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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223013647

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1003 MONROE AVE

City or town, state or province, country, and ZIP or foreign postal code
MEMPHIS, TN 381043110

D Employer identification number
62-1599670

E Telephone number
(901) 227-4640

G Gross receipts $ 25,238,118

F Name and address of principal officer
BETTY SUE MCGARVEY
1003 MONROE AVE
MEMPHIS,TN 381043110

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW BCHS EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1994

M State of legal domicile TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PREPARE HEALTH CARE PROFESSIONALS FOR PRACTICE IN THE COMMUNITY

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	6
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	268
6	Total number of volunteers (estimate if necessary)	**6**	9
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	201,699	210,496
9	Program service revenue (Part VIII, line 2g)	17,794,466	16,882,767
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,729,817	1,744,727
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,000	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,737,982	18,837,990
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	68,500	78,750
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	11,949,894	12,534,803
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,747,733	3,356,273
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	15,766,127	15,969,826
19	Revenue less expenses Subtract line 18 from line 12	5,971,855	2,868,164
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	36,951,860	36,513,557
21	Total liabilities (Part X, line 26)	10,051,363	6,471,934
22	Net assets or fund balances Subtract line 21 from line 20	26,900,497	30,041,623

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2017-08-11

JASON M LITTLE PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: FRANCIS J BEDARD	Preparer's signature: FRANCIS J BEDARD	Date	Check ☐ if self-employed — PTIN P00752421
Firm's name ▶ DELOITTE TAX LLP			Firm's EIN ▶ 86-1065772
Firm's address ▶ 1033 DEMONBREUN SUITE 400 NASHVILLE, TN 37203			Phone no (615) 259-1811

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

EDUCATE HEALTH CARE PROFESSIONALS IN NURSING AND HEALTH SCIENCES

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 $ 14,303,514 including grants of $ 78,750) (Revenue $ 16,882,767)

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 ▶** 14,303,514

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *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	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *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	**Section 501(c)(3) organizations.** 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? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	268		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11		
	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	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		Yes	

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ LEANNE SMITH 1003 MONROE AVE MEMPHIS, TN 38104 (901) 572-2440

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ZACH CHANDLER DIRECTOR (SECRETARY)	0 17 39 83	X						0	745,362	43,750
(2) JASON M LITTLE DIRECTOR	0 23 39 77	X						0	1,245,920	55,034
(3) DANA DYE DIRECTOR	0 23 39 77	X						0	495,212	38,811
(4) RANDY KING DIRECTOR	0 23 39 77	X						0	560,578	61,567
(5) CHANCELLOR KENNY ARMSTRONG DIRECTOR (THRU 12/15)	0 23 0 00	X						0	0	0
(6) DEIDRE MALONE DIRECTOR (THRU 12/15)	0 23 0 00	X						0	0	0
(7) MICHAEL CARTER MD DIRECTOR	0 23 0 00	X						0	0	0
(8) JOYCE ROBINSON DIRECTOR (THRU 12/15)	0 23 0 00	X						0	0	0
(9) THOMAS CHESNEY MD DIRECTOR	0 23 0 00	X						0	0	0
(10) RICHARD DREWRY MD DIRECTOR (CHAIRMAN)	0 23 0 00	X						0	0	0
(11) WILLIAM COCHRAN DIRECTOR	0 23 0 00	X						0	0	0
(12) DANA KELLY DIRECTOR (FROM 1/16)	0 23 0 00	X						0	0	0
(13) DENISE BURNETT DIRECTOR	0 23 0 00	X						0	0	0
(14) ANITA VAUGHN DIRECTOR (FROM 1/16)	0 23 20 00	X						0	526,255	63,225

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) BETTY SUE MCGARVEY	40 00			X				0	336,621	59,593
PRESIDENT	0 00									
(16) GREGORY M DUCKETT	0 23			X				0	635,401	59,461
SECRETARY	39 77									
(17) GENA L SMITH	40 00			X				127,775	0	28,557
V P BUSINESS SERVICES	0 00									
(18) LOREDANA C HAEGER	40 00			X				135,248	0	28,664
VICE PRES/PROVOST	0 00									
(19) ANNE PLUMB	40 00					X		128,006	0	34,284
DEAN	0 00									
(20) LARITHA H SWEET	40 00					X		111,631	0	34,126
ASSOC PROF	0 00									
(21) NANCY L REED	40 00					X		107,923	0	33,270
DEAN OF STUDENT SERVICES	0 00									
(22) CARLA R PARKER	40 00					X		117,787	0	3,036
ASSOC PROF	0 00									
(23) CATHERINE R STEPTER	40 00					X		105,805	0	35,116
GRADUATE PROGRAM CHAIR	0 00									
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								834,175	4,545,349	578,494

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 ▶ 9

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FLINTCO PO BOX 142637 ST LOUIS, MO 631142634	CONSTRUCTION SERVICES	569,156
UNIVERSITY OF TENNESSEE 881 MADISON AVE 336 MEMPHIS, TN 38163	PROFESSIONAL SERVICES	290,035
IMAGINE 21 PO BOX 1703 COLLIERVILLE, TN 38027	CONSTRUCTION SERVICES	128,719

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 ▶ 3

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	180,000			
	e Government grants (contributions)	1e	24,007			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,489			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		210,496			
Program Service Revenue		Business Code				
	2a TUITION/HOUSING FEES	900099	13,080,830	13,080,830		
	b MEDICARE REIMBURSEMENT	900099	3,801,937	3,801,937		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f		16,882,767			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		705,881			705,881
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7,438,974				
	b Less cost or other basis and sales expenses	6,400,128				
	c Gain or (loss)	1,038,846				
	d Net gain or (loss)		1,038,846			1,038,846
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d					
	12 **Total revenue.** See Instructions		18,837,990	16,882,767	0	1,744,727

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	78,750	78,750		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	337,873	306,113	31,760	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	9,743,343	8,827,469	915,874	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	402,446	364,616	37,830	
9 Other employee benefits	1,330,367	1,205,313	125,054	
10 Payroll taxes	720,774	653,021	67,753	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	305,183	276,496	28,687	
12 Advertising and promotion	131,885	131,885		
13 Office expenses	1,009,743	914,827	94,916	
14 Information technology				
15 Royalties				
16 Occupancy	332,450	301,200	31,250	
17 Travel	82,478	32,991	49,487	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	22,104	8,842	13,262	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	616,744	558,770	57,974	
23 Insurance	13,741	12,449	1,292	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a TAX & LICENSES (UBI)	1,850	1,676	174	
b REPAIR & MAINTENANCE	364,542	330,275	34,267	
c DUES & SUBSCRIPTIONS	290,634	116,254	174,380	
d STUDENT ACTIVITIES	137,417	137,417	0	
e All other expenses	47,502	45,150	2,352	
25 **Total functional expenses.** Add lines 1 through 24e	15,969,826	14,303,514	1,666,312	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		73,087	1	798,354
	2	Savings and temporary cash investments		32,686,313	2	32,878,449
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,004,604	4	324,500
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		387,141	9	393,176
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 8,067,166			
	b	Less accumulated depreciation	10b 6,242,146	2,079,815	10c	1,825,020
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		720,900	15	294,058
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		36,951,860	16	36,513,557
Liabilities	17	Accounts payable and accrued expenses		1,117,400	17	835,780
	18	Grants payable			18	
	19	Deferred revenue		3,693,181	19	4,252,648
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		5,240,782	25	1,383,506
	26	**Total liabilities.** Add lines 17 through 25		10,051,363	26	6,471,934
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		26,036,363	27	29,163,189
	28	Temporarily restricted net assets		864,134	28	878,434
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		26,900,497	33	30,041,623
	34	Total liabilities and net assets/fund balances		36,951,860	34	36,513,557

Part XI Reconcilliation 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	18,837,990
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,969,826
3	Revenue less expenses Subtract line 2 from line 1	3	2,868,164
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26,900,497
5	Net unrealized gains (losses) on investments	5	-88,907
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	361,869
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	30,041,623

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 62-1599670

Name: BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC

Form 990, Part III, Line 4a

4a (Code) (Expenses $ 14,303,514 including grants of $ 78,750) (Revenue $ 16,882,767)

BUILDING ON THE LEGACY OF EDUCATION SINCE 1912, BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES (BAPTIST COLLEGE) IS A PRIVATE INSTITUTION, WHICH SEEKS TO ATTRACT A DIVERSE STUDENT POPULATION WHO SHARES COMMITMENTS TO CHRISTIAN VALUES AND ETHICS, ACADEMIC EXCELLENCE, AND LIFELONG PROFESSIONAL DEVELOPMENT IN RESPONSE TO THE TRUST EXPECTED OF INSTITUTIONS PREPARING FUTURE HEALTH CARE PROFESSIONALS, THE ACADEMICALLY RIGOROUS ENVIRONMENT REQUIRES STUDENTS' ACTIVE ENGAGEMENT IN LEARNING THROUGH A VARIETY OF INSTRUCTIONAL MODES CONTINUED AT SCHEDULE O PAGE 39IN PARTNERSHIP WITH BAPTIST MEMORIAL HEALTH CARE, BAPTIST COLLEGE EXTENDS THE LEARNING ENVIRONMENT BEYOND THE CLASSROOM TO INCLUDE EXPERIENCES FOUND IN HEALTH CARE SETTINGS THROUGHOUT THE MID-SOUTH THE ADMINISTRATION, FACULTY AND STAFF OF BAPTIST COLLEGE BELIEVE THAT THE COLLEGE HAS A RESPONSIBILITY TO THE COMMUNITY BEYOND THAT OF PREPARING COMPETENT HEALTH CARE PRACTITIONERS THAT RESPONSIBILITY INCLUDES SERVING AS A HEALTH CARE RESOURCE AND PROVIDING VOLUNTEER SERVICES IN A VARIETY OF WAYS THE ACTIVE PARTICIPATION OF STAFF AND THE OPPORTUNITY FOR INVOLVEMENT OF STUDENTS PROMOTES THE SPIRIT OF VOLUNTEERISM THIS CONTINUING COMMITMENT TO VOLUNTEERISM WILL AFFECT NOT ONLY THE PRACTICE OF GRADUATES BUT ALSO THEIR LIVES AS CITIZENS AND MEMBERS OF THE COMMUNITY BAPTIST COLLEGE WAS CHARTERED IN DECEMBER 1994 AS A SPECIALIZED COLLEGE OFFERING BACCALAUREATE DEGREES IN NURSING (BSN) AND HEALTH SCIENCES (BHS) BAPTIST COLLEGE IS ACCREDITED BY THE COMMISSION ON COLLEGES OF THE SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS (SACSCOC) TO AWARD THE ASSOCIATE OF SCIENCE IN PRE-HEALTH STUDIES, BACHELOR OF SCIENCE IN NURSING, AND THE BACHELOR OF HEALTH SCIENCES IN BIOMEDICAL SCIENCES, RADIOLOGICAL SCIENCES, RESPIRATORY CARE, HEALTH CARE MANAGEMENT, DIAGNOSTIC MEDICAL SONOGRAPHY, MEDICAL LABORATORY SCIENCE, NUCLEAR MEDICINE, RADIATION THERAPY, AND MEDICAL RADIOGRAPHY THE BACCALAUREATE NURSING PROGRAM IS APPROVED BY THE TENNESSEE BOARD OF NURSING AND IS ACCREDITED BY THE COMMISSION ON COLLEGIATE NURSING EDUCATION, THE ACCREDITATION BODY AFFILIATED WITH THE AMERICAN ASSOCIATION OF COLLEGES OF NURSING ALL ALLIED HEALTH MAJORS ARE ACCREDITED BY THE APPROPRIATE NATIONAL PROFESSIONAL ORGANIZATIONS EDUCATION HAS BEEN A KEY COMPONENT IN THE MISSION OF BAPTIST MEMORIAL HOSPITAL, THE PARENT ORGANIZATION OF BAPTIST COLLEGE, SINCE 1912 THE HOSPITAL'S SCHOOL OF NURSING ENROLLED ITS FIRST STUDENTS AS THE HOSPITAL OPENED ITS DOORS TO PATIENTS IN JULY OF THAT YEAR THE LAST DIPLOMA NURSING CLASS GRADUATED IN MAY 1997 SINCE 1912, BAPTIST HAS FOCUSED ON PROVIDING NURSING STUDENTS WITH CRITICAL THINKING, PROBLEM SOLVING, EVALUATION AND TECHNICAL SKILLS-THE SKILLS NECESSARY TO PROVIDE HOLISTIC CARE THESE SKILLS ARE IN ADDITION TO THE DEVELOPMENT OF OUTSTANDING CLINICAL AND PATIENT CARE SKILLS NURSING STUDENTS IN THE PAST, AND TODAY, LEARN TO COLLABORATE WITH OTHER MEMBERS OF THE HEALTHCARE TEAM AND UTILIZE THE RESOURCES AVAILABLE TO HELP CLIENTS ACHIEVE THE HIGHEST LEVEL OF HEALTH THEY ALSO LEARN TO PRACTICE IN A VARIETY OF COMMUNITY SETTINGS WHERE HEALTH CARE IS PROVIDED BAPTIST COLLEGE OFFERS TWO TRACKS FOR THE NURSING BACCALAUREATE DEGREE ONE IS FOR THE TRADITIONAL STUDENT JUST BEGINNING A FOUR-YEAR DEGREE WHO WILL SIT FOR THE LICENSING EXAM TO BECOME A REGISTERED NURSE (RN), AND THE OTHER TRACK IS A RN/BSN COMPLETION TRACK FOR THE LICENSED NURSE SEEKING TO ACHIEVE A BACCALAUREATE DEGREE THE COLLEGE OFFERS BOTH A DAY AND A NIGHT/WEEKEND BSN SCHEDULING OPTION FOR GENERIC BSN STUDENTS THE COHORT MODEL, A SCHEDULING ALTERNATIVE FOR REGISTERED NURSES SEEKING TO COMPLETE THEIR BACCALAUREATE EDUCATION, CONTINUES TO BE A POPULAR OPTION ALLIED HEALTH EDUCATION BEGAN IN 1956 WITH THE MEDICAL RADIOGRAPHY PROGRAM OF BAPTIST MEMORIAL HOSPITAL IN RESPONSE TO THE NEED FOR ADVANCED SPECIALIZATION, NUCLEAR MEDICINE WAS ADDED IN 1961, RADIATION THERAPY IN 1975, AND DIAGNOSTIC MEDICAL SONOGRAPHY IN 1986 THESE DIPLOMA PROGRAMS WERE TRANSITIONED INTO THE RADIOLOGICAL SCIENCES MAJOR WITH THE OPENING OF BAPTIST COLLEGE IN FALL OF 1995 BEGINNING IN THE 2001 ACADEMIC YEAR, IN RESPONSE TO CHANGING WORKFORCE SKILL REQUIREMENTS, SEPARATE MAJORS WERE ESTABLISHED IN MEDICAL RADIOGRAPHY, NUCLEAR MEDICINE, RADIATION THERAPY, AND DIAGNOSTIC MEDICAL SONOGRAPHY, AND FRESHMEN WERE ENROLLED IN THESE NEW MAJORS THE NEW MAJORS REPLACED THE RADIOLOGICAL SCIENCES DUAL MAJOR AFTER THE 2003 GRADUATION RESPIRATORY CARE EDUCATION WAS INTRODUCED IN 1970 AS A DIPLOMA PROGRAM OF BAPTIST MEMORIAL HOSPITAL AND LATER TRANSITIONED INTO A BACCALAUREATE PROGRAM WITH THE OPENING OF BAPTIST COLLEGE IN ADDITION TO THE TRADITIONAL TRACK FOR ACHIEVING A DEGREE, BAPTIST COLLEGE ALSO OFFERS A COHORT MODEL FOR CERTIFIED RESPIRATORY THERAPISTS TO COMPLETE THEIR BACCALAUREATE EDUCATION THE HEALTH CARE MANAGEMENT MAJOR WAS INTRODUCED IN FALL 2001 IN RESPONSE TO INCREASED DEMAND FOR HEALTHCARE MANAGERS IN THE BAPTIST MEMORIAL HEALTH CARE CORPORATION AND THE SURROUNDING HEALTHCARE COMMUNITY STUDENTS IN THIS PROGRAM OF STUDY RECEIVE A BUSINESS MANAGEMENT EDUCATION WITH SPECIAL EMPHASIS ON THE UNIQUE OPERATIONAL ASPECTS OF HEALTHCARE THE BIOMEDICAL SCIENCES MAJOR WAS FIRST OFFERED IN FALL 2013 STUDENTS IN THIS PROGRAM OF STUDY HAVE A UNIQUE ADVANTAGE TO COMPLETE COURSES THAT OFTEN ARE LIMITED TO GRADUATE STUDENTS, SUCH AS HISTOLOGY, IMMUNOLOGY, EPIDEMIOLOGY, AND INFECTIOUS DISEASES PROVIDING THESE COURSES AT THE UNDERGRADUATE LEVEL GIVE OUR BIOMEDICAL SCIENCES GRADUATES A COMPETITIVE EDGE FOR ADMISSION TO GRADUATE AND PROFESSIONAL PROGRAMS BAPTIST COLLEGE ADMITS STUDENTS OF ANY RACE, COLOR, NATIONAL OR ETHNIC ORIGIN IT DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL OR ETHNIC ORIGIN IN ADMINISTRATION OF ITS EDUCATIONAL POLICIES, ADMISSION POLICIES, SCHOLARSHIP AND LOAN PROGRAMS, AND ATHLETIC AND OTHER SCHOOL ADMINISTERED PROGRAMS DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 2016, BAPTIST COLLEGE ENROLLED 1,381 DIFFERENT STUDENTS IN THE FOLLOWING PROGRAMS --BACCALAUREATE/ASSOCIATE TRADITIONAL 1,332--BACCALAUREATE COMPLETION 45--SPECIAL STUDENTS 4IN FY 2016, BAPTIST COLLEGE AWARDED A TOTAL OF 183 BACCALAUREATE DEGREES, 101 AS BACHELORS OF SCIENCE IN NURSING (BSN) AND 81 WERE BACHELORS OF HEALTH SCIENCES (BHS) THE NUMBERS BY MAJORS OF THE BHS DEGREES WERE 10 GRADUATES IN DIAGNOSTIC MEDICAL SONOGRAPHY, 6 IN MEDICAL LABORATORY SCIENCES, 17 IN MEDICAL RADIOGRAPHY, 6 IN NUCLEAR MEDICINE TECHNOLOGY, 7 IN RESPIRATORY CARE, 4 IN RADIATION THERAPY TECHNOLOGY, 24 IN HEALTH CARE MANAGEMENT, AND 7 IN BIOMEDICAL SCIENCES ADDITIONALLY, THE COLLEGE AWARDED 1 ASSOCIATES OF SCIENCE DEGREE IN PRE-HEALTH STUDIES ON SEPTEMBER 30, 2016, THE FALL BACCALAUREATE ENROLLMENT WAS 1,079

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223013647

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC

Employer identification number
62-1599670

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 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

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

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

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

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

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

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

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

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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** . . . . . ▶ ☐

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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2014** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

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

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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) ☐

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223013647

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*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC	62-1599670

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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)? ☐ Yes ☐ No

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

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

Complete if the organization answered "Yes" 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

		Amount
b If "Yes," explain the arrangement in Part XIII and complete the following table		
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	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	17,984,870	11,062,213	7,317,714	4,433,060	3,504,108
b Contributions	1,562,092	6,922,657	3,744,499	2,059,499	928,952
c Net investment earnings, gains, and losses				825,155	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	19,546,962	17,984,870	11,062,213	7,317,714	4,433,060

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

- a Board designated or quasi-endowment ▶ 100 000 %
- 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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

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				
b Buildings		6,210	3,570	2,640
c Leasehold improvements		797,609	646,965	150,644
d Equipment		7,263,347	5,591,611	1,671,736
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				1,825,020

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	

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

1. (a) Description of liability	(b) Book value
Federal income taxes	
RESERVE FOR WORKERS COMPENSATION	17,000
DUE TO AFFILIATES	1,366,506
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,383,506

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	18,898,073
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	18,898,073
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	-60,083		
c	Add lines **4a** and **4b**			4c	-60,083
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	18,837,990

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.

1	Total expenses and losses per audited financial statements			1	16,029,909
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	60,083		
e	Add lines **2a** through **2d**			2e	60,083
3	Subtract line **2e** from line **1**			3	15,969,826
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	15,969,826

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: 62-1599670
Name: BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC

Supplemental Information

Return Reference	Explanation
Part V, Line 4	PART V, LINE 1 REPRESENTS A QUASI-ENDOWMENT FUND AT BAPTIST MEMORIAL HEALTH CARE FOUNDATIO N, INC , A RELATED ORGANIZATION, FOR THE BENEFIT OF BAPTIST MEMORIAL COLLEGE OF HEALTH SCI ENCES FOR THE PURPOSE OF OFFSETTING THE FUTURE FUND NEEDS OF THE COLLEGE AND/OR TO COVER O PERATIONAL SHORT FALLS OF THE COLLEGE

Supplemental Information

Return Reference	Explanation
Part X, Line 2	THE COLLEGE IS A NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED AS TAX EXEMPT PURSUANT TO S ECTION 501(c)(3) OF THE INTERNAL REVENUE CODE ("THE CODE") AS OF SEPTEMBER 30, 2016 AND 2 015, THE COLLEGE HAD NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS UNDER FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, INCOME TAXES, R EQUIRING ADJUSTMENTS TO ITS FINANCIAL STATEMENTS IN THE EVENT THE COLLEGE WERE TO RECOGNI ZE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IT WOULD BE RECOGNIZED IN TH E FINANCIAL STATEMENTS AS INTEREST EXPENSE GENERALLY, TAX YEARS 2012 THROUGH 2016 ARE OPE N TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES, RESPECTIVELY THERE ARE NO I NCOME TAX EXAMINATIONS CURRENTLY IN PROCESS

Supplemental Information

Return Reference	Explanation
Part XI, Line 4b - Other Adjustments	BAD DEBTS EXPENSE -60,083

Supplemental Information

Return Reference	Explanation
Part XII, Line 2d - Other Adjustments	BAD DEBTS EXPENSE 60,083

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223013647

SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC

Employer identification number
62-1599670

Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

Part II Supplemental Information.

Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)

Return Reference	Explanation
Schedule E, Part I, Line 3	EACH APPLICANT RECEIVES A PACKET OF INFORMATION IN WHICH THIS STATEMENT IS OUTLINED AND DISCUSSED THE STATEMENT IS ALSO POSTED IN ALL ADVERTISING MATERIALS AND AT THE COLLEGE IN A CONSPICUOUS PLACE SO THAT ALL WHO ENTER MAY SEE IT
Schedule E, Part I, Line 6	BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES RECEIVES FEDERAL FUNDING FOR STUDENTS FROM THE U S DEPARTMENT OF EDUCATION THESE FUNDS INCLUDE THE FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT PROGRAM, THE FEDERAL PELL GRANT PROGRAM, AND FEDERAL DIRECT STUDENT LOANS IN ADDITION, THE COLLEGE RECEIVED FUNDS FROM THE U S DEPARTMENT OF HEALTH AND HUMAN SERVICES DEPARTMENT THESE FUNDS WERE FOR SCHOLARSHIPS FOR DISADVANTAGED STUDENTS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223013647

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL COLLEGE
OF HEALTH SCIENCES INC

Employer identification number
62-1599670

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEMPHIS BIOWORKS (1) FOUNDATION INC 20 S DUDLEY ST SUITE 900 MEMPHIS,TN 38103	62-1858660	501(C)(3)	78,000				REVITALIZATION OF MEDICAL CENTER DISTRICT

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" 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'S 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 https //www bmhgiving org/

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223013647

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*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC

Employer identification number
62-1599670

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	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			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	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	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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 3	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 THE COMPENSATION OF THE ORGANIZATION'S 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
Part I, Line 4b	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 NO PAYMENTS WERE MADE TO LISTED PERSONS IN PART VII UNDER THE VARIOUS NON-QUALIFIED DEFERRED COMPENSATION PLANS DURING THE YEAR
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 PREFORMANCE 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

Additional Data

Software ID:
Software Version:
EIN: 62-1599670
Name: BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC

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				
1ZACH CHANDLER DIRECTOR (SECRETARY)	(I)	0	0	0	0	0	0	0
	(II)	498,603	198,420	48,339	23,188	- 20,562	- 789,112	0
1JASON M LITTLEDIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	773,843	357,353	114,724	31,250	- 23,784	- 1,300,954	0
2DANA DYEDIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	315,159	115,278	64,775	31,963	- 6,848	- 534,023	0
3RANDY KINGDIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	376,478	137,227	46,873	42,666	- 18,901	- 622,145	0
4ANITA VAUGHN DIRECTOR (FROM 1/16)	(I)	0	0	0	0	0	0	0
	(II)	242,996	46,502	236,757	43,204	- 20,021	- 589,480	0
5BETTY SUE MCGARVEY PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	249,551	48,535	38,535	43,270	- 16,323	- 396,214	0
6GREGORY M DUCKETT SECRETARY	(I)	0	0	0	0	0	0	0
	(II)	406,753	152,260	76,388	33,125	- 26,336	- 694,862	0
7GENA L SMITH V P BUSINESS SERVICES	(I)	122,630	0	5,145	16,308	12,249	156,332	0
	(II)	0	0	0	0	- 0	- 0	0
8LOREDANA C HAEGER VICE PRES/PROVOST	(I)	135,228	0	20	11,226	17,438	163,912	0
	(II)	0	0	0	0	- 0	- 0	0
9ANNE PLUMBDEAN	(I)	123,964	1,376	2,666	18,453	15,831	162,290	0
	(II)	0	0	0	0	- 0	- 0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223013647

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC	62-1599670

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III LINE 4a PROGRAM SERVICE ACCOMPLISHMENTS, CONTINUED	FINANCIAL ASSISTANCE BAPTIST COLLEGE OFFERS FINANCIAL ASSISTANCE TO STUDENTS IN NEED ASSI STANCE IS PROVIDED THROUGH A VARIETY OF SOURCES INCLUDING SCHOLARSHIPS, GRANTS, A WORK-STU DY PROGRAM, A LOAN PROGRAM, AND A TUITION DEFERRAL PROGRAM FUNDED BY THE BAPTIST MEMORIAL HEALTH CARE CORPORATION AND BAPTIST COLLEGE. ALL FINANCIAL AID IS AWARDED ON A NON-DISCRIM INATORY BASIS SINCE JULY, 2000, BAPTIST COLLEGE HAS ALSO PARTICIPATED IN FEDERAL FINANCIA L AID PROGRAMS FOR STUDENTS INSTITUTIONAL SCHOLARSHIPS/ACADEMIC AWARDS IN 2016, BAPTIST C OLLEGE DISBURSED $1,472,587 IN INSTITUTIONAL FINANCIAL AID TO ENROLLED STUDENTS THIS AID INCLUDED SCHOLARSHIPS, GRANTS, AND TUITION DEFERRAL THE TUITION DEFERRAL PROGRAM ALLOWS U P TO SEVENTY-FIVE ELIGIBLE CLINICAL STUDENTS PER YEAR TO DEFER TUITION DURING THEIR JUNIOR AND SENIOR YEARS AT BAPTIST COLLEGE. THIS AGREEMENT REQUIRES A WORK COMMITMENT AT A BAPTI ST MEMORIAL HEALTH CARE FACILITY FOLLOWING GRADUATION AND LICENSURE EQUAL TO ONE YEAR OF E MPLOYMENT FOR EACH YEAR OF TUITION DEFERRAL -- NURSING ALUMNI SCHOLARSHIPS ALUMNI FROM TH E FORMER BAPTIST MEMORIAL HOSPITAL SCHOOL OF NURSING AND THE COLLEGE HAVE PROVIDED FOR SEV ERAL ANNUAL SCHOLARSHIPS THROUGH GIFTS TO THE BAPTIST MEMORIAL HEALTH CARE FOUNDATION THE SE SCHOLARSHIPS ARE AWARDED TO STUDENTS MAJORING IN NURSING WHO HAVE COMPLETED 61 CREDIT H OURS OR MORE THE SCHOLARSHIP AWARDS ARE BASED ON COLLEGE GPA OF 2 75 WITH CONSIDERATION G IVEN TO FINANCIAL NEED --ALLIED HEALTH ALUMNI SCHOLARSHIPS ALUMNI FROM THE FORMER BAPTIS T MEMORIAL HOSPITAL SCHOOLS AND BCHS HAVE PROVIDED FOR SEVERAL ANNUAL SCHOLARSHIPS THROUGH GIFTS TO THE BAPTIST FOUNDATION THESE SCHOLARSHIPS ARE AWARDED TO ALLIED HEALTH MAJORS W HO HAVE COMPLETED 61 CREDIT HOURS OR MORE THE SCHOLARSHIP AWARDS ARE BASED ON COLLEGE GPA OF 2 75 WITH CONSIDERATION GIVEN TO FINANCIAL NEED - -ELIZABETH FARNELL GRADUATION AWARD THE RECIPIENT OF THIS GRADUATION AWARD ATTAINS THE HIGHEST GPA AMONG THE NURSING GRADUATE S IN THE GENERIC PROGRAM AND HAS DEMONSTRATED OUTSTANDING CLINICAL PERFORMANCE AS EVALUATE D BY THE FACULTY --ELIZABETH FARNELL SCHOLARSHIPS ESTABLISHED BY THE ESTATE OF MS FARNE LL, FORMER VICE-PRESIDENT OF NURSING AND ADMINISTRATOR OF THE BAPTIST HOSPITAL SCHOOL OF N URSING TO BE USED FOR NURSING SCHOLARSHIPS THE MINIMUM GPA REQUIRED FOR THIS AWARD IS 3 5 --DR LING H LEE GRADUATION AWARD THIS GRADUATION AWARD IS GIVEN ANNUALLY TO A SENIOR WHO ATTAINS THE HIGHEST GPA AMONG THE RADIOLOGICAL SCIENCES GRADUATES IN THE GENERIC PROG RAM --DR LING H LEE SCHOLARSHIP A SCHOLARSHIP AWARDED ANNUALLY TO A STUDENT MAJORING I N RADIOLOGICAL SCIENCES WHO HAS DEMONSTRATED BOTH OUTSTANDING ACADEMIC PERFORMANCE AND FIN ANCIAL NEED THIS GENEROUS SCHOLARSHIP PROVIDES FOR EXPENSES FOR A FULL SCHOOL YEAR. THE M INIMUM GPA REQUIRED FOR THIS AWARD IS 3 5 --BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES B OARD OF DIRECTORS GRADUATION AWARD THIS GRADUATION AWARD IS GIVEN ANNUALLY TO A SENIOR GR ADUATING WITH A GPA OF 3 5 OR

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III LINE 4a PROGRAM SERVICE ACCOMPLISHMENTS, CONTINUED	GREATER THE RECIPIENT MUST DEMONSTRATE A COMMITMENT TO COMMUNITY SERVICE AND EXHIBIT A PO TENTIAL FOR LEADERSHIP THE RECIPIENT MUST ALSO DISPLAY CHRISTIAN PRINCIPLES IN ALL ASPECT S OF PATIENT CARE AND COLLEGE LIFE. --SMITH & NEPHEW/JACK R BLAIR SCHOLARSHIP THIS SCHOL ARSHIP IS OPEN TO A CURRENTLY ENROLLED STUDENT AT THE COLLEGE CRITERIA INCLUDE A 3 5 GPA, FINANCIAL NEED, COMMUNITY SERVICE AND A STATEMENT OF PROFESSIONAL GOALS --SMITH & NEPHEW /DR ROBERT TOOMS SCHOLARSHIP ESTABLISHED BY SMITH & NEPHEW - MEMPHIS IN HONOR OF DR ROB ERT E TOOMS, A PROMINENT MEMPHIS ORTHOPAEDIC SURGEON IN ADDITION TO MANY POSITIONS AT TH E UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER, DR TOOMS WAS PRESIDENT OF THE MEDICAL ST AFF AT BAPTIST MEMORIAL HOSPITAL AND CHIEF OF STAFF OF THE CAMPBELL CLINIC FROM 1987-1994 AND CURRENTLY SERVES ON THE BAPTIST COLLEGE OF HEALTH SCIENCES BOARD OF DIRECTORS THIS AW ARD IS GIVEN ANNUALLY TO A CURRENT NURSING STUDENT AND IS BASED ON ACADEMIC ACHIEVEMENT AN D PROFESSIONAL GOALS --JOSEPH POWELL SCHOLARSHIPS FUNDED THROUGH A GRANT FROM THE BAPTIS T MEMORIAL HEALTH CARE FOUNDATION, THESE SCHOLARSHIPS ARE AWARDED TO FOUR INCOMING FRESHME N WITH A MINIMUM ACT OF 24 AND GPA OF 3 25 THESE SCHOLARSHIPS ARE BASED ON ACADEMIC ACHIE VEMENT, A STATEMENT OF PROFESSIONAL GOALS AND COMMUNITY SERVICE. --RUBY TURRELL SCHOLARSHI P AT LEAST ONE SCHOLARSHIP IS AWARDED ANNUALLY TO AN INCOMING FRESHMAN SEEKING A NURSING DEGREE. REQUIREMENTS FOR RECEIVING THIS AWARD ARE A MINIMUM ACT OF 24 AND A HIGH SCHOOL GP A OF 3 25 ADDITIONAL CRITERIA INCLUDE A STATEMENT OF PROFESSIONAL GOALS AND COMMUNITY SER VICE. --BAPTIST MEMORIAL HEALTH CARE FOUNDATION SCHOLARSHIPS FUNDED THROUGH A GRANT FROM THE BMHC FOUNDATION, TWENTY SCHOLARSHIPS ARE AVAILABLE TO INCOMING FRESHMEN AND TO INCUMBE NT STUDENTS THESE SCHOLARSHIPS ARE AWARDED ON THE BASIS OF ACADEMIC ACHIEVEMENT, PROFESSI ONAL GOALS AND COMMUNITY SERVICE --ST JOSEPH HOSPITAL SCHOLARSHIPS ESTABLISHED BY THE S ISTERS OF ST FRANCIS IN HONOR OF ST JOSEPH SCHOOL OF NURSING ALUMNI, THESE SCHOLARSHIPS ARE AWARDED TO HIGH SCHOOL STUDENTS ENTERING THE COLLEGE WITH A MINIMUM GPA OF 3 25, STATE MENT OF PROFESSIONAL GOALS, COMMUNITY SERVICE AND FINANCIAL NEED --CHARLES R BAKER SCHOL ARSHIPS ESTABLISHED BY MR CHARLES R BAKER, THESE SCHOLARSHIPS ARE AWARDED BASED ON ACAD EMIC ACHIEVEMENT, PROFESSIONAL GOALS, PERSONAL ACHIEVEMENT AND COMMUNITY SERVICE TRANSFER STUDENTS ARE GIVEN FIRST PRIORITY FOR THESE AWARDS --DON AND LYNN POUNDS SCHOLARSHIP ES TABLISHED BY MR DONALD POUNDS, SENIOR VICE-PRESIDENT AND CFO OF THE BAPTIST MEMORIAL HEAL TH CARE CORPORATION, THIS SCHOLARSHIP IS AWARDED ANNUALLY TO AN ENTERING FRESHMAN MALE STU DENT WITH A MINIMUM GPA OF 3 25 AND 22 ON THE ACT --LULA CURTIS SCOTT SCHOLARSHIP THIS S CHOLARSHIP WAS ESTABLISHED TO HONOR MS LULA CURTIS SCOTT, A LONG-TIME FACULTY MEMBER OF T HE BAPTIST MEMORIAL HOSPITAL SCHOOL OF NURSING MS SCOTT CONTINUES HER DEDICATION THROUGH SERVICE ON THE ALUMNI ADVISOR

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III LINE 4a PROGRAM SERVICE ACCOMPLISHMENTS, CONTINUED	Y BOARD OF BAPTIST COLLEGE OF HEALTH SCIENCES THE AWARD IS BASED ON A MINIMUM GPA OF 2 75 AND FINANCIAL NEED --MYRA WHITAKER MAYBEE SCHOLARSHIP THIS SCHOLARSHIP WAS ESTABLISHED IN MEMORY OF MRS MYRA WHITAKER MAYBEE BY HER HUSBAND, MR LOWELL PHILLIP MAYBEE MRS MAY BEE WAS A GRADUATE OF THE BAPTIST MEMORIAL HOSPITAL SCHOOL OF NURSING AND SPENT THE MAJORI TY OF HER CAREER IN PERIOPERATIVE NURSING THIS SCHOLARSHIP WAS ESTABLISHED TO HONOR HER A ND THE CAREER THAT SHE CHERISHED THE AWARD IS BASED ON A GPA OF 3 25 --LLOYD BARKER MEMO RIAL SCHOLARSHIP THIS SCHOLARSHIP WAS ESTABLISHED FROM THE ESTATE OF ROBERT F ALLEN TO H ONOR HIS BROTHER-IN-LAW, REV LLOYD BARKER REV BARKER SERVED AS A CHAPLAIN AT BMH MEDICA L CENTER AND TAUGHT STUDENTS AT THE BMH SCHOOL OF NURSING THIS SCHOLARSHIP IS BASED ON A MINIMUM GPA OF 3 25 AND ACT OF 22, PROFESSIONAL GOALS, AND COMMUNITY SERVICE --CAROL J P ATERSON MEMORIAL SCHOLARSHIP THIS SCHOLARSHIP WAS ESTABLISHED BY DENISE BURNETT OF O R N URSES, INC IN MEMORY OF HER LATE BUSINESS PARTNER, CAROL J PATTERSON MS PATTERSON RECE IVED HER TRAINING AT NEW YORK'S MT SINAI HOSPITAL SCHOOL OF NURSING IN 1961, SERVED AS A LIEUTENANT IN THE UNITED STATES NAVY NURSE CORPS AND WORKED AT ST FRANCIS HOSPITAL BEFOR E FORMING O R NURSES, INC IN 1988 THIS AWARD IS GIVEN ANNUALLY TO A NURSING STUDENT AND IS AWARDED ON ACADEMIC ACHIEVEMENT AND PROFESSIONAL GOALS --DENESE SHUMAKER NURSING SCHO LARSHIP THIS SCHOLARSHIP WAS ESTABLISHED TO HONOR DENESE SHUMAKER FOR HER LIFELONG CONTRI BUTIONS TO THE BMH SCHOOL OF NURSING, BAPTIST COLLEGE OF HEALTH SCIENCES AND THE BAPTIST M EMORIAL HEALTH CARE CORPORATION CRITERIA FOR THIS AWARD INCLUDE ACADEMIC AND PROFESSIONAL ACHIEVEMENT, FINANCIAL NEEDS, AND A DESIRE TO WORK WITHIN THE BAPTIST MEMORIAL HEALTH CAR E CORPORATION --I V MURPHREE MEMORIAL SCHOLARSHIP THIS SCHOLARSHIP WAS ESTABLISHED BY A BEQUEST FROM MISS I V MURPHREE MISS MURPHREE GRADUATED FROM THE BAPTIST MEMORIAL HOSPIT AL SCHOOL OF NURSING IN 1935 AND WAS A PRIVATE DUTY NURSE FOR MORE THAN 50 YEARS SHE WAS THE COLLEGE'S OLDEST LIVING GRADUATE. THIS SCHOLARSHIP IS AWARDED ANNUALLY TO A NURSING ST UDENT AND IS AWARDED ON ACADEMIC ACHIEVEMENT AND PROFESSIONAL GOALS --MARY C BRONSTEIN S CHOLARSHIP ESTABLISHED BY MEMPHIS INTERNIST AND CARDIOLOGIST, DR MAURY W BRONSTEIN, IN HONOR OF HIS WIFE MARY BRONSTEIN DURING HIS 51 YEARS OF SERVICE WITH BAPTIST, DR. BRONSTE IN ESTABLISHED MEMPHIS' FIRST CORONARY CARE UNIT AT BAPTIST HOSPITAL AND HELD MANY LEADERS HIP POSTS, INCLUDING PRESIDENT OF THE MEDICAL STAFF, CHIEF OF STAFF AND CHAIRMAN OF THE DE PARTMENT OF MEDICINE. THIS AWARD IS GIVEN ANNUALLY TO A NURSING STUDENT AND IS BASED ON AC ADEMIC ACHIEVEMENT, PROFESSIONAL GOALS AND FINANCIAL NEED

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III LINES 4a,PROGRAM SERVICE ACCOMPLISHMENTS, CONTINUED	--ROBERT F SCATES SCHOLARSHIPS THE ROBERT F SCATES SCHOLARSHIPS WERE ESTABLISHED BY A B EQUEST FROM MR ROBERT F SCATES, SR , WHO WORKED IN THE HEALTH CARE FIELD FOR 50 Y EARS AN D WAS A FORMER VICE PRESIDENT AT BAPTIST MEMORIAL HOSPITAL IN MEMPHIS MR SCATES RECEIVED A DISTINGUISHED SERVICE AWARD FROM THE TENNESSEE HOSPITAL ASSOCIATION AND SERVED FOR 10 Y EARS AS A DELEGATE TO THE AMERICAN HOSPITAL ASSOCIATION HE WAS A LIFE FELLOW OF THE AMERI CAN COLLEGE OF HEALTHCARE EXECUTIVES AND A FORMER BOARD MEMBER OF THE SOUTHEASTERN HOSPITA L CONFERENCE IN ADDITION, MR SCATES WAS A FOUNDING MEMBER AND FORMER PRESIDENT OF LIFEBL OOD, WHICH HAS BEEN THE MEMPHIS COMMUNITY'S LEADING PROVIDER OF BLOOD TO AREA HOSPITALS SI NCE 1974 --BEVERLY JORDAN NURSING EDUCATION SCHOLARSHIP THIS SCHOLARSHIP WAS ESTABLISHED BY MS BEVERLY JORDAN, VICE PRESIDENT AND CHIEF CLINICAL TRANSFORMATION OFFICER FOR THE B APTIST MEMORIAL HEALTH CARE CORPORATION, IN HONOR OF ALL BAPTIST NURSES - PAST, PRESENT, A ND FUTURE WHO IMPACT PATIENTS AND FAMILIES THROUGH THE PROFESSIONAL PRACTICE OF NURSING S ELECTION CRITERIA INCLUDE ACADEMIC ACHIEVEMENT AND PROFESSIONAL GOALS --BEVERLY RINALDI F LETCHER MEMORIAL SCHOLARSHIP THIS SCHOLARSHIP WAS ESTABLISHED IN MEMORY OF BAPTIST COLLEG E ALUMNA, BEVERLY RINALDI FLETCHER, BY HER FAMILY IN RECOGNITION OF HER DEVOTION TO THE NU RSING PROFESSION INSPIRED BY ONCE BEING A PATIENT AT ST JUDE SELECTION CRITERIA INCLUDE ACADEMIC ACHIEVEMENT AND PROFESSIONAL GOALS --MATTHEW HINDMAN MEMORIAL PEDIATRIC SCHOLARS HIP ESTABLISHED BY KATHY HINDMAN IN MEMORY OF HER SON MATTHEW HINDMAN WHO WAS BORN WITH A RARE DISORDER CALLED MOEBIUS SYNDROME THIS AWARD IS GIVEN ANNUALLY TO A STUDENT INTEREST ED IN PEDIATRIC NURSING THE AWARD IS BASED ON ACADEMIC ACHIEVEMENT, PROFESSIONAL GOALS, A ND FINANCIAL NEED --PAULINE FAULKNER NURSING SCHOLARSHIP THIS SCHOLARSHIP WAS ESTABLISHE D BY A GENEROUS DONATION FROM BAPTIST SCHOOL OF NURSING ALUMNA, PATSY FAULKNER GAW, IN MEM ORY OF HER MOTHER PAULINE FAULKNER SELECTION CRITERIA INCLUDE ACADEMIC ACHIEVEMENT AND PR OFESSIONAL GOALS --SUSAN OGILVIE THOMASON SCHOLARSHIP SUSAN THOMASON, A 1947 GRADUATE OF THE BAPTIST MEMORIAL HOSPITAL SCHOOL OF NURSING, ESTABLISHED THIS SCHOLARSHIP THROUGH HER DESIRE TO ENCOURAGE STUDENTS PURSUING THEIR NURSING DEGREE THIS AWARD WILL BE GIVEN TO A FRESHMAN NURSING STUDENT MEETING ALL SCHOLARSHIP CRITERIA --VIRGINIA ROSE MEMORIAL SCHOL ARSHIP ESTABLISHED IN MEMORY OF MRS VIRGINIA W ROSE BY HER FAMILY AND FRIENDS IN HONOR OF THE LOVING CARE SHE RECEIVED FROM HER INTENSIVE CARE UNIT NURSES AT BAPTIST MEMORIAL HO SPITAL - MEMPHIS GRANTS/OTHER SCHOLARSHIPS --LETTIE PATE WHITEHEAD FOUNDATION GRANTS A G ENEROUS GIFT FROM THE LETTIE PATE WHITEHEAD FOUNDATION ALLOWS THE COLLEGE TO AWARD GRANTS IN VARYING AMOUNTS TO STUDENTS WHO MEET SPECIFIED ELIGIBILITY CRITERIA --TENNESSEE EDUCAT ION LOTTERY SCHOLARSHIPS ESTABLISHED BY THE LEGISLATURE OF THE STATE OF TENNESSEE FROM PR OCEEDS OF THE LOTTERY THESE S

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III LINES 4a,PROGRAM SERVICE ACCOMPLISHMENTS, CONTINUED	CHOLARSHIPS ARE AWARDED TO TENNESSEE HIGH SCHOOL GRADUATES ATTENDING COLLEGE IN THE STATE WHO HAVE ACHIEVED AT LEAST A 19 ACT SCORE AND A 3 0 HIGH SCHOOL GPA FIRST AWARDS GRANTED IN FALL OF 2004 --FOLLETT SCHOLARSHIP ESTABLISHED BY THE FOLLETT CORPORATION, THIS SCHOL ARSHIP IS AWARDED ANNUALLY TO AN INCUMBENT STUDENT BASED ON ACADEMIC ACHIEVEMENT, PROFESSI ONAL GOALS AND COMMUNITY SERVICE FOLLETT PROVIDES BOOKSTORE SERVICES ON OUR CAMPUS AND SU PPLIES THE FUNDING FOR THIS GENEROUS SCHOLARSHIP --HEALTHNET FEDERAL CREDIT UNION SCHOLAR SHIP A GENEROUS GIFT FROM THE HEALTHNET FEDERAL CREDIT UNION IT IS AWARDED BASED ON ACAD EMIC ACHIEVEMENT AND FINANCIAL NEED FEDERAL AND STATE FINANCIAL AID IN 2016, BAPTIST COLL EGE DISBURSED APPROXIMATELY $14 7 MILLION IN FEDERAL AND STATE FINANCIAL AID TO ENROLLED S TUDENTS FEDERAL AND STATE PROGRAMS INCLUDE --FEDERAL PELL GRANT --FEDERAL SUPPLEMENTAL E DUCATIONAL OPPORTUNITY GRANT (FSEOG) --FEDERAL DIRECT LOANS (SUBSIDIZED AND UNSUBSIDIZED) --FEDERAL WORK STUDY --FEDERAL PARENT LOANS (PLUS) --VETERAN'S ADMINISTRATION BENEFITS --T ENNESSEE STUDENT ASSISTANCE PROGRAM --TENNESSEE EDUCATION SCHOLARSHIP PROGRAM INSTITUTIONA L WORK STUDY THE BAPTIST COLLEGE WORK-STUDY PROGRAM ALLOWS EMPLOYMENT OF STUDENTS IN GOOD ACADEMIC STANDING IN VARIOUS POSITIONS ON CAMPUS THESE POSITIONS ARE FUNDED THROUGH BAPTI ST COLLEGE'S OPERATING BUDGET COMMUNITY INVOLVEMENT DURING THE FISCAL YEAR ENDING SEPTEMB ER 30, 2016, BAPTIST COLLEGE FACULTY AND STAFF PARTICIPATED IN 2,795 HOURS OF COMMUNITY SE RVICE AS PART OF ITS COMMUNITY SERVICE EFFORTS, BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENC ES HAS TREMENDOUS INVOLVEMENT IN THE EFFORTS TOWARDS HELPING THE HOMELESS IN THE MEMPHIS D OWNTOWN AREA THE COLLEGE IS ACTIVELY INVOLVED IN THE MID-SOUTH FOOD BANKS AND MORE THAN A MEAL THROUGHOUT THE YEAR, FUNDRAISING EVENTS ARE HELD WITH THE PROCEEDS GOING TO BAPTIST OPERATION OUTREACH, A MOBILE CLINIC THAT SERVES THE HOMELESS IN DOWNTOWN AND MIDTOWN MEMP HIS BAPTIST OPERATION OUTREACH IS A SIGNATURE PROGRAM OF BAPTIST MEMORIAL HEALTH CARE COR PORATION IN ADDITION, CLOTHING DRIVES ARE HELD FOR TOILETRIES, SOCKS, AND COATS THE COLL EGE FACULTY AND STAFF ALSO PURCHASED AND PACKED OVER 400 HY GIENE PACKS FOR BAPTIST OPERATI ON OUTREACH TO DISTRIBUTE TO THE HOMELESS INDIVIDUALS THEY SEE IN THE MOBILE CLINIC BAPTI ST MEMORIAL COLLEGE OF HEALTH SCIENCES CONTINUOUSLY PARTICIPATES IN LIFEBLOOD DONOR DRIVES FOUR BLOOD DRIVES WERE HELD AT THE COLLEGE DURING THE YEAR WITH 119 UNITS OF BLOOD DONAT ED ANOTHER MAJOR ACTIVITY HAS BEEN PARTICIPATION FROM FACULTY, STAFF AND STUDENTS IN MEET ING HEALTH CARE AND SPIRITUAL NEEDS THROUGH MISSION TRIPS THIS YEAR OUR MISSION'S TEAM TR AVELED TO PLACENCIA, BELIZE WHERE A TEAM OF 32 CARED FOR OVER 800 PEOPLE IN FOUR DAYS OTH ER EXAMPLES OF COMMUNITY SERVICE AND DONATIONS PROVIDED FOR THE YEAR, WHICH ENDED SEPTEMBE R 30, 2016, INCLUDE --TUTORING STUDENTS AND DONATION OF TIME AND MATERIALS TO BUILD A LIB RARY AT MEMPHIS ACADEMY OF SCI

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III LINES 4a,PROGRAM SERVICE ACCOMPLISHMENTS, CONTINUED	ENCE AND ENGINEERING --VOLUNTEERS FOR BAPTIST CAMP GOOD GRIEF AND TEEN CAMP --LEADERSHIP MEMPHIS --GIDEON --SALVATION ARMY --STOP HUNGER NOW --ARTHRITIS FOUNDATION --DOOR OF HOPE --SERVICE AND DONATIONS WERE MADE TO COMMUNITY SERVICE ORGANIZATIONS SUCH AS THE UNITED WA Y, GOODWILL, AMERICAN DIABETES ASSOCIATION, ST JUDE MEMPHIS WALKS/RUNS, THE AMERICAN HEAR T ASSOCIATION, SUICIDE PREVENTION WALKS, SUSAN B KOMEN WALK, MARCH OF DIMES, AND MORE

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	THE SOLE MEMBER OF BAPTIST MEMORIAL COLLEGE OF HEATLH SCIENCES, INC IS BAPTIST MEMORIAL HOSPITAL, INC , WHOSE SOLE MEMBER IS BAPTIST MEMORIAL HEALTH CARE CORPORATION THE FORM 990 IS REVIEWED BY BAPTIST MEMORIAL HEALTH CARE CORPORATION'S PRESIDENT/CEO, SR V P/CFO, AND THE COLLEGE V P OF BUSINESS SERVICES IN ADDITION, THE FORM 990 IS REVIEWED ANNUALLY BY AN OUTSIDE INDEPENDENT ACCOUNTING AND TAX FIRM THE FORM 990 WAS NOT REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO SUBMITTING IT TO THE IRS HOWEVER, BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER OF BAPTIST MEMORIAL HOSPITAL,INC , WHICH IS THE SOLE MEMBER OF BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES, INC , HAS A GOVERNANCE COMMITTEE THAT IS APPOINTED BY ITS BOARD OF DIRECTORS THE BAPTIST MEMORIAL HEALTH CARE CORPORATION GOVERNANCE COMMITTEE CONSISTS OF THREE OR MORE MEMBERS ALL OF WHICH MAY OR MAY NOT BE MEMBERS OF THE BOARD OF DIRECTORS THE BAPTIST MEMORIAL HEALTH CARE CORPORATION GOVERNANCE COMMITTEE WILL REVIEW THE FORM 990 AFTER SUBMITTING IT TO THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES, INC 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.

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/ADMINISTRATOR

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 18	BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES, INC MAKES COPIES OF ITS FORMS 1023, 990 and 990-T AVAILABLE FOR PUBLIC INSPECTION TO ANYONE 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 COLLEGE OF HEALTH SCIENCES, INC 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 VII	ZACH CHANDLER - 350 N HUMPHREYS BLVD , MEMPHIS, TN 38120-2177 GREGORY M DUCKETT - 350 N HUMPHREYS BLVD , MEMPHIS, TN 38120-2177 JASON M LITTLE - 350 N HUMPHREYS BLVD , MEMPHIS, TN 38120-2177 DANA DYE - 6019 WALNUT GROVE RD , MEMPHIS, TN 38120 RANDY KING - 350 N HUMPHREYS BLVD , MEMPHIS, TN 38120-2177

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	TRANSFERS TO/FROM BAPTIST MEMORIAL HOSPITAL 361,869

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XII, LINE 2c FINANCIAL STATEMENTS AND REPORTING	BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER OF BAPTIST MEMORIAL HOSPITAL, THE SOLE MEMBER OF BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES, INC 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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223013647

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL COLLEGE
OF HEALTH SCIENCES INC

Employer identification number
62-1599670

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	(g) No
See Additional Data Table							

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) HEALTH TECH AFFILIATES INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1278576	BUYING AND LEASING REAL & PERSONAL PROPERTY	TN	N/A	C				Yes	
(2) BAPTIST HEALTH SERVICES GROUP OF THE MIDSOUTH INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1534210	HEALTH INSURANCE CONTRACTING	TN	N/A	C				Yes	
(3) SOUTHCREST PROPERTY OWNERS ASSOCIATION 7601 SOUTHCREST PKWY SOUTHAVEN, MS 38671 64-0768703	BOOKKEEPING & DATA PROCESSING FOR THE SOUTHCREST DEVELOPMENT	MS	N/A	C				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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

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

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 62-1599670
Name: BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
BAPTIST MEMORIAL HEALTH CARE CORPORATION 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1521475	MANAGEMENT, ADMINSTRATIVE & FINANCIAL SERVICES FOR ITS AFFILIATES	TN	501(c)(3)	509(a)(3)	N/A		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 AR, MS, TN	TN	501(c)(3)	509(a)(3)	N/A	Yes	
BAPTIST MEMORIAL HEALTH SERVICES INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1509127	PROVISION OF HEALTH CARE PROVIDERS & HOME MEDICAL EQUIPMENT/SERVICES	TN	501(c)(3)	509(a)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	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 ENTITIES	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 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 NEW ALBANY, 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 MEDICAL MINISTRIES EMP HLTH & WELFARE TRUST 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1407946	BAPTIST EMPLOYEE HEALTH PLAN	TN	501(c)(9)		BAPTIST MEMORIAL HEALTH CARE CORPORATION	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	
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 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 26-1214372	HEALTH CARE FACILITY/HOSPITAL	AR	501(c)(3)	509(a)(1)	NEA BAPTIST HEALTH SYSTEM 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
NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION INC 4802 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	
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	
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 SUITE 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 GERMANTOWN, TN 38138 45-2832975	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	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	
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	
BAPTIST MEMORIAL PATIENT SAFETY ORGANIZATION INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3032372	ESTABLISH, MAINTAIN, & MANAGE A PATIENT SAFETY ORGANIZATION	TN	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
GASTROINTESTINAL SPECIALISTS FOUNDATION INC 80 HUMPRHEYS 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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BAPTIST-DESOTO SURGERY CENTER 40 BURTON HILLS BLVD STE 500 NASHVILLE, TN 37215 20-0804946	AMBULATORY SURGERY	MS	N/A									
BAPTIST-EAST MEMPHIS SURGERY CENTER 80 HUMPHREYS CENTER 101 MEMPHIS, TN 38120 62-1846584	AMBULATORY SURGERY	TN	N/A									
BAPTIST-GERMANTOWN SURGERY CENTER LP 40 BURTON HILLS BLVD STE 500 NASHVILLE, TN 37215 62-1829424	AMBULATORY SURGERY	TN	N/A									
BAPTIST & PHYSICIANS OP SURGERY CENTER OF N MS 40 BURTON HILLS BLVD STE 500 NASHVILLE, TN 37215 62-0925692	AMBULATORY SURGERY	MS	N/A									
BAPTIST N MS IMAGING SERVICES LLC 504 AZALEA DR OXFORD, MS 38655 26-2641267	DIAGNOSTIC SERVICES	MS	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
EAST MEMPHIS UROLOGY CENTER LP 40 BURTON HILLS BLVD STE 500 NASHVILLE, TN 37215 62-1810940	AMBULATORY UROLOGICAL SERVICES	TN	N/A									
MEDICAL ALTERNATIVES 6949 APPLING FARMS PKWY STE 109 MEMPHIS, TN 38133 62-1488427	HOME INFUSION PRODUCTS & SERVICES TO PATIENTS	TN	N/A									
MEMPHIS BIOMED VENTURES I LP 17 W PONTOTOC STE 200 MEMPHIS, TN 38103 94-3424417	MEDICAL RESEARCH	TN	N/A									
MIDTOWN SURGERY CENTER LP 40 BURTON HILLS BLVD STE 500 NASHVILLE, TN 37215 62-1619344	AMBULATORY SURGERY	TN	N/A									
NORTHWEST TENNESSEE SURGERY CENTER LLC 1722 E REELFOOT UNION CITY, TN 38261 62-1685508	AMBULATORY SURGERY	TN	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SM-B BUILDING LLC 5900 POPLAR AVE STE 100 MEMPHIS, TN 38119 62-1834236	PHYSICIAN OFFICES	TN	N/A									
WOLF RIVER MEDICAL CENTER LP 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1510287	MEDICAL OFFICE BLDG	TN	N/A									
CANCER CARE CENTER OF UNION CITY LP 322 HOSPITAL BLVD JACKSON, TN 38305 26-3425045	CANCER CARE SERVICES	TN	N/A									
MAYS & SCHNAPP PAIN CENTER 55 HUMPHREYS CENTER BLVD STE 200 MEMPHIS, TN 38120 62-1512849	PAIN MANAGEMENT SERVICES	TN	N/A									
CONVENIENT CARE DIAGNOSTIC CENTER PLLC 555 HWY 6 EAST BATESVILLE, MS 38606 64-0914382	RADIOLOGY & DIAGNOSTIC SERVICES	MS	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BAPTIST MEMORIAL REHABILITATION HOSPITAL GP 680 FOURTH STREET LOUISVILLE, KY 40202 46-1613457	REHABILITATION SERVICES	TN	N/A									

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	C	180,000	CASH
(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	D	3,845,276	CASH
(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	S	1,038,846	CASH
(3)	BAPTIST MEMORIAL HOSPITAL INC	Q	3,801,937	CASH
(4)	BAPTIST MEMORIAL HOSPITAL INC	R	960,414	FMV
(5)	BAPTIST MEMORIAL HOSPITAL INC	S	361,869	FMV
(6)	BAPTIST MEMORIAL MEDICAL MINISTRIES EMPLOYEE HLTH & WELFARE TRUST	R	1,477,032	CASH