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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 09-01-2016 , and ending 08-31-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

MISSISSIPPI BAPTIST HEALTH SYSTEMS INC

Doing business as

Number and street (or P O box if mail is not delivered to street address)

1225 NORTH STATE STREET

Room/suite

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

JACKSON, MS 39202

F Name and address of principal officer

JASON M LITTLE

350 N HUMPHREYS BLVD

MEMPHIS, TN 381202177

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

64-0306253

E Telephone number

(601) 968-5130

G Gross receipts \$ 477,334,068

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW MBHS ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1912

M State of legal domicile MS

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC IS THE HOLDING COMPANY FOR (SEE SCHEDULE O PG 76)SEVERAL NONPROFIT ENTITIES TO WHICH IT PROVIDES VARIOUS MANAGEMENT AND SUPPORT SERVICES

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

Part II Signature Block

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

Sign Here

Signature of officer

2018-07-09

Date

JASON M LITTLE PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

FRANCIS J BEDARD

Preparer's signature

FRANCIS J BEDARD

Date

Check ☐ if self-employed

PTIN P00752421

Firm's name ▶ DELOITTE TAX LLP

Firm's EIN ▶ 86-1065772

Firm's address ▶ 1033 DEMONBREUN STE 400

Phone no (615) 259-1811

NASHVILLE, TN 37203

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

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:

MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC 'S FOUNDATION AND TRADITION IS ITS CHRISTIAN HEALING MINISTRY THE MISSION IS TO SERVE THE COMMUNITY THROUGH CONTINUOUSLY IMPROVING QUALITY MEDICAL CARE AND EFFECTIVE USE OF (SEE SCHEDULE O PG 76) EDUCATION AND TECHNOLOGY IN A PERSONAL AND COMPASSIONATE ENVIRONMENT

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 \$ 100,976,763	including grants of \$ 222,175)	(Revenue \$ 100,119,896)
	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 ►	100,976,763		
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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	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	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 Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b 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	291	
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	550	
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)?		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		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	7d	
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	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	14	
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	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
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?	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
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	Yes	

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		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: MS

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.
 ▶ WILLIAM F THOMPSON 1225 NORTH STATE STREET JACKSON, MS 39202 (601) 968-1067

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 ▶ 21

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
BAPTIST OUTPATIENT IMAGING LLC 1107 HIGHLAND COLONY PKWY STE 209 RIDGELAND, MS 39157	PHYSICIAN SERVICES	7,074,888
BRASSFIELD & GORRIE LLC PO BOX 11407 BIRMINGHAM, AL 352460351	CONSTRUCTION SERVICES	5,269,242
MISSISSIPPI PATHOLOGY ASSN PLLC PO BOX 4198 JACKSON, MS 392964198	PHYSICIAN SERVICES	3,163,969
CROTHALL FACILITIES MGMT INC 13028 COLLECTIONS CENTER DR CHICAGO, IL 60693	EQUIP SERVICE & REPAIRS	2,989,150
MCKESSON TECHNOLOGIES INC PO BOX 98347 CHICAGO, IL 606938347	CONSULTANTS-IT	2,921,159

<p>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 56</p>	
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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				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶					
Program Service Revenue			Business Code			
	2a INTERCO ALLOCATIONS		900099	56,394,000	56,394,000	
	b PATIENT SERVICE REV		900099	28,482,587	28,482,587	
	c RENT FROM AFFILIATES		900099	16,789,915	16,789,915	
	d NET ASSETS RELEASED		900099	196,212	196,212	
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶		101,862,714			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		18,658,515			18,658,515
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
			(i) Real	(ii) Personal		
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory		354,353,114	4,185,944		
	b Less cost or other basis and sales expenses		338,663,349	1,973,462		
	c Gain or (loss)		15,689,765	2,212,482		
	d Net gain or (loss) ▶		17,902,247			17,902,247
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events . . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 a					
b Less direct expenses b						
c Net income or (loss) from gaming activities . . . ▶						
10a Gross sales of inventory, less returns and allowances . . . a						
b Less cost of goods sold . . . b						
c Net income or (loss) from sales of inventory . . . ▶						
Miscellaneous Revenue		Business Code				
11a INCOME FROM SUBS & OTH		900099	-291,127	-307,726	16,599	
b NON-OPERATING INCOME		900099	-1,435,092	-1,435,092		
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶			-1,726,219			
12 Total revenue. See Instructions ▶			136,697,257	100,119,896	16,599	36,560,762

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.	222,175	222,175		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	4,145,326	3,938,060	207,266	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	18,368,888	17,450,444	918,444	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	627,920	596,524	31,396	
9 Other employee benefits.	3,798,904	3,608,959	189,945	
10 Payroll taxes.	1,469,828	1,396,337	73,491	
11 Fees for services (non-employees):				
a Management.	1,673,627	1,472,792	200,835	
b Legal.	141,106	124,173	16,933	
c Accounting.	634,795	558,620	76,175	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	250,203	220,179	30,024	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	10,071,385	8,965,226	1,106,159	
12 Advertising and promotion.	3,350,782	2,948,688	402,094	
13 Office expenses.	2,810,742	2,473,453	337,289	
14 Information technology.				
15 Royalties.				
16 Occupancy.	6,234,226	5,486,119	748,107	
17 Travel.	235,398	94,159	141,239	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	51,816	20,726	31,090	
20 Interest.	8,886,477	7,820,100	1,066,377	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	29,324,392	25,805,465	3,518,927	
23 Insurance.	4,526,106	3,982,973	543,133	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a REPAIR & MAINTENANCE	11,365,163	10,001,343	1,363,820	
b RECRUITING EXP	1,243,129	1,093,954	149,175	
c TAX & LIC	961,235	845,887	115,348	
d MEDICAL SUPPLIES	921,861	921,861	0	
e All other expenses	1,056,065	928,546	127,519	
25 Total functional expenses. Add lines 1 through 24e.	112,371,549	100,976,763	11,394,786	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		25,373	1	10,313
	2	Savings and temporary cash investments		28,282,501	2	177,111,177
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		3,885,157	4	3,982,779
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			6	
	7	Notes and loans receivable, net		12,323,752	7	857,835
	8	Inventories for sale or use		140,571	8	140,571
	9	Prepaid expenses and deferred charges		4,450,343	9	4,852,368
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a 682,810,050			
	b	Less: accumulated depreciation	10b 441,298,031	265,640,170	10c	241,512,019
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11		51,520,443	13	62,478,014
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		245,453,641	15	415,421,208
16	Total assets. Add lines 1 through 15 (must equal line 34)		611,721,951	16	906,366,284	
Liabilities	17	Accounts payable and accrued expenses		18,714,639	17	12,040,866
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		204,518,430	20	185,211,555
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	500,000
	24	Unsecured notes and loans payable to unrelated third parties		1,705,994	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		50,411,171	25	418,825,621
	26	Total liabilities. Add lines 17 through 25		275,350,234	26	616,578,042
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		320,837,886	27	287,819,104
	28	Temporarily restricted net assets		12,889,191	28	1,969,138
	29	Permanently restricted net assets		2,644,640	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		336,371,717	33	289,788,242
	34	Total liabilities and net assets/fund balances		611,721,951	34	906,366,284

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	136,697,257
2	Total expenses (must equal Part IX, column (A), line 25)	2	112,371,549
3	Revenue less expenses Subtract line 2 from line 1	3	24,325,708
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	336,371,717
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-70,909,183
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	289,788,242

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?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:
Software Version:
EIN: 64-0306253
Name: MISSISSIPPI BAPTIST HEALTH SYSTEMS INC

Form 990 (2016)

Form 990, Part III, Line 4a:

MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC (MBHS) IS THE HOLDING COMPANY FOR SEVERAL NONPROFIT ENTITIES TO WHICH IT PROVIDES VARIOUS MANAGEMENT AND SUPPORT SERVICES MBHS IS THE PARENT COMPANY OF MISSISSIPPI BAPTIST MEDICAL CENTER (A 638 BED TERTIARY CARE HOSPITAL COMPLEX), BAPTIST MEDICAL CENTER-LEAKE (A 25 BED CRITICAL ACCESS HOSPITAL), BAPTIST MEDICAL CENTER-YAZOO (A 25 BED CRITICAL ACCESS HOSPITAL), BAPTIST MEDICAL CENTER-ATTALA (A 25 BED CRITICAL ACCESS HOSPITAL), AND THE MEDICAL FOUNDATION OF CENTRAL MISSISSIPPI, WHICH IS A NETWORK OF PRIMARY CARE AND SPECIALTY PHYSICIANS THROUGH VARIOUS PARTNERSHIP RELATIONSHIPS, MBHS ALSO PROVIDES HOME HEALTH CARE, HOME MEDICAL EQUIPMENT, AND ADULT DAY CARE SERVICES (SEE SCHEDULE O PG 76 FOR CONTINUATION)THROUGH THE DECADES, MBHS HAS CONTINUED TO PROVIDE QUALITY, COMPASSIONATE, CHRISTIAN-BASED MEDICAL CARE TO THE PEOPLE OF MISSISSIPPI MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC FILES A COMBINED FORM 990 WITH BAPTIST MEDICAL CENTER-ATTALA BAPTIST MEDICAL CENTER-ATTALA PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE OPERATION AND STABILITY OF BAPTIST MEDICAL CENTER-ATTALA, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES, AND FURTHER, THAT THE MISSION OF THE HOSPITAL IS TO SERVE THE COMMUNITY WITH RESPECT TO PROVIDING HEALTHCARE SERVICES AND HEALTHCARE EDUCATION THEREFORE, IN KEEPING WITH ITS COMMITMENT TO SERVE ALL MEMBERS OF ITS COMMUNITY, BAPTIST MEDICAL CENTER-ATTALA PROVIDES THE FOLLOWING --FREE CARE AND/OR SUBSIDIZED CARE WHERE THE NEED AND/OR AN INDIVIDUAL'S INABILITY TO PAY COEXIST,--CARE PROVIDED TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST, AND--HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITYTHESE ACTIVITIES INCLUDE WELLNESS PROGRAMS, COMMUNITY EDUCATION PROGRAMS, AND SPECIAL PROGRAMS FOR THE ELDERLY, HANDICAPPED, MEDICALLY UNDERSERVED, AND A VARIETY OF BROAD COMMUNITY SUPPORT ACTIVITIES BAPTIST MEDICAL CENTER - ATTALA IS A 25 BED CRITICAL ACCESS HOSPITAL LOCATED IN KOSCIUSKO, MISSISSIPPI SERVING THE ATTALA COUNTY COMMUNITY AND SURROUNDING AREAS THE HOSPITAL OFFERS INPATIENT, OUTPATIENT AND 24-HOUR EMERGENCY DEPARTMENT SERVICES, INCLUDING 2 OPERATING ROOMS, 2 ENDOSCOPY SUITES AND A RURAL HEALTH CLINIC THE HOSPITAL IS COMMITTED TO ITS MISSION OF PROVIDING IMMEDIATE ACCESS TO QUALITY HEALTHCARE DURING ITS 2017 FISCAL YEAR, ATTALA RECORDED 680 INPATIENT ADMISSIONS WITH 3,734 PATIENT DAYS OF CARE PROVIDED, 11,884 EMERGENCY ROOM VISITS, 6,403 CLINIC VISITS AND 750 SURGERIES BAPTIST MEDICAL CENTER-ATTALA ALSO PROVIDES BENEFITS TO THE BROADER COMMUNITY IN THE AREAS OF CHARITABLE DONATIONS

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			
GARY CHRIS ANDERSON DIR/VP MS MKT OPERATION (AS OF 5/17)	12 00 28 00	X		X				748,812	0	33,827
ZACHARY R CHANDLER DIRECTOR	0 23 39 77	X						0	838,178	45,864
WILLIAM B GRETE DIRECTOR/VP (THRU 4/17)	8 00 32 00	X		X				446,721	0	42,764
BOBBIE K WARE DIRECTOR (THRU 4/17)/CNO	8 00 32 00	X		X				395,170	0	24,277
WILLIAM F THOMPSON DIRECTOR (THRU 4/17)/CFO	12 00 28 00	X		X				407,321	0	39,236
J KANE DITTO DIRECTOR (THRU 4/17)	1 00 1 00	X						0	0	0
TIMOTHY J ALFORD MD DIRECTOR (THRU 4/17)	1 00 0 00	X						0	0	0
BENJAMIN T CARTER MD DIRECTOR (THRU 4/17)	1 00 0 00	X						0	0	0
DANIEL TEAGUE DIRECTOR (THRU 4/17)	1 00 0 00	X						0	0	0
GREY WALLACE MD DIRECTOR (THRU 4/17)	1 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DOUGLAS M BUCKLES DIRECTOR	1 00	X						0	0	0
PAUL W CALHOUN DIRECTOR	1 00	X						0	0	0
ALVENO N CASTILLA DIRECTOR	1 00	X						0	0	0
JAMES R FUTRAL JR DIRECTOR	1 00	X						0	0	0
ROBERT M GATHINGS DIRECTOR	1 00	X						0	0	0
ARTHUR SKIP JERNIGAN DIRECTOR	1 00	X						22,100	0	0
DAVID LANDRUM DIRECTOR	1 00	X						0	0	0
DANA KELLY DIRECTOR	1 00	X						0	0	0
SAMUEL T LAWSOM MD DIRECTOR	1 00	X						22,100	0	0
LEE MILLER DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DORIAN E TURNER DIRECTOR	1 00 1 00	X						0	0	0
DR TAMMY YOUNG DIRECTOR	1 00 1 00	X						0	0	0
TIMOTHY L COOK DIRECTOR (THRU 4/17)	1 00 0 00	X						0	0	0
HARRY M WALKER DIRECTOR (THRU 4/17)	1 00 1 00	X						0	0	0
PAUL D VANLANDINGHAM DIRECTOR (THRU 4/17)	1 00 0 00	X						6,700	0	0
JASON M LITTLE PRESIDENT	0 23 39 77			X				0	1,470,615	58,636
GREGORY M DUCKETT SECRETARY	0 23 39 77			X				0	707,234	63,288
MICHAEL D MAPLES VP CHIEF OF MEDICAL OP	14 00 26 00			X				410,613	0	37,740
STEVEN M STANIC CORP VP, CIO	40 00 0 00				X			372,809	0	21,513
JERRY K POOLE VP ANCILLARY & SUPPORT	12 00 28 00				X			329,547	0	19,570

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					
MICHAEL K STEVENS VP BUSINESS DEVELOPMENT	22 00 18 00				X			294,358	0	35,990		
LEE ANN FOREMAN VP HR	20 00 20 00				X			247,515	0	22,529		
PHILLIP W HUGHES PRES BHS FOUNDATION	40 00 0 00				X			249,099	0	37,308		
JUSTIN S RHODES EXEC DIR CLINIC OPERATIONS	40 00 0 00					X		201,666	0	18,201		
PATRICIA J HERRINGTON CORP COMPLIANCE OFFICER	20 00 20 00					X		170,022	0	28,639		
BRENDA A HOWIE CNO MS BAPTIST MED CTR	40 00 0 00					X		154,656	0	16,005		
STEVEN B REED DIRECTOR OF IT	40 00 0 00					X		144,386	0	21,912		
MARY E BRANNAN DIRECTOR IS/APPS	40 00 0 00					X		138,269	0	19,227		

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 MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Employer identification number 64-0306253	

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 5
- 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		
See Additional Data Table						
Total	5				1,631,735	18,699,914

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>		No
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>		No
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>		No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
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>		
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>		No
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>		
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>		
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>	Yes	
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?		No
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		No
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>		No
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>		No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		No
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>		No
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>		No
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>		No
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>		

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		No
11b		No
11c		No

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>		
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>		
1		
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		No

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?		
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>		
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>		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <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.		Yes	No
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>			
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>			
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>			
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>			
2a			
2b			
3a			
3b			

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <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**990 Schedule A, Supplemental Information**

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION C, LINE 1	A SUBSTANTIAL AMOUNT OF CONTROL OVER THE SUPPORTED ORGANIZATIONS IS VESTED IN THE SAME PERSONS A MAJORITY OF THE OFFICERS WHO MANAGE MISSISSIPPI BAPTIST HEALTH SYSTEMS ARE ALSO OFFICERS THAT MANAGE THE SUPPORTED ORGANIZATIONS

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION A, LINE 5	MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC ADDED THE FOLLOWING ORGANIZATION TO ITS SUPPORTED ORGANIZATIONS DURING FY17 BAPTIST HEALTH FOUNDATION, INC EIN 47-3403762 THE OPERATIONS OF BAPTIST HEALTH SYSTEMS, INC WERE INCLUDED ON THE BOOKS OF MISSISSIPPI BAPTIST HEALTH SYSTEMS, BUT WAS MOVED TO ITS OWN SET OF BOOKS DURING FY17 BAPTIST HEALTH SYSTEMS HAD FILED A FORM 990-N PRIOR TO THE SEPARATION OF THE TWO ORGANIZATIONS BOOKS THE MOVE WAS APPROVED BY THE MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC BOARD OF DIRECTORS

Schedule A Form 990 or 990-EZ 2016

Additional Data

Software ID:
Software Version:
EIN: 64-0306253
Name: MISSISSIPPI BAPTIST HEALTH SYSTEMS INC

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) MISSISSIPPI HOSPITAL FOR RESTORATIVE CARE INC	640833383	3		No	68,802	0
(A) MISSISSIPPI HOSPITAL FOR RESTORATIVE CARE INC	640833383	3		No	68,802	0
(A) MEDICAL FOUNDATION OF CENTRAL MISSISSIPPI	753068151	3		No	0	490,900
(A) MEDICAL FOUNDATION OF CENTRAL MISSISSIPPI	753068151	3		No	0	490,900
(B) MEDICAL CENTER-LEAKE INC	452896080	3		No	1,286,965	227,523
(B) MEDICAL CENTER-LEAKE INC	452896080	3		No	1,286,965	227,523
(C) BAPTIST MEDICAL CENTER-YAZOO INC	640844470	3		No	275,968	245,742
(C) BAPTIST MEDICAL CENTER-YAZOO INC	640844470	3		No	275,968	245,742
(D) BAPTIST HEALTH FOUNDATION INC	473403762	3		No	0	17,735,749
(D) BAPTIST HEALTH FOUNDATION INC	473403762	3		No	0	17,735,749

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493190002388	
<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 MISSISSIPPI BAPTIST HEALTH SYSTEMS INC				Employer identification number 64-0306253	
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?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply) <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				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		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?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements				
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items				
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items				
(i) Revenue included on Form 990, Part VIII, line 1		► \$			
(ii) Assets included in Form 990, Part X		► \$			
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items				
a	Revenue included on Form 990, Part VIII, line 1				► \$
b	Assets included in Form 990, Part X				► \$
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		38,105,886		38,105,886
b Buildings		382,772,716	229,625,730	153,146,986
c Leasehold improvements		1,497,871	904,696	593,175
d Equipment		234,670,646	194,549,900	40,120,746
e Other		25,762,931	16,217,705	9,545,226
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				241,512,019

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) INVESTMENTS IN RELATED PARTIES	62,478,014	C
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶	62,478,014	

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) UNAMORTIZED BOND COSTS	1,476,812
(2) ASSETS WHOSE USE IS LIMITED	22,060,186
(3) DEFERRED COMP FUND	6,887,984
(4) SPILLWAY LEASE	267,953
(5) ESTIMATED SETTLEMENTS W/THIRD PARTIES	661,751
(6) CIP	10,953,636
(7) DUE FROM AFFILIATES	373,112,886
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	415,421,208

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) Federal income taxes	
ASSET RETIREMENT OBLIGATION	1,309,265
INTEREST RATE SWAP VALUATION	23,144,439
DEFERRED COMP	6,887,982
PROFESSIONAL LIABILITY INSURANCE	11,621,704
DUE TO AFFILIATES	375,862,231
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	418,825,621

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 64-0306253
Name: MISSISSIPPI BAPTIST HEALTH SYSTEMS INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	FROM THE COMBINED AUDITED FINANCIAL STATEMENT OF BAPTIST MEMORIAL HEALTH CARE CORPORATION AND SUBSIDIARIES AS OF SEPTEMBER 30, 2017 AND 2016, BAPTIST MEMORIAL HEALTH CARE CORPORAT ION HAD NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS UNDER FASB ASC TOPIC 740, INCOME TAXES, REQUIRING ADJUSTMENTS TO ITS COMBINED FINANCIAL STATEMENTS IN THE EVENT BAPTIST MEMORIAL HEALTH CARE CORPORATION WERE TO RECOGNIZE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IT WOULD BE RECOGNIZED IN THE COMBINED FINANCIAL STATEMENTS AS INTEREST EXPENS E GENERALLY, BAPTIST MEMORIAL HEALTH CARE CORPORATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR TAX YEARS PRIOR TO 2013 (FISCAL YEAR ENDED SEPTEMBER 30, 2014)

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2016

**Open to Public
Inspection**

► 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
MISSISSIPPI BAPTIST HEALTH SYSTEMS INC

Employer identification number

64-0306253

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
CENTRAL AMERICA/CARIBBEAN	0	0	INVESTMENTS		8,703,410
3a Sub-total	0	0			8,703,410
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			8,703,410

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)

- 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.
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Part III can be duplicated if additional space is needed.

[illegible]

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

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).

Return Reference	Explanation
PART I, LINE 3	MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC OWNS AN INTEREST IN POINTER OFFSHORE, LTD , A HEDGE FUND DOMICILED IN THE CAYMAN ISLANDS THE BOOK VALUE OF THE INVESTMENT AS OF 8/31/17 WAS \$8,703,410

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► 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.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

MISSISSIPPI BAPTIST HEALTH SYSTEMS INC

Employer identification number

64-0306253

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b 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		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> 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	
<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other %		
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	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
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)			1,169,902	385,836	784,066	0 700 %
b Medicaid (from Worksheet 3, column a)			2,643,176	1,575,935	1,067,241	0 950 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			3,813,078	1,961,771	1,851,307	1 650 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits						
k Total. Add lines 7d and 7j			3,813,078	1,961,771	1,851,307	1 650 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
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	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	1,957,592	
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	461,992	
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	
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	
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 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				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

How many hospital facilities did the organization operate during the tax year?
1

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)

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
BAPTIST MEDICAL CENTER-ATTALA**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

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 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 20 <u>15</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 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	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SECTION C</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 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE SECTION C</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)

BAPTIST MEDICAL CENTER-ATTALA

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	Yes	
	a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300 000000000000</u> %		
	b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
	c <input 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 checked="" type="checkbox"/> Residency		
	h <input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	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)	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 checked="" 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)	Yes	
	a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE SECTION C</u>		
	b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE SECTION C</u>		
	c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SECTION C</u>		
	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**

BAPTIST MEDICAL CENTER-ATTALA

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?	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? If "Yes," check all actions in which the hospital facility or a third party engaged		No
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 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 type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input type="checkbox"/> Processed incomplete and complete FAP applications d <input type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input checked="" 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? If "No," indicate why	Yes	
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)**

BAPTIST MEDICAL CENTER-ATTALA

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? _____

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C	THE HOSPITAL USES FEDERAL POVERTY GUIDELINES (FPG) TO DETERMINE ELIGIBILITY FOR FREE OR REDUCED CARE FOR LOW INCOME AND MEDICALLY INDIGENT INDIVIDUALS IN ADDITION TO THE FEDERAL POVERTY GUIDELINES, THE HOSPITAL USES UNDERINSURED STATUS TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE
PART I, LINE 6A	THE COMMUNITY BENEFIT REPORT IS PREPARED BY BAPTIST MEMORIAL HEALTH CARE CORPORATION, THE SOLE MEMBER OF MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC , WHICH IS THE SOLE MEMBER OF THE HOSPITAL THE COMMUNITY BENEFIT REPORT IS MADE AVAILABLE TO THE PUBLIC BY MAIL AND AVAILABLE AT EACH AFFILIATE OF BAPTIST MEMORIAL HEALTH CARE CORPORATION

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	THE MEDICAID COST REPORT WAS USED TO DETERMINE THE AMOUNTS REPORTED ON PART I, LINE 7B THE AMOUNTS REPORTED ON PART I, LINE 7A, WERE DETERMINED BY USING A COST TO CHARGE RATIO, WHICH WAS CALCULATED USING INFORMATION FROM THE MEDICAID COST REPORT AS ADJUSTED FOR AMOUNTS INCLUDED ELSEWHERE ON LINE 7B
PART I, LINE 7G	SUBSIDIZED HEALTH SERVICES DO NOT INCLUDE ANY COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	PER IRS INSTRUCTIONS, BAD DEBT EXPENSE WAS NOT INCLUDED IN THE CALCULATION OF THE PERCENTAGE OF TOTAL CHARITY CARE AND COMMUNITY BENEFITS COST ON SCHEDULE H, LINE 7, COLUMN (F)
PART II, COMMUNITY BUILDING ACTIVITIES	THE HOSPITAL CONDUCTS SEVERAL HEALTH FAIRS, SEMINARS AND CLASSES THROUGHOUT THE YEAR FOR THE COMMUNITIES IT SERVES BAPTIST ALSO IS INVOLVED IN LOCAL COMMUNITY AND NON-PROFIT ORGANIZATIONS SUCH AS THE AMERICAN CANCER SOCIETY RACE FOR THE CURE, WALK AMERICA, ST JUDE, AND MANY OTHERS NOT ONLY DO WE PROVIDE MONETARY DONATIONS, BUT OUR EMPLOYEES ARE ACTIVE VOLUNTEERS IN THESE WORTHY CAUSES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2	ESTIMATED BASED ON HISTORICAL EXPERIENCE, REVIEW OF ACCOUNT BALANCE AND AVERAGE AGE OF ACCOUNTS
PART III, LINE 3	ACCORDING TO THE US CENSUS BUREAU 23.6% OF PERSONS LIVING IN ATTALA COUNTY MISSISSIPPI LIVE IN POVERTY. WE HAVE USED THAT PERCENTAGE TO ESTIMATE THE AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS QUALIFIED FOR CHARITY BUT DID NOT SUPPLY SUFFICIENT DOCUMENTATION.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	THE HOSPITAL HAS ADOPTED HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO 15, VALUATION AND FINANCIAL STATEMENT PRESENTATION OF CHARITY CARE AND BAD DEBTS BY INSTITUTIONAL PROVIDERS THERE IS NOT A SEPARATE BAD DEBT EXPENSE FOOTNOTE IN THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS ALLOWANCE FOR DOUBTFUL ACCOUNTS IS DISCUSSED IN A SEPARATE PARAGRAPH BEGINNING ON PAGE 7 OF THE AUDITED FINANCIAL STATEMENTS
PART III, LINE 8	THE ARE NO AMOUNTS REPORTED ON LINES 5-8 BECAUSE SUCH INFORMATION WAS NOT AVAILABLE AT THE TIME THE FORM 990 WAS FILED

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC , THE PARENT COMPANY OF THE HOSPITAL, ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITY IT SERVES PRIMARILY BY PERFORMING CONSUMER SURVEYS EACH MONTH THE SURVEYS ARE CONDUCTED ON A RANDOM SELECTION OF CONSUMERS FROM THE 17 COUNTIES IN THE BAPTIST HEALTH SYSTEMS AREA AND MEASURE BAPTIST HEALTH SYSTEMS' PERFORMANCE AGAINST OTHER MAJOR HOSPITALS IN THE AREA, AS WELL AS PROVIDE INFORMATION ON UTILIZATION OF HEALTH SERVICES, SATISFACTION WITH HEALTH CARE SERVICES, AND PUBLIC PERCEPTION OF BAPTIST HEALTH SYSTEMS AS A WHOLE BAPTIST HEALTH SYSTEMS ENGAGES NEW SOUTH RESEARCH TO CONDUCT THE SURVEYS VIA TELEPHONE AND ALSO CONDUCTS SURVEYS OF PARTICIPANTS FOLLOWING COMMUNITY SEMINARS AND EDUCATIONAL CLASSES
PART VI, LINE 3	PATIENTS ARE INFORMED OF THEIR ELIGIBILTY FOR ASSISTANCE IN PERSON UPON ENTERING THE HOSPITAL FACILITY EACH PATIENT IS ASSIGNED AN ADMISSIONS PERSON WHO PROVIDES WRITTEN INFORMATION AS WELL AS VERBAL INFORMATION IN ADDITION THE PATIENT MAY OBTAIN INFORMATION AS FOLLOWS (A) A COPY IS GIVEN TO THE PATIENT DURING THE ADMISSIONS AND/OR DISCHARGE PROCESS FOR EACH VISIT FOR MEDICAL TREATMENT (B) A COPY IS SENT WITH THE FIRST POST-DISCHARGE BILLING STATEMENT (C) COPIES ARE POSTED AND AVAILABLE UPON REQUEST AT ALL ADMISSIONS, EMERGENCY AND BUSINESS OFFICE DEPARTMENT AREAS AT ALL BAPTIST FACILITIES (D) THEY ARE ALSO AVAILABLE FOR DOWNLOAD AND PRINTING ONLINE ON THE BAPTIST WEBSITE UNDER "FINANCIAL ASSISTANCE OR BY CONTACTING THE FACILITY WHERE SERVICES WERE RECEIVED AND REQUESTING A COPY BY MAIL OR EMAIL AT FAP@BMHCC ORG (E) IN ADDITION, BAPTIST WILL PROVIDE ALL OF THE FAP-RELATED DOCUMENTS ELECTRONICALLY TO ANY INDIVIDUAL WHO INDICATES THAT IS THEIR PREFERENCE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	BAPTIST MEDICAL CENTER-ATTALA'S PRIMARY SERVICE AREA CONSISTS OF ATTALA COUNTY, WHICH IS LOCATED IN CENTRAL MISSISSIPPI THE COUNTY CONSISTS OF APPROXIMATELY 20,000 PEOPLE AGE DEMOGRAPHICS FOR THE AREA SHOW THAT APPROXIMATELY 35% OF THE POPULATION IS UNDER 24 YEARS OF AGE, APPROXIMATELY 49% IS BETWEEN 24 AND 64 YEARS OF AGE AND THAT 16% IS 65 OR OLDER MEDIAN HOUSEHOLD INCOME OF \$32,866 FOR ATTALA COUNTY IS BELOW THE OVERALL AVERAGE FOR MISSISSIPPI AND SIGNIFICANTLY LESS THAN THE NATIONWIDE AVERAGE INSURANCE COVERAGE IS LACKING FOR MUCH OF THE POPULATION WITH APPROXIMATELY 21% ESTIMATED TO BE UNINSURED
PART VI, LINE 5	MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC (MBMS) IS THE PARENT COMPANY OF AN AFFILIATED HEALTH CARE GROUP MBMS OFFERS VARIOUS PROGRAMS AND ACTIVITIES TO THE PUBLIC IN ORDER TO PROMOTE COMMUNITY HEALTH THERE ARE MANY LOW OR NO COST SCREENINGS OFFERED TO THE COMMUNITY INCLUDING HEART, LUNG, AND MAMMOGRAMS A NUMBER OF EDUCATIONAL CLASSES ON A WIDE VARIETY OF HEALTH TOPICS ARE ALSO OFFERD TO THE COMMUNITY AT NO COST IN ADDITION, MBMS OPERATES BAPTIST HEALTH LINE, WHICH OFFERS SEVERAL SERVICES, INCLUDING HOSPITAL SERVICES REFERRALS, SCHEDULING OF CLASSES FOR HOSITAL SERVICES, AND THE HEALTH INFORMATION LIBRARY THE BAPTIST HEALTH LINE PROFESSIONALS ALSO OFFER BAPTIST'S RISK ASSESSMENT TOOLS, INCLUDING THE HEART TEST, THE HEALTH TEST, THE WOMEN'S HEALTH CHECK, THE DIABETES HEALTH CHECK, AND THE CANCER TEST MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC OFFERS PASTORAL CARE FOR PATIENTS AND VISITORS BAPTIST HAS A TEAM OF CHAPLAINS, EACH ASSIGNED TO A DIFFERENT AREA OF THE HOSPITAL, TO MINISTER AND BRING COMFORT AND CARE TO PATIENTS AND THEIR CAREGIVERS IN ADDITION TO PROGRAMS AND SERVICES, MBHS SUPPORTS ITS LOCAL COMMUNITY THROUGH FINANCIAL DONATIONS EMPLOYEES ALSO VOLUNTEER THEIR TIME ON VARIOUS COMMUNITY PROGRAMS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	THE HOSPITAL IS A PART OF AN AFFILIATED HEALTH CARE SYSTEM MISSISSIPPI BAPTIST HEALTH SYSTEMS (MBHS) IS THE HOLDING COMPANY FOR SEVERAL NONPROFIT ENTITIES TO WHICH IT PROVIDES VARIOUS MANAGEMENT AND SUPPORT SERVICES THE SYSTEM CONSISTS OF SEVERAL HOSPITALS, A MEDICAL FOUNDATION, A NETWORK OF PRIMARY CARE AND SPECIALTY PHYSICIANS THROUGH VARIOUS PARTNERSHIP RELATIONSHIPS, MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC PROVIDES HOME HEALTH CARE AND ADULT DAY CARE SERVICES

Additional Data

Software ID:
Software Version:
EIN: 64-0306253
Name: MISSISSIPPI BAPTIST HEALTH SYSTEMS INC

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

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? 1		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
1	BAPTIST MEDICAL CENTER-ATTALA 220 HWY 12 WEST KOSCIUSKO, MS 39090 SEE PART VI 11-008	X	X			X		X			

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
BAPTIST MEDICAL CENTER-ATTALA	<p>PART V, SECTION B, LINE 5 COMMUNITY PARTICIPATION AND SURVEY METHODOLOGYSURVEY METHODOLOGY THE ONLINE SURVEY WAS WIDELY DISTRIBUTED VIA EMAIL, HOSPITAL WEBSITE, ONLINE SOCIAL MEDIA AND OTHER MEANS OF ELECTRONIC COMMUNICATION INSTRUCTIONS FOR ACCESSING THE ONLINE SURVEY WERE DISTRIBUTED IN AREAS HIGHLY TRAFFICKED BY PATIENTS AND VISITORS THROUGHOUT AREA CLINICS, BAPTIST MEDICAL CENTER ATTALA, LOCAL CIVIC AND COMMUNITY MEETINGS, THE LOCAL PUBLIC LIBRARY WHERE FREE ONLINE ACCESS IS AVAILABLE, LOCAL BUSINESSES AS WELL AS OTHER LOCAL MEDIA OUTLETS PRINTED COPIES OF THE SURVEY WERE ALSO MADE AVAILABLE TO ENSURE OPPORTUNITIES FOR A DIVERSE PARTICIPATION PAPER SURVEYS WERE DISTRIBUTED AT LOCAL CIVIC AND COMMUNITY MEETINGS AND EVENTS, LOCAL BUSINESSES, BAPTIST MEDICAL CENTER ATTALA MAIN LOBBY AND CLINICS THE COMPLETED HARDCOPY SURVEYS WERE COLLECTED AND ENTERED TO THE ONLINE DATA FOR ANALYSIS ALONG WITH THOSE WHICH WERE DIRECTLY SUBMITTED BY PARTICIPANTS TO CREATE A UNIVERSAL DATA SET FOCUS GROUP METHODOLOGY A CRITICAL COMPONENT IN GATHERING RELEVANT COMMUNITY HEALTH NEEDS DATA INVOLVES CONDUCTING FOCUS GROUP INTERVIEWS WITH COMMUNITY MEMBERS WHO ARE INTERESTED IN AND REPRESENT THE BROADER INTERESTS OF THE COMMUNITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH ADDITIONAL INPUT WAS SOLICITED FROM THE FOLLOWING ORGANIZATIONS AND INDIVIDUALS REPRESENTING KEY INFORMANTS, WITH SPECIFIC INFORMATION RELATED TO PUBLIC HEALTH AND OR RURAL HEALTH AS WELL AS ORGANIZATIONS REPRESENTING MINORITIES AND THE TRADITIONALLY UNDERSERVED --ATTALA COUNTY PUBLIC LIBRARY - ASSISTANT LIBRARIAN--ATTALA COUNTY PUBLIC LIBRARY - LIBRARIAN (RETIRED)--BAPTIST ATTALA PRIMARY CARE - ADMINISTRATOR--BAPTIST ATTALA - CHIEF EXECUTIVE OFFICER--BAPTIST ATTALA - ADMINISTRATIVE ASSISTANT--BAPTIST ATTALA - DIRECTOR OF HUMAN RESOURCES--BEVERLY JOHNSON--MS BAPTIST HEALTH SYSTEM - CORPORATE COMMUNICATIONS--PHYSICIAN --SHARON BURCHFIELDINDIVIDUALS WITH SPECIFIC KNOWLEDGE OR EXPERTISE IN PUBLIC HEALTH WERE INCLUDED IN THE FOCUS GROUP WHICH WAS OPEN TO THE PUBLIC AND SPECIFICALLY DESIGNED TO INCLUDE PARTICIPANTS FROM ACROSS ATTALA COUNTY WHO MAY NOT BE REPRESENTED BY A PARTICULAR GROUP OR ORGANIZATION</p>

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
BAPTIST MEDICAL CENTER-ATTALA	<p>PART V, SECTION B, LINE 11 MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC ACQUIRED MONTFORT JONES HOSPITAL ON JUNE 1, 2015 THE NAME WAS CHANGED TO BAPTIST MEDICAL CENTER-ATTALA THE IS NO CHNA PRIOR TO THE CURRENT CHNA BASED ON THE FINDINGS OF BOTH THE QUANTITATIVE AND QUAL ITATIVE DATA GATHERED, BAPTIST MEDICAL CENTER-ATTALA HAS IDENTIFIED GAPS IN HEALTHCARE SER VICES WITHIN THE COMMUNITY WHILE ACKNOWLEDGING ITS IMPORTANT ROLE IN MEETING THE HEALTHCA RE NEEDS OF THE COMMUNITY, THE HOSPITAL ALSO RECOGNIZES THAT TRULY "MOVING THE NEEDLE" ON HEALTHCARE FOR THE COMMUNITY (I E IMPROVING THE OVERALL HEALTH OF THE COMMUNITY) IMPLIES SHARED RESPONSIBILITY AND COORDINATION OF RESOURCES ON THE PART OF ALL STAKEHOLDERS INCLUD ING THE HOSPITAL, OTHER HEALTHCARE PROVIDERS, ELECTED AND NON-ELECTED OFFICIALS AS WELL TH E CITIZENS, WHO ARE THE ULTIMATE CONSUMERS OF HEALTHCARE SERVICES IN ANALYSIS OF BOTH THE QUANTITATIVE AND QUALITATIVE DATA GATHERED, BAPTIST MEDICAL CENTER-ATTALA IDENTIFIED OPPOR TUNITIES TO EXPAND OR IMPROVE SERVICES IN THREE BROAD CATEGORIES THESE INCLUDED AT-RISK POPULATIONS, DISEASE-SPECIFIC NEEDS AND AREAS OF SOCIAL CONCERN THAT IMPACT THE COMMUNITY' S SHORT-TERM AND LONG-HEALTH THE RECOMMENDATIONS AND ACTION PLANS WHICH FOLLOW ARE GROUPED INTO FOUR TYPES IN INTERVENTIONS 1 EDUCATION - THOSE ACTIVITIES AND RESOURCES THAT THE HO SPITAL CAN PROVIDE, BOTH INTERNALLY AND EXTERNALLY TO ASSIST INDIVIDUALS AND/OR PARTNER OR GANIZATIONS IN ADDRESSING HEALTH-RELATED ISSUES 2 ADVOCACY - OPPORTUNITIES TO ENGAGE WITH OFFICIALS (BOTH ELECTED AND APPOINTED) WHO MAKE OR ADMINISTER POLICIES WHICH DIRECTLY OR I NDIRECTLY IMPACT THE HEALTH OF THE COMMUNITY 3 PARTNERSHIPS - THE HOSPITAL WILL SEEK TO WO RK COLLABORATIVELY WITH INDIVIDUALS, STAKEHOLDERS, AND OUTSIDE ORGANIZATIONS TOWARD THE OV ERALL GOAL OF IMPROVING COMMUNITY HEALTH 4 PROVISION OF SERVICES - THOSE SERVICES WHICH TH E HOSPITAL PLANS TO PROVIDE DIRECTLY AND INDEPENDENTLY TO PATIENTS A PLAN WAS DEVELOPED TO ADDRESS EACH GAP IN SERVICES OR OPPORTUNITY TO PROVIDE NEW OR EXPANDED SERVICE WITH RECOM MENDATIONS IN ONE OR MORE OF THESE CATEGORIES BUILDING UPON THE CURRENT CHNA AND IMPLEMEN TATION STRATEGY, THE HOSPITAL CONTINUES TO DO THE FOLLOWING 1) AT-RISK POPULATIONS A PRO VIDE NEWBORN AND EARLY CHILDHOOD VACCINATIONS B PROVIDE MEDICAID CHILDHOOD RISK ASSESSMEN T PROGRAM C PROMOTE PROSTATE SCREENING DURING PROSTATE AWARENESS MONTH D SPONSOR MEN'S H EALTH DAY E OFFER FALL RISK ASSESSMENT AND BALANCE TRAINING FOR SENIOR ADULTS, CONTINUE W EEEKLY EXERCISE CLASS FOR SENIORS, AND CONTINUE TO SPONSOR SENIOR DAY AT CENTRAL MS FAIR F CONTINUE TO PARTICPATE IN BREAST AND SERVICAL CANCER PROGRAMS TO PROVIDE FREE MAMMOGRAMS AND ULTRASOUNDS 2) DISEASE/CONDITION SPECIFIC A CONTINUE PARTICIPATION IN MS DEPARTMENT OF HEALTH TRAUMA PROGRAM TO IMPROVE TRAUMA SERVICES, AND EDUCATION TO NURSES AND PHYSICIA NS B ADD MINI MENTAL HEALTH SCREENINGS EXAM TO SENIOR DAY SCREENINGS C PROVIDE GERI-PSY CH O/P CARE TO EARLY STAGE ALZ</p>

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
BAPTIST MEDICAL CENTER-ATTALA	HEIMER PATIENTS IN IOP D CONTINUE PARTICIPATION IN SUSAN G KOMEN TO PROVIDE SCREENING M AMMOGRAMS TO PATIENTS WITHOUT INSURANCE AND RAISE AWARENESS OF BREAST CANCER, EDUCATION ON COLORECTAL CANCER, AND PROMOTE LUNG CANCER AWARENESS E PROVIDE FREE GUAIC KITS DURING C OLON CANCER AWARENESS ACTIVITIES F PROVIDE EDUCATIONAL MATERIALS ON COPD AND RESOURCES T O ASSIST WITH SMOKING CESSATION G PROVIDE FREE GLUCOSE SCREENINGS AT AREA HEALTH FAIRS A ND EDUCATION FOR BETTER DIABETIC DIET AND CARE H, PROVIDE EDUCATION ON STROKE AWARENESS, SIGNS OF STROKE AND EARLY INTERVENTION PARTICIPATE IN THE STATE-WIDE STROKE NETWORK AS A PRIMARY STROKE HOSPITAL I CONTINUE TO SERVE AS AN AHA CPR AND ACLS EDUCATION SITE J PR OVIDE BLOOD PRESSURE SCREENING AT HEALTH FAIRS AND IN PUBLIC SETTINGS SUCH AS WALMART K RE-OPEN THE IOP AT THE HOSPITAL, PROVIDE TELE PSYCHIATRY SERVICE, AND COLLABORATE WITH LOC AL MENTAL HEALTH DISTRICT'S LIFE STEPS L OFFER ON-SITE FLU AND PNEUMONIA VACCINE TO BUSI NESS AND INDUSTRY, AND COMMUNITY GROUPS 3) SOCIAL CHALLENGES AFFECTING HEALTH A COLLABOR ATE WITH MS RURAL SCHOLARS PROGRAM TO INCREASE AWARENESS OF PROGRAMS IN ATTALA COUNTY HIGH SCHOOLS B COLLABORATE WITH HIGH SCHOOL GUIDANCE COUNSELORS TO MAKE STUDENTS AWARE OF HE ALTHCARE OPPORTUNITIES C EDUCATE COMMUNITY ON THE HOSPITAL'S CHARITY CARE PROGRAM NEEDS IDENTIFIED BUT NOT ADDRESSED BAPTIST MEDICAL CENTER-ATTALA IS CLASSIFIED AS A CRITICAL ACC ESS HOSPITAL BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES BY DEFINITION, IT OFFERS A LIMITED ARRAY OF SERVICES IN A RURAL COMMUNITY GIVEN LIMITED RESOURCES, WE ARE UNABLE TO ADDRESS EACH OF THE HEALTH NEEDS THAT EXIST WITHIN OUR COMMUNITY AND/OR THOSE NEEDS IDENT IFIED IN OUR SURVEY NEEDS WERE PRIORITIZED TO FACILITATE THE EFFICIENT AND EFFECTIVE UTIL IZATION OF AVAILABLE RESOURCES SOME NEEDS IDENTIFIED IN OUR CHNA REPORT MAY NOT HAVE BEEN ADDRESSED IN OUR IMPLEMENTATION STRATEGY DUE TO A LACK OF HUMAN OR FINANCIAL RESOURCES OR EXPERTISE IN A SPECIFIC FIELD OR DISCIPLINE IN SOME CASES, THOSE NEEDS ARE ALREADY BEING ADDRESSED BY COMMUNITY PARTNERS, PROGRAMS AND/OR INITIATIVES

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

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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
PART V SECTION B	LINE 7A A COPY OF THE CHNA CAN BE FOUND AT HTTP //MBHS ORG/LOCATIONS/BAPTIST-HEALTH-SYSTEMS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/ LINE 10A A COPY OF THE IMPLEMENTATION STRATEGY CAN BE FOUND IN APPENDIX D OF THE CHNA ENTITLED"OPPORTUNITIES FOR IMPROVEMENT AND ACTION PLAN"WHICH CAN BE FOUND AT HTTP //MBHS ORG/LOCATIONS/BAPTIST-HEALTH-SYSTEMS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/ LINE 16A THE FINANCIAL ASSISTANCE POLICY CAN BE FOUND AT HTTPS //WWW BAPTISTONLINE ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE LINE 16B THE FINANCIAL ASSISTANCE APPLICATION CAN BE FOUND AT HTTPS //WWW BAPTISTONLINE ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE LINE 16C THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY CAN BE FOUND AT HTTPS //WWW BAPTISTONLINE ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
MISSISSIPPI BAPTIST HEALTH SYSTEMS INC

Employer identification number
64-0306253

Part I

General Information on Grants and Assistance

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 8

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(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
PART I, LINE 2	ALL ORGANIZATIONS ARE REQUIRED TO SUBMIT PROOF OF TAX EXEMPT STATUS THAT'S VERIFIED BY THE IRS DATABASE BEFORE THEY CAN PROCEED WITH THEIR REQUEST THEY MAY USE OUR ONLINE CHARITABLE REQUEST APPLICATION TO SUBMIT A REQUEST IF THEY ARE NOT A 501 (C)(3) ORGANIZATION, THEY ARE REQUIRED TO SUBMIT A COPY OF THEIR DETERMINATION LETTER FROM THE IRS VALIDATING THEIR EXEMPT STATUS BEFORE WE CAN PROVIDE ANY IN-KIND GIVEAWAYS OR SERVICES WE ALSO MONITOR THE FUNDS TO ENSURE THEY ARE USED FOR THE PURPOSE GRANTED WE MAKE EVERY EFFORT TO DIRECT OUR FUNDING TO A PROGRAM FOR A SPECIFIC PURPOSE ORGANIZATIONS ARE ASKED TO SHOW RESULTS AND DOCUMENTATION ANNUALLY BEFORE THEIR REQUEST CAN BE CONSIDERED FOR FUTURE FUNDING THE REQUESTS ARE REVIEWED AND APPROVED BY VARIOUS INDIVIDUALS DEPENDING UPON THE TYPE AND AMOUNT OF THE REQUEST SMALL AMOUNTS MAY BE APPROVED BY THE SYSTEM COORDINATOR, CASH SPONSORSHIPS MAY BE APPROVED BY THE SYSTEM DIRECTOR OF COMMUNICATIONS, ANYTHING OVER \$10,000 MAY BE APPROVED BY THE CORPORATE PRESIDENT/CEO FOR MORE INFORMATION ABOUT BAPTIST CHARITABLE GIVING GUIDELINES, PLEASE VISIT HTTPS //WWW.BMHGIVING.ORG/

Additional Data

Software ID:
Software Version:
EIN: 64-0306253
Name: MISSISSIPPI BAPTIST HEALTH SYSTEMS INC

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
AMERICAN HEART ASSOCIATION PO BOX 16808 JACKSON, MS 392366808	13-5613797	501(C)(3)	15,000				GENERAL DONATION
AMERICAN CANCER SOCIETY 250 WILLIAMS ST NW ATLANTA, GA 30303	13-1788491	501(C)(3)	35,000				SUPPORT MAKING STRIDES IN BREAST CANCER & REAL MEN WEAR PINK

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
FOUNDATION OF MISSISSIPPI HISTORY PO BOX 571 JACKSON, MS 39205	20-2649529	501(C)(3)	20,000				SUPPORT MUSEUM OF MS HISTORY & MS CIVIL RIGHT MUSEUM
GREATER BELHAVEN FOUNDATION 954 FORTIFICATION ST JACKSON, MS 39202	64-0917645	501(C)(3)	47,500				SUPPORT RESEARCH & VARIOUS COMMUNITY EVENTS

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
MIDTOWN PARTNERS INC 329 ADELLE ST JACKSON, MS 39202	64-0862113	501(C)(3)	12,500				SUPPORT COMMUNITY PROJECTS & PARTNERSHIPS WITH AREA NON-PROFITS
MISSISSIPPI ASSOCIATION OF COACHES PO BOX 1194 CLINTON, MS 390601194	64-0469955	501(C)(3)	7,500				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MISSION FIRST 275 ROSENEATH ST JACKSON, MS 39203	64-0797107	501(C)(3)	21,000				SUPPORT THE MISSION PURPOSE OF HELPING RESIDENTS WITH PHYSICAL AND SPIRITUAL NEEDS
JUNIOR LEAGUE OF MISSISSIPPI INC 805 RIVERSIDE DR JACKSON, MS 39202	64-6011106	501(C)(3)	50,000				SUPPORT COMMUNITY AWARENESS

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 MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Employer identification number 64-0306253
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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 Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7 Yes	
8 Were any amounts reported on Form 990, Part VII, paid or 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
PART I, LINES 4A-B	LINE 4A THE FOLLOWING INDIVIDUAL RECEIVED SEVERANCE PAY DURING THE CALENDAR YEAR JERRY K POOLE - \$136,574 LINE 4B MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC ESTABLISHED A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN, A NONQUALIFIED, UNFUNDED DEFERRED COMPENSATION PLAN EFFECTIVE JULY 1, 2010, FOR THE BENEFIT OF CERTAIN MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES OF THE SYSTEM THE PURPOSE OF THE PLAN IS TO ENHANCE THE ABILITY OF THE SYSTEM TO ATTRACT AND RETAIN QUALIFIED MANGEMENT PERSONNEL WITH A MARKET-COMPETITIVE SUPPLEMENTAL RETIREMENT BENEFIT ON A TAX-DEFERRED BASIS THE FOLLOWING INDIVIDUALS PARTICIPATED IN AND RECEIVED PAYMENT FROM THE PLAN LEE ANN FOREMAM - \$6,112 WILLIAM B GRETE - \$50,287 MICHAEL D MAPLES - \$211,689 MICHAEL K STEVENS - \$46,161 BOBBIE K WARE - \$43,379
PART I, LINE 7	MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC (MBHS) ENDORSES A PAY-FOR-PERFORMANCE PHILOSOPHY IN ITS EXECUTIVE COMPENSATION PROGRAM EXECUTIVE INCENTIVE PAY WILL VARY ACCORDING TO INDIVIDUAL AND ORGANIZATIONAL PERFORMANCE BY LINKING PERFORMANCE MEASURES AND RELATED GOALS TO THE COMPENSATION OPPORTUNITY, MBHS ENSURES A DIRECT ALIGNMENT OF THE EXECUTIVES' INTERESTS WITH THOSE OF THE ORGANIZATION ALTHOUGH SPECIFIC PERFORMANCE MEASURES VARY DEPENDING UPON THE STRATEGIC OBJECTIVES OF EACH FISCAL YEAR, EXAMPLES OF PERFORMANCE MEASURES INCLUDE FINANCIAL (E G , OPERATING MARGIN OR EBIDA), OPERATIONAL (E G , PATIENT SAFETY, READMISSION RATES, OUTCOMES), AND SERVICE OR QUALITY (E G , PATIENT AND PHYSICIAN SATISFACTION) PARTICIPANTS RECEIVE A SCORE BASED ON THEIR PREDETERMINED GOALS THE SCORE IS THEN USED TO CALCULATE THE ANNUAL INCENTIVE COMPENSATION

Additional Data

Software ID:

Software Version:

EIN: 64-0306253

Name: MISSISSIPPI BAPTIST HEALTH SYSTEMS INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1GARY CHRIS ANDERSON DIR/VP MS MKT OPERATION (AS OF 5/17)	(i)	609,900	106,212	32,700	6,192	27,635	782,639	0
	(ii)	0	0	0	0	0	0	0
1ZACHARY R CHANDLER DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	515,165	268,479	54,534	23,188	22,676	884,042	0
2WILLIAM B GRETE DIRECTOR/VP (THRU 4/17)	(i)	319,730	58,808	68,183	10,200	32,564	489,485	0
	(ii)	0	0	0	0	0	0	0
3BOBBIE K WARE DIRECTOR (THRU 4/17)/CNO	(i)	274,060	49,951	71,159	8,394	15,883	419,447	0
	(ii)	0	0	0	0	0	0	0
4WILLIAM F THOMPSON DIRECTOR (THRU 4/17)/CFO	(i)	334,220	57,736	15,365	10,600	28,636	446,557	0
	(ii)	0	0	0	0	0	0	0
5JASON M LITTLEPRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	851,732	493,430	125,453	31,250	27,386	1,529,251	0
6GREGORY M DUCKETT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	417,673	199,147	90,414	33,125	30,163	770,522	0
7MICHAEL D MAPLES VP CHIEF OF MEDICAL OP	(i)	312,570	58,203	39,840	7,036	30,704	448,353	0
	(ii)	0	0	0	0	0	0	0
8STEVEN M STANIC CORP VP, CIO	(i)	295,241	52,915	24,653	0	21,513	394,322	0
	(ii)	0	0	0	0	0	0	0
9JERRY K POOLE VP ANCILLARY & SUPPORT	(i)	10,444	0	319,103	8,320	11,250	349,117	0
	(ii)	0	0	0	0	0	0	0
10MICHAEL K STEVENS VP BUSINESS DEVELOPMENT	(i)	198,966	36,574	58,818	0	35,990	330,348	0
	(ii)	0	0	0	0	0	0	0
11LEE ANN FOREMANVP HR	(i)	187,418	35,051	25,046	8,103	14,426	270,044	0
	(ii)	0	0	0	0	0	0	0
12PHILLIP W HUGHES PRES BHS FOUNDATION	(i)	196,821	35,276	17,002	8,529	28,779	286,407	0
	(ii)	0	0	0	0	0	0	0
13JUSTIN S RHODES EXEC DIR CLINIC OPERATIONS	(i)	160,300	25,062	16,304	7,046	11,155	219,867	0
	(ii)	0	0	0	0	0	0	0
14PATRICIA J HERRINGTON CORP COMPLIANCE OFFICER	(i)	144,293	9,445	16,284	6,361	22,278	198,661	0
	(ii)	0	0	0	0	0	0	0
15BRENDA A HOWIE CNO MS BAPTIST MED CTR	(i)	114,150	26,698	13,808	4,987	11,018	170,661	0
	(ii)	0	0	0	0	0	0	0
16STEVEN B REED DIRECTOR OF IT	(i)	120,396	6,626	17,364	5,283	16,629	166,298	0
	(ii)	0	0	0	0	0	0	0
17MARY E BRANNAN DIRECTOR IS/APPS	(i)	114,347	7,273	16,649	4,948	14,279	157,496	0
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
MISSISSIPPI BAPTIST HEALTH SYSTEMS INC

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
64-0306253

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	MS HOSPITAL EQUIPMENT & FACILITIES AUTHORITY	64-0732320	605360QG4	03-01-2007	125,855,503	SEE PART VI		X		X		X
B	MS HOSPITAL EQUIPMENT & FACILITIES AUTHORITY	64-0732320	605360QG4	04-01-2015	30,140,000	SEE PART VI		X		X		X
C	MS HOSPITAL EQUIPMENT & FACILITIES AUTHORITY	64-0732320	605360QG4	09-10-2012	20,000,000	SEE PART VI		X		X		X
D	MS HOSPITAL EQUIPMENT & FACILITIES AUTHORITY	64-0732320	605360QG4	12-01-2012	14,400,000	SEE PART VI		X		X		X

Part II

Proceeds

				A		B		C		D	
1	Amount of bonds retired			34,890,000				2,295,851		2,399,594	
2	Amount of bonds legally defeased										
3	Total proceeds of issue			131,625,055		30,140,000		20,000,000		14,400,000	
4	Gross proceeds in reserve funds			8,247,336							
5	Capitalized interest from proceeds										
6	Proceeds in refunding escrows			56,793,037		29,985,000				14,400,000	
7	Issuance costs from proceeds			1,456,193		155,000					
8	Credit enhancement from proceeds			2,232,976							
9	Working capital expenditures from proceeds										
10	Capital expenditures from proceeds			65,128,578				20,000,000			
11	Other spent proceeds										
12	Other unspent proceeds										
13	Year of substantial completion			2008		2015		2012		2012	
				Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?			X		X			X	X	
15	Were the bonds issued as part of an advance refunding issue?				X		X		X		X
16	Has the final allocation of proceeds been made?			X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?			X		X		X		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		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		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		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		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 ▶								
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		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		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?								
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		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		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X		X		X	
b Exception to rebate?		X		X		X		X
c No rebate due?		X		X		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			X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

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

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

Return Reference	Explanation
SCHEDULE K, PART I, ROW A, COLUMN (F)	THE PROCEEDS OF THE BONDS WERE USED TO 1 EXTINGUISH THE REMAINING MHEFA SERIES 1995 AND 1990B REVENUE BONDS 2 ESTABLISH A PROJECT FUND TO FINANCE COSTS OF VARIOUS SYTEM CAPITAL PROJECTS 3 ESTABLISH VARIOUS DEBT SERVICE AND REVENUE FUNDS REQUIRED BY RELATED INDENTURE 4 PAY CERTAIN COSTS OF ISSUANCE

Return Reference	Explanation
SCHEDULE K, PART I, ROW B COLUMN (F)	ON APRIL, 2015, THE SYSTEM REFUNDED THE MHEFA SERIES 2009 VARIABLE RATE AND REFUNDING BOND THROUGH A FINANCING AGREEMENT WITH A BANK AND THE ISSUANCE OF FLOATING RATE NOTES IN A PUBLIC OFFERING THROUGH MEHFA THE AMOUNT FINANCED WITH THE BANK, KNOWN AS THE 2015B REVENUE REFUNDING BOND, WAS ISSUED FOR \$30,140,000 WITH INTEREST PAID MONTHLY AT A VARIABLE RATE BASED ON LIBOR PLUS A FIXED MARGIN BASED ON THE SYSTEM'S CASH-TO-DEBT RATIO PRINCIPAL PAYMENTS ON THE BOND BEGINS IN AUGUST 2029 AND ENDS IN AUGUST 2036

Return Reference	Explanation
SCHEDULE K, PART I, ROW C, COLUMN (F)	IN SEPTEMBER 2012, THE SYSTEM ISSUED \$20,000,000 IN MHEFA SERIES 2012A REVENUE BOND THE PROCEEDS WERE USED TO FINANCE THE CONSTRUCTION OF A PARKING GARAGE, SKYWALK, AND OTHER RELATED CONSTRUCTION ON THE HOSPITAL'S MAIN CAMPUS

Return Reference	Explanation
SCHEDULE K, PART I, ROW D, COLUMN (F)	IN MAY 2006, THE SYSTEM WAS APPROVED BY THE STATE OF MISSISSIPPI TO OBTAIN SPECIAL TAX EXEMPT FINANCING (SERIES 2006 BOND) FOR MEDICAL OFFICE CONSTRUCTION IN MADISON COUNTY, MISSISSIPPI THE FUNDING WAS MADE AVAILABLE THROUGH THE FEDERAL GOVERNMENT IN RESPONSE TO HURRICANE KATRINA IN OCTOBER 2009, THE ORGANIZATION CONVERTED THE REMAINING FINANCING OF \$14,400,000 FROM A VARIABLE INSTRUMENT BACKED BY A LETTER OF CREDIT FROM THE COMMERCIAL BANK TO A VARIABLE DEBT INSTRUMENT HELD BY THE COMMERCIAL BANK IN DECEMBER 2012, THE SERIES 2006 VARIABLE RATE DEBT INVESTMENT WAS REFUNDED WITH THE SERIES 2012B FIXED RATE BOND

Return Reference	Explanation
SCHEDULE K, PART I, ROW A-2, COLUMN (F)	IN APRIL 2015, THE SYSTEM REFUNDED THE MHEFA SERIES 2009 VARIABLE RATE AND REFUNDING BOND THROUGH A FINANCING AGREEMENT WITH A BANK AND THE ISSUANCE OF FLOATING RATE NOTES IN A PUBLIC OFFERING THROUGH MHEFA THE FLOATING RATE BONDS (SERIES 2015A) REVENUE BONDS WERE ISSUED FOR \$50,725,000 WITH INTEREST PAID MONTHLY BASED ON THE SIFMA RATE PLUS 1 3% PRINCIPAL PAYMENTS ON THE 2015A BOND BEGINS IN AUGUST 2029 AND ENDS IN AUGUST 2036

Return Reference	Explanation
SCHEDULE K, PART I, ROW B-2, COLUMN (F)	IN JUNE 2015 THE SYSTEM, THROUGH ITS CONTROLLED SUBSIDIARY, BAPTIST MEDICAL CENTER-ATTALA, LLC, EXECUTED AN AGREEMENT FOR THE LEASE AND PURCHASE OF CERTAIN ASSETS FROM MONTFORT JONES MEMORIAL HOSPITAL IN KOSIUSKO, MISSISSIPPI AS PART OF THE LEASE AND PURCHASE AGREEMENT, THE SYSTEM RECOGNIZED THE OUTSTANDING PRINCIPAL BALANCE OF \$6,145,000 MISSISSIPPI DEVELOPMENT BANK SPECIAL OBLIGAION SERIES 2011 BONDS THEY ARE PAYABLE IN ANNUAL INSTALLMENTS THROUGH 2036 AND SEMIANNUAL INTEREST PAYMENTS ARE DUE NOVEMBER 1 AND MAY 1

Return Reference	Explanation
SCHEDULE K, PART II, COLUMN A LINE 3	THE TOTAL PROCEEDS OF ISSUE REPORTED ON LINE 3 EQUALS THE ORIGINAL \$125,855,503 ISSUED PLUS INVESTMENT EARNINGS

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 7	CURRENTLY, MISSISSIPPI BAPTIST HEALTH SYSTEMS PROCEDURES ARE NOT WRITTEN

Return Reference	Explanation
SCHEDULE K, PART V	CURRENTLY, MISSISSIPPI BAPTIST HEALTH SYSTEMS PROCEDURES ARE NOT WRITTEN

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization
MISSISSIPPI BAPTIST HEALTH SYSTEMS INC

Employer identification number
64-0306253

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 MS HOSPITAL EQUIPMENT & FACILITIES AUTHORITY	64-0732320	605360SA5	04-01-2015	50,725,000	SEE PART VI		X		X		X
B MISSISSIPPI DEVELOPMENT BANK	64-0848675	60534RZ36	05-01-2011	6,500,000	SEE PART VI		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired			185,000					
2	Amount of bonds legally defeased								
3	Total proceeds of issue	50,725,000		6,500,000					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows	50,000,000		6,145,000					
7	Issuance costs from proceeds	725,000							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2015		2012					
		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		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 ▶								
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?								
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								
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								
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).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
MISSISSIPPI BAPTIST HEALTH SYSTEMS INC

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

64-0306253

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	SOME OF THE OFFICERS AND BOARD OF DIRECTORS ALSO SERVED AS OFFICERS OF TWO RELATED ENTITIE S-MEDICAL PRACTICE SOLUTIONS, INC , AND MISSISSIPPI BAPTIST MEDICAL ENTERPRISES, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	BAPTIST MEMORIAL HEALTH CARE CORPORATION AS SOLE MEMBER OF MISSISSIPPI BAPTIST HEALTH SYST EMS, INC PROVIDES CERTAIN LEGAL, FINANCE, QUALITY, AND PERSONNEL SERVICES PURSUANT TO A S HARED SERVICES AGREEMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	ON MAY 1, 2017, BAPTIST MEMORIAL HEALTH CARE CORPORATION MERGED WITH MISSISSIPPI BAPTIST HEALTH SYSTEMS (THE PARENT OF THE HOSPITAL) WHICH IS ALSO A SECTION 501(C)(3) ORGANIZATION. THE BOARDS OF BOTH BAPTIST MEMORIAL HEALTH CARE CORPORATION AND MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC. APPROVED THE MERGER, AND THE DOCUMENTS HAVE BEEN AMENDED TO INCLUDE THIS INFORMATION. IN ADDITION, BAPTIST HEALTH FOUNDATION, INC.'S BOOKS, WHILE SEPARATELY MAINTAINED, WERE INCLUDED WITH MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC. THE FOUNDATION PREVIOUSLY FILED A 990-N DURING FY17, BAPTIST HEALTH FOUNDATION WAS MOVED FROM MISSISSIPPI BAPTIST HEALTH SYSTEMS AND HAS FILED A FORM 990 FOR FY17. BAPTIST HEALTH FOUNDATION'S ENDOWMENT FUNDS WERE REPORTED ON THE FY16 FORM 990 OF MISSISSIPPI BAPTIST HEALTH SYSTEMS AND ARE NOW REPORTED ON THE 990 OF BAPTIST HEALTH FOUNDATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC IS A NON-STOCK CORPORATION WHOSE SOLE MEMBER IS BAPTIST MEMORIAL HEALTH CARE CORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	BAPTIST MEMORIAL HEALTH CARE CORPORATION AS THE SOLE MEMBER OF MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC ELECTS ITS BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	BAPTIST MEMORIAL HEALTH CARE CORPORATION AS THE SOLE MEMBER OF MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC APPROVES THE BOARD OF DIRECTORS ACTIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED BY THE EXEC V P /CFO OF BAPTIST MEMORIAL HEALTH CARE CORPORATION , THE SOLE MEMBER, AND CFO OF MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC IN ADDITION, THE FORM 990 IS REVIEWED ON A ROTATING BASIS OF EVERY FOUR YEARS BY AN OUTSIDE INDEPENDENT ACCOUNTING AND TAX FIRM THE FORM 990 WAS NOT REVIEWED BY THE BOARD OF DIRECTORS BEFORE SUBMITTING IT TO THE IRS HOWEVER, BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER, HAS A FINANCE, AUDIT AND COMPLIANCE COMMITTEE THAT IS APPOINTED BY ITS BOARD OF DIRECTORS THE FINANCE, AUDIT AND COMPLIANCE COMMITTEE WILL REVIEW THE FORM 990 AFTER SUBMITTING IT TO THE IRS THE COMMITTEE REPORTS THE COMPLETION OF THE REVIEW TO THE CORPORATE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>MBHS PRIOR TO MERGER WITH BAPTIST MEMORIAL HEALTH CARE CORPORATION AN INDEPENDENT COMPENSATION CONSULTING FIRM CONDUCTS ANNUAL SURVEYS TO HELP ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIALS, OFFICERS, AND KEY EMPLOYEES THE CHAIRMAN'S COUNCIL FUNCTIONS AS THE COMPENSATION COMMITTEE OF THE BOARD THE INDEPENDENT CONSULTING FIRM PRESENTS THEIR FINDINGS AND RECOMMENDS TO THE COUNCIL FOR THEIR CONSIDERATION AND ACTION THE COUNCIL APPROVES THE SALARIES AND BENEFIT PACKAGE FOR ALL SENIOR MANAGEMENT BAPTIST MEMORIAL HEALTH CARE CORPORATION BAPTIST MEMORIAL HEALTH CARE CORPORATION'S HUMAN RESOURCE DEPARTMENT, THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS, AND AN INDEPENDENT COMPENSATION CONSULTING FIRM PERFORM ANNUAL REVIEWS EACH DECEMBER AND APPROVE COMPENSATION OF THE CEO AND OTHER TOP MANAGEMENT PERSONNEL THEY USE COMPARABILITY DATA AND OTHER SOURCES AS NEEDED THE CEO AND OTHER TOP MANAGEMENT USE THE SAME TYPE OF INFORMATION TO APPROVE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES ON DECEMBER 14, 2015 THE COMPENSATION WAS REVIEWED AND APPROVED FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2016 FOR THE PRESIDENT, THE VICE PRESIDENTS, AND THE CEO/ADMINISTRATOR</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION MAKES COPIES OF ITS FORMS 1023, 990, AND 990T AVAILABLE FOR PUBLIC INSPEC TION TO ANYONE WHO REQUESTS THEM AS REQUIRED BY THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC	JASON M LITTLE - 350 N, HUMPHREYS BLVD , MEMPHIS , TN 38120-2177 GREGORY M DUCKETT - 35 0 N, HUMPHREYS BLVD , MEMPHIS , TN 38120-2177 ZACHARY R CHANDLER - 350 N, HUMPHREYS BLVD , MEMPHIS , TN 38120-2177

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	BAPTIST OUTPATIENT IMAGING, LLC 249,867 TRANSFER TO BAPTIST HEALTH FOUNDATION, INC -71,159,050

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XII LINE 2C	BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER, HAS AN AUDIT COMMITTEE THAT CHOOSES THE AUDIT FIRM, OVERSEES AND REVIEWS THE AUDIT REPORTS, AND THEN FOLLOWS UP ON ANY NECESSARY CHANGES AND RECOMMENDATIONS

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
MISSISSIPPI BAPTIST HEALTH SYSTEMS INC

Employer identification number
64-0306253

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 MEDICAL CENTER-ATTALA LLC 1225 NORTH STATE STREET JACKSON, MS 39202 47-3684354	HEALTH CARE FACILITY/HOSPITAL	MS	16,832,677	19,667,924	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC

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.

(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) MISSISSIPPI BAPTIST MEDICAL ENTERPRISES INC 1225 NORTH STATE STREET JACKSON, MS 39202 64-0776164	INVESTMENTS	MS	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	C	-261,236	1,127,205	100 000 %	Yes	
(2) MEDICAL PRACTICE SOLUTIONS 1225 NORTH STATE STREET JACKSON, MS 39202 64-0833731	MEDICAL CONSULTING	MS	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	C	-32,832	43,120	100 000 %	Yes	
(3) HEALTH TECH AFFILIATES INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1278576	BUYING & LEASING REAL & PERSONAL PROPERTY	TN	N/A	C				Yes	
(4) BAPTIST HEALTH SERVICES GROUP OF THE MIDSOUTH INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1534210	HEALTH INSURANCE CONTRACTING	TN	N/A	C				Yes	
(5) SOUTHCREST PROPERTY OWNERS ASSOCIATION 7601 SOUTHCREST PKWY SOUTHAVEN, MS 38671 64-0768703	BOOKKEEPING & DATA PROCESSING SOUTHCREST BUS PARK	MS	N/A	C				Yes	
(6) GERMANTOWN BUSINESS PARK OWNERS ASSOCIATION 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 20-1158216	BOOKKEEPING & DATA PROCESSING GERMANTOWN BUS PARK	TN	N/A	C				Yes	
(7) MISSISSIPPI REAL ESTATE ENTERPRISES INC 1225 NORTH STATE STREET JACKSON, MS 39202 64-0746856	INVESTMENTS	MS	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	C			100 000 %	Yes	

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

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

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

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

1a

No

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

1b

Yes

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

1c

Yes

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

1d

Yes

e Loans or loan guarantees by related organization(s)

1e

Yes

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

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

1j

No

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

1k

No

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

1l

Yes

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

1m

Yes

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

1n

No

o Sharing of paid employees with related organization(s)

1o

Yes

p Reimbursement paid to related organization(s) for expenses

1p

No

q Reimbursement paid by related organization(s) for expenses

1q

No

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

1r

Yes

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

1s

Yes

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

Additional Data

Software ID:
Software Version:
EIN: 64-0306253
Name: MISSISSIPPI BAPTIST HEALTH SYSTEMS INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1521475	MANAGEMENT, ADMINISTRATIVE, & FINANCIAL SERVICES	TN	501(C)(3)	509(A)(3)	N/A		No
(1) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1456556	CARRY OUT THE HEALTH CARE MISSIONS OF THE BAPTIST CONVENTIONS OF AR, MS, TN	TN	501(C)(3)	509(A)(3)	N/A	Yes	
(2) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1509127	PROVISION OF HEALTH CARE PROVIDERS & HOME MEDICAL EQUIPMENT/SERVICES	TN	501(C)(3)	509(A)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(3) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-0123940	HEALTH CARE FACILITY/HOSPITAL	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(4) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1112364	COLLECTION AGENCY FOR BAPTIST ENTITIES	TN	501(C)(3)	509(A)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(5) 100 HOSPITAL ST BOONEVILLE, MS 38829 64-0663760	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(6) 7601 SOUTHCREST PKWY SOUTHAVEN, MS 38671 64-0682111	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(7) 2520 FIFTH ST COLUMBUS, MS 39703 62-1519754	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(8) 631 RB WILSON DR HUNTINGDON, TN 38344 62-1166050	HEALTH CARE FACILITY/HOSPITAL	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(9) 1100 BELK BLVD OXFORD, MS 38655 64-0772726	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(10) 1995 HWY 51 SOUTH COVINGTON, TN 38019 62-1113167	HEALTH CARE FACILITY/HOSPITAL	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(11) 1201 BISHOP ST UNION CITY, TN 38261 62-1138045	HEALTH CARE FACILITY/HOSPITAL	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(12) 200 HWY 30 WEST NEW ALBANY, MS 38652 63-0997281	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(13) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1645396	HEALTH CARE FACILITY/HOSPITAL	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(14) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1562973	HOME HEALTH CARE & HOSPICE SERVICES	TN	501(C)(3)	509(A)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(15) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1545731	PROVISION OF HEALTH CARE PROVIDERS FOR BAPTIST ENTITIES	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(16) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1407946	BAPTIST EMPLOYEE HEALTH PLAN	TN	509(C)(9)		BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(17) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1538114	NON-EMERGENCY MEDICAL CLINICS	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
(18) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1544781	SOLICIT, RAISE, MANAGE, APPLY & INVEST FUNDS IN SUPPORT OF BAPTIST	TN	501(C)(3)	509(A)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(19) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 26-1214372	HEALTH CARE FACILITY/HOSPITAL	AR	501(C)(3)	509(A)(1)	NEA BAPTIST HEALTH CARE SYSTEM INC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) 4802 E JOHNSON AVE JONESBORO, AR 72401 71-0850123	HEALTH CARE SERVICE PROVIDER	AR	501(C)(3)	509(A)(1)	NEA BAPTIST HEALTH CARE SYSTEM INC	Yes	
(1) 4800 E JOHNSON AVE JONESBORO, AR 72401 27-1799652	HEALTH CARE SERVICE PROVIDER	AR	501(C)(3)	509(A)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(2) 8060 WOLF RIVER BLVD GERMANTOWN, TN 38138 27-4396698	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
(3) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-2842963	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
(4) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3303687	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
(5) 6025 WALNUT GROVE RD MEMPHIS, TN 38120 45-2832975	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
(6) 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 45-3032246	FACILITATE MEDICAL & SCIENTIFIC RESEARCH	TN	501(C)(3)	509(A)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(7) 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 45-3303607	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
(8) 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 45-3032372	ESTABLISH, MAINTAIN & MANAGE A PATIENT SAFETY ORGANIZATION	TN	501(C)(3)	509(A)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(9) 2859 VAN LEER SR BARTLETT, TN 38134 46-1953140	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
(10) 1003 MONROE ST MEMPHIS, TN 38104 62-1599670	EDUCATION OF HEALTH CARE PROFESSIONALS	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HOSPITAL INC	Yes	
(11) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 81-3257997	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(12) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 81-3655778	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(13) 1225 NORTH STATE STREET JACKSON, MS 39202 64-0833383	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	509(A)(1)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
(14) 1225 NORTH STATE STREET JACKSON, MS 39202 75-3068151	CLINICS	MS	501(C)(3)	509(A)(1)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
(15) 1225 NORTH STATE STREET JACKSON, MS 39202 45-2896080	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	509(A)(1)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
(16) 1225 NORTH STATE STREET JACKSON, MS 39202 64-0844470	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	509(A)(1)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
(17) 1225 NORTH STATE STREET JACKSON, MS 39202 80-0812322	HOLDING COMPANY	MS	501(C)(3)	509(A)(1)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
(18) 1225 NORTH STATE STREET JACKSON, MS 39202 47-3403762	SOLICIT, RAISE, MANAGE, APPLY & INVEST FUNDS IN SUPPORT OF BAPTIST	MS	501(C)(3)	509(A)(3)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
(19) 1225 NORTH STATE STREET JACKSON, MS 39202 64-0881013	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	509(A)(1)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(41) 80 HUMPHREYS CENTER MEMPHIS, TN 38120 35-2461541	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	

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

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

[illegible]

Form 990, Schedule R, Part 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) MISSISSIPPI BAPTIST MEDICAL ENTERPRISES INC 1225 NORTH STATE STREET JACKSON, MS 39202 64-0776164	INVESTMENTS	MS	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	C	-261,236	1,127,205	100 000 %	Yes	
(1) MEDICAL PRACTICE SOLUTIONS 1225 NORTH STATE STREET JACKSON, MS 39202 64-0833731	MEDICAL CONSULTING	MS	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	C	-32,832	43,120	100 000 %	Yes	
(2) HEALTH TECH AFFILIATES INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1278576	BUYING & LEASING REAL & PERSONAL PROPERTY	TN	N/A	C				Yes	
(3) BAPTIST HEALTH SERVICES GROUP OF THE MIDSOUTH INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1534210	HEALTH INSURANCE CONTRACTING	TN	N/A	C				Yes	
(4) SOUTHCREST PROPERTY OWNERS ASSOCIATION 7601 SOUTHCREST PKWY SOUTHAVEN, MS 38671 64-0768703	BOOKKEEPING & DATA PROCESSING SOUTHCREST BUS PARK	MS	N/A	C				Yes	
(5) GERMANTOWN BUSINESS PARK OWNERS ASSOCIATION 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 20-1158216	BOOKKEEPING & DATA PROCESSING GERMANTOWN BUS PARK	TN	N/A	C				Yes	
(6) MISSISSIPPI REAL ESTATE ENTERPRISES INC 1225 NORTH STATE STREET JACKSON, MS 39202 64-0746856	INVESTMENTS	MS	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	C			100 000 %	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)	BAPTIST HEALTH FOUNDATION INC	B	126,771	CASH
(1)	BAPTIST HEALTH FOUNDATION INC	E	300,944	CASH
(2)	BAPTIST HEALTH FOUNDATION INC	R	17,608,978	FMV
(3)	BAPTIST MEDICAL CENTER-YAZOO INC	D	275,968	CASH
(4)	BAPTIST MEDICAL CENTER-LEAKE INC	R	436,900	CASH
(5)	BAPTIST MEDICAL CENTER-LEAKE INC	E	750,000	CASH
(6)	MEDICAL FOUNDATION OF CENTRAL MISSISSIPPI	E	4,585,481	CASH
(7)	MEDICAL FOUNDATION OF CENTRAL MISSISSIPPI	S	18,398,000	CASH
(8)	MISSISSIPPI BAPTIST MEDICAL CENTER INC	E	4,568,679	CASH
(9)	MISSISSIPPI BAPTIST MEDICAL CENTER INC	S	55,194,000	CASH
(10)	MISSISSIPPI HOSPITAL FOR RESTORATIVE CARE	D	68,802	CASH
(11)	BAPTIST OUTPATIENT IMAGING LLC	M	7,074,888	CASH
(12)	BAPTIST OUTPATIENT IMAGING LLC	S	853,427	CASH
(13)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	D	10,492,035	CASH
(14)	BAPTIST HEALTH FOUNDATION INC	R	71,159,050	FMV
(15)	BAPTIST OUTPATIENT IMAGING LLC	S	249,867	CASH
(16)	MISSISSIPPI BAPTIST MEDICAL CENTER INC	O	519,439	FMV
(17)	BAPTIST MEDICAL CENTER-YAZOO INC	O	245,742	FMV
(18)	MEDICAL FOUNDATION OF CENTRAL MISSISSIPPI	O	490,900	FMV
(19)	BAPTIST MEDICAL CENTER-LEAKE INC	O	227,523	CASH
(20)	MISSISSIPPI BAPTIST MEDICAL CENTER INC	S	1,470,941	CASH
(21)	MISSISSIPPI BAPTIST MEDICAL CENTER INC	L	2,236,538	CASH
(22)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	C	385,854,220	CASH
(23)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	M	4,912,784	CASH
(24)	BAPTIST MEDICAL CENTER-LEAKE INC	D	1,286,965	CASH

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26) BAPTIST MEDICAL CENTER-YAZOO INC	R	1,737,957	CASH