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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 10-01-2016 , and ending 09-30-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

BAPTIST MEMORIAL HEALTH CARE CORPORATION

Doing business as

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

Room/suite

350 N HUMPHREYS BLVD

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

MEMPHIS, TN 381202177

F Name and address of principal officer

JASON M LITTLE

350 N HUMPHREYS BLVD

MEMPHIS, TN 381202177

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

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number

I Tax-exempt status

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

J Website: ▶ WWW.BAPTISTONLINE.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1954

M State of legal domicile TN

Part I Summary

Activities & Governance

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

BAPTIST MEMORIAL HEALTH CARE CORPORATION IS AFFILIATED WITH A NUMBER OF (SEE SCH O, pg 49)TAX EXEMPT HOSPITALS, HEALTH, HOME AND HOSPICE CARE SERVICE PROVIDERS IN ARKANSAS, MISSISSIPPI, AND TENNESSEE AND SUPPLIES MANAGEMENT, CONSULTING AND SUPPORT SERVICES TO THEM THROUGH ITS CORPORATE STAFF

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

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

2018-08-13

Date

JASON M LITTLE PRESIDENT/CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

FRANCIS J BEDARD

Preparer's signature

FRANCIS J BEDARD

Date

Check ☐ if self-employed

PTIN P00752421

Firm's name ▶ DELOITTE TAX LLP

Firm's EIN ▶ 86-1065772

Firm's address ▶ 1033 DEMONBREUN SUITE 400

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$ 216,191,638	including grants of \$ 722,246)	(Revenue \$ 585,576,098)
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 ▶	216,191,638
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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 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c 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	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

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>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	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>		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>	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>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		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>		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>		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>		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>		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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>	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>	Yes	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		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	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	1a	952
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,139
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 13		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 12		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No

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

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

Section C. Disclosure

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

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 ▶ 142

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
ARTHUR J GALLAGHER 6525 MORRISON BLVD 200 CHARLOTTE, NC 28211	RISK MANAGMENT SERVICES	3,738,064
HARRIS SHELTON HANOVER & WALSH 999 S SHADY GROVE RD 300 MEMPHIS, TN 38120	LEGAL SERVICES	3,430,765
SPENCE LAW FIRM LLC 80 MONROE G-1 MEMPHIS, TN 38103	LEGAL SERVICES	3,210,000
BAKER DONELSON BEARMAN 901 K ST NW 900 WASHINGTON, DC 20001	LEGAL SERVICES	2,413,956
DELOITTE & TOUCHE LLP PO BOX 840728 DALLAS, TX 752840728	AUDIT SERVICES	1,370,107

Form 990 (2016)

Part VIII **Statement of Revenue**

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

**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 ▶		

(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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Program Service Revenue

2a OTHER REVENUE/LOSS	Business Code				
b MANAGEMENT FEE REVENUE	541200	396,905,175	396,904,625	550	
c _____					
d _____					
e _____					
f All other program service revenue					
g Total. Add lines 2a-2f ▶		575,571,963			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts) ▶		7,882,975			7,882,975
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties ▶					
6a Gross rents	(i) Real	(ii) Personal			
	205,193				
b Less rental expenses	25,434				
c Rental income or (loss)	179,759				
d Net rental income or (loss) ▶		179,759			179,759
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	88,187,031	71,253			
b Less cost or other basis and sales expenses	82,183,961	87,436			
c Gain or (loss)	6,003,070	-16,183			
d Net gain or (loss) ▶		5,986,887			5,986,887
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 MINORITY INTEREST	900099	9,859,319	9,859,319		
b BHSG ALLOCATION	561000	2,161,704		2,161,704	
c NON-OPERATING REVENUE	900099	145,366	145,366		
d All other revenue					
e Total. Add lines 11a-11d ▶		12,166,389			
12 Total revenue. See Instructions ▶		601,787,973	585,576,098	2,162,254	14,049,621

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.	722,246	722,246		
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.	19,294,121	19,252,415	41,706	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	102,192	101,971	221	
7 Other salaries and wages.	66,553,686	66,409,825	143,861	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	3,794,612	3,785,267	9,345	
9 Other employee benefits.	11,746,137	11,714,231	31,906	
10 Payroll taxes.	5,078,780	5,066,864	11,916	
11 Fees for services (non-employees):				
a Management.				
b Legal.	6,031,315		6,031,315	
c Accounting.	2,535,916		2,535,916	
d Lobbying.	63,733		63,733	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	2,598,206	2,581,648	16,558	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	39,473,011	39,221,448	251,563	
12 Advertising and promotion.	857,754	849,091	8,663	
13 Office expenses.	6,012,638	6,010,818	1,820	
14 Information technology.				
15 Royalties.				
16 Occupancy.	1,332,810	1,332,810		
17 Travel.	1,499,309	599,724	899,585	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	493,311	197,324	295,987	
20 Interest.	551,975	549,562	2,413	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	29,138,654	29,006,654	132,000	
23 Insurance.	2,848,552	2,848,552		
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	23,985,686	23,883,336	102,350	
b BOOKS, DUES, AND SUBS	2,619,675	1,047,870	1,571,805	
c TAX & LICENSES	443,140	443,140	0	
d PATIENT/EMP/VISITOR REL	307,624	305,663	1,961	
e All other expenses	262,713	261,179	1,534	
25 Total functional expenses. Add lines 1 through 24e.	228,347,796	216,191,638	12,156,158	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			1		
	2	Savings and temporary cash investments		1,785,069	2	2,268,421	
	3	Pledges and grants receivable, net		150,000	3	300,000	
	4	Accounts receivable, net		2,294,220	4	1,215,352	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			6		
	7	Notes and loans receivable, net			7	820,490	
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		7,450,195	9	9,933,579	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a	405,862,300			
	b	Less: accumulated depreciation	10b	319,420,788	95,477,635	10c	86,441,512
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		3,678,501	12	2,975,262	
	13	Investments—program-related. See Part IV, line 11		327,574,811	13	307,723,076	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		546,462,771	15	954,555,116	
16	Total assets. Add lines 1 through 15 (must equal line 34)		984,873,202	16	1,366,232,808		
Liabilities	17	Accounts payable and accrued expenses		23,811,029	17	33,543,677	
	18	Grants payable			18		
	19	Deferred revenue		53,475	19	311,784	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties		37,651,500	23	29,687,233	
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		67,704,751	25	69,707,793	
	26	Total liabilities. Add lines 17 through 25		129,220,755	26	133,250,487	
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		855,652,447	27	1,232,982,321	
	28	Temporarily restricted net assets			28		
	29	Permanently restricted net assets			29		
	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		855,652,447	33	1,232,982,321	
34	Total liabilities and net assets/fund balances		984,873,202	34	1,366,232,808		

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	601,787,973
2	Total expenses (must equal Part IX, column (A), line 25)	2	228,347,796
3	Revenue less expenses Subtract line 2 from line 1	3	373,440,177
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	855,652,447
5	Net unrealized gains (losses) on investments	5	4,026,942
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	-137,245
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,232,982,321

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		

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

Form 990 (2016)

Form 990, Part III, Line 4a:

BAPTIST MEMORIAL HEALTH CARE CORPORATION IS AFFILIATED WITH A NUMBER OF TAX EXEMPT HOSPITALS AND HEALTH CARE, HOME AND HOSPICE CARE SERVICE PROVIDERS LOCATED IN ARKANSAS, MISSISSIPPI, AND TENNESSEE AND SUPPLIES MANAGEMENT, CONSULTING AND SUPPORT SERVICES TO THEM THROUGH ITS CORPORATE STAFF. MANAGEMENT SERVICES ARE PROVIDED TO THESE RELATED ORGANIZATIONS THAT PROVIDE QUALITY HEALTH CARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE. THE SUPPORT SERVICES INCLUDE CLINICAL, FINANCIAL, LEGAL, AND OPERATIONAL. (SEE SCHEDULE O, PG 49 FOR CONTINUATION) BY PROVIDING THESE SERVICES ON A CENTRALIZED AND COORDINATED BASIS, THE AFFILIATED ORGANIZATIONS ARE RUN MORE EFFICIENTLY AND EFFECTIVELY. THE QUALITY OF SERVICES IS HIGHER AND IS MORE COST EFFECTIVE, AND THE DATA GENERATED IS MORE MEANINGFUL. THESE EFFICIENCIES CONTRIBUTE IMPORTANTLY TO THE EXEMPT PURPOSE OF THE RELATED ORGANIZATIONS AND ALLOW THEM TO ACCOMPLISH THEIR CHARITABLE PURPOSES AND TO BETTER UTILIZE THEIR RESOURCES WHERE THEY ARE NEEDED MOST- PROVIDING BETTER CARE FOR THE COMMUNITY. BAPTIST MEMORIAL HEALTH CARE CORPORATION'S MISSION IS TO HEAL, PREACH, AND TEACH. THESE ARE NOT JUST WORDS, BUT SOMETHING WE DO EVERYDAY WITH PRIDE FOR OUR PATIENTS, OUR COMMUNITY AND EACH OTHER. A VERY IMPORTANT DEPARTMENT WITHIN THE BAPTIST MEMORIAL HEALTH CARE CORPORATION IS CORPORATE AUDIT AND CONSULTING SERVICES. THIS DEPARTMENT PROVIDES VALUE-ADDED SERVICES THROUGH FINANCIAL, OPERATIONAL AND COMPLIANCE REVIEWS OF ENTITIES THROUGHOUT THE CORPORATE SYSTEM. AUDITS OF HOSPITAL ENTITIES ARE PERFORMED ON A ROTATIONAL BASIS, WITH THE GOAL OF COMPLETING FIVE TO SIX FULL-SCOPE AUDITS EACH YEAR. AUDITS OF OTHER CORPORATE ENTITIES AND SPECIAL PROJECTS ARE BASED ON ASSESSMENTS PERFORMED AND INPUT FROM MANAGEMENT, EXTERNAL AUDITORS AND OTHERS. THE CORPORATE AUDIT AND CONSULTING SERVICES DEPARTMENT PROVIDES SUPPORT TO THE REVENUE AND REIMBURSEMENT DEPARTMENT WHOSE GOAL IS THE IMPROVEMENT AND COMPLIANCE OF REVENUE PROCESSES THROUGHOUT THE SYSTEM. SUPPORT IS ALSO PROVIDED TO THE CORPORATE COMPLIANCE DEPARTMENT. THE CORPORATE AUDIT AND CONSULTING SERVICES DEPARTMENT WORKS CLOSELY WITH THE EXTERNAL AUDITORS AS AN INTEGRATED PART OF THEIR TEAM (PROVIDING OVER 1,000 HOURS OF ASSISTANCE DURING THE ANNUAL AUDIT). PROVIDING THIS SUPPORT ENABLES BAPTIST MEMORIAL HEALTH CARE CORPORATION TO MAINTAIN EXTERNAL FEES PAID TO CONSULTANTS AND OUTSIDE ACCOUNTING FIRMS AS LOW AS POSSIBLE DURING THE PERFORMANCE AUDITS AND OTHER SPECIAL PROJECTS OF THE CORPORATE AUDIT AND CONSULTING SERVICES DEPARTMENT. REVIEWS MAY BE INCORPORATED TO ASSESS THE ENTITIES' INTERNAL CONTROL SYSTEMS, AS WELL AS TO ASSESS COMPLIANCE WITH LAWS AND REGULATIONS IN A NUMBER OF AREAS INCLUDING BILLING PRACTICES, CONFIDENTIALITY OF PATIENT INFORMATION, PHYSICIAN TRANSACTIONS, WAGE AND HOUR RELATIONS AND FINANCIAL REPORTING. RECOMMENDATIONS ARE MADE TO MANAGEMENT FOR CORRECTIVE ACTIONS IDENTIFIED, IF ANY. ANOTHER DEPARTMENT THAT IS VERY IMPORTANT IN MEETING OUR MISSION TO HEAL, PREACH, AND TEACH IS THE CORPORATE COMMUNICATIONS DEPARTMENT. THIS DEPARTMENT SERVES AS A SYSTEM RESOURCE FOR PROTECTING THE BAPTIST IMAGE AND TELLING THE BAPTIST HEALTH CARE STORY. THE DEPARTMENT CONTINUES TO SAVE BAPTIST MEMORIAL HEALTH CARE CORPORATION THOUSANDS OF DOLLARS EACH FISCAL YEAR BY PROVIDING COMMUNICATIONS SERVICES FOR ALL BAPTIST HEALTH CARE AFFILIATED ENTITIES. HEALTH CARE FOR OUR HOMELESS POPULATION SOUNDS LIKE A DIFFICULT MISSION, BUT BAPTIST MEMORIAL HEALTH CARE'S BAPTIST OPERATION OUTREACH HEALTH CARE VAN FOR THE HOMELESS IS FULFILLING ITS GOAL TO MAKE QUALITY HEALTH CARE MORE ACCESSIBLE TO THOSE WHO NEED IT MOST. THE BAPTIST OPERATION OUTREACH VAN IS A MOBILE HEALTH CARE UNIT. FORMERLY OPERATING AS THE HOPE HEALTH CENTER, THE BAPTIST OPERATION OUTREACH, A PARTNERSHIP BETWEEN BAPTIST AND CHRIST COMMUNITY HEALTH SERVICES, PROVIDES FREE ACUTE AND PRIMARY HEALTH CARE, INFORMATION ON DISEASE PREVENTION AND GUIDANCE AND A MEDICAL HOME TO THOUSANDS OF MEMPHIANS WITHOUT PERMANENT HOUSING. ALL SERVICES ARE FREE AND ARE PROVIDED WITH RESPECT AND CONFIDENTIALITY. FOR MANY OF THE THOUSANDS OF PEOPLE WITHOUT HOMES IN MEMPHIS, THE BAPTIST OPERATION OUTREACH VAN IS THE ONLY OPTION FOR HEALTH CARE. IT IS OUR HEALTH CARE SYSTEM'S SIGNATURE COMMUNITY OUTREACH PROGRAM AND THE CORNERSTONE OF OUR COMMUNITY INVOLVEMENT EFFORTS. BAPTIST OPERATION OUTREACH PATIENTS HAVE DIRECT AND IMMEDIATE ACCESS TO MEDICAL EXAMINATIONS, HEALTH INFORMATION, ILLNESS PREVENTION, MEDICATIONS AND REFERRAL SERVICES. A CERTIFIED NURSE PRACTITIONER DELIVERS THE FOLLOWING SERVICES --SCREENINGS FOR COMMON HEALTH PROBLEMS--HEALTH AND DEVELOPMENTAL ASSESSMENTS FOR CHILDREN--IMMUNIZATIONS AND OTHER PREVENTIVE CARE--DIAGNOSIS OF MEDICAL PROBLEMS AND HEALTH NEEDS--TREATMENT AND MANAGEMENT OF SPECIFIC DISEASE PROBLEMS--TREATMENT OF MINOR INJURIES. EACH YEAR, BAPTIST MEMORIAL HEALTH CARE CORPORATION PROVIDES FUNDING AND SERVICES FOR THE MOBILE CLINIC, WHICH TREATS HOMELESS PATIENTS FOUR DAYS A WEEK IN THREE LOCATIONS--MEMPHIS UNION MISSION, SALVATION ARMY'S PURDUE CENTER OF HOPE AND SHELBY COUNTY OFFICE OF REENTRY. A BAPTIST MEMORIAL HEALTH CARE NURSE PRACTITIONER ON THE VAN PROVIDES ABOUT 3,000 PATIENT CARE VISITS A YEAR, MAKING BAPTIST OPERATION OUTREACH MEMPHIS' LARGEST HEALTH CARE PROVIDER FOR THE HOMELESS. STAFF ON THE VAN TREAT AS MANY PATIENTS IN A DAY AS THEY TREATED IN A WEEK AT THE HOPE HEALTH CENTER, WHEN IT WAS AT A FIXED LOCATION. BAPTIST OPERATION OUTREACH ALSO PARTNERS WITH DAVIS VISION TO PROVIDE VISION SCREENINGS AND GLASSES TO PATIENTS IN NEED. SINCE JANUARY 2010, DAVIS VISION HAS PROVIDED 20-30 EYEGLASSES PER MONTH TO BAPTIST OPERATION OUTREACH PATIENTS, WITH AN ESTIMATED VALUE OF \$300 PER PERSON. WE ALSO PARTNER WITH BELLEVUE BAPTIST CHURCH'S CHRISTIAN MOBILE DENTAL CLINIC TO PROVIDE FREE DENTAL CARE TO OPERATION OUTREACH PATIENTS AND UNDERSERVED FAMILIES THROUGHOUT OUR COMMUNITY. THEY RECEIVE COMPLETE CLEANINGS AND EVALUATIONS, FILLINGS AND EXTRACTIONS FREE OF CHARGE. BAPTIST MEMORIAL HEALTH CARE AND BAPTIST OPERATION OUTREACH ARE MEMBERS OF THE COMMUNITY ALLIANCE FOR THE HOMELESS, A CONSORTIUM OF SERVICE PROVIDERS, INDIVIDUALS, CITY/COUNTY GOVERNMENT, FAITH- AND COMMUNITY-BASED ORGANIZATIONS ALL WORKING TOGETHER TO END HOMELESSNESS IN MEMPHIS AND SHELBY COUNTY. BAPTIST OPERATION OUTREACH AND CHRIST COMMUNITY HEALTH SERVICES HAVE PARTNERED WITH THE SALVATION ARMY PURDUE CENTER OF HOPE, THE SHELBY COUNTY OFFICE OF REENTRY. THE PURDUE CENTER IS A SHELTER FOR SINGLE WOMEN AND CHILDREN, AND THE BAPTIST OPERATION OUTREACH HEALTH CARE VAN FOR THE HOMELESS WILL TREAT PATIENTS' HEALTH CARE NEEDS AT THE LOCATION ONCE A MONTH. APPROXIMATELY 110 PEOPLE ARE SERVED NIGHTLY, WITH A MAXIMUM OF 54 WOMEN AND THE REMAINDER ARE CHILDREN. MORE THAN 50 PERCENT OF THE PEOPLE IN THE SHELTER ARE CHILDREN. THE SHELTER PROVIDES SAFE HOUSING, NUTRITIONAL MEALS AND INDIVIDUAL CASE MANAGEMENT FOR UP TO 90 DAYS. THE CASE MANAGERS HELP THE WOMEN TURN THEIR LIVES AROUND. WITH A FOCUS ON FINDING PERMANENT HOUSING AND/OR EMPLOYMENT, RESOURCES ARE IDENTIFIED AND REFERRALS ARE MADE TO HELP OVERCOME OR MANAGE MENTAL ILLNESS, SUBSTANCE ABUSE, JOB LOSS AND DISPLACEMENT. IMMUNIZATIONS ARE ALSO OFFERED TO THE CHILDREN. MEMPHIS UNION MISSION IS MEMPHIS' OLDEST AND LARGEST RESCUE MISSION THAT MINISTERS TO THE PHYSICAL, SPIRITUAL AND EMOTIONAL NEEDS OF MEN, WOMEN AND FAMILIES WHO ARE AFFECTED BY HOMELESSNESS, ADDICTION OR CRISIS. THEIR PRIMARY GOAL IS TO HELP FAMILIES ACHIEVE FREEDOM FROM SUBSTANCE ABUSE, REUNITE WITH THEIR FAMILIES AND REEMERGE AS SELF SUFFICIENT MEMBERS OF THE COMMUNITY. THE INDIVIDUALS IN THEIR PROGRAM RECEIVE SHELTER, FOOD AND MORE. MEMPHIS AND SHELBY COUNTY JOINED COMMUNITIES NATIONWIDE IN PRIORITIZING REENTRY SUCCESS. WITH AN AVERAGE DAILY POPULATION OF 2,200 INDIVIDUALS AT THE SHELBY COUNTY DIVISION OF CORRECTIONS AND OVER 9,000 COMMUNITY RESIDENTS ON SUPERVISION BY THE TENNESSEE DEPARTMENT OF CORRECTION, PROVIDING AN EFFECTIVE RESPONSE TO THE NEEDS OF RETURNING CITIZENS IS A CRITICAL COMMUNITY NEED. CITIZENS RETURNING FROM INCARCERATION NAVIGATE A HOLISTIC NETWORK OF COMMUNITY SERVICES DESIGNED TO RESTORE DIGNITY AND CONFIDENCE WHILE PROVIDING OPPORTUNITIES FOR INDIVIDUAL AND FAMILY SUCCESS. SERVICES INCLUDE DISABILITY AND OTHER BENEFITS, EDUCATION AND TRAINING SUPPORT, EMPLOYMENT REFERRAL AND WORKFORCE DEVELOPMENT, HOUSING SUPPORT, IDENTIFICATION REPLACEMENT, AND THE CONTINUUM OF CARE FOR PHYSICAL AND BEHAVIORAL HEALTH. BAPTIST OPERATION OUTREACH DOES INTAKE TWICE PER MONTH FOR NEW PATIENTS AND PROVIDES FOLLOW UP CARE AT THE MOBILE CLINIC.

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

(A)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JASON M LITTLE PRESIDENT/CEO/DIR	34 54 5 46	X		X				1,470,615	0	58,636
ALLEN B PUCKETT III DIRECTOR	0 75 0 23	X						0	0	0
JAMES M GLASGOW JR DIRECTOR	0 75 0 00	X						0	0	0
MURRAY BENTON DIRECTOR	0 75 0 00	X						0	0	0
JOHNNIE AMONETTE DIRECTOR	0 75 0 20	X						0	0	0
BRYAN JORDAN DIRECTOR	0 75 0 00	X						0	0	0
WATSON BELL DIRECTOR	0 75 0 00	X						0	0	0
MILTON MAGEE DIRECTOR	0 75 0 20	X						0	0	0
DR DALE MORRIS DIRECTOR	0 75 0 46	X						0	0	0
DR JOHN STANFORD DIRECTOR	0 75 0 23	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			
MIKE CARY DIRECTOR	0 75 0 00	X						0	0	0
DANA KELLY DIRECTOR	0 75 1 92	X						0	0	0
MARTHA BEARD DIRECTOR (THRU 12/16)	0 75 0 46	X						0	0	0
LARRY MCCLENDON DIRECTOR (AS OF 1/17)	0 75 0 00	X						0	0	0
PAUL D DEPRIEST MD EXEC V P /COO	35 96 4 04			X				997,354	0	57,787
ZACHARY R CHANDLER EVP/CSO	39 83 0 40			X				838,178	0	45,864
GREGORY M DUCKETT SR V P /CORP SECRETARY	32 47 7 53			X				707,234	0	63,288
BEVERLY D JORDAN V P CHIEF INFOR & TRANSFORMATION	40 00 0 00			X				755,108	0	48,722
JAMES SCOTT FOUNTAIN SR V P /CDO	20 00 20 00			X				659,818	0	77,337
DAVID W BARHAM V P FINANCE OPERATIONS	39 90 0 10			X				655,733	0	60,928

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors			
(C)	(D)	(E)	

(A) Compensated Employees, and Independent Contractors	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RANDY J KING V P /MARKET LEADER	38 39 1 61			X				623,737	0	64,328
MARK E SWANSON EXEC V P /CMO	39 13 0 87			X				857,430	0	24,846
DERICK B ZIEGLER V P REGIONAL OPERATIONS	40 00 0 00			X				567,230	0	61,217
DANA B DYE CEO & ADMIN BMH-MEMPHIS	0 00 40 00			X				541,173	0	39,875
HENRY P SULLIVANT MD CHIEF MEDICAL OFFICER	40 00 0 00			X				503,781	0	50,812
DAVID R ELLIOTT V P MANAGED CARE/CEO BHSG	40 00 0 00			X				493,363	0	58,400
WILLIAM A GRIFFIN S R V P /CFO	38 77 1 23			X				633,939	0	56,603
WILLIAM C HENNING CEO & ADMINISTRATOR BMH-N	0 00 40 00			X				424,657	0	43,299
JOHN C BROWN CHIEF MED INFOR OFFICER	40 00 0 00			X				398,809	0	46,786
NANCY W AVERWATER V P HR	40 00 0 00			X				445,638	0	52,258

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			
BETTY S MCGARVEY PRES COLLEGE	0 00 40 00			X				369,652	0	61,973
WILLIAM A TUTTLE V P OF PLANNING	39 77 0 23			X				309,189	0	39,291
EDWIN P CADE CEO & ADMIN BMH-GOLDEN TRIANGLE	0 00 40 00			X				344,918	0	83,948
JAMES R HUFFMAN CEO & ADMIN BMH-DESOTO	0 00 40 00			X				342,344	0	63,492
BRAD H PARSONS CEO & ADMIN BMH-JONESBORO	0 00 40 00			X				359,206	0	49,660
KYLE E ARMSTRONG CEO & ADMIN BMH-COLLIERVILLE	0 00 40 00			X				213,643	0	24,551
WALTER J GRACE CEO & ADMIN BMH-NEW ALBANY	0 00 40 00			X				272,989	0	35,450
SUSAN P FERGUSON V P /CNO	40 00 0 00			X				392,177	0	54,899
KEITH NORMAN V P	40 00 0 00			X				314,586	0	37,193
SUSAN M BREEDEN CEO & ADMIN BMH-HUNTINGDON	0 00 40 00			X				234,792	0	41,473

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			
BARRY BONDURANT CEO & ADMIN BMH-UNION CITY	0 00 40 00			X				242,900	0	48,514
JAMES A GRANTHAM CEO & ADMIN BMH-BOONEVILLE	0 00 40 00			X				191,765	0	38,174
SAMUEL S LYND CEO & ADMIN BMH-TIPTON	0 00 40 00			X				189,683	0	18,611
KEITH SIDDELL V P REVENUE CYCLE	40 00 0 00			X				252,261	0	15,724
KEVIN HAMMERAN CEO & ADMIN WOMEN'S HOSPITAL	0 00 40 00			X				287,963	0	22,720
JAMES FRANKLIN CEO & ADMIN CALHOUN HOSPITAL & NURSING HOME	0 00 40 00			X				108,291	0	23,090
ANNA K BISHOP ADMIN SYSTEM ONCOLOGY	40 00 0 00				X			228,650	0	41,850
WANDA MILLER ADMIN TRINITY	40 00 0 00				X			198,395	0	47,687
HODA EL-ASHMAR SYS CLINICAL CHIEF MED OFFICER	40 00 0 00				X			323,232	0	37,464
MARGARET C MASSEY SYSTEM DIR FINANCE/REV/AC	40 00 0 00					X		192,959	0	50,736

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)

Individual trustee or director

Institutional Trustee

Officer

Key employee

Highest compensated employee

Former

(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

WAID RAY	40 00									
ASSOC CORPORATE COUNSEL	0 00					X		202,161	0	41,159
DAVID G HARRIS	40 00									
SYS DIR NETWORK ADMIN	0 00					X		193,004	0	38,519
WILLIAM B WOLFE	40 00									
HR MARKET DIRECTOR	0 00					X		196,359	0	48,699
STEPHANIE CLARK	40 00									
SYS DIR CUST EXP & CEOD	0 00					X		198,884	0	33,222
DONALD R POUNDS	0 00									
FORMER OFFICER	0 00						X	233,686	0	23,500
STEPHEN EDGE MD	0 00									
FORMER OFFICER	0 00						X	477,396	0	9,784
ANITA S VAUGHN	0 00									
FORMER OFFICER	0 23						X	543,076	0	31,119
RICHARD D REISELT	0 00									
FORMER OFFICER	0 00						X	102,192	0	0

SCHEDULE A (Form 990 or 990-EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047
		2016 Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization BAPTIST MEMORIAL HEALTH CARE CORPORATION		Employer identification number 58-1521475

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

The organization is not a private foundation because it is (For lines 1 through 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 39
- 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	39				3,087,481	184,645,232

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						
<div>Calendar year (or fiscal year beginning in) ▶</div>	(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						
<div>Calendar year (or fiscal year beginning in) ▶</div>	(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?		
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>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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 checked="" 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>			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
2b			
3 Parent of Supported Organizations Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		Yes	
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
3b		Yes	

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <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
SCHEDULE A, PART I, LINE 12g, COLUMN (iii)	BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER OF THE SUPPORTED ENTITIES, PROVIDES CERTAIN LEGAL, FINANCE, QUALITY, AND PERSONNEL SERVICES PURSUANT TO A SHARED SERVICES AGREEMENT

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

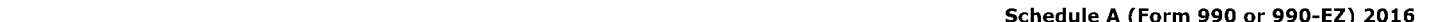
Return Reference	Explanation
PART IV, SECTION E, LINE 3a	BAPTIST MEMORIAL HEALTH CARE CORPORATION IS THE PARENT ORGANIZATION OF ITS SUPPORTED ORGANIZATIONS EACH SUPPORTED ORGANIZATION HAS COMMON MEMBERS OF THE BOARD THE CORPORATION APPOINTMENTS OR APPROVES THE OFFICERS AND BOARD OF EACH SUPPORTED ORGANIZATION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

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION A, LINE 5a	<p>THE FOLLOWING ORGANIZATIONS MERGED WITH BAPTIST MEMORIAL HEALTH CARE CORPORATION DURING FY</p> <p>17 AUTHORIATION WAS APPROVED BY THE BOARD OF DIRECTORS, AND AN AMENDMENT WAS MADE TO THE ORGANIZING DOCUMENT AND APPROVED BY THE BOARD OF DIRECTORS BAPTIST MEMORIAL HOSPITAL-CALHOUN, INC EIN 81-3257997 BAPTIST NURSING HOME-CALHOUN, INC EIN 81-3655778 MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC EIN 64-0306253 MISSISSIPPI BAPTIST MEDICAL CENTER, INC EIN 64-0881013 MISSISSIPPI HOSPITAL FOR RESTORATIVE CARE EIN 64-0833383 MEDICAL FOUNDATION OF CENTRAL MISSISSIPPI EIN 75-3068151 BAPTIST MEDICAL CENTER-LEAKE, INC EIN 45-2896080 BAPTIST MEDICAL CENTER-YAZOO, INC EIN 64-0844470 MJMH IMPROVEMENT CORPORATION EIN 80-0812322 BAPTIST HEALTH FOUNDATION, INC EIN 47-3403762</p>



Additional Data

Software ID:

Software Version:

EIN: 58-1521475

Name: BAPTIST MEMORIAL HEALTH CARE CORPORATION

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) BAPTIST MEMORIAL HOSPITAL INC	620123940	3		No	0	62,101,875
(A) BAPTIST MEMORIAL HOSPITAL INC	620123940	3		No	0	62,101,875
(A) BAPTIST MEMORIAL HOSPITAL-BOONEVILLE INC	640663760	3		No	0	1,850,743
(A) BAPTIST MEMORIAL HOSPITAL-BOONEVILLE INC	640663760	3		No	0	1,850,743
(B) BAPTIST MEMORIAL HOSPITAL-DESOTO INC	640682111	3		No	0	24,768,495
(B) BAPTIST MEMORIAL HOSPITAL-DESOTO INC	640682111	3		No	0	24,768,495
(C) BAPTIST MEMORIAL HOSPITAL- GOLDEN TRIANGLE INC	621519754	3		No	0	14,219,107
(C) BAPTIST MEMORIAL HOSPITAL- GOLDEN TRIANGLE INC	621519754	3		No	0	14,219,107
(D) BAPTIST MEMORIAL HOSPITAL- HUNTINGDON INC	621166050	3		No	0	1,689,924
(D) BAPTIST MEMORIAL HOSPITAL- HUNTINGDON INC	621166050	3		No	0	1,689,924
(E) BAPTIST MINOR MEDICAL CENTERS INC	621538114	3		No	0	364,402
(E) BAPTIST MINOR MEDICAL CENTERS INC	621538114	3		No	0	364,402
(F) BAPTIST MEMORIAL HOSPITAL--NORTH MISSISSIPPI INC	640772726	3		No	0	16,723,039
(F) BAPTIST MEMORIAL HOSPITAL--NORTH MISSISSIPPI INC	640772726	3		No	0	16,723,039
(G) BAPTIST MEMORIAL HOSPITAL-TIPTON INC	621113167	3		No	0	6,399,639
(G) BAPTIST MEMORIAL HOSPITAL-TIPTON INC	621113167	3		No	0	6,399,639
(H) BAPTIST MEMORIAL HOSPITAL-UNION CITY INC	621138045	3		No	0	4,006,231
(H) BAPTIST MEMORIAL HOSPITAL-UNION CITY INC	621138045	3		No	0	4,006,231
(I) BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC	630997281	3		No	0	4,892,803
(I) BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC	630997281	3		No	0	4,892,803
(J) BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICESINC	581645396	3		No	0	1,407,942
(J) BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICESINC	581645396	3		No	0	1,407,942
(K) BAPTIST COLLEGE OF HEALTH SCIENCES INC	621599670	2		No	0	20,937
(K) BAPTIST COLLEGE OF HEALTH SCIENCES INC	621599670	2		No	0	20,937
(L) BAPTIST MEMORIAL HOSPITAL-JONESBORO INC	261214372	3		No	0	16,813,026
(L) BAPTIST MEMORIAL HOSPITAL-JONESBORO INC	261214372	3		No	0	16,813,026
(M) BAPTIST MEMORIAL HEALTH SERVICES INC	621509127	3		No	0	10,114
(M) BAPTIST MEMORIAL HEALTH SERVICES INC	621509127	3		No	0	10,114
(N) BAPTIST MEMORIAL MEDICAL GROUP INC	621545731	3		No	0	7,389,382
(N) BAPTIST MEMORIAL MEDICAL GROUP INC	621545731	3		No	0	7,389,382

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		
(P) MEDICAL FINANCIAL SERVICES INC	621112364	3		No	0	12,618
(P) MEDICAL FINANCIAL SERVICES INC	621112364	3		No	0	12,618
(A) BAPTIST MEMORIAL PATIENT SAFETY ORGANIZATION INC	453032372	3		No	0	3,355
(A) BAPTIST MEMORIAL PATIENT SAFETY ORGANIZATION INC	453032372	3		No	0	3,355
(B) NORTHEAST ARKANSAS BAPTIST HEALTH SYSTEM INC	271799652	3		No	0	83,434
(B) NORTHEAST ARKANSAS BAPTIST HEALTH SYSTEM INC	271799652	3		No	0	83,434
(C) BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	581544781	3		No	3,087,481	503,380
(C) BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	581544781	3		No	3,087,481	503,380
(D) BAPTIST MEMORIAL HOME CARE INC	581562973	10		No	0	29,665
(D) BAPTIST MEMORIAL HOME CARE INC	581562973	10		No	0	29,665
(E) BOSTON BASKIN CANCER FOUNDATION INC	453303607	3		No	0	3,182
(E) BOSTON BASKIN CANCER FOUNDATION INC	453303607	3		No	0	3,182
(F) BAPTIST CANCER CENTER PHYSICIANS FOUNDATION INC	452842963	3		No	0	1,885,957
(F) BAPTIST CANCER CENTER PHYSICIANS FOUNDATION INC	452842963	3		No	0	1,885,957
(G) THE STERN CARDIOVASCULAR FOUNDATION INC	274396698	3		No	0	3,606,181
(G) THE STERN CARDIOVASCULAR FOUNDATION INC	274396698	3		No	0	3,606,181
(H) INTEGRITY ONCOLOGY FOUNDATION INC	453303687	3		No	0	4,237
(H) INTEGRITY ONCOLOGY FOUNDATION INC	453303687	3		No	0	4,237
(I) MEMPHIS LUNG PHYSICIANS FOUNDATION INC	452832975	3		No	0	692,281
(I) MEMPHIS LUNG PHYSICIANS FOUNDATION INC	452832975	3		No	0	692,281
(J) NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION INC	710850123	3		No	0	6,927,454
(J) NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION INC	710850123	3		No	0	6,927,454
(K) BAPTIST CLINICAL RESEARCH INSTITUTE INC	453032246	4		No	0	4,045
(K) BAPTIST CLINICAL RESEARCH INSTITUTE INC	453032246	4		No	0	4,045
(L) BMG FAMILY PHYSICIANS GROUP FOUNDATION INC	461953140	3		No	0	919,609
(L) BMG FAMILY PHYSICIANS GROUP FOUNDATION INC	461953140	3		No	0	919,609
(M) GASTROINTESTINAL SPECIALISTS INC	352461541	3		No	0	511,957
(M) GASTROINTESTINAL SPECIALISTS INC	352461541	3		No	0	511,957
(N) BAPTIST MEMORIAL HOSPITAL-CALHOUN INC	813257997	3		No	0	1,144,375
(N) BAPTIST MEMORIAL HOSPITAL-CALHOUN INC	813257997	3		No	0	1,144,375

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		
(AE) BAPTIST NURSING HOME-CALHOUN INC	813655778	3		No	0	707,611
(AE) BAPTIST NURSING HOME-CALHOUN INC	813655778	3		No	0	707,611
(A) MISSISSIPPI BAPTIST HEALTH SYSTEM INC	640306253	3		No	0	4,917,215
(A) MISSISSIPPI BAPTIST HEALTH SYSTEM INC	640306253	3		No	0	4,917,215
(B) MISSISSIPPI BAPTIST MEDICAL CENTERINC	640881013	3		No	0	4,431
(B) MISSISSIPPI BAPTIST MEDICAL CENTERINC	640881013	3		No	0	4,431
(C) MISSISSIPPI HOSPITAL FOR RESTORATIVE CARE	640833383	3		No	0	4,431
(C) MISSISSIPPI HOSPITAL FOR RESTORATIVE CARE	640833383	3		No	0	4,431
(D) MEDICAL FOUNDATION OF CENTRAL MISSISSIPPI	753068151	3		No	0	4,431
(D) MEDICAL FOUNDATION OF CENTRAL MISSISSIPPI	753068151	3		No	0	4,431
(E) BAPTIST MEDICAL CENTER-LEAKE INC	452896080	3		No	0	4,431
(E) BAPTIST MEDICAL CENTER-LEAKE INC	452896080	3		No	0	4,431
(F) BAPTIST MEDICAL CENTER-YAZOO INC	640844470	3		No	0	4,431
(F) BAPTIST MEDICAL CENTER-YAZOO INC	640844470	3		No	0	4,431
(G) MJMH IMPROVEMENT CORPORATION	800812322	3		No	0	4,431
(G) MJMH IMPROVEMENT CORPORATION	800812322	3		No	0	4,431
(H) BAPTIST HEALTH FOUNDATION INC	473403762	3		No	0	4,431
(H) BAPTIST HEALTH FOUNDATION INC	473403762	3		No	0	4,431

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2016

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		63,733
j	Total. Add lines 1c through 1i			63,733
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HEALTH CARE CORPORATION

Employer identification number
58-1521475

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	2a
b	2b
c	2c
d	2d

3

Number of conservation easements on a certified historic structure included in (a)

4

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

5

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

6

Number of states where property subject to conservation easement is located ►

7

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

8

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

9

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

10

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

11

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" 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		23,101,324		23,101,324
b Buildings		28,997,802	20,633,026	8,364,776
c Leasehold improvements		65,004	65,004	0
d Equipment		353,503,664	298,535,433	54,968,231
e Other		194,506	187,325	7,181
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				86,441,512

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) L/T INVESTMENTS	22,533,393	F
(2) S/T INVESTMENTS	285,189,683	F
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶	307,723,076	

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) DUE FROM AFFILIATES	947,280,582
(2) CASH SURRENDER VALUE OF OFFICERS LIFE INSURANCE	911,314
(3) CONSTRUCTION IN PROCESS	6,363,220
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	954,555,116

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
POST RETIREMENT BENEFIT OBLIGATION	1,980,635
RESERVE FOR SELF-INSURANCE	67,701,658
OTHER CURRENT LIABILITIES	25,500
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	69,707,793

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: 58-1521475
Name: BAPTIST MEMORIAL HEALTH CARE CORPORATION

Supplemental Information

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

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
BAPTIST MEMORIAL HEALTH CARE
CORPORATION

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

Employer identification number
58-1521475

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
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 24

3 Enter total number of other organizations listed in the line 1 table 2

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN DIABETES ASSN 1779 KIRBY PKWY 1-317 MEMPHIS, TN 38138	13-1623888	501(C)(3)	37,500				DONATION
BELLEVUE FOUNDATION 2000 APPLING RD CORDOVA, TN 38016	62-1818929	501(C)(3)	20,000				SPONSOR MOBILE DENTAL CLINIC

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
CHRIST COMMUNITY HEALTH SERVICES INC 2953 BROAD AVE MEMPHIS, TN 38112	62-1583270	501(C)(3)	254,684				SUPPORT OUTREACH PROGRAM/OPERATION OUTREACH VAN
CHRISTIAN MEDICAL & DENTAL SOCIETY PO BOX 7500 BRISTOL, TN 37621	36-2284267	501(C)(3)	5,000				DONATION

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
LEADERSHIP MEMPHIS 365 S MAIN ST MEMPHIS, TN 38103	62-1043517	501(C)(3)	14,500				CORPORATE SPONSORSHIP
LEMOYNE OWEN COLLEGE 807 WALKER AVE MEMPHIS, TN 38126	62-0475690	501(C)(3)	7,500				DONATION

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
MARCH OF DIMES 5384 POPLAR AVE STE 107 MEMPHIS, TN 38119	13-1846366	501(C)(3)	5,000				DONATION
MEMPHIS BRANCH NAACP 588 VANCE AVE MEMPHIS, TN 38126	62-0637884	501(C)(4)	5,400				SPONSOR FREEDOM FUND GALA

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
CATHOLIC MEMPHIS URBAN SCHOOLS INC 5825 SHELBY OAKS DR MEMPHIS, TN 381347389	06-1691074	501(C)(3)	40,000				EDUCATION THAT WORKS & INTERNSHIPS
MEMPHIS CRISIS CENTER PO BOX 40068 MEMPHIS, TN 38174	23-7193652	501(C)(3)	5,000				DONATION

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
MEMPHIS FIRE FOUNDATION 65 FRONT ST MEMPHIS, TN 38103	27-1363535	501(C)(3)	43,400				DONATION
MEMPHIS MUSEUMS INC (PINK PALACE) 3050 CENTRAL AVE MEMPHIS, TN 38111	62-0801926	501(C)(3)	17,000				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
MEMPHIS SHELBY COUNTY CRIME COMMISSION 600 JEFFERSON AVE 400 MEMPHIS, TN 38105	62-1693848	501(C)(3)	55,000				SPONSORSHIP
METHODIST HEALTH CARE-MEMPHIS 1211 UNION AVE 700 MEMPHIS, TN 38104	58-1454711	501(C)(3)	82,575				CHARITY PATIENT PAYMENTS

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
MID-SOUTH COMMUNITY COLLEGE FOUNDATION INC 2000 WEST BROADWAY WEST MEMPHIS, AR 72301	71-0723232	501(C)(3)	5,000				SPONSOR
MID-SOUTH MINORITY BUSINESS COUNCIL PO BOX 100 DEPT 860 MEMPHIS, TN 38173	62-1198163	501(C)(6)	11,000				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
NEW MEMPHIS INSTITUTE 22 N FRONT ST STE 500 MEMPHIS, TN 38103	58-1607228	501(C)(3)	15,000				DONATION, TWO FELLOWS
NEXUS LEADERS INC 4055 POPLAR AVE MEMPHIS, TN 38111	26-2444063	501(C)(3)	5,000				LEADERSHIP PROGRAM

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
OVERTON PARK CONSERVANCY 1914 POPLAR AVE STE 202 MEMPHIS, TN 38104	45-2031097	501(C)(3)	20,000				SPONSORSHIP
REGIONAL ONE HEALTH (dba THE MEDICAL FOUNDATION) 877 JEFFERSON AVE MEMPHIS, TN 38103	58-1737037	501(C)(3)	12,000				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
SHELBY COUNTY MAYOR'S CHARITABLE FUND PO BOX 3391 CORDOVA, TN 38088	45-3003030	501(C)(3)	6,000				SPONSORSHIP
SHELBY FARMS PARK CONSERVANCY 6903 GREAT VIEW DRIVE NORTH MEMPHIS, TN 38134	26-0350397	501(C)(3)	7,000				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
TENNESSEE STATE UNIVERSITY 3500 JOHN MERRITT BLVD NASHVILLE, TN 37209	23-7105693	501(C)(3)	5,000				ALLIED HEALTH SPONSORSHIP
THE ECONOMIC CLUB OF MEMPHIS 407 FOGELMAN COLLEGE OF BUSINESS MEMPHIS, TN 38152	23-7361931	501(C)(3)	5,000				DONATION

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
UNIVERSITY OF MEMPHIS FOUNDATION 635 NORMAL ST ALUMNI CENTER 108 MEMPHIS, TN 38152	62-6048540	501(C)(3)	5,550				DONATION
WOMEN'S FOUNDATION FOR A GREATER MEMPHIS 40 S MAIN ST STE 2280 MEMPHIS, TN 38103	58-2207247	501(C)(3)	25,000				SPONSORSHIP

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization BAPTIST MEMORIAL HEALTH CARE CORPORATION	Employer identification number 58-1521475
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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	No
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	No
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	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
See Additional Data	

Additional Data

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

Part III, Supplemental Information

Return Reference	Explanation
Part I, Line 1a	THE OFFICERS RECEIVE A PERQUISITE ALLOWANCE WHICH IS INCLUDED IN THEIR SALARIES

Part III, Supplemental Information

Return Reference	Explanation
Part I, Line 1b	THE PRESIDENT, ALL VICE PRESIDENTS, AND ADMINISTRATORS RECEIVE A PERQUISITE ALLOWANCE THE ALLOWANCE IS INCLUDED IN THEIR SALARIES AND IS TAXABLE TO THEM AS ADDITIONAL INCOME THE ORGANIZATION ALSO HAS AN ACCOUNTABLE PLAN, BUT A DISCRETIONARY SPENDING ACCOUNT IS NOT PART OF AN ACCOUNTABLE PLAN IF ANY OF THE OTHER ITEMS LISTED ON SCHEDULE J, PART I, LINE 1a WERE APPLICABLE, THE RECIPIENTS WOULD BE REQUIRED TO FOLLOW THE ORGANIZATION'S WRITTEN POLICY REGARDING PAYMENT OR REIMBURSEMENT

Part III, Supplemental Information

Return Reference	Explanation
Part I, Line 3	BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER, HAS A GOVERNANCE COMMITTEE MADE UP OF THE BOARD OF DIRECTORS, WHO ALONG WITH THE HUMAN RESOURCE DEPARTMENT, UTILIZES INDEPENDENT COMPENSATION CONSULTANTS, COMPENSATION STUDIES, AND APPROVAL BY THE COMPENSATION COMMITTEE TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR AND OTHER KEY PERSONNEL ON DECEMBER 14, 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

Part III, Supplemental Information

Return Reference	Explanation
Part I, Lines 4a-b	SEVERENCE PAY RICHARD D REISELT RECEIVED SEVERENCE PAY IN THE AMOUNT OF \$102,192 SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN ELIGIBLE EXECUTIVES PARTICIPATE IN VARIOUS NON-QUALIFIED DEFERRED COMPENSATION PLANS ORGANIZED UNDER CODE SECTION 457(F) THE EXACT PURPOSE OF EACH PLAN VARIES BUT THEY INCLUDE COMPENSATION LIMITATION MAKE-UP PLANS, VOLUNTARY DEFERRAL PLANS, DEFERRAL OF A PORTION OF INCENTIVE BONUS TYPE PLANS, ETC ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EXECUTIVE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS DAVID BARHAM-\$161,256 WILLIAM A TUTTLE-\$113,862 BEVERLY D JORDAN-\$223,743 DANA DYE-\$148,461

Part III, Supplemental Information

Return Reference	Explanation
Part I, Line 7	THE BAPTIST MEMORIAL HEALTH CARE SYSTEM HAS ESTABLISHED A MANAGEMENT ACCOUNTABILITY AND FINANCIAL INCENTIVE PLAN THAT ENCOURAGES MANAGEMENT PARTICIPATION IN THE SIGNIFICANT IMPROVEMENTS OF THE QUALITY, FINANCIAL, GROWTH, AND HUMAN RESOURCE RELATED OPERATIONS OF THE ORGANIZATION AN INCENTIVE BONUS IS PAID TO ALL MANAGEMENT BASED ON ATTAINMENT OF GOALS IN THE AREAS OF 1) PATIENT SATISFACTION, 2) EMPLOYEE SATISFACTION, 3) PHYSICIAN SATISFACTION, 4) QUALITY AND SAFETY, 5) OPERATIONAL PERFORMANCE METRICS, AND 6) OPERATING INCOME MARGIN PARTICIPANTS RECEIVE POINTS UNDER A PLAN SCORING SYSTEM FOR MEETING THEIR PREDETERMINED GOALS THE POINTS ARE THEN ENTERED INTO THE PLAN FORMULA TO DETERMINE THE INCENTIVE COMPENSATION

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JASON M LITTLE PRESIDENT/CEO/DIR	(i)851,732	493,430	125,453	31,250	27,386	1,529,251	0
	(ii)0	0	0	0	- 0	- 0	0
1PAUL D DEPRIEST MD EXEC V P /COO	(i)585,958	311,053	100,343	30,625	27,162	1,055,141	0
	(ii)0	0	0	0	- 0	- 0	0
2ZACHARY R CHANDLER EVP/CSO	(i)515,165	268,479	54,534	23,188	22,676	884,042	0
	(ii)0	0	0	0	- 0	- 0	0
3GREGORY M DUCKETT SR V P /CORP SECRETARY	(i)417,673	199,147	90,414	33,125	30,163	770,522	0
	(ii)0	0	0	0	- 0	- 0	0
4BEVERLY D JORDAN V P CHIEF INFOR & TRANSFORMATION	(i)368,590	168,702	217,816	33,125	15,597	803,830	0
	(ii)0	0	0	0	- 0	- 0	0
5JAMES SCOTT FOUNTAIN SR V P /CDO	(i)397,367	193,466	68,985	43,875	33,462	737,155	0
	(ii)0	0	0	0	- 0	- 0	0
6DAVID W BARHAM V P FINANCE OPERATIONS	(i)296,996	132,743	225,994	33,125	27,803	716,661	0
	(ii)0	0	0	0	- 0	- 0	0
7RANDY J KING V P /MARKET LEADER	(i)386,661	189,380	47,696	43,875	20,453	688,065	0
	(ii)0	0	0	0	- 0	- 0	0
8MARK E SWANSON EXEC V P /CMO	(i)535,710	223,809	97,911	0	24,846	882,276	0
	(ii)0	0	0	0	- 0	- 0	0
9DERICK B ZIEGLER V P REGIONAL OPERATIONS	(i)359,195	158,973	49,062	51,937	9,280	628,447	0
	(ii)0	0	0	0	- 0	- 0	0
10DANA B DYE CEO & ADMIN BMH- MEMPHIS	(i)324,935	157,635	58,603	33,937	5,938	581,048	0
	(ii)0	0	0	0	- 0	- 0	0
11HENRY P SULLIVANT MD CHIEF MEDICAL OFFICER	(i)357,679	93,607	52,495	30,625	20,187	554,593	0
	(ii)0	0	0	0	- 0	- 0	0
12DAVID R ELLIOTT V P MANAGED CARE/CEO BHSG	(i)311,299	140,191	41,873	43,875	14,525	551,763	0
	(ii)0	0	0	0	- 0	- 0	0
13WILLIAM A GRIFFIN S R V P /CFO	(i)438,928	152,497	42,514	33,125	23,478	690,542	0
	(ii)0	0	0	0	- 0	- 0	0
14WILLIAM C HENNING CEO & ADMINISTRATOR BMH-N	(i)287,392	85,493	51,772	19,875	23,424	467,956	0
	(ii)0	0	0	0	- 0	- 0	0
15JOHN C BROWN CHIEF MED INFOR OFFICER	(i)365,280	33,113	416	27,156	19,630	445,595	0
	(ii)0	0	0	0	- 0	- 0	0
16NANCY W AVERWATER V P HR	(i)265,132	128,823	51,683	29,975	22,283	497,896	0
	(ii)0	0	0	0	- 0	- 0	0
17BETTY S MCGARVEY PRES COLLEGE	(i)257,918	68,256	43,478	43,702	18,271	431,625	0
	(ii)0	0	0	0	- 0	- 0	0
18WILLIAM A TUTTLE V P OF PLANNING	(i)180,089	46,107	82,993	24,074	15,217	348,480	0
	(ii)0	0	0	0	- 0	- 0	0
19EDWIN P CADE CEO & ADMIN BMH-GOLDEN TRIANGLE	(i)231,092	62,192	51,634	61,200	22,748	428,866	0
	(ii)0	0	0	0	- 0	- 0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21JAMES R HUFFMAN CEO & ADMIN BMH-DESOTO	(i)	245,037	57,288	40,019	43,149	20,343	405,836	0
	(ii)	0	0	0	0	- 0	- 0	0
1BRAD H PARSONS CEO & ADMIN BMH-JONESBORO	(i)	266,810	63,846	28,550	26,907	22,753	408,866	0
	(ii)	0	0	0	0	- 0	- 0	0
2KYLE E ARMSTRONG CEO & ADMIN BMH-COLLIERVILLE	(i)	122,822	66,944	23,877	11,259	13,292	238,194	0
	(ii)	0	0	0	0	- 0	- 0	0
3WALTER J GRACE CEO & ADMIN BMH-NEW ALBANY	(i)	176,605	52,985	43,399	23,813	11,637	308,439	0
	(ii)	0	0	0	0	- 0	- 0	0
4SUSAN P FERGUSON V P /CNO	(i)	259,166	73,555	59,456	37,925	16,974	447,076	0
	(ii)	0	0	0	0	- 0	- 0	0
5KEITH NORMANV P	(i)	206,768	64,295	43,523	29,787	7,406	351,779	0
	(ii)	0	0	0	0	- 0	- 0	0
6SUSAN M BREEDEN CEO & ADMIN BMH-HUNTINGDON	(i)	162,400	43,014	29,378	32,238	9,235	276,265	0
	(ii)	0	0	0	0	- 0	- 0	0
7BARRY BONDURANT CEO & ADMIN BMH-UNION CITY	(i)	164,196	52,504	26,200	27,131	21,383	291,414	0
	(ii)	0	0	0	0	- 0	- 0	0
8JAMES A GRANTHAM CEO & ADMIN BMH-BOONEVILLE	(i)	128,594	35,480	27,691	18,343	19,831	229,939	0
	(ii)	0	0	0	0	- 0	- 0	0
9SAMUEL S LYND CEO & ADMIN BMH-TIPTON	(i)	127,956	36,010	25,717	11,044	7,567	208,294	0
	(ii)	0	0	0	0	- 0	- 0	0
10KEITH SIDDELL V P REVENUE CYCLE	(i)	218,856	0	33,405	0	15,724	267,985	0
	(ii)	0	0	0	0	- 0	- 0	0
11KEVIN HAMMERAN CEO & ADMIN WOMEN'S HOSPITAL	(i)	252,775	0	35,188	9,707	13,013	310,683	0
	(ii)	0	0	0	0	- 0	- 0	0
12ANNA K BISHOP ADMIN SYSTEM ONCOLOGY	(i)	209,543	19,087	20	27,860	13,990	270,500	0
	(ii)	0	0	0	0	- 0	- 0	0
13WANDA MILLER ADMIN TRINITY	(i)	159,519	0	38,876	23,976	23,711	246,082	0
	(ii)	0	0	0	0	- 0	- 0	0
14HODA EL-ASHMAR SYS CLINICAL CHIEF MED OFFICER	(i)	323,212	0	20	19,751	17,713	360,696	0
	(ii)	0	0	0	0	- 0	- 0	0
15MARGARET C MASSEY SYSTEM DIR FINANCE/REV/AC	(i)	187,467	0	5,492	25,405	25,331	243,695	0
	(ii)	0	0	0	0	- 0	- 0	0
16WAID RAY ASSOC CORPORATE COUNSEL	(i)	181,076	16,594	4,491	24,242	16,917	243,320	0
	(ii)	0	0	0	0	- 0	- 0	0
17DAVID G HARRIS SYS DIR NETWORK ADMIN	(i)	178,024	14,960	20	16,734	21,785	231,523	0
	(ii)	0	0	0	0	- 0	- 0	0
18WILLIAM B WOLFE HR MARKET DIRECTOR	(i)	177,253	16,156	2,950	19,069	29,630	245,058	0
	(ii)	0	0	0	0	- 0	- 0	0
19STEPHANIE CLARK SYS DIR CUST EXP & CEOD	(i)	182,679	16,185	20	0	33,222	232,106	0
	(ii)	0	0	0	0	- 0	- 0	0

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41DONALD R POUNDS FORMER OFFICER	(i)-275	183,922	50,039	23,500	0	257,186	0
	(ii)0	0	0	0	-0	-0	0
1STEPHEN EDGE MD FORMER OFFICER	(i)-950	0	478,346	0	9,784	487,180	0
	(ii)0	0	0	0	-0	-0	0
2ANITA S VAUGHN FORMER OFFICER	(i)104,217	64,001	374,858	26,604	4,515	574,195	0
	(ii)0	0	0	0	-0	-0	0
3RICHARD D REISELT FORMER OFFICER	(i)95,106	0	7,086	0	0	102,192	0
	(ii)0	0	0	0	-0	-0	0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493225005048
SCHEDULE O (Form 990 or 990-EZ) <div>Department of the Treasury Internal Revenue Service Name of the organization BAPTIST MEMORIAL HEALTH CARE CORPORATION</div>	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 58-1521475	

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>PART III STATEMENT OF PROGRAM SERVICES CONTINUED</p>	<p>IN JULY 2012, BAPTIST MEMORIAL HEALTH CARE CORPORATION SIGNED A CONTRACT WITH EPIC, A SOFTWARE VENDOR BASED OUT OF VERONA, WIS -PAVING THE WAY FOR THE HOSPITAL SYSTEM'S TRANSITION TO A NEW ELECTRONIC HEALTH RECORD (EHR) THE PROJECT INVOLVES ALL 17 BAPTIST-AFFILIATED HOSPITALS ALONG WITH ITS CLINICS AND FINANCIAL SYSTEMS ALL 13,000-PLUS BAPTIST EMPLOYEES AND MORE THAN 3,000 AFFILIATED PHYSICIANS WILL BE AFFECTED BY THE PROJECT BAPTIST CHOSE EPIC AFTER CONDUCTING A GREAT DEAL OF RESEARCH AND INVOLVING COLLEAGUES IN NUMEROUS DEMONSTRATIONS, WHICH MORE THAN 2,500 ATTENDED BAPTIST TOOK COLLEAGUES' FEEDBACK INTO DEEP CONSIDERATION BEFORE MAKING A DECISION BAPTIST COLLEAGUES PLAYED A ROLE IN BRANDING THE EPIC-POWERED SOFTWARE AS BAPTIST ONECARE BAPTIST ONECARE CREATES A SINGLE PATIENT RECORD THAT BOTH CAREGIVERS AND PATIENTS WILL BE ABLE TO ACCESS THE EHR AIMS TO MAXIMIZE EFFICIENCY BY REDUCING THE NEED FOR DUPLICATE TESTS AND PATIENTS HAVING TO GIVE THE SAME INFORMATION TO MULTIPLE CAREGIVERS PATIENT PRIVACY IS PROTECTED THE SAME WAY IT WOULD BE WITH A WRITTEN RECORD THE BIGGEST CONVENIENCE FOR PATIENTS WITHIN THE SYSTEM IS CALLED MYCHART, A FREE APP ACCESSIBLE VIA SMARTPHONE OR COMPUTER THAT ALLOWS PATIENTS TO SCHEDULE APPOINTMENTS, REFILL PRESCRIPTIONS, DIRECT MESSAGE THEIR CARE PROVIDERS WITH THE OPTION OF INCLUDING PHOTOS, ACCESS LAB RESULTS AND MUCH MORE BAPTIST MEMORIAL HEALTH CARE AND VANDERBILT UNIVERSITY MEDICAL CENTER BEGAN AN ACADEMIC AFFILIATION IN OCTOBER 2012 THIS ACADEMIC AFFILIATION WILL PROVIDE FOR NEW CLINICAL RESEARCH AND ACADEMIC EDUCATION OPPORTUNITIES THAT ARE DESIGNED TO ENHANCE CANCER PROGRAMS THE AFFILIATION ESTABLISHES A FRAMEWORK FOR COLLABORATIVE ONCOLOGY INITIATIVES BETWEEN BAPTIST CANCER CENTER AND VANDERBILT-INGRAM CANCER CENTER BAPTIST CANCER CENTER PATIENTS WILL HAVE INCREASED ACCESS TO VANDERBILT-INGRAM CANCER CENTER CLINICAL RESEARCH TRIALS AND GENETIC DIAGNOSTIC TOOLS MANY OF THESE SERVICES WILL BE AVAILABLE IN LOCAL COMMUNITIES THROUGHOUT BAPTIST'S 17 HOSPITALS IN MISSISSIPPI, ARKANSAS, AND TENNESSEE BAPTIST MEMORIAL HEALTH CARE CORPORATION EMPHASIZES CUSTOMER SERVICE CUSTOMER SERVICE IS A KEY PART OF BAPTIST MEMORIAL HEALTH CARE CORPORATION'S CULTURE CALLED SERVICE FIRST, BAPTIST MEMORIAL HEALTH CARE CORPORATION AND ITS AFFILIATED ENTITIES THROUGHOUT THE MID-SOUTH ARE FINDING BETTER WAYS TO SERVE OUR CUSTOMERS AND EXCEED THEIR EXPECTATIONS BAPTIST MEMORIAL HEALTH CARE'S COMMITMENT TO CARE BEYOND THE WALLS OF THE HOSPITALS IS SINCERE AND LONG STANDING OUR GIVING IS FOCUSED ON TWO PRIMARY AREAS, HEALTH CARE DELIVERY AND PREVENTIVE SERVICES AND EDUCATION WE ARE DEDICATED TO BUILDING A HEALTHY COMMUNITY BY ANTICIPATING AND RESPONDING TO OUR COMMUNITIES' HEALTH NEEDS, IMPROVING THE WELL-BEING OF THE PEOPLE WE SERVE AND TO BEING A NEIGHBOR OF CHOICE NOT ONLY DO WE PROVIDE FINANCIAL SUPPORT THROUGH OUR SUSTAINABLE AND ONGOING PARTNERSHIPS WITH LOCAL COMMUNITY GROUPS AND ORGANIZATIONS, BUT WE ALSO OFFER I</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III STATEMENT OF PROGRAM SERVICES CONTINUED	<p>N-KIND DONATIONS AND VOLUNTEERS IN APRIL 2015, BAPTIST MEMORIAL HEALTH CARE INTRODUCED A BAPTIST HEALTHY COMMUNITIES PROGRAM TO FAITH LEADERS BAPTIST HEALTHY COMMUNITIES IS DESIGNED TO IMPROVE THE OVERALL WELLNESS OF LOCAL COMMUNITIES BY ADDRESSING SOME OF THEIR MOST PRESSING HEALTH NEEDS THE PROGRAM WILL PROVIDE BETTER HEALTH CARE RESOURCES TO CONGREGATIONS AND FAITH PROGRAMS THAT HAVE A SHARED INTEREST IN ACHIEVING A HEALTHIER COMMUNITY TO LEARN MORE ABOUT THE PROGRAM OR TO REGISTER ONLINE, PLEASE VISIT WWW.BAPTISTCOMMUNITIES.ORG BAPTIST MEMORIAL HEALTH CARE CORPORATION HAS ALSO PROVIDED A NUMBER OF OTHER SERVICES TO THE COMMUNITY IT RECOGNIZES THAT ITS PEOPLE ARE ITS MOST VALUABLE ASSET TO SHARE THIS ASSET WITH THE COMMUNITY AT LARGE, ALL COLLEAGUES ARE ENCOURAGED TO GET INVOLVED BY VOLUNTEERING BELOW IS A PARTIAL LISTING OF THE ORGANIZATIONS AND ACTIVITIES BAPTIST MEMORIAL HEALTH CARE CORPORATION SUPPORTED IN FISCAL YEAR ENDING 9/30/17 --AMERICAN CANCER SOCIETY - --AMERICAN DIABETES ASSOCIATION --AMERICAN HEART ASSOCIATION --AMERICAN RED CROSS --ARTS MEMPHIS --BELLEVUE BAPTIST CHRISTIAN MOBILE DENTAL CLINIC --BOY SCOUTS OF AMERICA --BOYS & GIRLS CLUB --BRIDGES --CHILDREN'S MUSEUM OF MEMPHIS --CHRIST COMMUNITY HEALTH SERVICES --CHRISTIAN MEDICAL & DENTAL ASSOCIATION --CHURCH HEALTH CENTER --CHURCHES THROUGHOUT OUR SERVICE AREA --COMMUNITY ALLIANCE FOR THE HOMELESS --DIXON GALLERY & GARDENS --GIRL SCOUTS HEADQUARTERS OF THE SOUTH --GIRLS INC --COMMON TABLE HEALTH ALLIANCE --JUNIOR ACHIEVEMENT --LEADERSHIP MEMPHIS --LOCAL FARMERS MARKETS --MARCH OF DIMES --MEMPHIS BIOWORKS FOUNDATION --MEMPHIS BRANCH NAACP --MEMPHIS LIBRARY FOUNDATION --MEMPHIS-MIDSOUTH AFFILIATE OF SUSAN G. KOMEN FOR THE CURE --MID-SOUTH FOOD BANK --MIDSOUTH MINORITY BUSINESS COUNCIL --NATIONAL CIVIL RIGHTS MUSEUM --NATIONAL COUNCIL ON HEALTH CARE FOR THE HOMELESS --NATIONAL MS SOCIETY --NEW MEMPHIS INSTITUTE --PINK PALACE MUSEUM --PUBLIC SCHOOLS THROUGHOUT THE COMMUNITIES IN WHICH WE OPERATE --SALVATION ARMY AND KROC CENTER --SHELBY FARMS PARK CONSERVANCY --SOUTHWEST TENNESSEE COMMUNITY COLLEGE --THE REGIONAL MEDICAL CENTER --THE UNIVERSITY OF MEMPHIS --TENNESSEE MEN'S HEALTH NETWORK --UNITED WAY OF THE MID-SOUTH --UNIVERSITY OF TENNESSEE --WOMEN'S FOUNDATION ONE OF THE LARGEST NOT-FOR-PROFIT HEALTH CARE SYSTEMS IN THE UNITED STATES, BAPTIST MEMORIAL HEALTH CARE OFFERS A FULL CONTINUUM OF CARE TO COMMUNITIES THROUGHOUT THE MIDSOUTH THE BAPTIST MEMORIAL SYSTEM, WHICH CONSISTENTLY RANKS AMONG THE TOP INTEGRATED HEALTH CARE NETWORKS IN THE NATION, COMPRISES 17 AFFILIATE HOSPITALS IN THE MID-SOUTH, MORE THAN 3,000 AFFILIATED PHYSICIANS, BAPTIST MEDICAL GROUP, A MULTI-SPECIALTY PHYSICIAN GROUP WITH MORE THAN 500 PHYSICIANS, HOME, HOSPICE AND PSYCHIATRIC CARE, A NETWORK OF SURGERY, REHABILITATION AND OTHER OUTPATIENT CENTERS, AND, AN EDUCATION SYSTEM HIGHLIGHTED BY THE BAPTIST COLLEGE OF HEALTH SCIENCES BAPTIST EMPLOYS MORE THAN 14,000 HEALTH CARE PROFESSIONALS, HAS MORE THAN 2,300 LICENSED BE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III STATEMENT OF PROGRAM SERVICES CONTINUED	DS SYSTEMWIDE AND HAS APPROXIMATELY 85,000 ADMISSIONS ANNUALLY FOR MORE INFORMATION ON BAPTIST MEMORIAL HEALTH CARE CORPORATION'S COMMUNITY OUTREACH AND COMMITMENT, PLEASE VISIT OUR WEB SITE AT WWW.BAPTISTONLINE.ORG

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 4	ON MAY 1, 2017, BAPTIST MEMORIAL HEALTH CARE CORPORATION MERGED WITH MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC. MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC. IS ALSO A SECTION 501(C)(3) ORGANIZATION. THE BOARDS OF BOTH BAPTIST MEMORIAL HEALTH CARE AND MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC. APPROVED THE MERGER AND THE DOCUMENTS HAVE BEEN AMENDED TO INCLUDE THIS INFORMATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	THE FORM 990 IS REVIEWED BY BAPTIST MEMORIAL HEALTH CARE CORPORATION'S PRESIDENT/CEO, THE EXEC V P /CFO, AND THE DIRECTOR OF FINANCE IN ADDITION, THE FORMS 990 AND 990-T ARE REVIEWED ANNUALLY 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 REQUIRES THAT ALL EMPLOYEES, INCLUDING OFFICERS AND KEY EMPLOYEES, PERIODICALLY COMPLETE A CERTIFICATION AND ACKNOWLEDGEMENT OF THE BAPTIST MEMORIAL HEALTH CARE CORPORATION STANDARDS OF CONDUCT, WHICH INCORPORATES THE CONFLICT OF INTEREST POLICY BOARD MEMBERS DISCLOSE AND SIGN A CONFLICT OF INTEREST STATEMENT EACH DECEMBER IN THE EVENT THAT AN EMPLOYEE OR BOARD MEMBER BECOMES AWARE OF A POTENTIAL CONFLICT OF INTEREST, HE/SHE IS REQUIRED TO REPORT IT TO THEIR CHIEF EXECUTIVE OFFICER BEFORE TAKING ANY ACTION IF HE/SHE IS THE CHIEF EXECUTIVE OFFICER, THEN HE/SHE IS TO REPORT TO THE CHAIRMAN OF THE BOARD OF DIRECTORS THE SIGNED CONFLICT OF INTEREST STATEMENTS ARE REVIEWED BY THE SENIOR V P AND CORPORATE COUNSEL, AND ARE MAINTAINED IN THE BAPTIST MEMORIAL HEALTH CARE CORPORATION LEGAL DEPARTMENT IF A CONFLICT OF INTEREST IS FOUND TO EXIST, IT WILL BE THE RESPONSIBILITY OF THE CEO, WITH THE INVOLVEMENT OF THE BAPTIST MEMORIAL HEALTH CARE CORPORATION LEGAL DEPARTMENT, TO RESOLVE THE ISSUE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	BAPTIST MEMORIAL HEALTH CARE CORPORATION'S HUMAN RESOURCE DEPARTMENT, THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS, AND AN INDEPENDENT COMPENSATION CONSULTING FIRM PERFORM ANNUAL REVIEWS EACH DECEMBER AND APPROVE COMPENSATION OF THE CEO AND OTHER TOP MANAGEMENT PERSONNEL. THEY USE COMPARABILITY DATA AND OTHER SOURCES AS NEEDED. THE CEO AND OTHER TOP MANAGEMENT USE THE SAME TYPE OF INFORMATION TO APPROVE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES. ON DECEMBER 14, 2015, THE COMPENSATION WAS REVIEWED AND APPROVED FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2016 FOR THE PRESIDENT, THE VICE PRESIDENTS, AND THE CEO/ADMINISTRATORS.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	OTHER PURCHASED SERVICES Program service expenses 38,973,591 Management and general expenses 249,973 Fundraising expenses 0 Total expenses 39,223,564 PHYSICIAN SERVICES Program service expenses 247,857 Management and general expenses 1,590 Fundraising expenses 0 Total expenses 249,447

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	ADJUSTMENT TO INVESTMENT IN MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC -137,245

990 Schedule O, Supplemental Information

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493225005048	
SCHEDULE R (Form 990)	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
	Department of the Treasury Internal Revenue Service	Name of the organization BAPTIST MEMORIAL HEALTH CARE CORPORATION			Employer identification number 58-1521475

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
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) HEALTH TECH AFFILIATES INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1278576	BUYING & LEASING REAL & PERSONAL PROPERTY	TN	BAPTIST MEMORIAL HEALTH CARE CORPORATION	C	5,177,088	3,057,537	100 000 %	Yes	
(2) BAPTIST MEMORIAL HEALTH SERVICES GROUP OF THE MID- SOUTH INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1534210	HEALTH INSURANCE CONTRACTING	TN	BAPTIST MEMORIAL HEALTH CARE CORPORATION	C	1,319,407	82,751	100 000 %	Yes	
(3) SOUTHCREST PROPERTY OWNERS ASSOCIATION 7601 SOUTHCREST PKWY SOUTHAVEN, MS 38671 64-0768703	BOOKKEEPING & DATA PROCESSING FOR THE SOUTHCREST DEVELOPMENT	MS	BAPTIST MEMORIAL HEALTH CARE CORPORATION	C	54,210	44,031	76 350 %	Yes	
(4) GERMANTOWN BUSINESS PARK OWNERS ASSOCIATION 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 20-1158216	BOOKKEEPING & DATA PROCESSING FOR THE GERMANTOWN BUSINESS PARK	TN	N/A	C				Yes	
(5) MISSISSIPPI BAPTIST MEDICAL ENTERPRISES INC 1225 NORTH STATE STREET JACKSON, MS 39202 64-0776164	INVESTMEMTS	MS	N/A	C				Yes	
(6) MEDICAL PRACTICE SOLUTIONS 1225 NORTH STATE STREET JACKSON, MS 39202 64-0833731	MEDICAL CONSULTING	MS	N/A	C				Yes	
(7) MISSISSIPPI REAL ESTATE ENTERPRISES INC 1225 NORTH STATE STREET JACKSON, MS 39202 64-0746856	INVESTMENTS	MS	N/A	C				Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)

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

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

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: 58-1521475
Name: BAPTIST MEMORIAL HEALTH CARE CORPORATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1456556	CARRY OUT THE HEALTH CARE MISSIONS OF THE BAPTIST CONVENTIONS OF ARK, MS, TN	TN	501(c)(3)	509(a)(3)	N/A	Yes	
(1) 1003 MONROE MEMPHIS, TN 38104 62-1599670	EDUCATION OF HEALTH CARE PROFESSIONALS	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HOSPITAL INC	Yes	
(2) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1509127	PROVISION OF HEALTH CARE PROVIDERS & HOME MEDICAL EQUIPMENT	TN	501(c)(3)	509(a)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(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 FACILITIES	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) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3032246	FACILITATE MEDICAL & SCIENTIFIC RESEARCH	TN	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(10) 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	
(11) 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	
(12) 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	
(13) 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	
(14) 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	
(15) 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	
(16) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1545731	PROVISION OF HEALTH CARE PROVIDERS FOR BAPTIST FACILITIES	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(17) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3032372	ESTABLISHING, MAINTAINING & MANAGING A PATIENT SAFETY ORGANIZATION	TN	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(18) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1407946	BAPTIST EMPLOYEE HEALTH PLAN	TN	501(c)(9)		BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(19) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1538114	NON-EMERGENCY MEDICAL CLINICS	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1544781	SOLICIT, RAISE, MANAGE, APPLY, & INVEST FUNDS IN SUPPORT OF BAPTIST ENTITIES	TN	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(1) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 26-1214372	HEALTH CARE FACILITY/HOSPITAL	AR	501(c)(3)	509(a)(1)	NEA BAPTIST HEALTH SYSTEM INC	Yes	
(2) 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	
(3) 4802 E JOHNSON AVE JONESBORO, AR 72401 71-0850123	HEALTH CARE SERVICE PROVIDER	AR	501(c)(3)	509(a)(1)	NEA BAPTIST HEALTH SYSTEM INC	Yes	
(4) 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	
(5) 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	
(6) 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	
(7) 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	
(8) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3303607	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
(9) 80 HUMPHREYS CENTER MEMPHIS, TN 38120 35-2461541	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3)	170(b)(1)(A)(iii)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
(10) 2859 VAN LEER DR BARTLETT, TN 38134 46-1953140	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3)	170(b)(1)(A)(iii)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
(11) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 81-3257997	HEALTH CARE FACILITY/HOSPITAL	MS	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(12) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 81-3655778	HEALTH CARE FACILITY	MS	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(13) 1225 NORTH STATE STREET JACKSON, MS 39202 64-0306253	HOLDING COMPANY	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(14) 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	
(15) 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	
(16) 1225 NORTH STATE STREET JACKSON, MS 39202 73-3068151	CLINICS	MS	501(c)(3)	509(a)(1)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
(17) 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	
(18) 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	
(19) 1225 NORTH STATE STREET JACKSON, MS 39202 80-0812322	HOLDING COMPANY	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) 1225 NORTH STATE STREET JACKSON, MS 39202 47-3403762	SOLICIT, RAISE, MANAGE, APPLY, & INVEST FUNDS IN SUPPORT OF BAPTIST ENTITIES	MS	501(c)(3)	509(a)(3)	MISSISSIPPI BAPTIST HEALTH SYSTEMS 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) HEALTH TECH AFFILIATES INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1278576	BUYING & LEASING REAL & PERSONAL PROPERTY	TN	BAPTIST MEMORIAL HEALTH CARE CORPORATION	C	5,177,088	3,057,537	100 000 %	Yes	
(1) BAPTIST MEMORIAL HEALTH SERVICES GROUP OF THE MID-SOUTH INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1534210	HEALTH INSURANCE CONTRACTING	TN	BAPTIST MEMORIAL HEALTH CARE CORPORATION	C	1,319,407	82,751	100 000 %	Yes	
(2) SOUTHCREST PROPERTY OWNERS ASSOCIATION 7601 SOUTHCREST PKWY SOUTHAVEN, MS 38671 64-0768703	BOOKKEEPING & DATA PROCESSING FOR THE SOUTHCREST DEVELOPMENT	MS	BAPTIST MEMORIAL HEALTH CARE CORPORATION	C	54,210	44,031	76 350 %	Yes	
(3) GERMANTOWN BUSINESS PARK OWNERS ASSOCIATION 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 20-1158216	BOOKKEEPING & DATA PROCESSING FOR THE GERMANTOWN BUSINESS PARK	TN	N/A	C				Yes	
(4) MISSISSIPPI BAPTIST MEDICAL ENTERPRISES INC 1225 NORTH STATE STREET JACKSON, MS 39202 64-0776164	INVESTMEMTS	MS	N/A	C				Yes	
(5) MEDICAL PRACTICE SOLUTIONS 1225 NORTH STATE STREET JACKSON, MS 39202 64-0833731	MEDICAL CONSULTING	MS	N/A	C				Yes	
(6) MISSISSIPPI REAL ESTATE ENTERPRISES INC 1225 NORTH STATE STREET JACKSON, MS 39202 64-0746856	INVESTMENTS	MS	N/A	C				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 MEMORIAL HEALTH CARE FOUNDATION INC	P	3,087,481	CASH
(1)	BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	Q	1,550,373	CASH
(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION AFFILIATES	D	425,309,476	CASH
(3)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	C	385,854,220	CASH
(4)	BAPTIST MEMORIAL HOSPITAL INC	L	62,078,628	CASH
(5)	BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	N	80,102	CASH
(6)	BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	O	423,279	CASH
(7)	BAPTIST MEMORIAL MEDICAL GROUP INC	L	7,340,820	CASH
(8)	BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC	L	1,393,488	CASH
(9)	BAPTIST MEMORIAL MEDICAL MINISTRIES EMPLOYEE HLTH & WELFARE TRUST	R	11,057,060	CASH
(10)	BAPTIST MINOR MEDICAL CENTERS INC	L	354,288	CASH
(11)	BAPTIST HEALTH SERVICES GROUP OF THE MIDSOUTH INC	N	197,714	CASH
(12)	BAPTIST HEALTH SERVICES GROUP OF THE MIDSOUTH INC	R	162,420	CASH
(13)	BAPTIST HEALTH SERVICES GROUP OF THE MIDSOUTH INC	S	2,161,704	CASH
(14)	NEA CLINIC CHARITABLE FOUNDATION INC	L	6,914,316	CASH
(15)	THE STERN CARDIOVASCULAR FOUNDATION INC	L	3,591,996	CASH
(16)	BAPTIST CANCER CENTER PHYSICIANS FOUNDATION INC	L	1,881,720	CASH
(17)	NEA BAPTIST HEALTH SYSTEM INC	O	83,434	CASH
(18)	MEMPHIS LUNG PHYSICIANS FOUNDATION INC	L	688,044	CASH
(19)	BAPTIST MEMORIAL HOSPITAL-BOONEVILLE INC	L	1,831,452	CASH
(20)	BAPTIST MEMORIAL HOSPITAL-DESOTO INC	L	24,745,248	CASH
(21)	BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC	L	14,199,816	CASH
(22)	BAPTIST MEMORIAL HOSPITAL-HUNTINGDON INC	L	1,676,700	CASH
(23)	BAPTIST MEMORIAL HOSPITAL-JONESBORO INC	L	16,793,184	CASH
(24)	BAPTIST MEMORIAL HOSPITAL-N MISSISSIPPI INC	L	16,703,748	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 MEMORIAL HOSPITAL-TIPTON INC	L	6,376,392	CASH
(1)	BAPTIST MEMORIAL HOSPITAL-UNION CITY INC	L	3,986,940	CASH
(2)	BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC	L	4,873,512	CASH
(3)	GASTROENTESTINAL SPECIALISTS INC	L	507,720	CASH
(4)	BAPTIST MEMORIAL HOSPITAL-CALHOUNINC	L	1,125,084	CASH
(5)	BAPTIST NURSING HOME-CALHOUN	L	688,320	CASH
(6)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	L	4,912,784	CASH
(7)	BMG FAMILY PHYSICIANS GROUP FOUNDATION INC	L	915,372	CASH
(8)	BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC	E	187,395	CASH
(9)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	E	10,492,035	CASH