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Part III

Statement of Program Service Accomplishments

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

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1

Briefly describe the organization's mission

IN KEEPING WITH THE THREE-FOLD MINISTRY OF CHRIST-HEALING, PREACHING AND TEACHING-BAPTIST MEMORIAL HEALTH CARE CORPORATION IS COMMITTED TO PROVIDING QUALITY HEALTH CARE

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes

☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes

☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code ) (Expenses \$ 205,872,997 including grants of \$ 920,256 ) (Revenue \$ 219,917,088 )

See Additional Data

4b

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d















Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses ▶ 205,872,997

Part IV Checklist of Required Schedules

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<b>2</b>	No
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> 	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> 	<b>4</b> Yes	
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> 	<b>5</b>	No
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> 	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	<b>8</b>	No
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> 	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	<b>10</b>	No
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	<b>11a</b> Yes	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> 	<b>11b</b>	No
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> 	<b>11c</b> Yes	
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> 	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	<b>11e</b> Yes	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> 	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	No
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	No
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	No
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	

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? If "Yes," complete Schedule I, Parts I and II . . . . .	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? If "Yes," complete Schedule I, Parts I and III . . . . .	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? If "Yes," complete Schedule J . . . . .	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II . . . . .	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? If "Yes," complete Schedule L, Part III . . . . .	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? If "Yes," complete Schedule L, Part IV . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	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? If "Yes," complete Schedule L, Part IV . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	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? If "Yes," complete Schedule R, Part I . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	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)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	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? If "Yes," complete Schedule R, Part VI . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

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

			Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	<b>1a</b>	876	
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .	<b>1b</b>	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes	
<b>2a</b>	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 . . . . .	<b>2a</b>	1,022	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	Yes	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	Yes	
<b>4a</b>	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)? . . . . .	<b>4a</b>		No
<b>b</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)			
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>		
<b>6a</b>	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? . . . . .	<b>6a</b>		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	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? . . . . .	<b>7a</b>		No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter			
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter			
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13a</b>		
<b>b</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 . . . . .	<b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>		

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	13	
	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	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records BRENDA SWEARENGEN 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 (901) 227-5304	

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

[illegible]



## Part VII

<b>1b</b>	<b>Sub-Total</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A</b>			
<b>d</b>	<b>Total (add lines 1b and 1c)</b>	18,005,415	0	2,080,020

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 160

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

## Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
JOHNSON CONTROLS  PO BOX 730068 DALLAS, TX 75373	PLANT OPS MGMT SERVICES	19,653,395
SHIFTWISE  PO BOX 70870 ST PAUL, MN 551709705	PHYSICIAN STAFFING	4,691,368
HARRIS SHELTON HANOVER & WALSH  999 S SHADY GROVE RD 300 MEMPHIS, TN 38120	LEGAL SERVICES	3,056,322
PREMIER INC  5882 COLLECTIONS CENTER DR CHICAGO, IL 60693	COLLECTION ADVISORY FEES	1,796,162
DELOITTE & TOUCHE LLP  PO BOX 840728 DALLAS, TX 752840728	AUDIT SERVICES	1,557,430

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 49

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . .	1b				
	c	Fundraising events . . . .	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,817			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f . . . . .			7,817		
Program Service Revenue	2a	MANAGEMENT FEE REVENUE	Business Code 541200	215,866,380	215,807,784	58,596	
	b	OTHER REVENUE/LOSS	541200	3,222,424	3,214,765	7,659	
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .			219,088,804		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		1,323,674		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties . . . . .					
6a		(i) Real					
		220,678					
		(ii) Personal					
b		Less rental expenses		31,374			
c		Rental income or (loss)		189,304			
d		Net rental income or (loss) . . . . .		189,304			189,304
7a		(i) Securities		243,220			
		(ii) Other					
b		Less cost or other basis and sales expenses		1,077,355	130,690		
c		Gain or (loss)		-1,077,355	112,530		
d		Net gain or (loss) . . . . .		-964,825			-964,825
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . .					
		a					
		b					
c		Net income or (loss) from fundraising events . .					
9a		Gross income from gaming activities See Part IV, line 19 . . . .					
	a						
	b						
c	Net income or (loss) from gaming activities . . .						
10a	Gross sales of inventory, less returns and allowances . .						
	a						
	b						
	c						
Miscellaneous Revenue		Business Code					
11a	BHSG ALLOCATION	561000	1,975,937		1,975,937		
b	NON-OPERATING REVENUE	900099	887,989	887,989			
c	BAD DEBT RECOVERIES	900099	6,550	6,550			
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .			2,870,476			
12	Total revenue. See Instructions . . . . .			222,515,250	219,917,088	2,042,192	548,153

**Part IX**   **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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



Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	920,256	920,256		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	13,326,999	13,298,192	28,807	
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	429,674	428,745	929	
<b>7</b>	Other salaries and wages . . . . .	70,484,342	70,331,985	152,357	
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	3,051,873	3,044,357	7,516	
<b>9</b>	Other employee benefits . . . . .	11,212,397	11,181,941	30,456	
<b>10</b>	Payroll taxes . . . . .	4,711,953	4,700,898	11,055	
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	4,638,305		4,638,305	
<b>c</b>	Accounting . . . . .	1,506,694		1,506,694	
<b>d</b>	Lobbying . . . . .	63,707		63,707	
<b>e</b>	Professional fundraising services. See Part IV, line 17				
<b>f</b>	Investment management fees . . . . .	444,808	441,973	2,835	
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	32,688,904	32,480,576	208,328	
<b>12</b>	Advertising and promotion . . . . .	1,037,540	1,027,061	10,479	
<b>13</b>	Office expenses . . . . .	5,474,525	5,472,868	1,657	
<b>14</b>	Information technology . . . . .				
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	1,251,739	1,251,739		
<b>17</b>	Travel . . . . .	1,148,715	459,486	689,229	
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	139,942	55,977	83,965	
<b>20</b>	Interest . . . . .	717,572	714,434	3,138	
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	33,001,431	32,851,933	149,498	
<b>23</b>	Insurance . . . . .	1,357,278	1,357,278		
<b>24</b>	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.)				
<b>a</b>	REPAIR & MAINTENANCE	24,159,270	24,056,179	103,091	
<b>b</b>	BOOKS, DUES, AND SUBS	1,895,626	758,250	1,137,376	
<b>c</b>	PATIENT/EMP/VISITOR REL	521,255	517,933	3,322	
<b>d</b>	TAX & LICENSES	285,691	285,691	0	
<b>e</b>	All other expenses	236,641	235,245	1,396	
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	214,707,137	205,872,997	8,834,140	0
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X**

**Balance Sheet**

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

☐

				(A)		(B)
				Beginning of year		End of year
Assets	<b>1</b>	Cash—non-interest-bearing		200	<b>1</b>	
	<b>2</b>	Savings and temporary cash investments		9,692,105	<b>2</b>	1,785,069
	<b>3</b>	Pledges and grants receivable, net		75,000	<b>3</b>	150,000
	<b>4</b>	Accounts receivable, net		747,808	<b>4</b>	2,294,220
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			<b>5</b>	
	<b>6</b>	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.			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net			<b>7</b>	
	<b>8</b>	Inventories for sale or use			<b>8</b>	
	<b>9</b>	Prepaid expenses and deferred charges		10,690,234	<b>9</b>	7,450,195
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	<b>10a</b> 386,386,034			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b> 290,908,399	121,283,899	<b>10c</b>	95,477,635
	<b>11</b>	Investments—publicly traded securities			<b>11</b>	
	<b>12</b>	Investments—other securities. See Part IV, line 11.		14,342,918	<b>12</b>	3,678,501
	<b>13</b>	Investments—program-related. See Part IV, line 11.		10,396,823	<b>13</b>	327,574,811
	<b>14</b>	Intangible assets			<b>14</b>	
	<b>15</b>	Other assets. See Part IV, line 11.		608,306,443	<b>15</b>	546,462,771
	<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34).		775,535,430	<b>16</b>	984,873,202
Liabilities	<b>17</b>	Accounts payable and accrued expenses		31,574,242	<b>17</b>	23,811,029
	<b>18</b>	Grants payable			<b>18</b>	
	<b>19</b>	Deferred revenue			<b>19</b>	53,475
	<b>20</b>	Tax-exempt bond liabilities			<b>20</b>	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D.			<b>21</b>	
	<b>22</b>	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.			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties		46,681,626	<b>23</b>	37,651,500
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties			<b>24</b>	
	<b>25</b>	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.		156,063,218	<b>25</b>	67,704,751
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25.		234,319,086	<b>26</b>	129,220,755
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets		541,216,344	<b>27</b>	855,652,447
	<b>28</b>	Temporarily restricted net assets			<b>28</b>	
	<b>29</b>	Permanently restricted net assets			<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds			<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances</b>		541,216,344	<b>33</b>	855,652,447
	<b>34</b>	<b>Total liabilities and net assets/fund balances</b>		775,535,430	<b>34</b>	984,873,202

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	222,515,250
2	Total expenses (must equal Part IX, column (A), line 25)	2	214,707,137
3	Revenue less expenses Subtract line 2 from line 1	3	7,808,113
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	541,216,344
5	Net unrealized gains (losses) on investments	5	39,965,352
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	266,662,638
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	855,652,447

Part XII

Financial Statements and Reporting

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

☒

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

### Additional Data

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

**Form 990, Part III, Line 4a**

4a

(Code)

(Expenses \$

205,872,997

including grants of \$

920,256 )

(Revenue \$

219,917,088 )

BAPTIST MEMORIAL HEALTH CARE CORPORATION IS AFFILIATED WITH A NUMBER OF TAX EXEMPT HOSPITALS AND HEALTH CARE, HOME AND HOSPICE CARE SERVICE PROVIDERS LOCATED IN ARKANSAS, MISSISSIPPI, AND TENNESSEE AND SUPPLIES MANAGEMENT, CONSULTING AND SUPPORT SERVICES TO THEM THROUGH ITS CORPORATE STAFF. MANAGEMENT SERVICES ARE PROVIDED TO THESE RELATED ORGANIZATIONS THAT PROVIDE QUALITY HEALTH CARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE. THE SUPPORT SERVICES INCLUDE CLINICAL, FINANCIAL, LEGAL, AND OPERATIONAL (SEE SCHEDULE O, PG 51 FOR CONTINUATION) BY PROVIDING THESE SERVICES ON A CENTRALIZED AND COORDINATED BASIS, THE AFFILIATED ORGANIZATIONS ARE RUN MORE EFFICIENTLY AND EFFECTIVELY. THE QUALITY OF SERVICES IS HIGHER AND IS MORE COST EFFECTIVE, AND THE DATA GENERATED IS MORE MEANINGFUL. THESE EFFICIENCIES CONTRIBUTE IMPORTANTLY TO THE EXEMPT PURPOSE OF THE RELATED ORGANIZATIONS AND ALLOW THEM TO ACCOMPLISH THEIR CHARITABLE PURPOSES AND TO BETTER UTILIZE THEIR RESOURCES WHERE THEY ARE NEEDED MOST- PROVIDING BETTER CARE FOR THE COMMUNITY. BAPTIST MEMORIAL HEALTH CARE CORPORATION'S MISSION IS TO HEAL, PREACH, AND TEACH. THESE ARE NOT JUST WORDS, BUT SOMETHING WE DO EVERYDAY WITH PRIDE FOR OUR PATIENTS, OUR COMMUNITY AND EACH OTHER. A VERY IMPORTANT DEPARTMENT WITHIN THE BAPTIST MEMORIAL HEALTH CARE CORPORATION IS CORPORATE AUDIT AND CONSULTING SERVICES. THIS DEPARTMENT PROVIDES VALUE-ADDED SERVICES THROUGH FINANCIAL, OPERATIONAL AND COMPLIANCE REVIEWS OF ENTITIES THROUGHOUT THE CORPORATE SYSTEM. AUDITS OF HOSPITAL ENTITIES ARE PERFORMED ON A ROTATIONAL BASIS, WITH THE GOAL OF COMPLETING FIVE TO SIX FULL-SCOPE AUDITS EACH YEAR. AUDITS OF OTHER CORPORATE ENTITIES AND SPECIAL PROJECTS ARE BASED ON ASSESSMENTS PERFORMED AND INPUT FROM MANAGEMENT, EXTERNAL AUDITORS AND OTHERS. THE CORPORATE AUDIT AND CONSULTING SERVICES DEPARTMENT PROVIDES SUPPORT TO THE REVENUE AND REIMBURSEMENT DEPARTMENT WHOSE GOAL IS THE IMPROVEMENT AND COMPLIANCE OF REVENUE PROCESSES THROUGHOUT THE SYSTEM. SUPPORT IS ALSO PROVIDED TO THE CORPORATE COMPLIANCE DEPARTMENT. THE CORPORATE AUDIT AND CONSULTING SERVICES DEPARTMENT WORKS CLOSELY WITH THE EXTERNAL AUDITORS AS AN INTEGRATED PART OF THEIR TEAM (PROVIDING OVER 1,000 HOURS OF ASSISTANCE DURING THE ANNUAL AUDIT). PROVIDING THIS SUPPORT ENABLES BAPTIST MEMORIAL HEALTH CARE CORPORATION TO MAINTAIN EXTERNAL FEES PAID TO CONSULTANTS AND OUTSIDE ACCOUNTING FIRMS AS LOW AS POSSIBLE DURING THE PERFORMANCE AUDITS AND OTHER SPECIAL PROJECTS OF THE CORPORATE AUDIT AND CONSULTING SERVICES DEPARTMENT. REVIEWS MAY BE INCORPORATED TO ASSESS THE ENTITIES' INTERNAL CONTROL SYSTEMS, AS WELL AS TO ASSESS COMPLIANCE WITH LAWS AND REGULATIONS IN A NUMBER OF AREAS INCLUDING BILLING PRACTICES, CONFIDENTIALITY OF PATIENT INFORMATION, PHYSICIAN TRANSACTIONS, WAGE AND HOUR RELATIONS AND FINANCIAL REPORTING. RECOMMENDATIONS ARE MADE TO MANAGEMENT FOR CORRECTIVE ACTIONS IDENTIFIED, IF ANY. ANOTHER DEPARTMENT THAT IS VERY IMPORTANT IN MEETING OUR MISSION TO HEAL, PREACH, AND TEACH IS THE CORPORATE COMMUNICATIONS DEPARTMENT. THIS DEPARTMENT SERVES AS A SYSTEM RESOURCE FOR PROTECTING THE BAPTIST IMAGE AND TELLING THE BAPTIST HEALTH CARE STORY. THE DEPARTMENT CONTINUES TO SAVE BAPTIST MEMORIAL HEALTH CARE CORPORATION THOUSANDS OF DOLLARS EACH FISCAL YEAR BY PROVIDING COMMUNICATIONS SERVICES FOR ALL BAPTIST HEALTH CARE AFFILIATED ENTITIES. HEALTH CARE FOR OUR HOMELESS POPULATION SOUNDS LIKE A DIFFICULT MISSION, BUT BAPTIST MEMORIAL HEALTH CARE'S BAPTIST OPERATION OUTREACH HEALTH CARE VAN FOR THE HOMELESS IS FULFILLING ITS GOAL TO MAKE QUALITY HEALTH CARE MORE ACCESSIBLE TO THOSE WHO NEED IT. MOST OF THE BAPTIST OPERATION OUTREACH VAN IS A MOBILE HEALTH CARE UNIT. FORMERLY OPERATING AS THE HOPE HEALTH CENTER, THE BAPTIST OPERATION OUTREACH, A PARTNERSHIP BETWEEN BAPTIST AND CHRIST COMMUNITY HEALTH SERVICES, PROVIDES FREE ACUTE AND PRIMARY HEALTH CARE, INFORMATION ON DISEASE PREVENTION AND GUIDANCE AND A MEDICAL HOME TO THOUSANDS OF MEMPHIANS WITHOUT PERMANENT HOUSING. ALL SERVICES ARE FREE AND ARE PROVIDED WITH RESPECT AND CONFIDENTIALITY. FOR MANY OF THE THOUSANDS OF PEOPLE WITHOUT HOMES IN MEMPHIS, THE BAPTIST OPERATION OUTREACH VAN IS THE ONLY OPTION FOR HEALTH CARE. IT IS OUR HEALTH CARE SYSTEM'S SIGNATURE COMMUNITY OUTREACH PROGRAM AND THE CORNERSTONE OF OUR COMMUNITY INVOLVEMENT EFFORTS. BAPTIST OPERATION OUTREACH PATIENTS HAVE DIRECT AND IMMEDIATE ACCESS TO MEDICAL EXAMINATIONS, HEALTH INFORMATION, ILLNESS PREVENTION, MEDICATIONS AND REFERRAL SERVICES. A CERTIFIED NURSE PRACTITIONER DELIVERS THE FOLLOWING SERVICES --SCREENINGS FOR COMMON HEALTH PROBLEMS--HEALTH AND DEVELOPMENTAL ASSESSMENTS FOR CHILDREN--IMMUNIZATIONS AND OTHER PREVENTIVE CARE--DIAGNOSIS OF MEDICAL PROBLEMS AND HEALTH NEEDS--TREATMENT AND MANAGEMENT OF SPECIFIC DISEASE PROBLEMS--TREATMENT OF MINOR INJURIES.EACH YEAR, BAPTIST MEMORIAL HEALTH CARE CORPORATION PROVIDES FUNDING AND SERVICES FOR THE MOBILE CLINIC, WHICH TREATS HOMELESS PATIENTS FOUR DAYS A WEEK IN TWO LOCATIONS-MEMPHIS UNION MISSION AND CATHOLIC CHARITIES' DOZIER HOUSE. A NURSE PRACTITIONER ON THE VAN PROVIDES ABOUT 3,000 PATIENT CARE VISITS A YEAR, MAKING BAPTIST OPERATION OUTREACH MEMPHIS' LARGEST HEALTH CARE PROVIDER FOR THE HOMELESS. STAFF ON THE VAN TREAT AS MANY PATIENTS IN A DAY AS THEY TREATED IN A WEEK AT THE HOPE HEALTH CENTER, WHEN IT WAS AT A FIXED LOCATION. BAPTIST OPERATION OUTREACH ALSO PARTNERS WITH DAVIS VISION TO PROVIDE VISION SCREENINGS AND GLASSES TO PATIENTS IN NEED. SINCE JANUARY 2010, DAVIS VISION HAS PROVIDED 20-30 EYEGASSES PER MONTH TO BAPTIST OPERATION OUTREACH PATIENTS, WITH AN ESTIMATED VALUE OF \$300 PER PERSON. WE ALSO PARTNER WITH BELLEVUE BAPTIST CHURCH'S CHRISTIAN MOBILE DENTAL CLINIC TO PROVIDE FREE DENTAL CARE TO OPERATION OUTREACH PATIENTS AND UNDERSERVED FAMILIES THROUGHOUT OUR COMMUNITY. THEY RECEIVE COMPLETE CLEANINGS AND EVALUATIONS, FILLINGS AND EXTRACTIONS FREE OF CHARGE. BAPTIST MEMORIAL HEALTH CARE AND BAPTIST OPERATION OUTREACH ARE MEMBERS OF THE COMMUNITY ALLIANCE FOR THE HOMELESS, A CONSORTIUM OF SERVICE PROVIDERS, INDIVIDUALS, CITY/COUNTY GOVERNMENT, FAITH- AND COMMUNITY-BASED ORGANIZATIONS ALL WORKING TOGETHER TO END HOMELESSNESS IN MEMPHIS AND SHELBY COUNTY. BAPTIST OPERATION OUTREACH AND CHRIST COMMUNITY HEALTH SERVICES HAVE PARTNERED WITH THE SALVATION ARMY PURDUE CENTER OF HOPE AND THE SHELBY COUNTY OFFICE OF REENTRY. THE PURDUE CENTER IS A SHELTER FOR SINGLE WOMEN AND CHILDREN, AND THE BAPTIST OPERATION OUTREACH HEALTH CARE VAN FOR THE HOMELESS WILL TREAT PATIENTS' HEALTH CARE NEEDS AT THE LOCATION ONCE A MONTH. APPROXIMATELY 110 PEOPLE ARE SERVED NIGHTLY, WITH A MAXIMUM OF 54 WOMEN AND THE REMAINDER ARE CHILDREN. MORE THAN 50 PERCENT OF THE PEOPLE IN THE SHELTER ARE CHILDREN. THE SHELTER PROVIDES SAFE HOUSING, NUTRITIONAL MEALS AND INDIVIDUAL CASE MANAGEMENT FOR UP TO 90 DAYS. THE CASE MANAGERS HELP THE WOMEN TURN THEIR LIVES AROUND. WITH A FOCUS ON FINDING PERMANENT HOUSING AND/OR EMPLOYMENT, RESOURCES ARE IDENTIFIED AND REFERRALS ARE MADE TO HELP OVERCOME OR MANAGE MENTAL ILLNESS, SUBSTANCE ABUSE, JOB LOSS AND DISPLACEMENT. IMMUNIZATIONS ARE ALSO OFFERED TO THE CHILDREN. MEMPHIS AND SHELBY COUNTY JOINED COMMUNITIES NATIONWIDE IN PRIORITIZING REENTRY SUCCESS. WITH AN AVERAGE DAILY POPULATION OF 2,200 INDIVIDUALS AT THE SHELBY COUNTY DIVISION OF CORRECTIONS AND OVER 9,000 COMMUNITY RESIDENTS ON SUPERVISION BY THE TENNESSEE DEPARTMENT OF CORRECTION, PROVIDING AN EFFECTIVE RESPONSE TO THE NEEDS OF RETURNING CITIZENS IS A CRITICAL COMMUNITY NEED. CITIZENS RETURNING FROM INCARCERATION NAVIGATE A HOLISTIC NETWORK OF COMMUNITY SERVICES DESIGNED TO RESTORE DIGNITY AND CONFIDENCE WHILE PROVIDING OPPORTUNITIES FOR INDIVIDUAL AND FAMILY SUCCESS. SERVICES INCLUDE DISABILITY AND OTHER BENEFITS, EDUCATION AND TRAINING SUPPORT, EMPLOYMENT REFERRAL AND WORKFORCE DEVELOPMENT, HOUSING SUPPORT, IDENTIFICATION REPLACEMENT, AND THE CONTINUUM OF CARE FOR PHYSICAL AND BEHAVIORAL HEALTH. BAPTIST OPERATION OUTREACH DOES INTAKE ONCE PER MONTH FOR NEW PATIENTS AND PROVIDES FOLLOW UP CARE AT THE MOBILE CLINIC. IN JULY 2012, BAPTIST MEMORIAL HEALTH CARE CORPORATION SIGNED A CONTRACT WITH EPIC, A SOFTWARE VENDOR BASED OUT OF VERONA, WISCONSIN, PAVING THE WAY FOR THE BAPTIST HOSPITAL SYSTEM'S TRANSITION TO A NEW ELECTRONIC HEALTH RECORD (EHR). BAPTIST CHOSE EPIC AFTER CONDUCTING A GREAT DEAL OF RESEARCH AND INVOLVING COLLEAGUES IN NUMEROUS DEMONSTRATIONS, WHICH MORE THAN 2,500 ATTENDED. BAPTIST TOOK COLLEAGUES' FEEDBACK INTO DEEP CONSIDERATION BEFORE MAKING A DECISION. BAPTIST COLLEAGUES PLAYED A ROLE IN BRANDING THE EPIC-POWERED SOFTWARE AS BAPTIST ONECARE.

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			
JASON M LITTLE ..... PRESIDENT/CEO/DIR	34 80 .....	X		X				1,245,920	0	55,034
MARTHA PERRINNE BEARD ..... DIRECTOR	0 75 ..... 0 00	X						0	0	0
ALLEN B PUCKETT III ..... DIRECTOR	0 75 ..... 0 00	X						0	0	0
JAMES M GLASGOW JR ..... DIRECTOR	0 75 ..... 0 00	X						0	0	0
LARRY MCCLENDON ..... DIRECTOR (THRU 12/15)	0 75 ..... 0 00	X						0	0	0
MURRAY BENTON ..... DIRECTOR	0 75 ..... 0 00	X						0	0	0
JOHNNIE AMONETTE ..... DIRECTOR	0 75 ..... 0 00	X						0	0	0
BRYAN JORDAN ..... DIRECTOR	0 75 ..... 0 00	X						0	0	0
BECKY WILSON ..... DIRECTOR (THRU 12/15)	0 75 ..... 0 00	X						0	0	0
WATSON BELL ..... DIRECTOR	0 75 ..... 0 00	X						0	0	0

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			
MILTON MAGEE ..... DIRECTOR	0 75 ..... 0 00	X						0	0	0
DR DALE MORRIS ..... DIRECTOR	0 75 ..... 0 00	X						0	0	0
DR JOHN STANFORD ..... DIRECTOR	0 75 ..... 0 00	X						0	0	0
MIKE CARY ..... DIRECTOR	0 75 ..... 0 00	X						0	0	0
DANA KELLY ..... DIRECTOR	0 75 ..... 0 00	X						0	0	0
DONALD R POUNDS ..... SR V P /CFO (THRU 12/15)	38 57 ..... 1 43			X				1,108,342	0	79,644
PAUL D DEPRIEST MD ..... EXEC V P /COO	35 07 ..... 4 93			X				899,879	0	55,805
ZACHARY R CHANDLER ..... EVP/CSO	39 83 ..... 0 17			X				745,362	0	43,750
GREGORY M DUCKETT ..... SR V P /CORP SECRETARY	34 57 ..... 5 43			X				635,401	0	59,461
BEVERLY D JORDAN ..... V P	40 00 ..... 0 00			X				727,562	0	52,949



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			
JAMES SCOTT FOUNTAIN ..... SR V P /CDO	20 00 .....			X				595,629	0	72,299
DAVID W BARHAM ..... V P OPERATIONS	38 75 ..... 1 25			X				563,802	0	63,064
RANDY J KING ..... V P /METRO OPERATIONS	37 24 ..... 2 76			X				560,578	0	61,567
MARK E SWANSON ..... S R V P /CMO	38 90 ..... 1 10			X				560,390	0	39,155
DERICK B ZIEGLER ..... V P REGIONAL OPERATIONS	40 00 ..... 0 00			X				489,559	0	57,681
DANA B DYE ..... V P /CEO BMH-MEMPHIS	0 00 ..... 40 00			X				495,212	0	38,811
HENRY P SULLIVANT MD ..... CHIEF MEDICAL OFFICER	40 00 ..... 0 00			X				469,637	0	49,002
DAVID R ELLIOTT ..... V P MANAGED CARE/CEO BHSG	40 00 ..... 0 00			X				453,136	0	56,050
WILLIAM A GRIFFIN ..... S R V P /CFO (AS OF 1/16)	38 57 ..... 1 43			X				435,857	0	54,076
WILLIAM C HENNING ..... CEO & ADMINISTRATOR BMH-N MS	0 00 ..... 40 00			X				396,597	0	40,982

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			
JOHN C BROWN ..... CHIEF MED OFFICER	40 00 ..... 0 00			X				383,308	0	34,475
NANCY W AVERWATER ..... V P HR	40 00 ..... 0 00			X				350,467	0	50,445
BETTY S MCGARVEY ..... PRES COLLEGE	0 00 ..... 40 00			X				336,621	0	59,593
WILLIAM A TUTTLE ..... V P	38 62 ..... 1 38			X				347,968	0	37,263
EDWIN P CADE ..... CEO & ADMINISTRATOR BMH-GOLDEN TRIANGLE	0 00 ..... 40 00			X				290,013	0	81,607
JAMES R HUFFMAN ..... CEO & ADMINISTRATOR BMH-DESOTO	0 00 ..... 40 00			X				309,260	0	62,241
BRAD H PARSONS ..... CEO & ADMINISTRATOR BMH-JONESBORO	0 00 ..... 40 00			X				282,376	0	47,439
KYLE E ARMSTRONG ..... CEO & ADMINISTRATOR BMH-COLLIERVILLE	0 00 ..... 40 00			X				269,867	0	39,360
WALTER J GRACE ..... CEO & ADMINISTRATOR BMH-NEW ALBANY	0 00 ..... 40 00			X				249,469	0	46,523
SUSAN P FERGUSON ..... V P /CNO	40 00 ..... 0 00			X				250,613	0	43,174

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			
KEITH NORMAN ..... V P	40 00 ..... 0 00			X				242,437	0	35,584
SUSAN M BREEDEN ..... CEO & ADMINISTRATOR BMH-HUNTINGDON	0 00 ..... 40 00			X				226,061	0	38,934
BARRY BONDURANT ..... CEO & ADMINISTRATOR BMH-UNION CITY	0 00 ..... 40 00			X				218,833	0	44,308
JAMES A GRANTHAM ..... CEO & ADMINISTRATOR BMH-BOONEVILLE	0 00 ..... 40 00			X				177,339	0	37,066
SAMUEL S LYND ..... CEO ADMINISTRATOR	0 00 ..... 40 00			X				154,347	0	15,882
JAMES W BOSWELL ..... V P /CEO (THRU 11/1/15)	38 90 ..... 1 10			X				729,218	0	71,305
STEPHEN EDGE MD ..... PRES BMG ONCOLOGY (THRU 11/30/15)	40 00 ..... 0 00			X				725,134	0	69,018
ANITA S VAUGHN ..... FOUNDATION CONSULTANT	40 00 ..... 0 00			X				526,255	0	63,225
ANNA K BISHOP ..... ADMINISTRATOR SYSTEM ONCOLOGY	40 00 ..... 0 00				X			217,001	0	48,019
MARGARET C MASSEY ..... SYSTEM DIR FINANCE/REV/ACCTG	40 00 ..... 0 00					X		197,475	0	47,700

**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			
JANET R LEE ..... SYSTEM DIR OF IT	40 00 ..... 0 00					X		189,749	0	44,260
WAID RAY ..... ASSOC CORPORATE COUNSEL	40 00 ..... 0 00					X		188,358	0	38,222
TERRY L PAHDE ..... DIR COMPENSATION/BENEFITS	40 00 ..... 0 00					X		188,027	0	58,559
WILLIAM B WOLFE ..... HR MARKET DIRECTOR	40 00 ..... 0 00					X		182,993	0	46,176
RICHARD D REISELT ..... FORMER V P /CHIEF INFO OFFICER (THRU 4/15)	0 00 ..... 0 00						X	389,363	0	40,312

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
BAPTIST MEMORIAL HEALTH CARE CORPORATION

Employer identification number  
58-1521475

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 (Form 990 or 990-EZ))

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☒

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

a

☐

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

b

☐

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

c

☒

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

d

☐

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

e

☐

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

f

Enter the number of supported organizations . . . . .

29

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total29					246,147,420	

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2014 Schedule A , Part II, line 14	15
16a	33 1/3% support test—2015.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—2014.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—2015.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—2014.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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a 33 1/3% support tests—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>b 33 1/3% support tests—2014.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>		

**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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		No
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		No
<b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		No
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		No
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		No
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		No
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		No
<b>9a</b> 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		No
<b>b</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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		No
<b>c</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		No
<b>10a</b> 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)? <i>If "Yes," answer b below.</i>		No
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		No
<b>b</b> A family member of a person described in (a) above?		No
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		No



Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>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? <i>If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i></div>		
<div>2</div> <div>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? <i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>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)? <i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>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?</div>	Yes	
<div>2</div> <div>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? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>	Yes	
<div>3</div> <div>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? <i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i></div>	Yes	

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (<b>see instructions</b>)</div> <div><div>a</div><div><input type="checkbox"/></div><div>The organization satisfied the Activities Test. Complete <b>line 2</b> below.</div></div> <div><div>b</div><div><input checked="" type="checkbox"/></div><div>The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.</div></div> <div><div>c</div><div><input type="checkbox"/></div><div>The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div>		
<div>2</div> <div>Activities Test. <b>Answer (a) and (b) below.</b></div>	Yes	No
<div>a</div> <div>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? <i>If "Yes," then in <b>Part VI</b> 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.</i></div>		
<div>b</div> <div>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? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div>		
<div>3</div> <div>Parent of Supported Organizations. <b>Answer (a) and (b) below.</b></div>		
<div>a</div> <div>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? <i>Provide details in Part VI.</i></div>	Yes	
<div>b</div> <div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i></div>	Yes	

Part V

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

1

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

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

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

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

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. . . . .			
e From 2014. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. . . . .			
d From 2014. . . . .			
e From 2015. . . . .			

**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

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART I, LINE 11g, COLUMN (iii)	BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER OF THE SUPPORTED ENTITIES, PROVIDES CERTAIN LEGAL, FINANCE, QUALITY, AND PERSONNEL SERVICES PURSUANT TO A SHARED SERVICES AGREEMENT

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A PART I, LINE 11g, COLUMN (VI)	BAPTIST MEMORIAL HEALTH CARE CORPORATION PROVIDED MANAGEMENT SERVICES, SHARED EMPLOYEES, AND ALSO TRANSFERRED EQUIPMENT TO SOME OF ITS RELATED ORGANIZATIONS THESE AMOUNTS HAVE BEEN INCLUDED IN LINE 11G, COLUMN (VI)

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A PART IV SECTION A, LINE 1	BAPTIST MEMORIAL HEALTH CARE CORPORATION'S SUPPORTED ORGANIZATIONS ARE DESIGNATED BY CLASS AND PURPOSE THE SUPPORTED ORGANIZATIONS ARE AFFILIATES LISTED IN SCHEDULE R, PART II THAT ARE ORGANIZATIONS DESCRIBED IN INTERNAL REVENUE CODE SECTION 501(c)(3) THAT ARE NOT PRIVATE FOUNDATIONS BECAUSE THEY ARE DESCRIBED IN CODE SECTION 509(a)(1) or SECTION 509(a)(2)

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A PART IV SECTION A, LINE 6	BAPTIST MEMORIAL HEALTH CARE CORPORATION PROVIDES LIMITED SUPPORT TO PUBLIC CHARITIES ON BEHALF OF ITS SUPPORTED ORGANIZATIONS. SUPPORT IS GIVEN TO PUBLIC CHARITIES THAT FURTHER THE PURPOSES OF THE BAPTIST HEALTH CARE SYSTEM, SUCH AS CANCER RESEARCH, SERVICES TO THE HOMELESS, MEDICAL EDUCATION, SERVICES PROVIDED TO THE NEEDY, WOMEN AND CHILDREN'S SERVICES, THE ELDERLY, AND HOME CARE AND HOSPICE. FUNDS ARE COLLECTED BY BAPTIST MEMORIAL HEALTH CARE CORPORATION FOR ALL OF ITS RELATED ENTITIES AND THEN INVESTED AND DISPERSED AS DIRECTED BY THE SUPPORTED ORGANIZATIONS. PLEASE SEE SCHEDULE I, PART II FOR DONATIONS TO PUBLIC CHARITIES THAT FURTHER THE MISSION OF THE SUPPORTED ORGANIZATIONS.

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION E, LINE 3a	BAPTIST MEMORIAL HEALTH CARE CORPORATION IS THE PARENT ORGANIZATION OF ITS SUPPORTED ORGANIZATIONS EACH SUPPORTED ORGANIZATION HAS COMMON MEMBERS OF THE BOARD THE CORPORATION APPOINTS OR APPROVES THE OFFICERS AND BOARD OF EACH SUPPORTED ORGANIZATION AND ALSO APPROVES THE ACTIONS OF THE AFFILIATES' BOARD OF DIRECTORS



990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION E, LINE 3b	BAPTIST MEMORIAL HEALTH CARE CORPORATION IS THE PARENT ORGANIZATION OF ITS SUPPORTED ORGANIZATIONS EACH OF THE SUPPORTED ORGANIZATIONS MUST FOLLOW THE POLICIES AND PROCEDURES ESTABLISHED BY BAPTIST MEMORIAL HEALTH CARE CORPORATION THE CORPORATION APPROVES THE ACTIVITIES OF EACH SUPPORTED ORGANIZATION, AND THE ACTIONS OF THE BOARDS

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION D, LINE 3	AT LEAST ONE MEMBER OF THE GOVERNING BODY OF EACH SUPPORTED ORGANIZATION ALSO SERVES AS AN OFFICER OR DIRECTOR OF BAPTIST MEMORIAL HEALTH CARE CORPORATION EACH SUPPORTED ORGANIZATION MAY DIRECT THE SUPPORTING ORGANIZATION'S INVESTMENT POLICIES, SELECTION OF GRANTS AND GRANT RECIPIENTS, AND OTHER USES OF ITS INCOME AND ASSETS

**Schedule A (Form 990 or 990-EZ) 2015**

**Additional Data**

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

**Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		Amount of monetary support (see instructions) (v)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) BAPTIST MEMORIAL HOSPITAL INC	620123940			No	0	92,800,265
(A) BAPTIST MEMORIAL HOSPITAL-BOONEVILLE INC	640663760			No	0	2,961,351
(B) BAPTIST MEMORIAL HOSPITAL-DESOTO INC	640682111			No	0	33,575,543
(C) BAPTIST MEMORIAL HOSPITAL- GOLDEN TRIANGLE INC	621519754			No	0	19,836,932
(D) BAPTIST MEMORIAL HOSPITAL- HUNTINGDON INC	621166050			No	0	2,546,092
BAPTIST MINOR MEDICAL CENTERS (E) INC	621538114			No	0	8,604
(F) BAPTIST MEMORIAL HOSPITAL--NORTH MISSISSIPPI INC	640772726			No	238,607,303	19,548,177
(G) BAPTIST MEMORIAL HOSPITAL-TIPTON INC	621113167			No	0	9,701,795
(H) BAPTIST MEMORIAL HOSPITAL-UNION CITY INC	621138045			No	0	5,815,989
BAPTIST MEMORIAL HOSPITAL-UNION (I) COUNTY INC	630997281			No	0	6,375,288
BAPTIST MEMORIAL REGIONAL (J) REHABILITATION SERVICES INC	581645396			No	0	2,709,851
(K) BAPTIST COLLEGE OF HEALTH SCIENCES INC	621599670			No	0	34,120
(L) BAPTIST MEMORIAL HOSPITAL-JONESBORO INC	261214372			No	0	19,728,107
(M) BAPTIST MEMORIAL HEALTH SERVICES INC	621509127			No	3,500,000	648,720
(N) BAPTIST MEMORIAL MEDICAL GROUP INC	621545731			No	0	1,106,079

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(P) MEDICAL FINANCIAL SERVICES INC	621112364			No	1,400,000	152,678
(A) BAPTIST MEMORIAL PATIENT SAFETY ORGANIZATION INC	453032372			No	0	2,952
(B) NORTHEAST ARKANSAS BAPTIST HEALTH SYSTEM INC	271799652			No	0	73,602
(C) BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	581544781			No	2,640,117	460,797
(D) BAPTIST MEMORIAL HOME CARE INC	581562973			No	0	936,960
(E) BOSTON BASKIN CANCER FOUNDATION INC	453303607			No	0	2,595
(F) BAPTIST CANCER CENTER PHYSICIANS FOUNDATION INC	452842963			No	0	3,551
THE STERN CARDIOVASCULAR (G) FOUNDATION INC	274396698			No	0	11,840
(H) INTEGRITY ONCOLOGY FOUNDATION INC	453303687			No	0	3,551
MEMPHIS LUNG PHYSICIANS (I) FOUNDATION INC	452832975			No	0	3,551
NORTHEAST ARKANSAS CLINIC CHARITABLE (J) FOUNDATION INC	710850123			No	0	10,678
(K) BAPTIST CLINICAL RESEARCH INSTITUTE INC	453032246			No	0	3,551
(L) BMG FAMILY PHYSICIANS GROUP FOUNDATION INC	461953140			No	0	3,551
(M) GASTROINTESTINAL SPECIALISTS INC	352461541			No	0	3,551

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

**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												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b>	Other exempt purpose expenditures														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b>	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><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></tbody></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														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b>	Subtract line 1g from line 1a If zero or less, enter -0-														
<b>i</b>	Subtract line 1f from line 1c If zero or less, enter -0-														
<b>j</b>	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?														

☐ **Y e s** ☐ **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)2012	(b)2013	(c)2014	(d)2015	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

1

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

a

Volunteers?

b

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

c

Media advertisements?

d

Mailings to members, legislators, or the public?

e

Publications, or published or broadcast statements?

f

Grants to other organizations for lobbying purposes?

g

Direct contact with legislators, their staffs, government officials, or a legislative body?

h

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

i

Other activities?

j

Total. Add lines 1c through 1i.

2a

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

b

If "Yes," enter the amount of any tax incurred under section 4912.

c

If "Yes," enter the amount of any tax incurred by organization managers under section 4912.

d

If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

(a)

Yes

(b)

No

Amount

No

No

No

No

No

No

No

Yes

63,707

No

63,707

No

Part III-A

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

1

Were substantially all (90% or more) dues received nondeductible by members?

2

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

3

Did the organization agree to carry over lobbying and political expenditures from the prior year?

Yes

No

1

2

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

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

b

Carryover from last year

c

Total

3

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

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?

5

Taxable amount of lobbying and political expenditures (see instructions)

1

2a

2b

2c

3

4

5

Part IV

Supplemental Information

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

Return Reference	Explanation
Part II-B, Line 1	BAPTIST MEMORIAL HEALTH CARE CORPORATION PAYS MEMBERSHIP DUES TO THE VARIOUS HOSPITAL ASSOCIATIONS SUCH AS THE TENNESSEE HOSPITAL ASSOCIATION, MISSISSIPPI HOSPITAL ASSOCIATION, AND ARKANSAS HOSPITAL ASSOCIATION. A PORTION OF THE MEMBERSHIP DUES IS DESIGNATED AS LOBBYING FEES BY THE HOSPITAL ASSOCIATIONS. EACH HOSPITAL ASSOCIATION ALLOCATES A DIFFERENT PERCENTAGE, AND THE PERCENTAGE MAY VARY ANNUALLY. THE HOSPITAL ASSOCIATIONS PAY CONSULTANTS WHO MONITOR AND ADVISE THE ORGANIZATIONS ON LEGISLATIVE AND REGULATORY MATTERS THAT MAY AFFECT THE MEMBER ORGANIZATIONS AND THE MEMBER'S AFFILIATES. THESE CONSULTANTS MAY ADVOCATE POSITIONS WITH LEGISLATIVE AND REGULATORY BODIES OF GOVERNMENT AT LOCAL, STATE & FEDERAL LEVELS. BAPTIST MEMORIAL HEALTH CARE CORPORATION ALLOCATES A PORTION OF THESE FEES AMONG ITS HOSPITALS.



SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
BAPTIST MEMORIAL HEALTH CARE CORPORATION

Employer identification number  
58-1521475

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education)<div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space</div><input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Preservation of a certified historic structure</div>	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
c	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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" on 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 on 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 on Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

(ii) related organizations

3a(i)

3a(ii)

Yes

No

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		23,151,706		23,151,706
b Buildings		28,834,645	19,180,908	9,653,737
c Leasehold improvements		65,004	65,004	0
d Equipment		334,140,173	271,487,711	62,652,462
e Other		194,506	174,776	19,730
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				95,477,635



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

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

**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
See Additional Data Table	

**Part XIII**   **Supplemental Information** *(continued)*

Return Reference	Explanation

**Additional Data**

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

**Supplemental Information**

Return Reference	Explanation
Part X, Line 2	FROM THE COMBINED AUDITED FINANCIAL STATEMENT OF BAPTIST MEMORIAL HEALTH CARE CORPORATION AND SUBSIDIARIES AS OF SEPTEMBER 30, 2016 AND 2015, 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, BAPTIST MEMORIAL HEALTH CARE CORPORATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR TAX YEARS PRIOR TO 2012 (FISCAL YEAR ENDED SEPTEMBER 30, 2013)

# 2015

58-1521475

## Schedule I (Form 990) 2015

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 <a href="https://www.bmhgiving.org/">https://www.bmhgiving.org/</a>



Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
AGAPE CHILD AND FAMILY SERVICES 111 RACINE ST MEMPHIS,TN 38111	23-7039683	501(C)(3)	10,000				DONATION
AMERICAN CANCER SOCIETY 250 WILLIAMS ST NW STE 400 ATLANTA,GA 30303	13-1788491	501(C)(3)	32,500				DONATION-HOPE LODGE, GALA SPONSOR AND GENERAL DONATION
AMERICAN DIABETES ASSOCIATION 1701 N BEAUREGARD ST ARLINGTON,VA 22311	13-1623888	501(C)(3)	7,500				DONATION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	50,000				MEMPHIS HEART GALA AND WALK SPONSOR AND DONATION
AMERICAN RED CROSS 2025 E STREET NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	10,000				DONATION FOR DISASTER RELIEF
ASPERA INC (HEALTHY KIDS CLINIC) 2095 EXETER RD SUITE 80-208 GERMANTOWN, TN 38138	20-8920350	501(C)(3)	7,551				HEALTHY KIDS CLINIC DONATION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BELLEVUE FOUNDATION 2000 APPLING RD CORDOVA, TN 38016	62-1818929	501(C)(3)	20,000				SPONSOR MOBILE DENTAL CLINIC
BOSTON COLLEGE 140 COMMONWEALTH AVE CHESTNUT HILL, MA 02467	04-2103545	501(C)(3)	5,000				DONATION
BOYS AND GIRLS CLUBS OF GREATER MEMPHIS 44 S REMBERT MEMPHIS, TN 38104	62-0646371	501(C)(3)	15,600				SPONSORSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BRIDGES USA 477 N FIFTH ST MEMPHIS, TN 38105	23-7081488	501(C)(3)	5,000				COMMEMORATION SPONSOR
CATHOLIC CHARITIES OF WEST TENNESSEE 1325 JEFFERSON AVE MEMPHIS, TN 38104	62-1451404	501(C)(3)	40,000				HOMELESS SERVICES
CHRIST COMMUNITY HEALTH SERVICES INC 2595 CENTRAL AVE MEMPHIS, TN 38104	62-1583270	501(C)(3)	259,602				SUPPORT OUTREACH PROGRAM AND OPERATION OUTREACH VAN

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHICKASAW COUNCIL 171 S HOLLYWOOD ST MEMPHIS, TN 38112	62-0499713	501(C)(3)	15,000				SPONSOR
GIRL SCOUTS OF AMERICA PO BOX 240246 MEMPHIS, TN 381240246	62-0502197	501(C)(3)	13,500				SPONSORSHIP AND BAPTIST HEALTH CARE BADGE PROGRAM
COMMON TABLE HEALTH ALLIANCE 6027 WALNUT GROVE RD 215 MEMPHIS, TN 38120	62-1820264	501(C)(3)	40,000				DONATION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JUNIOR LEAGUE OF MEMPHIS 3475 CENTRAL AVE MEMPHIS, TN 38111	62-0492165	501(C)(3)	5,000				DONATION
KNOWLEDGE QUEST PO BOX 2119 MEMPHIS, TN 38101	62-1589188	501(C)(3)	19,000				SPONSOR
LEADERSHIP MEMPHIS 365 S MAIN ST MEMPHIS, TN 38103	62-1043517	501(C)(3)	12,500				CORPORATE SPONSORSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LEMOYNE OWEN COLLEGE 807 WALKER AVE MEMPHIS, TN 38126	62-0475690	501(C)(3)	20,001				GRANT
LINKS INC 1200 MASSACHUSETTS AVE NW WASHINGTON, DC 20005	63-6057610	501(C)(4)	5,000				SPONSOR
LORRAINE FOUNDATION (NATIONAL CIVIL RIGHTS MUSEUM) 450 MULBERRY ST MEMPHIS, TN 38103	58-1484027	501(C)(3)	15,000				SPONSOR FREEDOM AWARDS DINNER AND DONATION TO MUSEUM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
METHODIST HEALTH CARE-MEMPHIS 1211 UNION AVE 700 MEMPHIS, TN 38104	58-1454711	501(C)(3)	76,388				CHARITY PATIENT PAYMENTS
MIDSOUTH FOOD BANK 239 S DUDLEY ST MEMPHIS, TN 38104	62-1340755	501(C)(3)	8,750				DESOTO DIABETES CARE ROLLING CART PILOT PROGRAM
MID-SOUTH MINORITY BUSINESS COUNCIL 158 MADISON AVE MEMPHIS, TN 38103	62-1198163	501(C)(6)	28,000				SPONSOR



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTH MISSISSIPPI RURAL LEGAL SERVICES INC PO BOX 767 OXFORD, MS 38655	64-0581747	501(C)(3)	13,000				COMMUNITY OUTREACH PROGRAM AND ELDER LAW CONFERENCE
NEIGHBORHOOD CHRISTIAN CENTER 785 JACKSON AVE MEMPHIS, TN 38107	58-1394456	501(C)(3)	5,000				DONATION
NEW MEMPHIS INSTITUTE 22 N FRONT ST SUITE 500 MEMPHIS, TN 38103	58-1607228	501(C)(3)	15,000				DONATION AND SPONSOR 2 FELLOWS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEXUS LEADERS INC 4055 POPLAR AVE MEMPHIS, TN 38111	26-2444063	501(C)(3)	5,000				LEADERSHIP PROGRAM
REGIONAL ONE HEALTH (dba THE MEDICAL FOUNDATION) 877 JEFFERSON AVE MEMPHIS, TN 38103	58-1737037	501(C)(3)	6,000				SPONSOR
SEMMES-MURPHEY FOUNDATION 6325 HUMPHREYS BLVD MEMPHIS, TN 38120	38-3790195	501(C)(3)	15,000				SPONSORSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHELBY FARMS PARK CONSERVANCY 6849 MULLINS STATION RD MEMPHIS, TN 38134	26-0350397	501(C)(3)	5,000				SPONSORSHIP
SICKLE CELL FOUNDATION OF TENNESSEE 680 OAKLEAF 101 MEMPHIS, TN 38117	26-3954703	501(C)(3)	5,000				DONATION
STEVison GROUP (SISTERHOOD SHOWCASE) PO BOX 3145 MEMPHIS, TN 38103			10,650				SPONSORSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOUTHWEST TENNESSEE COMMUNITY COLLEGE 5983 MACON COVE MEMPHIS, TN 38134	62-1105769	501(C)(3)	15,000				SPONSORSHIP
TENNESSEANS FOR QUALITY EARLY EDUCATION 22 N FRONT ST 670 MEMPHIS, TN 38103	81-0987829	501(C)(4)	5,000				DONATION
TENNESSEE STATE UNIVERSITY 3500 JOHN MERRITT BLVD NASHVILLE, TN 37209	23-7105693	501(C)(3)	5,000				ALLIED HEALTH SPONSORSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE EXCHANGE CLUB FAMILY OF THE MID SOUTH INC 2180 UNION AVE MEMPHIS,TN 38104	58-1502697	501(C)(3)	10,000				CHILDREN'S DOMESTIC VIOLENCE PROGRAM
THE UNIVERSITY OF MEMPHIS 635 NORMAL ST MEMPHIS,TN 38152	62-6048540	501(C)(3)	6,000				DONATION
THE UNIVERSITY OF TENNESSEE 62 S DUNLAP ST ROOM 300 MEMPHIS,TN 38163	62-6001636	501(C)(3)	10,000				SPONSOR RESIDENCY PROGRAM AND DONATIONS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MARCH OF DIMES 1275 MAMARONECK AVE WHITE PLAINS, NY 10605	13-1846366	501(C)(3)	5,000				DONATION
MEMPHIS CRISIS CENTER PO BOX 40068 MEMPHIS, TN 38174	23-7193652	501(C)(3)	5,000				DONATION
MEMPHIS LIBRARY FOUNDATION 3030 POPLAR AVE MEMPHIS, TN 38111	62-1590768	501(C)(3)	19,100				DONATION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MEMPHIS MUSEUMS INC (PINK PALACE) 3050 CENTRAL AVE MEMPHIS, TN 38111	62-0801926	501(C)(3)	32,000				SPONSORSHIP
BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177	58-1544781	501(C)(3)	5,417				RACE FOR THE CURE

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
BAPTIST MEMORIAL HEALTH CARE CORPORATION

Employer identification number  
58-1521475

Part I Questions Regarding Compensation

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



**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 on 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 on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III Supplemental Information**

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

Return Reference	Explanation
Part I, Line 1a	THE OFFICERS RECEIVE A PERQUISITE ALLOWANCE WHICH IS INCLUDED IN THEIR SALARIES
Part I, Line 1b	THE PRESIDENT, ALL VICE PRESIDENTS, AND ADMINISTRATORS RECEIVE A PERQUISITE ALLOWANCE. THE ALLOWANCE IS INCLUDED IN THEIR SALARIES AND IS TAXABLE TO THEM AS ADDITIONAL INCOME. THE ORGANIZATION ALSO HAS AN ACCOUNTABLE PLAN, BUT A DISCRETIONARY SPENDING ACCOUNT IS NOT PART OF AN ACCOUNTABLE PLAN. IF ANY OF THE OTHER ITEMS LISTED ON SCHEDULE J, PART I, LINE 1a WERE APPLICABLE, THE RECIPIENTS WOULD BE REQUIRED TO FOLLOW THE ORGANIZATION'S WRITTEN POLICY REGARDING PAYMENT OR REIMBURSEMENT.
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. ON DECEMBER 14, 2014, THE COMPENSATION WAS REVIEWED AND APPROVED FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2015 FOR THE PRESIDENT, THE VICE PRESIDENTS, AND THE CEO/ADMINISTRATOR.
Part I, Lines 4a-b	SEVERENCE PAY. RICHARD D. REISELT RECEIVED SEVERENCE PAY IN THE AMOUNT OF \$204,287. SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. ELIGIBLE EXECUTIVES PARTICIPATE IN VARIOUS NON-QUALIFIED DEFERRED COMPENSATION PLANS ORGANIZED UNDER CODE SECTION 457(F). THE EXACT PURPOSE OF EACH PLAN VARIES BUT THEY INCLUDE: COMPENSATION LIMITATION, MAKE-UP PLANS, VOLUNTARY DEFERRAL PLANS, DEFERRAL OF A PORTION OF INCENTIVE BONUS TYPE PLANS, ETC. ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EXECUTIVE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID. THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS: ANITA S. VAUGHN-\$253,898.68; WILLIAM A. TUTTLE-\$45,962.85; BEVERLY D. JORDAN-\$132,618.61; DAVID W. BARHAM-\$109,856.76.
Part I, Line 7	THE BAPTIST MEMORIAL HEALTH CARE SYSTEM HAS ESTABLISHED A MANAGEMENT ACCOUNTABILITY AND FINANCIAL INCENTIVE PLAN THAT ENCOURAGES MANAGEMENT PARTICIPATION IN THE SIGNIFICANT IMPROVEMENTS OF THE QUALITY, FINANCIAL, GROWTH, AND HUMAN RESOURCE RELATED OPERATIONS OF THE ORGANIZATION. AN INCENTIVE BONUS IS PAID TO ALL MANAGEMENT BASED ON ATTAINMENT OF GOALS IN THE AREAS OF 1) PATIENT SATISFACTION, 2) EMPLOYEE SATISFACTION, 3) PHYSICIAN SATISFACTION, 4) QUALITY AND SAFETY, 5) OPERATIONAL PERFORMANCE METRICS, AND 6) OPERATING INCOME MARGIN. PARTICIPANTS RECEIVE POINTS UNDER A PLAN SCORING SYSTEM FOR MEETING THEIR PREDETERMINED GOALS. THE POINTS ARE THEN ENTERED INTO THE PLAN FORMULA TO DETERMINE THE INCENTIVE COMPENSATION.
SCHEDULE J PART II, LINE 40	RICHARD D. REISELT RECEIVED COMPENSATION AS VICE PRESIDENT AND CHIEF INFORMATION OFFICER FOR BAPTIST MEMORIAL HEALTH CARE CORPORATION. MR. REISELT WAS NO LONGER EMPLOYED BY BAPTIST MEMORIAL HEALTH CARE CORPORATION AS OF 4/15/15. COMPENSATION IN THE AMOUNT OF \$225,387 WAS PAID TO MR. REISELT FOR SERVICES DURING THE CALENDAR YEAR ENDING 12/31/15. HE ALSO RECEIVED \$204,287 IN SEVERANCE PAY.

Additional Data

Software ID:

Software Version:

EIN: 58-1521475

Name: BAPTIST MEMORIAL HEALTH CARE CORPORATION

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JASON M LITTLE PRESIDENT/CEO/DIR	(i)	773,843	357,353	114,724	31,250	23,784	1,300,954	0
	(ii)	0	0	0	0	- 0	- 0	0
1DONALD R POUNDS SR V P /CFO (THRU 12/15)	(i)	536,555	202,283	369,504	61,875	17,769	1,187,986	0
	(ii)	0	0	0	0	- 0	- 0	0
2PAUL D DEPRIEST MD EXEC V P /COO	(i)	566,927	229,883	103,069	30,625	25,180	955,684	0
	(ii)	0	0	0	0	- 0	- 0	0
3ZACHARY R CHANDLER EVP/CSO	(i)	498,603	198,420	48,339	23,188	20,562	789,112	0
	(ii)	0	0	0	0	- 0	- 0	0
4GREGORY M DUCKETT SR V P /CORP SECRETARY	(i)	406,753	152,260	76,388	33,125	26,336	694,862	0
	(ii)	0	0	0	0	- 0	- 0	0
5BEVERLY D JORDANV P	(i)	340,127	125,183	262,252	33,125	19,824	780,511	0
	(ii)	0	0	0	0	- 0	- 0	0
6JAMES SCOTT FOUNTAIN SR V P /CDO	(i)	386,181	147,917	61,531	43,875	28,424	667,928	0
	(ii)	0	0	0	0	- 0	- 0	0
7DAVID W BARHAM V P OPERATIONS	(i)	290,983	102,144	170,675	33,125	29,939	626,866	0
	(ii)	0	0	0	0	- 0	- 0	0
8BRANDY J KING V P /METRO OPERATIONS	(i)	376,478	137,227	46,873	42,666	18,901	622,145	0
	(ii)	0	0	0	0	- 0	- 0	0
9MARK E SWANSON S R V P /CMO	(i)	489,210	38,096	33,084	17,500	21,655	599,545	0
	(ii)	0	0	0	0	- 0	- 0	0
10DERICK B ZIEGLER V P REGIONAL OPERATIONS	(i)	329,997	110,562	49,000	49,716	7,965	547,240	0
	(ii)	0	0	0	0	- 0	- 0	0
11DANA B DYE V P /CEO BMH-MEMPHIS	(i)	315,159	115,278	64,775	31,963	6,848	534,023	0
	(ii)	0	0	0	0	- 0	- 0	0
12HENRY P SULLIVANT MD CHIEF MEDICAL OFFICER	(i)	348,798	66,562	54,277	30,624	18,378	518,639	0
	(ii)	0	0	0	0	- 0	- 0	0
13DAVID R ELLIOTT V P MANAGED CARE/CEO BHSG	(i)	303,661	107,909	41,566	36,004	20,046	509,186	0
	(ii)	0	0	0	0	- 0	- 0	0
14WILLIAM A GRIFFIN S R V P /CFO (AS OF 1/16)	(i)	294,107	102,309	39,441	33,125	20,951	489,933	0
	(ii)	0	0	0	0	- 0	- 0	0
15WILLIAM C HENNING CEO & ADMINISTRATOR BMH-N MS	(i)	278,934	66,473	51,190	19,875	21,107	437,579	0
	(ii)	0	0	0	0	- 0	- 0	0
16JOHN C BROWN CHIEF MED OFFICER	(i)	361,032	22,028	248	19,875	14,600	417,783	0
	(ii)	0	0	0	0	- 0	- 0	0
17NANCY W AVERWATER V P HR	(i)	235,313	72,477	42,677	29,825	20,620	400,912	0
	(ii)	0	0	0	0	- 0	- 0	0
18BETTY S MCGARVEY PRES COLLEGE	(i)	249,551	48,535	38,535	43,270	16,323	396,214	0
	(ii)	0	0	0	0	- 0	- 0	0
19WILLIAM A TUTTLEV P	(i)	175,441	32,786	139,741	23,423	13,840	385,231	0
	(ii)	0	0	0	0	- 0	- 0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1EDWIN P CADE CEO & ADMINISTRATOR BMH-GOLDEN TRIAN	(i)	204,678	45,344	39,991	60,766	20,841	371,620	0
	(ii)	0	0	0	0	0	0	0
1JAMES R HUFFMAN CEO & ADMINISTRATOR BMH-DESOTO	(i)	238,127	43,134	27,999	43,149	19,092	371,501	0
	(ii)	0	0	0	0	0	0	0
2BRAD H PARSONS CEO & ADMINISTRATOR BMH-JONESBORO	(i)	220,008	34,420	27,948	26,821	20,618	329,815	0
	(ii)	0	0	0	0	0	0	0
3KYLE E ARMSTRONG CEO & ADMINISTRATOR BMH-COLLIERVILLE	(i)	198,591	36,196	35,080	18,617	20,743	309,227	0
	(ii)	0	0	0	0	0	0	0
4WALTER J GRACE CEO & ADMINISTRATOR BMH-NEW ALBANY	(i)	168,255	39,595	41,619	23,015	23,508	295,992	0
	(ii)	0	0	0	0	0	0	0
5SUSAN P FERGUSON V P /CNO	(i)	220,723	11,299	18,591	29,455	13,719	293,787	0
	(ii)	0	0	0	0	0	0	0
6KEITH NORMANV P	(i)	199,099	0	43,338	27,251	8,333	278,021	0
	(ii)	0	0	0	0	0	0	0
7SUSAN M BREEDEN CEO & ADMINISTRATOR BMH-HUNTINGDON	(i)	159,297	37,677	29,087	31,402	7,532	264,995	0
	(ii)	0	0	0	0	0	0	0
8BARRY BONDURANT CEO & ADMINISTRATOR BMH-UNION CITY	(i)	160,016	32,178	26,639	24,715	19,593	263,141	0
	(ii)	0	0	0	0	0	0	0
9JAMES A GRANTHAM CEO & ADMINISTRATOR BMH-BOONEVILLE	(i)	122,785	27,238	27,316	17,718	19,348	214,405	0
	(ii)	0	0	0	0	0	0	0
10SAMUEL S LYND CEO ADMINISTRATOR	(i)	110,661	18,761	24,925	8,850	7,032	170,229	0
	(ii)	0	0	0	0	0	0	0
11JAMES W BOSWELL V P /CEO (THRU 11/1/15)	(i)	499,372	124,791	105,055	43,875	27,430	800,523	0
	(ii)	0	0	0	0	0	0	0
12STEPHEN EDGE MD PRES BMG ONCOLOGY (THRU 11/30/15)	(i)	509,785	103,735	111,614	48,225	20,793	794,152	0
	(ii)	0	0	0	0	0	0	0
13ANITA S VAUGHN FOUNDATION CONSULTANT	(i)	242,996	46,502	236,757	43,204	20,021	589,480	0
	(ii)	0	0	0	0	0	0	0
14ANNA K BISHOP ADMINISTRATOR SYSTEM ONCOLOGY	(i)	204,160	12,821	20	27,410	20,609	265,020	0
	(ii)	0	0	0	0	0	0	0
15MARGARET C MASSEY SYSTEM DIR FINANCE/REV/ACCTG	(i)	188,760	2,032	6,683	25,405	22,295	245,175	0
	(ii)	0	0	0	0	0	0	0
16JANET R LEE SYSTEM DIR OF IT	(i)	178,383	11,346	20	23,805	20,455	234,009	0
	(ii)	0	0	0	0	0	0	0
17WAID RAY ASSOC CORPORATE COUNSEL	(i)	177,192	11,146	20	23,649	14,573	226,580	0
	(ii)	0	0	0	0	0	0	0
18TERRY L PAHDE DIR COMPENSATION/BENEFITS	(i)	175,841	11,841	345	35,486	23,073	246,586	0
	(ii)	0	0	0	0	0	0	0
19WILLIAM B WOLFE HR MARKET DIRECTOR	(i)	171,518	10,747	728	18,427	27,749	229,169	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41RICHARD D REISELT FORMER V P /CHIEF INFO OFFICER (THR	(i)	77,809	60,629	250,925	19,445	20,867	429,675	0
	(ii)	0	0	0	0	0	0	0

**SCHEDULE O**  
**(Form 990 or**  
**990-EZ)**Department of the  
Treasury  
Internal Revenue  
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**2015****Open to Public  
Inspection**Name of the organization  
BAPTIST MEMORIAL HEALTH CARE  
CORPORATION**Employer identification number**

58-1521475

Return Reference	Explanation
PART III STATEMENT OF PROGRAM SERVICES CONTINUED	<p>BAPTIST ONECARE CREATES A SINGLE PATIENT RECORD THAT BOTH CAREGIVERS AND PATIENTS WILL BE ABLE TO ACCESS THE EHR AIMS TO MAXIMIZE EFFICIENCY BY REDUCING THE NEED FOR DUPLICATE TESTS AND PATIENTS HAVING TO GIVE THE SAME INFORMATION TO MULTIPLE CAREGIVERS PATIENT PRIVACY IS PROTECTED THE SAME WAY IT WOULD BE WITH A WRITTEN RECORD THE BIGGEST CONVENIENCE FOR PATIENTS WITHIN THE SYSTEM IS CALLED MYCHART, A FREE APP ACCESSIBLE VIA SMARTPHONE OR COMPUTER THAT ALLOWS PATIENTS TO SCHEDULE APPOINTMENTS, REFILL PRESCRIPTIONS, DIRECT MESSAGE THEIR CARE PROVIDERS WITH THE OPTION OF INCLUDING PHOTOS, ACCESS LAB RESULTS AND MUCH MORE MYCHART HAS MORE THAN 70,000 USERS, OVER 13 MILLION HITS, AND MORE THAN 100,000 LAB RESULTS VIEWED BAPTIST MEMORIAL HEALTH CARE AND VANDERBILT UNIVERSITY MEDICAL CENTER BEGAN AN ACADEMIC AFFILIATION IN OCTOBER 2012 THIS ACADEMIC AFFILIATION WILL PROVIDE FOR NEW CLINICAL RESEARCH AND ACADEMIC EDUCATION OPPORTUNITIES THAT ARE DESIGNED TO ENHANCE CANCER PROGRAMS THE AFFILIATION ESTABLISHES A FRAMEWORK FOR COLLABORATIVE ONCOLOGY INITIATIVES BETWEEN BAPTIST CANCER CENTER AND VANDERBILT-INGRAM CANCER CENTER BAPTIST CANCER CENTER PATIENTS WILL HAVE INCREASED ACCESS TO VANDERBILT-INGRAM CANCER CENTER CLINICAL RESEARCH TRIALS AND GENETIC DIAGNOSTIC TOOLS MANY OF THESE SERVICES WILL BE AVAILABLE IN LOCAL COMMUNITIES THROUGHOUT BAPTIST'S HOSPITALS IN MISSISSIPPI, ARKANSAS, AND TENNESSEE BAPTIST MEMORIAL HEALTH CARE CORPORATION EMPHASIZES CUSTOMER SERVICE CUSTOMER SERVICE IS A KEY PART OF BAPTIST MEMORIAL HEALTH CARE CORPORATION'S CULTURE CALLED SERVICE FIRST, BAPTIST MEMORIAL HEALTH CARE CORPORATION AND ITS AFFILIATED ENTITIES THROUGHOUT THE MID-SOUTH ARE FINDING BETTER WAYS TO SERVE OUR CUSTOMERS AND EXCEED THEIR EXPECTATIONS BAPTIST MEMORIAL HEALTH CARE'S COMMITMENT TO CARE BEYOND THE WALLS OF THE HOSPITALS IS SINCERE AND LONG-STANDING OUR GIVING IS FOCUSED ON TWO PRIMARY AREAS, HEALTH CARE DELIVERY AND PREVENTIVE SERVICES AND EDUCATION WE ARE DEDICATED TO BUILDING A HEALTHY COMMUNITY BY ANTICIPATING AND RESPONDING TO OUR COMMUNITIES' HEALTH NEEDS, IMPROVING THE WELL-BEING OF THE PEOPLE WE SERVE AND TO BEING A NEIGHBOR OF CHOICE NOT ONLY DO WE PROVIDE FINANCIAL SUPPORT THROUGH OUR SUSTAINABLE AND ONGOING PARTNERSHIPS WITH LOCAL COMMUNITY GROUPS AND ORGANIZATIONS, BUT WE ALSO OFFER IN-KIND DONATIONS AND VOLUNTEERS IN APRIL 2015, BAPTIST MEMORIAL HEALTH CARE INTRODUCED A BAPTIST HEALTHY COMMUNITIES PROGRAM TO FAITH LEADERS BAPTIST HEALTHY COMMUNITIES IS DESIGNED TO IMPROVE THE OVERALL WELLNESS OF LOCAL COMMUNITIES BY ADDRESSING SOME OF THEIR MOST PRESSING HEALTH NEEDS THE PROGRAM WILL PROVIDE BETTER HEALTH CARE RESOURCES TO CONGREGATIONS AND FAITH PROGRAMS THAT HAVE A SHARED INTEREST IN ACHIEVING A HEALTHIER COMMUNITY TO LEARN MORE ABOUT THE PROGRAM OR TO REGISTER ONLINE, PLEASE VISIT <a href="http://WWW.BAPTISTCOMMUNITIES.ORG">WWW.BAPTISTCOMMUNITIES.ORG</a> BAPTIST MEMORIAL HEALTH CARE CORPORATION HAS ALSO PROVIDED A NUMBER OF OTHER SERVICES TO THE COMMUNITY IT RECOGNIZES</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III STATEMENT OF PROGRAM SERVICES CONTINUED	<p>ES THAT ITS PEOPLE ARE ITS MOST VALUABLE ASSET. TO SHARE THIS ASSET WITH THE COMMUNITY AT LARGE, ALL COLLEAGUES ARE ENCOURAGED TO GET INVOLVED BY VOLUNTEERING. BELOW IS A PARTIAL LISTING OF THE ORGANIZATIONS AND ACTIVITIES BAPTIST MEMORIAL HEALTH CARE CORPORATION SUPPORTED IN 2016 --AMERICAN CANCER SOCIETY --AMERICAN DIABETES ASSOCIATION --AMERICAN HEART ASSOCIATION --AMERICAN RED CROSS --ARTS MEMPHIS --BELLEVUE BAPTIST CHRISTIAN MOBILE DENTAL CLINIC --BOY SCOUTS OF AMERICA --BOYS &amp; GIRLS CLUB --BRIDGES --CHILDREN'S MUSEUM OF MEMPHIS --CHRIST COMMUNITY HEALTH SERVICES --CHRISTIAN MEDICAL &amp; DENTAL ASSOCIATION --CHURCH HEALTH CENTER --CHURCHES THROUGHOUT OUR SERVICE AREA --COMMUNITY ALLIANCE FOR THE HOMELESS --DIXON GALLERY &amp; GARDENS --GIRL SCOUTS HEART OF THE SOUTH --GIRLS INC --HEALTHY MEMPHIS COMMONTABLE --JUNIOR ACHIEVEMENT --LEADERSHIP MEMPHIS --LOCAL FARMERS MARKETS --MARCH OF DIMES --MEMPHIS BIOWORKS FOUNDATION --MEMPHIS BRANCH NAACP --MEMPHIS LIBRARY FOUNDATION --MEMPHIS-MIDSOUTH AFFILIATE OF SUSAN G. KOMEN FOR THE CURE --METROPOLITAN INTER-FAITH ASSOCIATION (MIFA) --MID-SOUTH FOOD BANK --MIDSOUTH MINORITY BUSINESS COUNCIL --NATIONAL CIVIL RIGHTS MUSEUM --NATIONAL COUNCIL ON HEALTH CARE FOR THE HOMELESS --NATIONAL MS SOCIETY --NEW MEMPHIS INSTITUTE --PINK PALACE MUSEUM --PUBLIC SCHOOLS THROUGHOUT THE COMMUNITIES IN WHICH WE OPERATE --SALVATION ARMY AND KROC CENTER --SHELBY FARMS PARK CONSERVANCY --SOUTHWEST TENNESSEE COMMUNITY COLLEGE --THE REGIONAL MEDICAL CENTER --THE UNIVERSITY OF MEMPHIS --TN MEN'S HEALTH NETWORK --UNION UNIVERSITY --UNITED WAY OF THE MID-SOUTH --UNIVERSITY OF TENNESSEE --WOMEN'S FOUNDATION ONE OF THE LARGEST NOT-FOR-PROFIT HEALTH CARE SYSTEMS IN THE UNITED STATES, BAPTIST MEMORIAL HEALTH CARE OFFERS A FULL CONTINUUM OF CARE TO COMMUNITIES THROUGHOUT THE MID-SOUTH. THE BAPTIST MEMORIAL SYSTEM, WHICH CONSISTENTLY RANKS AMONG THE TOP INTEGRATED HEALTH CARE NETWORKS IN THE NATION, COMPRISES 17 AFFILIATE HOSPITALS IN THE MID-SOUTH, MORE THAN 3,000 AFFILIATED PHYSICIANS, BAPTIST MEDICAL GROUP, A MULTISPECIALTY PHYSICIAN GROUP WITH MORE THAN 500 PHYSICIANS, HOME, HOSPICE AND PSYCHIATRIC CARE, A NETWORK OF SURGERY, REHABILITATION AND OTHER OUTPATIENT CENTERS, AND AN EDUCATION SYSTEM HIGHLIGHTED BY THE BAPTIST COLLEGE OF HEALTH SCIENCES. BAPTIST EMPLOYS MORE THAN 14,000 HEALTH CARE PROFESSIONALS, HAS MORE THAN 2,300 LICENSED BEDS SYSTEMWIDE AND HAS APPROXIMATELY 85,000 ADMISSIONS ANNUALLY. FOR MORE INFORMATION ON BAPTIST MEMORIAL HEALTH CARE CORPORATION'S COMMUNITY OUTREACH AND COMMITMENT, PLEASE VISIT OUR WEB SITE AT <a href="http://WWW.BAPTISTONLINE.ORG">WWW.BAPTISTONLINE.ORG</a></p>



**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	BAPTIST MEMORIAL HEALTH CARE CORPORATION'S HUMAN RESOURCE DEPARTMENT, THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS, AND AN INDEPENDENT COMPENSATION CONSULTING FIRM PERFORM ANNUAL REVIEWS EACH DECEMBER AND APPROVE COMPENSATION OF THE CEO AND OTHER TOP MANAGEMENT PERSONNEL. THEY USE COMPARABILITY DATA AND OTHER SOURCES AS NEEDED. THE CEO AND OTHER TOP MANAGEMENT USE THE SAME TYPE OF INFORMATION TO APPROVE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES. ON DECEMBER 14, 2014, THE COMPENSATION WAS REVIEWED AND APPROVED FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2015 FOR THE PRESIDENT, THE VICE PRESIDENTS, AND THE CEO/ADMINISTRATORS.

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	OTHER PURCHASED SERVICES Program service expenses 32,237,562 Management and general expenses 206,769 Fundraising expenses 0 Total expenses 32,444,331 PHYSICIAN SERVICES Program service expenses 243,014 Management and general expenses 1,559 Fundraising expenses 0 Total expenses 244,573



990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	ADJUSTMENT TO EQUITY EARNINGS IN INVESTMENT -58,427 TRANSFERS TO/FROM MEDICAL FINANCIAL SERVICES, INC 1,400,000 TRANSFER TO/FROM BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, INC 238,607,303 TRANSFER TO/FROM BAPTIST MEMORIAL HEALTH SERVICES, INC 3,500,000 ADJUSTMENT TO PENSION LIABILITY 3,229,616 RECLASSIFY INVESTMENT IN HEALTH TECH AFFILIATES, INC 19,984,146

**990 Schedule O, Supplemental Information**

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

SCHEDULE R  
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization  
BAPTIST MEMORIAL HEALTH CARE  
CORPORATION

Employer identification number

58-1521475

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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
HEALTH TECH AFFILIATES (1)INC  350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1278576	BUYING & LEASING REAL & PERSONAL PROPERTY	TN	BAPTIST MEMORIAL HEALTH CARE CORPORATION	C	1,703,902	2,084,137	100 000 %	Yes	
(2) BAPTIST MEMORIAL HEALTH SERVICES GROUP OF THE MID-SOUTH INC  350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1534210	HEALTH INSURANCE CONTRACTING	TN	BAPTIST MEMORIAL HEALTH CARE CORPORATION	C	1,101,298	175,099	100 000 %	Yes	
SOUTHCREST PROPERTY (3)OWNERS ASSOCIATION  7601 SOUTHCREST PKWY SOUTHAVEN, MS 38671 64-0768703	BOOKKEEPING & DATA PROCESSING FOR THE SOUTHCREST DEVELOPMENT	MS	BAPTIST MEMORIAL HEALTH CARE CORPORATION	C	32,558	52,674	76 350 %	Yes	
(4) GERMANTOWN BUSINESS PARK OWNERS ASSOCIATION  350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 20-1158216	BOOKKEEPING & DATA PROCESSING FOR THE GERMANTOWN BUSINESS PARK DEVELOPMENT	TN	N/A	C				Yes	

**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?

- |          |   |
|----------|---|
| <b>a</b> | Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . . |
| <b>b</b> | Gift, grant, or capital contribution to related organization(s) . . . . .   |
| <b>c</b> | Gift, grant, or capital contribution from related organization(s) . . . . .   |
| <b>d</b> | Loans or loan guarantees to or for related organization(s) . . . . .  |
| <b>e</b> | Loans or loan guarantees by related organization(s) . . . . .   |
| <b>f</b> | Dividends from related organization(s) . . . . .  |
| <b>g</b> | Sale of assets to related organization(s) . . . . .   |
| <b>h</b> | Purchase of assets from related organization(s) . . . . .   |
| <b>i</b> | Exchange of assets with related organization(s) . . . . .   |
| <b>j</b> | Lease of facilities, equipment, or other assets to related organization(s) . . . . .  |
| <b>k</b> | Lease of facilities, equipment, or other assets from related organization(s) . . . . .  |
| <b>l</b> | Performance of services or membership or fundraising solicitations for related organization(s)<br>. . . . .                           |
| <b>m</b> | Performance of services or membership or fundraising solicitations by related organization(s) . . . . .                               |
| <b>n</b> | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .                               |
| <b>o</b> | Sharing of paid employees with related organization(s) . . . . .  |
| <b>p</b> | Reimbursement paid to related organization(s) for expenses . . . . .  |
| <b>q</b> | Reimbursement paid by related organization(s) for expenses . . . . .  |
| <b>r</b> | Other transfer of cash or property to related organization(s) . . . . .   |
| <b>s</b> | Other transfer of cash or property from related organization(s) . . . . .   |

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

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

[illegible]

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

[illegible]

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

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 58-1521475

Name: BAPTIST MEMORIAL HEALTH CARE CORPORATION

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

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



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
BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1544781	SOLICIT, RAISE, MANAGE, APPLY, & INVEST FUNDS IN SUPPORT OF BAPTIST ENTITIES	TN	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
BAPTIST MEMORIAL HOSPITAL-JONESBORO INC 4800 E JOHNSON AVE JONESBORO, AR 72401 26-1214372	HEALTH CARE FACILITY/HOSPITAL	AR	501(c)(3)	509(a)(1)	NEA BAPTIST HEALTH SYSTEM INC	Yes	
NEA BAPTIST HEALTH SYSTEM INC 4800 E JOHNSON AVE JONESBORO, AR 72401 27-1799652	HEALTH CARE SERVICE PROVIDER	AR	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION INC 4800 E JOHNSON AVE JONESBORO, AR 72401 71-0850123	HEALTH CARE SERVICE PROVIDER	AR	501(c)(3)	509(a)(1)	NEA BAPTIST HEALTH SYSTEM INC	Yes	
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	Yes	
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	Yes	
INTEGRITY ONCOLOGY FOUNDATION INC 6286 BRIARCREST AVE STE 308 MEMPHIS, TN 38120 45-3303687	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
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	Yes	
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	Yes	
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	Yes	
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	Yes	

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

[illegible]

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





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
(1)	BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	Q	1,044,954	CASH
(1)	BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	D	2,640,117	CASH
(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION AFFILIATES	E	133,776,837	CASH
(3)	BAPTIST MEMORIAL HOSPITAL INC	L	92,609,220	CASH
(4)	BAPTIST MEMORIAL HOSPITAL INC	O	191,045	CASH
(5)	BAPTIST MEMORIAL HOSPITAL INC	R	2,629,135	CASH
(6)	BAPTIST MEMORIAL HOSPITAL-BOONEVILLE INC	L	2,944,380	CASH
(7)	BAPTIST MEMORIAL HOSPITAL-DESOTOINC	L	32,655,444	CASH
(8)	BAPTIST MEMORIAL HOSPITAL-DESOTOINC	R	899,551	CASH
(9)	BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLEINC	L	19,375,056	CASH
(10)	BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLEINC	R	444,905	CASH
(11)	BAPTIST MEMORIAL HOSPITAL-HUNTINGDON INC	L	2,534,616	CASH
(12)	BAPTIST MEMORIAL HOSPITAL-JONESBORO INC	L	18,959,052	CASH
(13)	BAPTIST MEMORIAL HOSPITAL-JONESBORO INC	R	751,523	CASH
(14)	BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC	L	19,503,408	CASH
(15)	BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC	R	238,635,101	CASH
(16)	BAPTIST MEMORIAL HOSPITAL-TIPTONINC	L	9,650,088	CASH
(17)	BAPTIST MEMORIAL HOSPITAL-UNION CITY INC	L	5,784,960	CASH
(18)	BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC	L	6,327,084	CASH
(19)	BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	N	80,102	CASH
(20)	BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	O	380,695	CASH
(21)	BAPTIST MEMORIAL MEDICAL GROUP INC	L	1,063,416	CASH
(22)	BAPTIST MEMORIAL HOME CARE INC	L	928,356	CASH
(23)	BAPTIST MEMORIAL MEDICAL MINISTRIES EMPLOYEE HLTH & WELFARE TRUST	R	10,805,463	CASH
(24)	BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC	L	2,690,772	CASH

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

<b>(a)</b> Name of related organization		<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(26)</b>	MEDICAL FINANCIAL SERVICES INC	L	141,816	CASH
<b>(1)</b>	MEDICAL FINANCIAL SERVICES INC	R	1,400,000	CASH
<b>(2)</b>	BAPTIST MEMORIAL HEALTH SERVICES INC	L	640,116	CASH
<b>(3)</b>	BAPTIST MEMORIAL HEALTH SERVICES INC	R	3,500,000	CASH
<b>(4)</b>	BAPTIST HEALTH SERVICES GROUP OF THE MIDSOUTH INC	N	197,714	CASH
<b>(5)</b>	HEALTH TECH AFFILIATES INC	L	58,596	CASH
<b>(6)</b>	NEA BAPTIST HEALTH SYSTEM INC	O	73,602	CASH