPTIST ENTITIES	TN	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
(5) BAPTIST MEMORIAL HOSPITAL-BOONEVILLE INC 100 HOSPITAL ST BOONEVILLE, MS 38829 64-0663760	HEALTH CARE/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
(6) BAPTIST MEMORIAL HOSPITAL-DESOTO INC 7601 SOUTHCREST PKWY SOUTHAVEN, MS 38671 64-0682111	HEALTH CARE/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
(7) BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC 2520 FIFTH ST COLUMBUS, MS 39703 62-1519754	HEALTH CARE/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
(8) BAPTIST MEMORIAL HOSPITAL-HUNTINGDON INC 631 RB WILSON DR HUNTINGDON, TN 38344 62-1166050	HEALTH CARE/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
(9) BAPTIST CLINICAL RESEARCH INSTITUTE INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3032246	FACILITATE MEDICAL & SCIENTIFIC RESEARCH	TN	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
(10) BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC 2301 S LAMAR OXFORD, MS 38655 64-0772726	HEALTH CARE/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
(11) BAPTIST MEMORIAL HOSPITAL-TIPTON INC 1995 HWY 51 SOUTH COVINGTON, TN 38019 62-1113167	HEALTH CARE/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
(12) BAPTIST MEMORIAL HOSPITAL-UNION CITY INC 1201 BISHOP ST UNION CITY, TN 38261 62-1138045	HEALTH CARE/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
(13) BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC 200 HWY 30 WEST NEWALBANY, MS 38652 63-0997281	HEALTH CARE/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
(14) BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC 2100 EXETER RD GERMANTOWN, TN 38138 58-1645396	HEALTH CARE/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
(15) BAPTIST MEMORIAL HOME CARE INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1562973	HOME HEALTH CARE & HOSPICE SERVICES	TN	501(c)(3)	509(a)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
(16) BAPTIST MEMORIAL MEDICAL GROUP INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1545731	PROVISION OF HEALTH CARE PROVIDERS FOR BAPTIST FACILITIES	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
(17) BAPTIST MEMORIAL PATIENT SAFETY ORGANIZATION INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3032372	ESTABLISHING, MAINTAINING & MANAGING A PATIENT SAFETY ORGANIZATION	TN	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
(18) BAPTIST MEMORIAL MEDICAL MINISTRIES EMP HLTH & WELFARE TRUST 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1407946	BAPTIST EMPLOYEE HEALTH PLAN	TN	501(c)(9)		BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
(19) BAPTIST MINOR MEDICAL CENTERS INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1538114	NON-EMERGENCY MEDICAL CLINICS	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) BAPTIST MEMORIAL HEALTH CARE FOUNDATION 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1544781	SOLICIT,RAISE, MANAGE, APPLY & INVEST FUNDS IN SUPPORT OF BAPTIST ENTITIES	TN	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
(1) BAPTIST MEMORIAL HOSPITAL-JONESBORO INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 26-1214372	HEALTH CARE/HOSPITAL	AR	501(c)(3)	509(a)(1)	NEA BAPTIST HEALTH SYSTEM INC		No
(2) NEA BAPTIST HEALTH SYSTEM INC 4800 JOHNSON AVE JONESBORO, AR 72401 27-1799652	HEALTH CARE SERVICE PROVIDER	AR	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		No
(3) NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION INC 4800 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 SUITE 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)		(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Dispropportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BAPTIST-DESOTO SURGERY CENTER 40 BURTON HILLS BLVD NASHVILLE, TN 37215 20-0804946	AMBULATORY SURGERY	MS	N/A	N/A				No			No	
BAPTIST-EAST MEMPHIS SURGERY CENTER 80 HUMPHREYS BLVD 101 MEMPHIS, TN 38120 62-1846584	AMBULATORY SURGERY	TN	N/A	N/A				No			No	
BAPTIST-GERMANTOWN SURGERY CENTER LP 40 BURTON HILLS BLVD 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 NASHVILLE, TN 37215 62-0925692	AMBULATORY SURGERY	MS	N/A	N/A				No			No	
BAPTIST N MS IMAGING SERVICES LLC 504 AZALEA DR OXFORD, MS 38655 26-2641267	DIAGNOSTIC SERVICES	MS	N/A	N/A				No			No	
EAST MEMPHIS UROLOGY CENTER LP 40 BURTON HILLS BLVD NASHVILLE, TN 37215 62-1810940	AMBULATORY UROLOGICAL SERVICES	TN	N/A	N/A				No			No	
HAMILTON EYE INSTITUTE SURGERY CENTER LP 930 MADISON AVE MEMPHIS, TN 37103 20-2873438	AMBULATORY SURGERY	TN	N/A	N/A				No			No	
MEDICAL ALTERNATIVES 4565 SHELBY RD MEMPHIS, TN 38083 62-1488427	HOME INFUSION PRODUCTS & SERVICES TO PATIENTS	TN	N/A	N/A				No			No	
MEMPHIS BIOMED VENTURES I LP 17 W PONTOTOC STE 200 MEMPHIS, TN 38103 94-3424417	MEDICAL RESEARCH	TN	N/A	N/A				No			No	
MEMPHIS SURGERY CENTER LTD LP 3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 62-1218330	AMBULATORY SURGERY	TN	N/A	N/A				No			No	
MEMPHIS-SC LLC 3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 62-1590322	AMBULATORY SURGERY	TN	N/A	N/A				No			No	
MEMPHIS-SP LLC 3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 62-1590324	AMBULATORY SURGERY	TN	N/A	N/A				No			No	
MIDTOWN SURGERY CENTER LP 40 BURTON HILLS BLVD 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 & SCHNAPP PAIN CENTER 55 HUMPHREYS CENTER BLVD STE 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 HOSPITAL AFFILIATES	D	26,171,603	CASH
BAPTIST MEMORIAL HOSPITAL AFFILIATES	E	6,562,516	CASH
BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	C	1,769,098	CASH
BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC	J	334,625	CASH
BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES	R	70,536	CASH
BAPTIST MEMORIAL MEDICAL GROUP INC	P	10,702,843	CASH
BAPTIST MEMORIAL HEALTH CARE CORPORATION	M	80,712,888	CASH
BAPTIST MEMORIAL HEALTH CARE CORPORATION	R	9,821,458	CASH
MEDICAL FINANCIAL SERVICES INC	S	2,313,768	CASH
BAPTIST HEALTH SERVICES GROUP OF THE MIDSOUTH INC	R	176,906	CASH
BAPTIST MEMORIAL MEDICAL MINISTRIES EMPLOYEE HEALTH & WELFARE TRUST	R	31,651,916	CASH
THE STERN CARDIOVASCULAR FOUNDATION INC	P	1,258,731	CASH
MEMPHIS LUNG PHYSICIANS FOUNDATION INC	P	2,182,569	CASH