

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

BAPTIST HEALTH EXISTS TO PROVIDE QUALITY PATIENT CENTERED SERVICES, PROMOTE AND PROTECT THE VOLUNTARY NOT-FOR-PROFIT HEALTHCARE SYSTEM, PROVIDE QUALITY HEALTH EDUCATION, AND RESPOND TO THE CHANGING HEALTH NEEDS OF THE CITIZENS OF ARKANSAS WITH CHRISTIAN COMPASSION AND PERSONAL CONCERN CONSISTENT WITH OUR CHARITABLE PURPOSES

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 \$ 717,718,161	including grants of \$ 960,500)	(Revenue \$ 794,866,198)
	See Additional Data			

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ►	717,718,161		
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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.	415	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	8,066	
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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	
b	If "Yes," enter the name of the foreign country: CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
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.		
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.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	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?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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.		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		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.	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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.	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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.	Yes	
b	Other officers or key employees of the organization.	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
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?	Yes	

Section C. Disclosure

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

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

☐ 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:
▶ BOB ROBERTS CFO 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 (501) 202-2000

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

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

Form **990** (2016)

[illegible]

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 ▶ 252

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
ARKANSAS CARDIOLOGY PA, 9501 LILE DRIVE SUITE 600 LITTLE ROCK, AR 72205	PHYSICIAN SERVICES	22,979,686
MEDEFIS INC, PO BOX 5068 NEW YORK, NY 100875068	MEDICAL SERVICES	11,169,019
MEDICAL SERVICES GROUP LTD, 904 AUTUMN ROAD SUITE 500 LITTLE ROCK, AR 722113702	MEDICAL SERVICES	9,377,558
PATHOLOGY LAB OF ARKANSAS PA, 1 LILE COURT SUITE 101 LITTLE ROCK, AR 72205	LABORATORY SERVICES	3,209,349
STUTTGART MEDICAL CLINIC LTD, PO BOX 1901 STUTTGART, AR 72160	PHYSICIAN SERVICES	2,923,359

Form 990 (2016)

Part VIII Statement of RevenueCheck 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	8,847,281				
	e Government grants (contributions)	1e	377,936				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	199,176				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f			9,424,393			
Program Service Revenue			Business Code				
	2a PATIENT SERVICE REVENUE		621990	791,019,203	791,019,203		
	b MEDICAL OFFICE BUILDING SPACE RENTAL		621110	2,007,076	2,007,076		
	c SALES TAX REVENUE		621990	1,839,919	1,839,919		
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f			794,866,198			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,427,978	0	5,901	5,422,077	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	(i) Real	(ii) Personal				
		2,944,404	235,308				
		b Less rental expenses		131,273			
		c Rental income or (loss)	2,944,404	104,035			
	d Net rental income or (loss)		3,048,439	0	104,035	2,944,404	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		471,322,369	11,373,627				
		b Less cost or other basis and sales expenses	454,036,411	11,164,061			
		c Gain or (loss)	17,285,958	209,566			
	d Net gain or (loss)		17,495,524	0	0	17,495,524	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	0				
		b Less direct expenses	b	0			
		c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities See Part IV, line 19	a	0				
		b Less direct expenses	b	0			
		c Net income or (loss) from gaming activities		0			
	10a Gross sales of inventory, less returns and allowances	a	2,411,551				
b Less cost of goods sold		b	1,740,449				
c Net income or (loss) from sales of inventory		671,102		671,102			
Miscellaneous Revenue		Business Code					
11a CAFETERIA REVENUE		900099	5,940,267		769,651	5,170,616	
b SPRINGHILL SURGERY K-1		621400	837,506		837,506		
c DRUG STORE REVENUE		446110	279,178			279,178	
d All other revenue			21,753,100		-14,635	21,767,735	
e Total. Add lines 11a-11d				28,810,051			
12 Total revenue. See Instructions				859,743,685	794,866,198	2,373,560	53,079,534

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.	960,500	960,500		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	6,887,918		6,887,918	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	289,497,390	250,988,654	38,508,736	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	27,680,611	23,998,556	3,682,055	
9 Other employee benefits.	34,892,194	30,250,859	4,641,335	
10 Payroll taxes.	21,276,606	18,446,407	2,830,199	
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	0			
c Accounting.	0			
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	98,403,405	85,313,855	13,089,550	
12 Advertising and promotion.	3,003,932	2,604,351	399,581	
13 Office expenses.	55,994,601	48,546,239	7,448,362	
14 Information technology.	15,310,197	13,273,646	2,036,551	
15 Royalties.	0			
16 Occupancy.	8,501,224	7,370,397	1,130,827	
17 Travel.	1,300,219	1,127,265	172,954	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	643,014	557,481	85,533	
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	41,305,722	35,811,264	5,494,458	
23 Insurance.	6,673,742	5,786,006	887,736	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a MEDICAL SUPPLIES & EXPENSES	138,541,967	138,541,967		
b PHARMACEUTICAL EXPENSE	27,338,995	23,702,381	3,636,614	
c BAD DEBT EXPENSE	17,640,160	17,640,160		
d REPAIRS & MAINTENANCE	8,454,333	7,329,744	1,124,589	
e All other expenses	6,307,440	5,468,429	839,011	
25 Total functional expenses. Add lines 1 through 24e.	810,614,170	717,718,161	92,896,009	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		34,705,010	1	8,566,315
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		108,224,317	4	111,220,391
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		10,292,578	8	10,902,489
	9	Prepaid expenses and deferred charges		16,392,850	9	20,712,896
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a 845,270,116			
	b	Less: accumulated depreciation	10b 504,913,134	326,868,815	10c	340,356,982
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities. See Part IV, line 11		22,370,537	12	17,627,786
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		536,429,585	15	606,468,978
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,055,283,692	16	1,115,855,837	
Liabilities	17	Accounts payable and accrued expenses		95,069,636	17	87,796,203
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		220,967,954	20	212,103,731
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		1,717,434	24	29,077,904
	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.		95,191,687	25	83,315,797
	26	Total liabilities. Add lines 17 through 25		412,946,711	26	412,293,635
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		640,764,213	27	701,956,668
	28	Temporarily restricted net assets		1,572,768	28	1,605,534
	29	Permanently restricted net assets		0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		642,336,981	33	703,562,202
	34	Total liabilities and net assets/fund balances		1,055,283,692	34	1,115,855,837

Part XI Reconciliation of Net AssetsCheck 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	859,743,685
2	Total expenses (must equal Part IX, column (A), line 25)	2	810,614,170
3	Revenue less expenses Subtract line 2 from line 1	3	49,129,515
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	642,336,981
5	Net unrealized gains (losses) on investments	5	727,298
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	5,594
9	Other changes in net assets or fund balances (explain in Schedule O)	9	11,362,814
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	703,562,202

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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	Yes	

Additional Data

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

Form 990 (2016)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JUDY HENRY TRUSTEE	1 0 0 0	X						0	0	0
ED CHOATE SECRETARY	1 0 0 0	X		X				0	0	0
HERREN HICKINGBOTHAM VICE CHAIRMAN	1 0 0 0	X		X				0	0	0
DR GLENN MILLNER TRUSTEE	1 0 0 0	X						0	0	0
MIKE COULSON TRUSTEE	1 0 0 0	X						0	0	0
MICHAEL SHELLEY TRUSTEE	1 0 0 0	X						0	0	0
BARBARA GRAVES CHAIRMAN	1 0 0 0	X		X				0	0	0
ROCHELLE BARTHOLOMEW TRUSTEE	1 0 0 0	X						0	0	0
VIRGIL MILLER TRUSTEE	1 0 0 0	X						0	0	0
MIKE PIERCE TRUSTEE	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PHIL COX TRUSTEE	1 0 0 0	X						0	0	0
JOHN MCMORRAN TRUSTEE	1 0 0 0	X						0	0	0
DR KEN SHADDOX TRUSTEE	1 0 0 0	X						0	0	0
TERESA HOWELL TRUSTEE	1 0 0 0	X						0	0	0
DR DON SLATON TRUSTEE	1 0 0 0	X						0	0	0
KENT LOCKWOOD TRUSTEE	1 0 0 0	X						0	0	0
DR REX HORNE JR TRUSTEE	1 0 0 0	X						0	0	0
DR GLEN JONES TRUSTEE	1 0 0 0	X						0	0	0
JIM JONES TRUSTEE	1 0 0 0	X						0	0	0
LOUIS LEE TRUSTEE	1 0 0 0	X						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours spent outside of the organization)	(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 (US \$/1000)	(E) Reportable compensation from other organizations (US \$/1000)
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Compensated Employees, and Independent Contractors		(C)						(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DOUGLAS WEEKS SENIOR VP & COO	32 0 8 0			X				784,914	0	76,773
ROBERT C ROBERTS SENIOR VP & CFO	34 0 6 0			X				974,826	0	75,112
TROY WELLS PRESIDENT & CEO	32 0 8 0			X				1,118,729	0	103,931
CHARLES PHILLIPS CHIEF MEDICAL OFFICER	38 8 1 2			X				456,644	0	27,397
TONY KENDALL VICE PRESIDENT & CAO	40 0 0 0			X				298,067	0	35,696
HARRISON DEAN SENIOR VICE PRESIDENT	34 0 6 0				X			415,793	0	62,128
GREG GRAHAM GENERAL COUNSEL	40 0 0 0				X			348,178	0	25,445
CHARLES CRAIN VP & ADMINISTRATOR	40 0 0 0				X			477,047	0	57,746
MARK LOWMAN VP STRATEGIC DEVELOPMENT	40 0 0 0				X			259,691	0	53,262
STEVEN WEBB VICE PRESIDENT	40 0 0 0				X			310,904	0	45,400

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CATHY DICKINSON VP HUMAN RESOURCES	40 0 0 0				X			257,816	0	25,222
KELLY HAMBY VICE PRESIDENT OF PATIENT CARE	40 0 0 0				X			223,917	0	25,015
JILL MASSIET VICE PRESIDENT OF PATIENT CARE	40 0 0 0				X			317,510	0	30,754
FREDERICK A BENNETT JR CHIEF OF CLINICAL AFFAIRS	40 0 0 0					X		312,224	0	31,420
DAVID HOUSE VP & CIO	40 0 0 0					X		500,848	0	50,384
JULIE CARPENTER VICE PRESIDENT REVENUE CYCLE	40 0 0 0					X		290,728	0	40,405
STAN KELLAR CHIEF OF CLINICAL AFFAIRS	40 0 0 0					X		327,732	0	27,170
BRENT BEAULIEU VICE PRESIDENT OF FINANCE	40 0 0 0					X		306,973	0	35,167
KATHRYN T MARTIN VICE PRESIDENT OF PATIENT CARE	40 0 0 0						X	148,353	0	12,244

SCHEDULE A (Form 990 or 990-EZ)	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
		2016 Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization BAPTIST HEALTH		Employer identification number 71-0236856

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.
The organization is not a private foundation because it is (For lines 1 through 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- 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- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI.))						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. 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 ▶ <input type="checkbox"/>						
b 33 1/3% support test—2015. 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 ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2016. 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 ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2015. 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 ▶ <input type="checkbox"/>						
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 ▶ <input type="checkbox"/>						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

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? <i>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.</i>		
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? <i>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.</i>		
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)? <i>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).</i>		
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

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

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

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

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

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

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

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

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

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

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

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

A Check ☒ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		8,119													
c Total lobbying expenditures (add lines 1a and 1b)		8,119													
d Other exempt purpose expenditures		810,606,051	190,557,542												
e Total exempt purpose expenditures (add lines 1c and 1d)		810,614,170	190,557,542												
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000	1,000,000												
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000	250,000												
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	3,413	8,565	8,151	8,119	28,248
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	0	0

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493319108527	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization BAPTIST HEALTH				Employer identification number 71-0236856	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1 Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>					
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year					
				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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►					
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$					
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements					
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items					
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1				► \$	
(ii) Assets included in Form 990, Part X				► \$	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items					
a Revenue included on Form 990, Part VIII, line 1				► \$	
b Assets included in Form 990, Part X				► \$	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D Schedule D (Form 990) 2016		

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		43,810,459		43,810,459
b Buildings		530,602,109	276,598,542	254,003,567
c Leasehold improvements		4,479,907	1,084,047	3,395,860
d Equipment		219,687,928	216,915,990	2,771,938
e Other		46,689,713	10,314,555	36,375,158
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				340,356,982

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 _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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
(1) INVESTMENT UNCONSOL SUBS	2,255,354
(2) OTHER ASSETS	4,310,851
(3) ADVANCE TO AFFILIATES	201,737,260
(4) INVESTMENT IN AFFILIATES	926,520
(5) INTERNALLY DESIGNATED FUNDS	5,360,507
(6) INDENTURED FUNDS	58,020,177
(7) CAPITAL IMPROVEMENT INVESTMENT	332,329,779
(8) INTEREST IN AFFILIATE	1,528,530
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	606,468,978

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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	0
THIRD PARTY SETTLEMENTS	227,447
ADVANCE FROM AFFILIATES	2,646,917
ASSET RETIREMENT OBLIGATIONS	15,814,216
PENSION LIABILITY	57,399,000
OTHER LIABILITIES	7,228,217
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	83,315,797

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	855,644,818
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	727,298
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	13,952,520
e	Add lines 2a through 2d	2e	14,679,818
3	Subtract line 2e from line 1	3	840,965,000
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	18,778,685
c	Add lines 4a and 4b	4c	18,778,685
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	859,743,685

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	794,425,191
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	1,871,722
e	Add lines 2a through 2d	2e	1,871,722
3	Subtract line 2e from line 1	3	792,553,469
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	18,060,701
c	Add lines 4a and 4b	4c	18,060,701
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	810,614,170

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: 71-0236856
Name: BAPTIST HEALTH

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

(a) Description	(b) Book value
(1) INVESTMENT UNCONSOL SUBS	2,255,354
(2) OTHER ASSETS	4,310,851
(3) ADVANCE TO AFFILIATES	201,737,260
(4) INVESTMENT IN AFFILIATES	926,520
(5) INTERNALLY DESIGNATED FUNDS	5,360,507
(6) INDENTURED FUNDS	58,020,177
(7) CAPITAL IMPROVEMENT INVESTMENT	332,329,779
(8) INTEREST IN AFFILIATE	1,528,530

Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART X, LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL INCOME TAX POSITIONS TO BE REPORTED OR DISCLOSED IN THE FINANCIAL STATEMENTS THE CORPORATION'S TAXABLE SUBSIDIARY, MMS AND INTEGRATED HEALTH RESOURCES, LTD , RECOGNIZE DEFERRED TAX LIABILITIES AND ASSETS FOR THE TAX EFFECTS OF DIFFERENCES BETWEEN THE FINANCIAL STATEMENT AND TAX ASSETS AND LIABILITIES A VALUATION ALLOWANCE IS ESTABLISHED TO REDUCE DEFERRED TAX ASSETS IF IT IS MORE LIKELY THAN NOT THAT A DEFERRED TAX ASSET WILL NOT BE REALIZED THERE WERE NO MATERIAL DEFERRED TAX ITEMS OR TAX PROVISIONS FOR THE YEARS ENDED DECEMBER 31, 2016 OR 2015

Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART XI, LINE 2D	CHANGE IN DEFINED BENEFIT PLANS GAINS & LOSSES \$10,720,166 CHANGE IN SERP \$1,073,768 CHANG E IN FMV OF SWAP \$221,864 CHANGE IN NET ASSETS OF AFFILIATED FOUNDATION \$27,553 TRANSFER T O AFFILIATE \$37,447 RENT EXPENSES \$131,273 DRUG STORE REVENUE - COST OF GOODS SOLD \$1,740, 449 ===== TOTAL \$13,952,520

Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART XI, LINE 4B	BAD DEBT EXPENSE \$17,640,160 RECOVERIES \$210,975 GAIN ON ASSETS \$209,566 SPRINGHILL K-1 AD JUSTMENT \$57,619 FOREST HILL K-1 INCOME (\$14,635) IMPAIRMENT LOSS \$675,000 ===== ===== TOTAL \$18,778,685

Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART XII, LINE 2D	RENT EXPENSES \$131,273 DRUG STORE REVENUE - COST OF GOODS SOLD \$1,740,449 =====
	===== TOTAL \$1,871,722

Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART XII, LINE 4B	BAD DEBT EXPENSE \$17,640,160 RECOVERIES \$210,975 GAIN ON ASSETS \$209,566 ===== ===== TOTAL \$18,060,701

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
BAPTIST HEALTH

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

71-0236856

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					17,627,786
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					17,627,786

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

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

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

3 Enter total number of other organizations or entities ► _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

Additional Data

Software ID:

Software Version:

EIN: 71-0236856

Name: BAPTIST HEALTH

Schedule F (Form 990) 2016

Page **5**

Part V Supplemental Information

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

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments	NONE	390,456
East Asia and the Pacific			Investments	NONE	6,201,500
Europe (Including Iceland and Greenland)			Investments	NONE	9,732,848

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa			Investments	NONE	305,067
North America			Investments	NONE	997,915

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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

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

Name of the organization

Employer identification number

BAPTIST HEALTH

71-0236856

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

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

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

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

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

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

a

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

3a

Yes

b

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

3b

Yes

c

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

4

Yes

5a

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

5a

Yes

b

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

5b

Yes

c

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

5c

No

6a

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

6a

Yes

b

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

6b

Yes

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		41,973	14,072,833		14,072,833	1 770 %
b Medicaid (from Worksheet 3, column a)			81,734,581	63,347,845	18,386,736	2 320 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		41,973	95,807,414	63,347,845	32,459,569	4 090 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	37	31,202	902,835	211,347	691,488	0 080 %
f Health professions education (from Worksheet 5)			11,394,797	9,230,138	2,164,659	0 270 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	11	105,592	1,165,144		1,165,144	0 150 %
j Total. Other Benefits	48	136,794	13,462,776	9,441,485	4,021,291	0 500 %
k Total. Add lines 7d and 7j	48	178,767	109,270,190	72,789,330	36,480,860	4 590 %

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

Cat No 50192T

Schedule H (Form 990) 2016

Part III

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	17,640,160	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	3,363,450	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	285,690,175
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	269,590,461
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	16,099,714
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used. <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV

Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 SURGICAL PAVILLION	ASC	53.333 %		46.667 %
2 SPRINGHILL SURGERY	ASC	51.813 %		48.187 %
3 AUTUMN ROAD LLC	REAL ESTATE	59.72 %		40.28 %
4 ORTHOARKANSAS	ASC	51 %		49 %
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

6

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

A

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

6

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C) _____		
4 Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW BAPTIST-HEALTH COM</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C) _____		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>WWW BAPTIST-HEALTH COM</u>	10	Yes
a _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 % and FPG family income limit for eligibility for discounted care of 400 %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance discount		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) WWW.BAPTIST-HEALTH.COM		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) WWW.BAPTIST-HEALTH.COM		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW.BAPTIST-HEALTH.COM		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

A

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 34

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART I, LINE 3C	SEE SCH H, PART V, LINES 13 THROUGH 16 FOR ADDITIONAL INFORMATION ON OUR FINANCIAL ASSISTANCE POLICY
FORM 990, SCHEDULE H, PART I, LINE 6A	A LIST OF ALL ORGANIZATIONS, HEALTH IMPROVEMENT INITIATIVES, AND COMMUNITY OUTREACH THAT I S SUPPORTED BY BAPTIST HEALTH ANNUALLY IS POSTED ON OUR WEBSITE AND POSTED IN VARIOUS PRIN T MEDIA OUTLETS

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART III, LINE 4	PLEASE SEE ATTACHED AUDIT REPORT NOTE 2
FORM 990, SCHEDULE H, PART III, LINE 8	MEDICARE COST TO CHARGE RATIO

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART III, LINE 9B	
FORM 990, SCHEDULE H, PART VI, LINE 2	<p>THROUGH THE UTILIZATION AND ANALYSIS OF THIRD PARTY INFORMATION AVAILABLE TO US THROUGH NU MEROUS SOURCES SOME EXAMPLES INCLUDE ARKANSAS CENTER FOR HEALTH IMPROVEMENT (ACHI), ARKA NSAS DEPARTMENT OF HEALTH, BUREAU OF LABOR STATISTICS, CENTERS FOR MEDICARE AND MEDICAID S ERVICES, COUNTY HEALTH RANKINGS, AND SEVERAL OTHERS WE ALSO UTILIZE QUANTITATIVE (SURVEYS) AND QUALITATIVE RESEARCH (FOCUS GROUPS) CONDUCTED ON A PERIODIC OR ON AN AS NEEDED BASIS WE ALSO UTILIZE INPUT FROM NUMEROUS COMMUNITY ADVISORY GROUPS, COMMUNITY OUTREACH ACTIVI TIES AND ASSESSMENTS, PHYSICIAN INPUT, EMPLOYEE INPUT, AND ANALYSIS OF HISTORICAL INTERNAL DATA</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, LINE 3	
FORM 990, SCHEDULE H, PART VI, LINE 4	<p>IN THE UNITED HEALTH GROUP STATE HEALTH RANKING FOR 2016, ARKANSAS HOLDS THE 48TH WORST RANKING THROUGHOUT THE U S FOR THE GENERAL HEALTH OF ITS POPULATION THE REPORT SHOWED SINCE 1990, ARKANSAS HAS FAILED TO MATCH OTHER STATES IMPROVEMENT IN SMOKING, REDUCTION IN RISKS FOR HEART DISEASE, OR DECREASES IN INFANT MORTALITY CHALLENGES INCLUDE A HIGH PREVALENCE OF OBESITY AT 34.5 PERCENT OF THE POPULATION, A HIGH OCCUPATIONAL FATALITIES RATE AT 67 PER 100,000 WORKERS AND LOW IMMUNIZATION COVERAGE WITH 66.6 PERCENT OF CHILDREN AGES 19 TO 35 MONTHS RECEIVING IMMUNIZATIONS ACCORDING TO THE LATEST STATE-LEVEL DATA CENTERS FOR DISEASE CONTROL (2014), ARKANSAS HAS A HIGHER THAN AVERAGE RATE OF DEATH (PER 100,000 POPULATION) FROM DISEASES OF THE HEART (AR RATE 255.6/U S RATE 192.7) AND CEREBROVASCULAR DISEASE STROKE (AR RATE 53.4/U S RATE 41.7) AS A PERCENTAGE OF THE STATES POPULATION, MORE PEOPLE IN ARKANSAS THAN THOSE IN THE GENERAL U S POPULATION HAVE HIGH BLOOD PRESSURE, SMOKE CIGARETTES AND ARE COMPLETELY PHYSICALLY INACTIVE IN THE PAST YEAR, THE PERCENTAGE OF CHILDREN IN POVERTY DECREASED FROM 29.7% TO 20.8% OF PERSONS UNDER THE AGE OF 18 THE PER CAPITA PERSONAL INCOME HAS INCREASED FROM \$37,751 IN 2015 TO \$39,107 IN 2016 THE LACK OF HEALTH INSURANCE, AS REPORTED BY THE UNITED HEALTH GROUP STATE HEALTH RANKINGS IS 10.6% OF THE 2016 POPULATION A 3.3% DECREASE OVER THE PREVIOUS YEAR ARKANSAS IS SEEING A REDUCTION IN THE 2016 UNINSURED AS A RESULT OF THE ARKANSAS STATE LEGISLATURES PASSAGE OF ARKANSAS WORKS THE FULL IMPACT WILL NOT BE KNOWN UNTIL NEXT YEAR THE U S PERCENT OF UNINSURED CURRENTLY STANDS AT 10.6% THE LITTLE ROCK MARKET IS SERVED BY THREE MAJOR MEDICAL CENTERS INCLUDING BAPTIST HEALTH MEDICAL CENTER-LITTLE ROCK, ST VINCENT INFIRMARY AND THE UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, THREE COMMUNITY HOSPITALS INCLUDING BAPTIST HEALTH MEDICAL CENTER-NORTH LITTLE ROCK, ST VINCENT NORTH AND NORTH METRO MEDICAL CENTER FIVE NICHE OR SPECIALTY HOSPITALS INCLUDING ARKANSAS CHILDRENS HOSPITAL, ARKANSAS HEART HOSPITAL, ARKANSAS SURGICAL HOSPITAL, ST VINCENT REHABILITATION HOSPITAL IN PARTNERSHIP WITH HEALTH SOUTH AND BAPTIST HEALTH REHABILITATION INSTITUTE, FOUR PSYCHIATRIC OR DRUG REHABILITATION FACILITIES, THREE LONG TERM ACUTE CARE HOSPITALS AND TWO VETERANS HOSPITALS THERE ARE A TOTAL OF 4,291 LICENSED BEDS IN THE LITTLE ROCK MARKET AND THIS INCLUDES 3,309 ACUTE INPATIENT BEDS (538 OF WHICH ARE PART OF THE CENTRAL ARKANSAS VA SYSTEM), 213 REHABILITATION BEDS, 729 PSYCHIATRIC AND 40 INPATIENT HOSPICE BEDS AT ARKANSAS HOSPICE INC FACILITY WHILE BAPTIST HEALTH SERVES PATIENTS FROM ALL 75 COUNTIES IN ARKANSAS, 85% OF OUR INPATIENT DISCHARGES ORIGINATE IN THE 13 COUNTY REGION IN CENTRAL ARKANSAS ACCORDING TO 2012 DATA FROM THE ARKANSAS DEPARTMENT OF HEALTH, BAPTIST HEALTH PROVIDES 13.3% OF STATE WIDE INPATIENT DISCHARGES THIS PERCENTAGE HAS SLOWLY INCREASED SINCE 2004 WHEN IT WAS 12.3% IN THE 13 COUNTY REGION IN CENTRAL ARKANSAS, BAPTIST HEALTH AVERAGED 31.7% OF INPATIENT DISCHARGE S OVER THE 2009-2012 TIME PERIOD IN THE 13 COUNTY PRIMARY MARKET OF CENTRAL ARKANSAS, 75.4% OF THE POPULATION IS WHITE, 14.0% IS AFRICAN AMERICAN, 8.3% IS HISPANIC, 0.6% ARE ASIAN AND PACIFIC ISLANDERS AND 1.6% ARE OF OTHER RACIAL DESCENT THOSE DEMOGRAPHIC PERCENTAGES MIRROR OUR PATIENT PERCENTAGES</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, LINE 5	
FORM 990, SCHEDULE H,PART VI, LINE 6	<p>BAPTIST HEALTH EXISTS TO PROVIDE QUALITY PATIENT CENTERED SERVICES TO THE CITIZENS OF ARKA NSAS WITH CHRISTIAN COMPASSION AND PERSONAL CONCERN CONSISTENT WITH OUR CHARITABLE PURPOSE S BAPTIST HEALTH OFFERS FURTHER EXPANSION OF HEALTH SERVICES FOR ALL ARKANSANS THROUGH IT S RELATIONSHIP WITH ITS AFFILIATED ORGANIZATIONS BAPTIST HEALTH EXTENDED CARE HOSPITAL IS LOCATED ON THE CAMPUS OF BAPTIST HEALTH MEDICAL CENTER IN LITTLE ROCK AND PROVIDES LONG T ERM ACUTE CARE SERVICES FOR PATIENTS COMING FROM THE GENERAL ACUTE CARE SETTING AT BAPTIST HEALTH HOSPITALS THIS ENABLES PATIENTS NEEDING LONG STAYS IN THE HOSPITAL TO REMAIN ON T HE SAME CAMPUS AND OFTEN CAN RETAIN THE SAME PHYSICIANS IN THEIR CARE BAPTIST HEALTH HOSP ITALS AKA BAPTIST HEALTH MEDICAL CENTER - STUTTGART IS AN INTEGRAL PART OF THE BAPTIST HEA LTH FAMILY OF HOSPITALS PROVIDING CARE TO PATIENTS THE STUTTGART FACILITY PROVIDES A SIGN IFICANT LINK TO MEETING HEALTH CARE NEEDS IN EASTERN ARKANSAS THROUGH ITS ACUTE CARE AND P HYSICIAN SERVICES, AND THEN FOR TERTIARY LEVEL HOSPITAL NEEDS THE PATIENTS CAN BE TRANSFER RED TO BAPTIST HEALTH FACILITIES IN LITTLE ROCK AND NORTH LITTLE ROCK ARKANSAS HEALTH GRO UP PROVIDES PHYSICIAN CLINIC SERVICES TO PATIENTS IN RURAL AND URBAN COMMUNITIES IN MORE T HAN 30 LOCATIONS WITH MORE THAN 150 PHYSICIANS THROUGHOUT ARKANSAS PARKWAY HEALTH CENTER PROVIDES LONG-TERM CARE SKILLED NURSING SERVICES TO RESIDENTS OF PULASKI COUNTY, ARKANSAS PARKWAY VILLAGE PROVIDES ASSISTED LIVING AND INDEPENDENT LIVING COMMUNITIES IN CENTRAL AR KANSAS FOR THE ELDERLY IN WHICH MEDICAL CARE, CULTURAL AND RECREATIONAL BENEFITS ARE EXTEN DED TO RESIDENTS IN ADDITION TO HOUSING AND SHELTER THE VILLAGE ALSO INCLUDES AN ASSISTED LIVING CENTER DESIGNED SPECIFICALLY FOR ALZHEIMER'S PATIENTS BAPTIST HEALTH MEDICAL CENT ER - HOT SPRING COUNTY IS AN INTEGRAL PART OF THE BAPTIST HEALTH HOSPITAL FAMILY AND PROVI DES NECESSARY CARE FOR THE SOUTHERN PARTS OF ARKANSAS BAPTIST HEALTH MEDICAL CENTER - CON WAY PROVIDES HEALTH SERVICES TO CENTRAL ARKANSAS BAPTIST HEALTH MEDICAL CENTER - ARKADELP HIA PROVIDES HEALTH SERVICES TO SOUTHWEST ARKANSAS BAPTIST HEALTH MEDICAL CENTER - HEBER SPRINGS PROVIDES HEALTH SERVICES TO CLEBURNE COUNTY AND NORTH CENTRAL ARKANSAS</p>

Additional Data

Software ID:

Software Version:

EIN: 71-0236856

Name: BAPTIST HEALTH

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 6											
1	BAPTIST HEALTH MED CTR ARKADELPHIA 3050 TWIN RIVERS DRIVE ARKADELPHIA, AR 719234299 WWW BAPTIST-HEALTH COM AR4227	X	X			X		X			A
2	BAPTIST HEALTH MED CTR HEBER SPRINGS 1800 BYPASS ROAD HEBER SPRINGS, AR 72543 WWW BAPTIST-HEALTH COM AR4436	X	X			X		X			A
3	BAPTIST HEALTH MED CTR LITTLE ROCK 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 WWW BAPTIST-HEALTH COM AR3886	X	X		X			X			A
4	BAPTIST HEALTH MED CTR NLR 3333 SPRINGHILL DRIVE NORTH LITTLE ROCK, AR 72116 WWW BAPTIST-HEALTH COM AR3828	X	X					X			A
5	BAPTIST HEALTH REHAB INSTITUTE LR 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 WWW BAPTIST-HEALTH COM AR3782	X								REHAB HOSPITAL	A
6	BAPTIST HEALTH MED CTR HOT SPRING COU 1001 SCHNEIDER DRIVE MALVERN, AR 72104 WWW BAPTIST-HEALTH COM AR4207	X	X					X			A

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

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

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART V, LINE 5	
FORM 990, SCHEDULE H, PART V, LINE 6A	BAPTIST HEALTH MEDICAL CENTER ARKADELPHIA, BAPTIST HEALTH MEDICAL CENTER HEBER SPRINGS, BA PTIST HEALTH MEDICAL CENTER LITTLE ROCK, BAPTIST HEALTH MEDICAL CENTER NORTH LITTLE ROCK, BAPTIST HEALTH REHAB INSTITUTE LITTLE ROCK, BAPTIST HEALTH EXTENDED CARE, BAPTIST HEALTH M EDICAL CENTER STUTTGART, BAPTIST HEALTH MEDICAL CENTER CONWAY, AND BAPTIST HEALTH MEDICAL CENTER HOT SPRING COUNTY
FORM 990, SCHEDULE H, PART V, LINE 11	BAPTIST HEALTH MEDICAL CENTER - ARKADELPHIA ARKANSAS IS A STATE WITH MANY HEALTH NEEDS, RA NKG 48TH OF 50 IN OVERALL HEALTH STATUS IT IS ALSO A STATE WITH A HIGHER PROPORTION OF UNDERSERVED AND UNINSURED INDIVIDUALS RECOGNIZING THAT ALTHOUGH ALL OF THE IDENTIFIED NEE DS ARE IMPORTANT, ALL OF THEM CANNOT BE PURSUED BY BHMC-ARKADELPHIA AFTER ESTABLISHING CR ITERIA BASED ON THE BAPTIST HEALTH MISSION, AS WELL AS BHMC-ARKADELPHIA CLINICAL STRENGTHS , RESOURCES AND INFRASTRUCTURE TO MAINTAIN PROGRAMS, EACH OF THE IDENTIFIED NEEDS FROM THE FOCUS GROUPS AND DATA COLLECTION WAS REVIEWED AND PRIORITIZED BAPTIST HEALTH DOES BELIEV E THE FOCUS AREAS SELECTED WILL INDIRECTLY HAVE A POSITIVE IMPACT ON MANY OF THE OTHER ITE MS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT A PRIORITIZATION SESSION WAS HELD TO CHOOSE TWO HEALTH NEEDS TO BE ADDRESSED VIA A SYSTEM-WIDE APPROACH, AND ONE ADDITIONAL NEED SPECIFIC TO EACH FACILITY'S DEFINED COMMUNITY A THREE-ROUND, MULTI-VOTING TECHNIQUE W AS UTILIZED TO MAKE FINAL SELECTIONS RESULTS OF THE BAPTIST HEALTH COMMUNITY HEALTH NEEDS SELECTION PROCESS DETERMINED DIABETES AND OBESITY WOULD BE THE SYSTEM-BASED NEEDS ADDRESS ED IN ADDITION, MENTAL HEALTH WAS SELECTED BY BHMC-ARKADELPHIA THE STRATEGIES AND OBJECT IVES OF EACH NEED ARE ADDRESSED IN THE CHNA IMPLEMENTATION PLAN
FORM 990, SCHEDULE H, PART V, LINE 11	BAPTIST HEALTH MEDICAL CENTER - HEBER SPRINGS ARKANSAS IS A STATE WITH MANY HEALTH NEEDS, RANKING 48TH OF 50 IN OVERALL HEALTH STATUS IT IS ALSO A STATE WITH A HIGHER PROPORTION O F UNDERSERVED AND UNINSURED INDIVIDUALS RECOGNIZING THAT ALTHOUGH ALL OF THE IDENTIFIED N EEDS ARE IMPORTANT, ALL OF THEM CANNOT BE PURSUED BY BHMC-HEBER SPRINGS AFTER ESTABLISHIN G CRITERIA BASED ON THE BAPTIST HEALTH MISSION, AS WELL AS BHMC-HEBER SPRINGS CLINICAL STR ENGTHS, RESOURCES AND INFRASTRUCTURE TO MAINTAIN PROGRAMS, EACH OF THE IDENTIFIED NEEDS FR OM THE FOCUS GROUPS AND DATA COLLECTION WAS REVIEWED AND PRIORITIZED BAPTIST HEALTH DOES BELIEVE THE FOCUS AREAS SELECTED WILL INDIRECTLY HAVE A POSITIVE IMPACT ON MANY OF THE OTH ER ITEMS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT A PRIORITIZATION SESSION WAS HELD TO CHOOSE TWO HEALTH NEEDS TO BE ADDRESSED VIA A SYSTEM-WIDE APPROACH, AND ONE ADDIT IONAL NEED SPECIFIC TO EACH FACILITY'S DEFINED COMMUNITY A THREE-ROUND, MULTI-VOTING TECHN IQUE WAS UTILIZED TO MAKE FINAL SELECTIONS RESULTS OF THE BAPTIST HEALTH COMMUNITY HEALTH NEEDS SELECTION PROCESS DETERMINED DIABETES AND OBESITY WOULD BE THE SYSTEM-BASED NEEDS A DDRESSED IN ADDITION, ACCESS TO HEALTHCARE WAS SELECTED BY BHMC-HEBER SPRINGS THE STRATE GIES AND OBJECTIVES OF EACH NEED ARE ADDRESSED IN THE CHNA IMPLEMENTATION PLAN
FORM 990, SCHEDULE H, PART V, LINE 11	BAPTIST HEALTH MEDICAL CENTER - LITTLE ROCK ARKANSAS IS A STATE WITH MANY HEALTH NEEDS, RA NKG 48TH OF 50 IN OVERALL HEALTH STATUS IT IS ALSO A STATE WITH A HIGHER PROPORTION OF UNDERSERVED AND UNINSURED INDIVIDUALS RECOGNIZING THAT ALTHOUGH ALL OF THE IDENTIFIED NEE DS ARE IMPORTANT, ALL OF THEM CANNOT BE PURSUED BY BHMC-LITTLE ROCK AFTER ESTABLISHING CR ITERIA BASED ON THE BAPTIST HEALTH MISSION, AS WELL AS BHMC-LITTLE ROCK CLINICAL STRENGTHS , RESOURCES AND INFRASTRUCTURE TO MAINTAIN PROGRAMS, EACH OF THE IDENTIFIED NEEDS FROM THE FOCUS GROUPS AND DATA COLLECTION WAS REVIEWED AND PRIORITIZED BAPTIST HEALTH DOES BELIEV E THE FOCUS AREAS SELECTED WILL INDIRECTLY HAVE A POSITIVE IMPACT ON MANY OF THE OTHER ITE MS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT A PRIORITIZATION SESSION WAS HELD TO CHOOSE TWO HEALTH NEEDS TO BE ADDRESSED VIA A SYSTEM-WIDE APPROACH, AND ONE ADDITIONAL NEED SPECIFIC TO EACH FACILITY'S DEFINED COMMUNITY A THREE-ROUND, MULTI-VOTING TECHNIQUE W AS UTILIZED TO MAKE FINAL SELECTIONS RESULTS OF THE BAPTIST HEALTH COMMUNITY HEALTH NEEDS SELECTION PROCESS DETERMINED DIABETES AND OBESITY WOULD BE THE SYSTEM-BASED NEEDS ADDRESS ED IN ADDITION, MENTAL HEALTH WAS SELECTED BY BHMC-LITTLE ROCK THE STRATEGIES AND OBJECT IVES OF EACH NEED ARE ADDRESSED IN THE CHNA IMPLEMENTATION PLAN

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

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

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART V, LINE 11	
FORM 990, SCHEDULE H, PART V, LINE 11	BAPTIST HEALTH REHABILITATION INSTITUTE (BHRI) ARKANSAS IS A STATE WITH MANY HEALTH NEEDS, RANKING 48TH OF 50 IN OVERALL HEALTH STATUS IT IS ALSO A STATE WITH A HIGHER PROPORTION OF UNDERSERVED AND UNINSURED INDIVIDUALS RECOGNIZING THAT ALTHOUGH ALL OF THE IDENTIFIED NEEDS ARE IMPORTANT, ALL OF THEM CANNOT BE PURSUED BY BAPTIST HEALTH REHABILITATION INSTITUTE AFTER ESTABLISHING CRITERIA BASED ON THE BAPTIST HEALTH MISSION, AS WELL AS BAPTIST HEALTH REHABILITATION INSTITUTE CLINICAL STRENGTHS, RESOURCES AND INFRASTRUCTURE TO MAINTAIN PROGRAMS, EACH OF THE IDENTIFIED NEEDS FROM THE FOCUS GROUPS AND DATA COLLECTION WAS REVIEWED AND PRIORITIZED BAPTIST HEALTH DOES BELIEVE THE FOCUS AREAS SELECTED WILL INDIRECTLY HAVE A POSITIVE IMPACT ON MANY OF THE OTHER ITEMS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT A PRIORITIZATION SESSION WAS HELD TO CHOOSE TWO HEALTH NEEDS TO BE ADDRESSED VIA A SYSTEM-WIDE APPROACH, AND ONE ADDITIONAL NEED SPECIFIC TO EACH FACILITY'S DEFINED COMMUNITY A THREE-ROUND, MULTI-VOTING TECHNIQUE WAS UTILIZED TO MAKE FINAL SELECTIONS RESULTS OF THE BAPTIST HEALTH COMMUNITY HEALTH NEEDS SELECTION PROCESS DETERMINED DIABETES AND OBESITY WOULD BE THE SYSTEM-BASED NEEDS ADDRESSED IN ADDITION, SMOKING CESSATION IN POST-STROKE PATIENTS WAS SELECTED BY THE BAPTIST HEALTH REHABILITATION INSTITUTE THE STRATEGIES AND OBJECTIVES OF EACH NEED ARE ADDRESSED IN THE CHNA IMPLEMENTATION PLAN
FORM 990, SCHEDULE H, PART V, LINE 11	BAPTIST HEALTH MEDICAL CENTER - HOT SPRING COUNTY ARKANSAS IS A STATE WITH MANY HEALTH NEEDS, RANKING 48TH OF 50 IN OVERALL HEALTH STATUS IT IS ALSO A STATE WITH A HIGHER PROPORTION OF UNDERSERVED AND UNINSURED INDIVIDUALS RECOGNIZING THAT ALTHOUGH ALL OF THE IDENTIFIED NEEDS ARE IMPORTANT, ALL OF THEM CANNOT BE PURSUED BY BHMC-HOT SPRING COUNTY AFTER ESTABLISHING CRITERIA BASED ON THE BAPTIST HEALTH MISSION, AS WELL AS BHMC-HOT SPRING COUNTY CLINICAL STRENGTHS, RESOURCES AND INFRASTRUCTURE TO MAINTAIN PROGRAMS, EACH OF THE IDENTIFIED NEEDS FROM THE FOCUS GROUPS AND DATA COLLECTION WAS REVIEWED AND PRIORITIZED BAPTIST HEALTH DOES BELIEVE THE FOCUS AREAS SELECTED WILL INDIRECTLY HAVE A POSITIVE IMPACT ON MANY OF THE OTHER ITEMS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT A PRIORITIZATION SESSION WAS HELD TO CHOOSE TWO HEALTH NEEDS TO BE ADDRESSED VIA A SYSTEM-WIDE APPROACH, AND ONE ADDITIONAL NEED SPECIFIC TO EACH FACILITY'S DEFINED COMMUNITY A THREE-ROUND, MULTI-VOTING TECHNIQUE WAS UTILIZED TO MAKE FINAL SELECTIONS RESULTS OF THE BAPTIST HEALTH COMMUNITY HEALTH NEEDS SELECTION PROCESS DETERMINED DIABETES AND OBESITY WOULD BE THE SYSTEM-BASED NEEDS ADDRESSED IN ADDITION, HEALTH EDUCATION WAS SELECTED BY BHMC-HOT SPRING COUNTY THE STRATEGIES AND OBJECTIVES OF EACH NEED ARE ADDRESSED IN THE CHNA IMPLEMENTATION PLAN
FORM 990, SCHEDULE H, PART V, LINE 20E	THE HOSPITAL HAS SOFTWARE WHICH USES PUBLICLY AVAILABLE DEMOGRAPHIC INFORMATION TO DETERMINE PRESUMPTIVE ELIGIBILITY FOR PATIENTS WHO DO NOT RESPOND TO OFFERS OF FINANCIAL ASSISTANCE THE HOSPITAL ALSO VERBALLY CONTACTS THE PATIENT TO INFORM THEM OF FINANCIAL ASSISTANCE

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

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

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

Name and address	Type of Facility (describe)
1 BAPTIST HEALTH HOME HEALTH NETWORK - LR 1900 COLONEL GLENN ROAD LITTLE ROCK, AR 72210	HOME HEALTH
1 BAPTIST HEALTH MEDICAL CENTER - LR GERI 11401 1-30 SOUTH LITTLE ROCK, AR 72209	GERIPSYCH
2 BAPTIST HEALTH HOSPICE - LITTLE ROCK 11900 COLONEL GLENN ROAD LITTLE ROCK, AR 72210	HOSPICE
3 BAPTIST HEALTH THERAPY CENTER - CABOT 205 WESTPORT DRIVE SUITE 2 CABOT, AR 72023	THERAPY
4 BAPTIST HEALTH THERAPY CENTER - MAUMELLE 1701 CLUB MANOR SUITE 2 MAUMELLE, AR 72113	THERAPY
5 BAPTIST HEALTH THERAPY CTR - SADDLECREEK 6020 RANCH DRIVE SUITE 5 LITTLE ROCK, AR 72223	THERAPY
6 BAPTIST HEALTH THERAPY CTR - ARKADELPHIA 2915 CYPRESS DRIVE ARKADELPHIA, AR 71923	THERAPY
7 BAPTIST HEALTH THERAPY CENTER - BENTON 819 WEST CARPENTER STREET BENTON, AR 72015	THERAPY
8 BAPTIST HEALTH THERAPY CENTER - SHERWOOD 2001 EST KEIHL 7 SHERWOOD, AR 72120	THERAPY
9 BAPTIST HEALTH THERAPY CTR- BOWMAN CURVE 200 NORTH BOWMAN ROAD LITTLE ROCK, AR 72211	THERAPY
10 BAPTIST HEALTH THERAPY CTR- JACKSONVILLE 117 GREGORY PLACE SHOPPING CENTER JACKSONVILLE, AR 72076	THERAPY
11 BAPTIST HEALTH THERAPY CTR-HEBER SPRINGS 2102 STATE HIGHWAY 25B NORTH HEBER SPRINGS, AR 72543	THERAPY
12 BAPTIST HEALTH HOME HLTH NTK-ARKADELPHIA 3050 TWIN RIVERS DRIVE ARKADELPHIA, AR 71923	HOME HEALTH
13 BAPTIST HEALTH THERAPY CENTER - CONWAY 815 HOGAN LANE SUITE 5 CONWAY, AR 72034	THERAPY
14 BAPTIST HEALTH HOME HEALTH NTK-HEBER SPR 1709 WEST MAIN STREET HEBER SPRINGS, AR 72543	HOME HEALTH

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

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

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

Name and address	Type of Facility (describe)
16 BAPTIST HEALTH THERAPY CTR - GREENBRIER 49 SOUTH BROADWAY SUITE 2 GREENBRIER, AR 72058	THERAPY
1 BAPTIST HEALTH THERAPY CTR - OTTER CREEK OTTER CREEK PART SUITE 320 LITTLE ROCK, AR 72209	THERAPY
2 BAPTIST HEALTH THERAPY CENTER - BRYANT 4411 HIGHWAY 5 NORTH BRYANT, AR 72022	THERAPY
3 BAPTIST HEALTH THERAPY CENTER - HEIGHTS 5618 R STREET LITTLE ROCK, AR 72207	THERAPY
4 BAPTIST HEALTH THERAPY CENTER - LONOKE 1306 NORTH CENTER LONOKE, AR 72086	THERAPY
5 BAPTIST HEALTH THERAPY CENTER - SHERIDAN 1409 SOUTH ROAD STREET SUITE D SHERIDAN, AR 72150	THERAPY
6 BAPTIST HEALTH FAMILY CLNC-GREERS FERRY 8544 EDMONT ROAD GREERS FERRY, AR 72067	FAMILY CLINIC
7 BAPTIST HLTH THERAPY CTR-FAIRFIELLD BAY 381 DAVE CREEK PARKWAY FAIRFIELD BAY, AR 72088	THERAPY
8 BAPTIST HEALTH FAMILY CLINIC - BHFC 106 SOUTH 7TH STREET HEBER SPRINGS, AR 72543	FAMILY CLINIC
9 BAPTIST HEALTH FAMILY CLINIC - GURDON 200 EAST WALNUT GURDON, AR 71743	FAMILY CLINIC
10 BAPTIST HEALTH FAMILY CLNC-CADDO VALLEY 10 MONTGOMERY DRIVE CADDO VALLEY, AR 71923	FAMILY CLINIC
11 BAPTIST HEALTH FAMILY CLINIC - BISMARCK 6679 HIGHWAY 7 BISMARCK, AR 71929	FAMILY CLINIC
12 BAPTIST HEALTH HOME HLTH NTWK - HS CTY 1001 SCHNEIDER DRIVE MALVERN, AR 72104	HOME HEALTH
13 BAPTIST HEALTH FAMILY CLNC-FAIRFIELD BAY 110 VILLAGE PLACE SUITE 2B FAIRFIELD BAY, AR 72088	FAMILY CLINIC
14 BAPTIST HEALTH FAMILY CLINIC - PRESCOTT 1484 WEST FIRST STREET NORTH 2 PRESCOTT, AR 71857	FAMILY CLINIC

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

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

Name and address	Type of Facility (describe)
31 BAPTIST HEALTH HOSPICE - ARKADELPHIA 300 TWIN RIVERS DRIVE ARKADELPHIA, AR 71923	HOSPICE
1 BAPTIST HLTH THERAPY CTR-N RODNEY PARHAM 4200 NORTH RODNEY PARHAM ROAD LITTLE ROCK, AR 72212	THERAPY
2 BAPTIST HEALTH FAMILY CLINIC - PANGBURN 304 MAIN STREET PANGBURN, AR 72121	FAMILY CLINIC
3 BAPTIST HEALTH THERAPY CTR-SHERWOOD FMC 1308 EAST KIEHL AVENUE SUITE 1 SHERWOOD, AR 72120	THERAPY

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493319108527		
Schedule I (Form 990)	<div>Grants and Other Assistance to Organizations, Governments and Individuals in the United States</div> <div>Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.</div> <div>▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.</div>				OMB No 1545-0047	
					2016	
					Open to Public Inspection	
Department of the Treasury Internal Revenue Service				Name of the organization BAPTIST HEALTH		
				Employer identification number 71-0236856		

Part I	General Information on Grants and Assistance
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- 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.
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(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
<div>2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3</div> <div>3 Enter total number of other organizations listed in the line 1 table</div>							

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
FORM 990, SCHEDULE I, PART I, LINE 2	GRANTS GIVEN BY BAPTIST HEALTH ARE FOR SPECIFIC PROJECTS GRANTEES ARE REQUIRED TO REPORT BACK TO BAPTIST HEALTH WITH RESULTS AT LEAST ONCE AFTER THE GRANT IS GIVEN

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARCARE INC PO BOX 497 AUGUSTA, AR 720060497	58-1666179	501(C)(3)	710,000		N/A	N/A	GENERAL SUPPORT
BOSTON MOUNTAIN RURAL HEALTH CENTER INC PO BOX 1030 MARSHALL, AR 726501030	71-0717967	501(C)(3)	165,000		N/A	N/A	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAINLINE HEALTH SYSTEMS INC 106 EAST SPEEDWAY ROAD DERMOTT, AR 71638	71-0623643	501(C)(3)	85,500		N/A	N/A	GENERAL SUPPORT

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 HEALTH	Employer identification number 71-0236856
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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. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
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. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed 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? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
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? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
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	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	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
FORM 990, SCHEDULE J, PART I, LINE 4B	THE FOLLOWING INDIVIDUALS INCLUDED ON FORM 990, PART VII, SECTION A, PARTICIPATE IN A NONQUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) ROBERT C ROBERTS, DOUGLAS WEEKS, TROY WELLS, HARRISON DEAN, AND KATHRYN MARTIN. BELOW ARE REPORTABLE AMOUNTS FOR 2016. NAME NOTE (A) NOTE (B) NOTE (C) ----- DEAN 8,508 0 0 MARTIN 0 0 0 ROBERTS 0 0 0 WEEKS 0 0 0 WELLS 0 0 0 (A) THIS IS TAXABLE PRESENT VALUE OF PAYMENTS VESTED IN 2016, BUT TO BE RECEIVED IN FUTURE YEARS AFTER RETIREMENT OVER EXECUTIVE'S LIFETIME. (B) THIS IS DISTRIBUTION FROM SERP TO COVER INCOME TAXES DUE FOR 2016. (C) THIS IS PLAN AMOUNT PRESENT VALUE EARNED IN 2016. IT IS NOT TAXABLE BECAUSE IT IS NOT VESTED.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1FREDERICK A BENNETT JR CHIEF OF CLINICAL AFFAIRS	(i)	261,186	44,168	6,870	15,900	15,520	343,644	0
	(ii)	0	0	0	0	-0	-0	0
1DOUGLAS WEEKS SENIOR VP & COO	(i)	414,049	150,726	220,139	65,117	11,656	861,687	41,763
	(ii)	0	0	0	0	-0	-0	0
2ROBERT C ROBERTS SENIOR VP & CFO	(i)	412,252	160,704	401,870	63,461	11,651	1,049,938	36,058
	(ii)	0	0	0	0	-0	-0	0
3HARRISON DEAN SENIOR VICE PRESIDENT	(i)	310,038	65,237	40,518	52,436	9,692	477,921	24,970
	(ii)	0	0	0	0	-0	-0	0
4TROY WELLS PRESIDENT & CEO	(i)	682,888	161,376	274,465	91,912	12,019	1,222,660	23,297
	(ii)	0	0	0	0	-0	-0	0
5GREG GRAHAM GENERAL COUNSEL	(i)	293,456	47,087	7,635	15,900	9,545	373,623	0
	(ii)	0	0	0	0	-0	-0	0
6DAVID HOUSEVP & CIO	(i)	257,024	107,905	135,919	40,945	9,439	551,232	19,312
	(ii)	0	0	0	0	-0	-0	0
7CHARLES PHILLIPS CHIEF MEDICAL OFFICER	(i)	377,819	77,229	1,596	15,900	11,497	484,041	0
	(ii)	0	0	0	0	-0	-0	0
8CHARLES CRAIN VP & ADMINISTRATOR	(i)	286,845	100,847	89,355	46,309	11,437	534,793	21,601
	(ii)	0	0	0	0	-0	-0	0
9TONY KENDALL VICE PRESIDENT & CAO	(i)	244,860	51,445	1,762	26,432	9,264	333,763	0
	(ii)	0	0	0	0	-0	-0	0
10MARK LOWMAN VP STRATEGIC DEVELOPMENT	(i)	205,871	33,428	20,392	42,297	10,965	312,953	16,111
	(ii)	0	0	0	0	-0	-0	0
11STEVEN WEBB VICE PRESIDENT	(i)	214,811	50,469	45,624	34,328	11,072	356,304	15,685
	(ii)	0	0	0	0	-0	-0	0
12JULIE CARPENTER VICE PRESIDENT REVENUE CYCLE	(i)	206,364	36,346	48,018	29,447	10,958	331,133	19,021
	(ii)	0	0	0	0	-0	-0	0
13STAN KELLAR CHIEF OF CLINICAL AFFAIRS	(i)	262,137	58,285	7,310	15,900	11,270	354,902	0
	(ii)	0	0	0	0	-0	-0	0
14BRENT BEAULIEU VICE PRESIDENT OF FINANCE	(i)	203,300	51,786	51,887	24,211	10,956	342,140	14,613
	(ii)	0	0	0	0	-0	-0	0
15CATHY DICKINSON VP HUMAN RESOURCES	(i)	178,142	75,789	3,885	17,763	7,459	283,038	0
	(ii)	0	0	0	0	-0	-0	0
16KELLY HAMBY VICE PRESIDENT OF PATIENT CARE	(i)	152,906	70,304	707	14,412	10,603	248,932	0
	(ii)	0	0	0	0	-0	-0	0
17KATHRYN T MARTIN VICE PRESIDENT OF PATIENT CARE	(i)	116,276	30,696	1,381	8,928	3,316	160,597	0
	(ii)	0	0	0	0	-0	-0	0
18JILL MASSIET VICE PRESIDENT OF PATIENT CARE	(i)	206,637	35,343	75,530	19,820	10,934	348,264	4,508
	(ii)	0	0	0	0	-0	-0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BAPTIST HEALTH

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
71-0236856

Part I Bond Issues												
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	PULASKI COUNTY PUBLIC FACILITIES BOARD	71-0721974	74540HAN4	12-16-2014	151,688,424	CONSTRUCT HOSPITAL FACILITY		X		X		X
B	ARKANSAS DEVELOPMENT FINANCE AUTHORITY	71-0503641	04084RAV3	09-15-2015	61,730,000	REFUNDING		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	0		7,485,000					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	151,761,023		61,914,795					
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrows	0		33,402,825					
7	Issuance costs from proceeds	1,687,681		751,702					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	72,788,232		0					
11	Other spent proceeds	0		17,393,564					
12	Other unspent proceeds	77,296,049		0					
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X					
15	Were the bonds issued as part of an advance refunding issue?		X	X					
16	Has the final allocation of proceeds been made?		X	X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?			X					

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
FORM 990, SCHEDULE K, PART I, LINE A	THE BOND ISSUED IN 2014 IS REPORTED ON THE BOND YEAR END 12/15/2016 THE BOND ISSUED IN 2015 IS REPORTED ON THE BOND YEAR END 09/15/2016

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization
BAPTIST HEALTH

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

2016

**Open to Public
Inspection**

Employer identification number

71-0236856

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS - BAPTIST HEALTH PROVIDES ACCESS TO A FULL RANGE OF COMPREHENSIVE HEALTH CARE SERVICES TO INDIVIDUALS REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, DISABILITY, AGE, OR ABILITY TO PAY ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS ESSENTIAL TO BAPTIST HEALTH FOR THE CONTINUED OPERATION, FINANCIAL STABILITY, AND ABILITY TO PROVIDE NEEDED NEW SERVICES AND TECHNOLOGY, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE HEALTH CARE AND ESSENTIAL MEDICAL SERVICES FURTHER, OUR MISSION IS TO SERVE THIS COMMUNITY WITH RESPECT TO PROVIDING COMPREHENSIVE HEALTH CARE SERVICES AND HEALTH EDUCATION THEREFORE, IN KEEPING WITH BAPTIST HEALTH'S COMMITMENT TO SERVE THE RESIDENTS OF ITS COMMUNITY, WE PROVIDE - SUBSIDIZED EDUCATION TO HEALTH CARE PROFESSIONALS, - FREE AND SUBSIDIZED CARE TO THOSE WHO CANNOT PAY, - CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT REIMBURSEMENT BELOW OUR REGULAR RATES PAID BY OTHER THIRD PARTIES, - HEALTH EDUCATION AND PROGRAMS/SERVICES TO ENHANCE THE HEALTH STATUS OF THE COMMUNITY, AND - IN-KIND DONATIONS TO NON-PROFIT COMMUNITY AGENCIES TO ENHANCE THEIR SERVICES TO THE COMMUNITY SUCH SERVICES AND PROGRAMS ARE PROVIDED WHERE THE NEED AND/OR INDIVIDUAL'S INABILITY TO PAY CO-EXISTS THESE ACTIVITIES INCLUDE WELLNESS AND PREVENTION EDUCATION PROGRAMS, COMMUNITY DIAGNOSTIC SCREENING PROGRAMS, SPECIAL PROGRAMS FOR THE ELDERLY, YOUTH AT RISK, HANDICAPPED, MEDICALLY UNDER SERVED, MEDICAL CARE FOR THE UNINSURED, AND A VARIETY OF BROAD COMMUNITY SUPPORT ACTIVITIES BAPTIST HEALTH SERVED 46,324 INPATIENTS AND PROVIDED FOR 415,414 OUTPATIENT AND EMERGENCY ROOM VISITS DURING 2016 BAPTIST HEALTH ALSO SERVED 4,994 HOME HEALTH AND HOSPICE PATIENTS

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN DEFINED BENEFIT PLANS GAINS & LOSSES \$10,720,166 CHANGE IN SERP 1,073,768 CHANGE IN FMV OF SWAP 221,864 TRANSFER TO AFFILIATE 37,447 SPRINGHILL K-1 ADJUSTMENT (57,619) FO REST HILL K-1 INCOME 14,635 CHANGE IN NET ASSETS OF AFFILIATED FOUNDATION 27,553 IMPAIRMEN T LOSS (675,000) ----- OTHER CHANGES IN NET ASSETS (\$11,362,814)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PROFESSIONAL FEES TOTAL FEES 79267355

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACT LABOR TOTAL FEES 19136050

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

2016

Open to Public Inspection

Name of the organization
BAPTIST HEALTH

Employer identification number
71-0236856

Part I Identification of Disregarded Entities

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BAPTIST HEALTH PHYSICIAN PARTNERS 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 46-1692255	HEALTHCARE	AR	-855,515	1,924,437	BAPTIST HLTH
(2) DIAMOND RISK INSURANCE LLC 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 71-0236856	INSURANCE	AR	1,232	20,113	BAPTIST HLTH

Part II Identification of Related Tax-Exempt Organizations

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

See Additional Data Table

(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

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.

See Additional Data Table

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

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.

See Additional Data Table

(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

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

Yes

1b

No

1c

Yes

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

No

1m

No

1n

No

1o

No

1p

Yes

1q

Yes

1r

No

1s

No

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

See Additional Data Table

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

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 23-7169407	SUPPORT	AR	501(C) (3)	7	BAPTIST HLTH	Yes	
(1) 14324 CHENAL PKWY LITTLE ROCK, AR 72211 71-0675933	LTC NURSING	AR	501(C) (3)	12A	BAPTIST HLTH	Yes	
(2) 14300 CHENAL PARKWAY LITTLE ROCK, AR 72211 71-0574341	RETIREMENT	AR	501(C) (3)	10	BAPTIST HLTH	Yes	
(3) 11001 EXECUTIVE CENTER DRIVE SUITE LITTLE ROCK, AR 72211 71-0781138	HEALTHCARE	AR	501(C) (3)	10	BAPTIST HLTH	Yes	
(4) 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 26-1286647	MEDICAL CTR	AR	501(C) (3)	3	BAPTIST HLTH	Yes	
(5) 3050 TWIN RIVERS DR ARKADELPHIA, AR 71923 71-0541647	MEDICAL CTR	AR	501(C) (3)	3	BAPTIST HLTH	Yes	
(6) 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 61-1570855	MEDICAL CTR	AR	501(C) (3)	3	BAPTIST HLTH	Yes	
(7) 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 46-1629800	MEDICAL CTR	AR	501 (C) (3)	3	BAPTIST HLTH	Yes	
(8) 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 47-2101351	HEALTHCARE	AR	501 (C) (3)	10	BAPTIST HLTH	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) Disproporionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ORTHOARK SURGERY 10301 KANIS ROAD LITTLE ROCK, AR 72205 71-0818555	ORTHOPEDIC	AR	BAPTIST HEALTH	RELATED	995,025	361,255		No	0		No	51 000 %
(1) AUTUMN ROAD LLC PO BOX 3730 LITTLE ROCK, AR 72203 71-0786625	REAL ESTATE	AR	NA	N/A				No			No	
(2) MAUMELLE FAMILY 11001 EXECUTIVE CENTER DRIVE SUITE LITTLE ROCK, AR 72211 71-0824329	MEDICAL CARE	AR	NA	N/A				No			No	
(3) AMERICAN DATA NTWK 10809 EXECUTIVE CENTER DRIVE LITTLE ROCK, AR 72211 71-0849746	DATA SERVICES	AR	BAPTIST HEALTH	RELATED	22,353	1,163,804		No		Yes		57 417 %
(4) THE SURGICAL PAVILION 9500 KANIS ROAD STE 401 LITTLE ROCK, AR 72205 71-0802581	SURGERY SERVICES	AR	NA	N/A				No			No	
(5) SPRINGHILL SURGERY CENTER 3401 SPRINGHILL DR STE 155 NORTH LITTLE ROCK, AR 72117 62-1712554	SURGERY SERVICES	AR	BAPTIST HEALTH	UNRELATED	837,506	2,331,098		No			No	51 814 %
(6) TWO FINANCIAL CENTRE HOLDING CO LLC 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 81-4970489	REAL ESTATE	AR	NA	N/A				No			No	
(7) BH CENTER FOR CLINICAL RESEARCH LLC 9601 BAPTIST HEALTH DR STE 250 LITTLE ROCK, AR 72205 45-5503799	CLINICAL RESEARCH	AR	NA	N/A				No			No	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) MULTIMANAGEMENT SERVICES INC 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 722057299 71-0599194	MANAGEMENT	AR	BAPTIST HEALTH	C CORPORATION	1,632,720	116,154,153	100 000 %	Yes	
(1) MEDICAL LABORATORIES OF ARKANSAS INC 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 33-1133952	MEDICAL LAB	AR	NA	C CORPORATION				Yes	
(2) BAPTIST MEDCARE INC 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 71-0678160	MEDICAL CARE	AR	NA	C CORPORATION				Yes	
(3) HOTEL PROPERTIES INC 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 71-0599198	HOTELS	AR	NA	C CORPORATION				Yes	
(4) SERVICE FINANCE CORPORATION 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 71-0333251	FINANCE SERVICES	AR	NA	C CORPORATION				Yes	
(5) WESTSIDE PROPERTIES INC 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 71-0532013	REAL ESTATE	AR	NA	C CORPORATION				Yes	
(6) INTEGRATED HEALTH RESOURCES LTD 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 33-1133950	MEDICAL LAB	AR	BAPTIST HEALTH	C CORPORATION	-123,793	0	100 000 %	Yes	
(7) BAPTIST MEDICAL SYSTEMS HMO INC 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 71-0622925	HEALTHCARE SRVCS	AR	NA	C CORPORATION				Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations				
(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	MULTIMANAGEMENT SERVICES INC	A	241,209	FMV
(1)	BAPTIST HEALTH FOUNDATION	C	8,829,748	FMV
(2)	ARKANSAS HEALTH GROUP	D	4,380,000	FMV
(3)	MULTIMANAGEMENT SERVICES INC	D	4,665,715	FMV
(4)	ARKANSAS HEALTH GROUP	J	740,793	FMV
(5)	MULTIMANAGEMENT SERVICES INC	J	105,860	FMV
(6)	ARKANSAS HEALTH GROUP	K	56,700	FMV
(7)	BAPTIST HEALTH EXTENDED CARE HOSPITAL	O	2,219,015	FMV
(8)	BAPTIST HEALTH HOSPITALS	O	118,118	FMV
(9)	ARKANSAS HEALTH GROUP	P	22,416,194	FMV
(10)	BAPTIST HEALTH EXTENDED CARE HOSPITAL	Q	1,569,190	FMV
(11)	BAPTIST HEALTH HOSPITALS	Q	2,709,896	FMV
(12)	PARKWAY VILLAGE	Q	587,248	FMV
(13)	MULTIMANAGEMENT SERVICES INC	Q	462,981	FMV
(14)	PARKWAY HEALTH CENTER INC	Q	139,263	FMV
(15)	BAPTIST HEALTH FOUNDATION	Q	164,798	FMV
(16)	CONWAY COMMUNITY SERVICES	Q	4,054,643	FMV
(17)	BAPTIST MEDCARE INC	Q	2,733,974	FMV