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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2016

Open to Public Inspection

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 HOSPITAL

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

D Employer identification number
62-0123940

E Telephone number
(901) 227-5117

G Gross receipts $ 659,283,386

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: ▶ https //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

1 Briefly describe the organization's mission or most significant activities
BAPTIST MEMORIAL HOSPITAL, INC PROVIDES QUALITY MEDICAL HEALTHCARE (SEE SCHEDULE O, pg 102) REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	7
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	4,907
6	Total number of volunteers (estimate if necessary)	**6**	142
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,961,238	0
9	Program service revenue (Part VIII, line 2g)	615,813,358	651,755,065
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,895	25,730
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	993,506	2,187,671
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	618,796,997	653,968,466
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	402,541	208,436
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	267,512,637	268,100,818
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	396,144,042	382,855,347
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	664,059,220	651,164,601
19	Revenue less expenses Subtract line 18 from line 12	-45,262,223	2,803,865

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	428,426,453	442,981,678
21	Total liabilities (Part X, line 26)	260,173,961	268,960,947
22	Net assets or fund balances Subtract line 21 from line 20	168,252,492	174,020,731

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2018-08-13

JASON M LITTLE PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
FRANCIS J BEDARD	FRANCIS J BEDARD			P00752421

Firm's name ▶ DELOITTE TAX LLP — Firm's EIN ▶ 86-1065772

Firm's address ▶ 1033 DEMONBREUN SUITE 400
NASHVILLE, TN 37203 — Phone no (615) 259-1811

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

BAPTIST MEMORIAL HOSPITAL, INC PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE

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 $ 613,343,857 including grants of $ 208,436) (Revenue $ 651,849,158)

See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 613,343,857

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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		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? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**	Yes	
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
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	4,907		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶CYNDI PITTMAN 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 (901) 226-0508

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								2,481,140	5,952,025	866,139

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 ▶ 125

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ELLIS REEF, 595 VALLEYBROOK MEMPHIS, TN 38120	PHYSICIAN SERVICES	375,186
PATHOLOGY GROUP OF MIDSOUTH PC PO BOX 1000 DRPT 539 MEMPHIS, TN 381480539	PHYSICIAN SERVICES	305,856
UT MEDICAL GROUP INC 930 MADISON AVE MEMPHIS, TN 38104	PHYSICIAN SERVICES	282,985
MMF CONSULTING 9125 HWY 196 COLLIERVILLE, TN 38017	CONSULTING	266,925
MEMPHIS NEUROLOGY PLLC 7645 WOLF RIVER CIR 100 GERMANTOWN, TN 38138	CONSULTING	251,250

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 9

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a-1f $ _____				
	h **Total.** Add lines 1a-1f . . . . . ▶				
Program Service Revenue		Business Code			
	2a HOSPITAL REVENUE	541200	651,390,554	651,390,554	
	b RENT FROM AFFILIATES	532000	364,511	364,511	
	c _____				
	d _____				
	e _____				
	f All other program service revenue				
	g **Total.** Add lines 2a–2f . . . . ▶		651,755,065		
	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	59,099			59,099
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents	3,237,521			
	b Less rental expenses	5,281,551			
	c Rental income or (loss)	-2,044,030			
	d Net rental income or (loss) . . . . . ▶	-2,044,030			-2,044,030
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory				
	b Less cost or other basis and sales expenses		33,369		
	c Gain or (loss)		-33,369		
	d Net gain or (loss) . . . . . ▶	-33,369			-33,369
Other Revenue	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 CAFETERIA	722210	3,740,186		3,740,186
	b PAT /EMP CONVENIENCES	900099	397,422		397,422
	c NON-OPERATING REVENUE	900099	94,093	94,093	
	d All other revenue				
	e **Total.** Add lines 11a–11d . . . . . ▶		4,231,701		
	12 Total revenue. See Instructions . . . . . ▶		653,968,466	651,849,158	0 2,119,308

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	208,436	208,436		
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	1,982,094	1,882,989	99,105	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	214,060,965	203,357,917	10,703,048	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,900,711	5,605,675	295,036	
9 Other employee benefits	31,323,973	29,757,774	1,566,199	
10 Payroll taxes	14,833,075	14,091,421	741,654	
11 Fees for services (non-employees)				
a Management				
b Legal	25,365	22,321	3,044	
c Accounting				
d Lobbying	47,826		47,826	
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	55,533,792	50,717,220	4,816,572	
12 Advertising and promotion	182,935	160,983	21,952	
13 Office expenses	11,331,652	9,971,854	1,359,798	
14 Information technology				
15 Royalties				
16 Occupancy	7,401,347	6,513,185	888,162	
17 Travel	270,693	108,277	162,416	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	224,013	89,605	134,408	
20 Interest	1,318,936	1,160,664	158,272	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,893,031	22,785,867	3,107,164	
23 Insurance	7,381,242	6,495,493	885,749	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	166,325,026	166,325,026	0	
b PAYMENTS TO AFFILIATES	78,166,895	68,786,868	9,380,027	
c REPAIRS & MAINTENANCE	14,509,838	12,768,657	1,741,181	
d MEDICAID ASSESSMENT	12,005,712	10,565,027	1,440,685	
e All other expenses	2,237,044	1,968,598	268,446	
25 **Total functional expenses.** Add lines 1 through 24e	651,164,601	613,343,857	37,820,744	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	5,458	1	4,408
	2	Savings and temporary cash investments	22,000,592	2	44,212,096
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	88,867,682	4	102,214,578
	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	13,506	7	
	8	Inventories for sale or use	15,452,762	8	14,317,703
	9	Prepaid expenses and deferred charges	5,340,777	9	5,496,089
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 763,786,317			
	b	Less accumulated depreciation — 10b: 506,737,682	269,338,945	10c	257,048,635
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	703,307	12	867,944
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	26,703,424	15	18,820,225
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	428,426,453	16	442,981,678
Liabilities	17	Accounts payable and accrued expenses	36,547,903	17	35,638,115
	18	Grants payable		18	
	19	Deferred revenue		19	1,174
	20	Tax-exempt bond liabilities	61,285,224	20	41,081,902
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	162,340,834	25	192,239,756
	26	**Total liabilities.** Add lines 17 through 25	260,173,961	26	268,960,947
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	168,208,717	27	173,976,956
	28	Temporarily restricted net assets	43,775	28	43,775
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	168,252,492	33	174,020,731
	34	Total liabilities and net assets/fund balances	428,426,453	34	442,981,678

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	653,968,466
2	Total expenses (must equal Part IX, column (A), line 25)	2	651,164,601
3	Revenue less expenses Subtract line 2 from line 1	3	2,803,865
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	168,252,492
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,964,374
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	174,020,731

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 62-0123940

Name: BAPTIST MEMORIAL HOSPITAL

Form 990 (2016)

Form 990, Part III, Line 4a:

BAPTIST MEMORIAL HOSPITAL, INC PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE PATIENTS OF EVERY RACE, CREED AND SOCIOECONOMIC GROUP COME TO BAPTIST MEMORIAL HOSPITAL FROM MANY STATES AND COUNTRIES WITH ILLNESSES THAT ARE OFTEN VERY SERIOUS ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE OPERATION AND STABILITY OF BAPTIST MEMORIAL HOSPITAL, INC , IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES, AND FURTHER, THAT OUR MISSION IS TO SERVE THE COMMUNITY WITH RESPECT TO PROVIDING HEALTH CARE SERVICES AND HEALTHCARE EDUCATION (SEE SCHEDULE O, PG 102 FOR CONTINUATION)THEREFORE, IN KEEPING WITH ITS COMMITMENT TO SERVE ALL MEMBERS OF ITS COMMUNITY, BAPTIST MEMORIAL HOSPITAL, INC PROVIDES THE FOLLOWING --FREE CARE AND/OR SUBSIDIZED CARE WHERE THE NEED AND/OR AN INDIVIDUAL'S INABILITY TO PAY COEXIST,--CARE PROVIDED TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST, AND--HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITYTHESE ACTIVITIES INCLUDE WELLNESS PROGRAMS, COMMUNITY EDUCATION PROGRAMS, PROGRAMS FOR THE ELDERLY, HANDICAPPED, MEDICALLY UNDERSERVED, AND A VARIETY OF BROAD COMMUNITY SUPPORT ACTIVITIES BAPTIST MEMORIAL HOSPITAL INCLUDES THREE MEMPHIS AREA HOSPITALS-BAPTIST MEMORIAL HOSPITAL (MEMPHIS), BAPTIST MEMORIAL HOSPITAL (COLLIERVILLE), AND BAPTIST MEMORIAL HOSPITAL FOR WOMEN THE COMBINED LOCATIONS OF BAPTIST MEMORIAL HOSPITAL SERVICED 35,858 PATIENT DISCHARGES AND PROVIDED MORE THAN 236,051 OUTPATIENT SERVICES DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 2017 EMPHASIS IS NOW ON OUTPATIENT SERVICES BAPTIST MEMORIAL HOSPITAL PROVIDES MANY OUTPATIENT SERVICES, WHICH WILL CONTINUE TO CUT HOSPITAL COSTS AND STAYS MOST PATIENTS PREFER TO RECUPERATE AT HOME AND WITH THE OUTPATIENT SERVICES PROVIDED AT BAPTIST MEMORIAL HOSPITAL, PATIENTS NOW HAVE THAT OPTION DURING THE YEAR ENDING SEPTEMBER 30, 2017 BAPTIST MEMORIAL HOSPITAL PROGRAM SERVICES PRODUCED THE FOLLOWING RESULTS --THE SURGERY DEPARTMENT PERFORMED 149,722 PROCEDURES AT A COST OF $92,412,979 --THE PHARMACY DEPARTMENT DISPENSED 4,930,570 UNIT DOSES OF MEDICATION AT A COST OF $55,236,349 --THE CARDIOVASCULAR SERVICES DEPARTMENT PERFORMED 129,037 PROCEDURES AT A COST OF $39,842,945 CHARITY CARE IS PROVIDED THROUGH INPATIENT, OUTPATIENT AND COMMUNITY-BASED PROGRAMS INPATIENT SERVICES ARE PROVIDED TO PATIENTS WHO ARE MEDICALLY INDIGENT RESIDENTS OF THE STATES OF ARKANSAS, MISSISSIPPI, TENNESSEE, AND OTHER STATES THE BAPTIST MEMORIAL HOSPITAL ALSO MAINTAINS A CLINIC TO SERVE THIS POPULATION ON AN OUTPATIENT BASIS STAFF PHYSICIANS AT BAPTIST MEMORIAL HOSPITAL, AS WELL AS PHYSICIANS IN THE MEDICAL RESIDENCY PROGRAMS, GIVE COUNTLESS HOURS OF THEIR TIME TREATING PATIENTS WHO CANNOT PAY THE UN-REIMBURSED AMOUNT OF CHARITY AND CONTRACTUAL ALLOWANCES WAS $1,769,446,755 BAPTIST MEMORIAL HOSPITAL HAD SEVERAL NOTEWORTHY ACCOMPLISHMENTS AND NEW SERVICE LINES DURING THE PERIOD ENDING SEPTEMBER 30, 2017 SOME OF THESE ARE BAPTIST MEMORIAL HOSPITAL WAS THE PILOT HOSPITAL FOR A UNIQUE PATIENT SAFETY AND QUALITY PROJECT THAT WAS LAUNCHED BY HUMANA, INC THROUGH THE PROJECT, HUMANA WILL MONITOR CERTAIN SAFETY AND QUALITY GOALS ALREADY ESTABLISHED AT BAPTIST MEMORIAL HOSPITAL THESE GOALS WILL BE REVIEWED ANNUALLY BY HUMANA OVER A PERIOD OF THREE YEARS AS THE PROGRAMS SAFETY AND QUALITY GOALS ARE MET EACH YEAR, HUMANA WILL RECOGNIZE BAPTIST MEMORIAL HOSPITAL BY CONTINUING TO FUND NURSING SCHOLARSHIPS AT THE BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES, INC SOME OF BAPTIST MEMORIAL HOSPITAL'S CURRENT SAFETY AND QUALITY INITIATIVES INCLUDE THOSE TARGETED AT SAFE MEDICATION USE, LEGIBILITY OF MEDICATION ORDERS, PAIN MANAGEMENT AND FALLS BAPTIST MEMORIAL HOSPITAL HAS BEEN RECOGNIZED NATIONALLY FOR OUR PATIENT SAFETY AND QUALITY EFFORTS BAPTIST HEART INSTITUTE THE BAPTIST HEART INSTITUTE, LOCATED WITHIN BAPTIST MEMPHIS, IS DEDICATED TO PROVIDING LEADING-EDGE CARDIOVASCULAR RESEARCH AND TREATMENT FOR HEART PATIENTS THE HEART INSTITUTE, WHICH MEASURES 165,000 SQUARE FEET, INCLUDES AREAS FOR CARDIOVASCULAR PROCEDURES, CARDIOVASCULAR SURGICAL SUITES, HEART CATHETERIZATION LABS, CARDIOVASCULAR INTENSIVE CARE BEDS, A CARDIAC INTERVENTION UNIT, CARDIAC MEDICINE UNITS, A PRE/POST CATH LAB UNIT, ELECTROPHYSIOLOGY LABS, A HEART TRANSPLANT UNIT AND A CARDIOVASCULAR STEP-DOWN UNIT FUNDING FROM THE FORD-GOLTMAN CARDIAC RESEARCH ENDOWMENT SUPPORTS THE ADVANCEMENT OF CARDIAC RESEARCH AT THE BAPTIST HEART INSTITUTE BAPTIST MEMPHIS ALSO OPERATES THE PLAZA DIAGNOSTIC PAVILION, AN OUTPATIENT FACILITY THAT HANDLES APPROXIMATELY 6,000 OUTPATIENT VISITS A MONTH AND CENTRALIZES MANY OF THE HOSPITAL'S OUTPATIENT SERVICES BAPTIST MEMORIAL HOSPITAL IS THE FIRST HOSPITAL IN THE MIDSOUTH TO --HAVE IMAGE GUIDED RADIATION THERAPY (IGRT)--HAVE A GENETICS COUNSELING PROGRAM--PERFORM CORONARY ARTERY BYPASS SURGERY--PERFORM CARDIOMYOPLASTY--SUCCESSFULLY IMPLANT THE HEARTMATE --PERFORM THE RADIAL BRACHYTHERAPY PROCEDURE--PERFORM A STEREOTAXIS ELECTROPHYSIOLOGY PROCEDURE--OFFER MAGNETIC NAVIGATION SYSTEM--PROVIDE INTENSITY MODULATED RADIATION THERAPY (IMRT) IN THE MEMPHIS AND SURROUNDING AREA--PERFORM A TOTAL JOINT REPLACEMENT USING CERAMIC-ON-CERAMIC PROSTHESIS--PROVIDE FUNDING FOR 12-LEAD EKGS TO BE PERFORMED IN AMBULANCES BY EMERGENCY MEDICAL TECHNICIANS--PERFORM THE CARDIOMYOPLASTY PROCEDURE, DURING WHICH SKELETAL MUSCLES ARE TAKEN FROM A PATIENT'S BACK OR ABDOMEN AND WRAPPED AROUND AN AILING HEART THE ADDED MUSCLE, AIDED BY ONGOING STIMULATION FROM A DEVICE SIMILAR TO A PACEMAKER, MAY BOOST THE HEART'S PUMPING MOTION --PROVIDE ABIOMED, A DEVICE USED TO ASSIST THE HEART SO THAT IT CAN REST, HEAL AND RECOVER ITS FUNCTION --OFFER REVO MRI SURESCAN PACING SYSTEM --THE FIRST IN THE NATION TO PERFORM THE MEDTRONIC CONVERGENT MAZE PROCEDURE, PUTTING BAPTIST MEMORIAL HOSPITAL AT THE CUTTING-EDGE OF AFIB TECHNOLOGY AND TREATMENT BAPTIST MEMORIAL HOSPITAL IS THE FIRST HOSPITAL IN TENNESSEE TO --DISCHARGE A PATIENT HOME WITH THE HEARTMATE VENTED ELECTRIC VENTRICULAR ASSIST DEVICE, A DEVICE THAT DOES THE WORK OF THE HEART WHEN PATIENTS' HEARTS ARE TOO WEAK TO FUNCTION PROPERLY --EARN AMERICAN ASSOCIATION OF BLOOD BANK IMMUNOHEMATOLOGY REFERENCE LABORATORY ACCREDITATION BAPTIST MEMPHIS IS THE ONLY HOSPITAL IN TENNESSE AND ONE OF ONLY 58 IN THE WORLD TO RECEIVE ACCREDITATION --PROVIDE FUNDING FOR 12-LEAD EKGS TO BE PERFORMED IN AMBULANCES BY EMERGENCY MEDICAL TECHNICIANS TWELVE-LEAD EKGS ALLOW DOCTORS TO OBSERVE THE HEART'S ELECTRICAL ACTIVITY FROM 12 DIFFERENT ANGLES, PROVIDING THEM WITH MORE INFORMATION ABOUT HEART ATTACK PATIENTS BEFORE THEY ARRIVE AT THE HOSPITAL --DISCHARGE A PATIENT HOME ON A THORATEC VENTRICULAR ASSIST DEVICEBAPTIST MEMORIAL HOSPITAL IS THE FIRST HOSPITAL IN THE MEMPHIS AREA TO --OPEN A DEDICATED HEART INSTITUTE--HAVE PHYSICIANS WHO WERE THE FIRST TO PERFORM THE AREA'S FIRST SURGERY WITH THE EDWARDS SAPIEN TRANSCATHETER HEART VALVE TECHNOLOGY THAT WAS APPROVED BY THE US FOOD AND DRUG ADMINISTRATION IN NOVEMBER 2011 FOR INOPERABLE PATIENTS WITH AORTIC STENOSIS--HAVE A CARDIOLOGIST WHO PERFORMED THE CITY'S FIRST CRYOBALLOON PROCEDURE WITH A NEW TECHNOLOGY CALLED ARTICFRONT CARDIAC CRYOABLATION--PERFORM THE PERCUTANEOUS VALVE PROCEDURE--OFFER CYBERKNIFE ROBOTIC RADIOSURGERY TECHNIQUE FOR TREATING CANCEROUS AND NON-CANCEROUS TUMORS--PROVIDE INTENSITY MODULATED RADIATION THERAPY--HAVE A FREESTANDING RADIATION ONCOLOGY CENTER--PROVIDE A CANCER NAVIGATOR TO ASSIST CANCER PATIENTS--PROVIDE A DEDICATED RESUSCITATION FOCUS PAIRING EARLY INTERVENTION WITH A RESPONSE TEAM IN A UNIFORM DEFIBRILLATOR OPERATING SYSTEM (MEDICAL RESPONSE TEAM)--PROVIDE PROSTATE BRACHYTHERAPY, A NONSURGICAL WAY TO TREAT PROSTATE CANCER

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			
RANDY J KING DIRECTOR	0 23 39 77	X						0	623,737	64,328
MARTHA BEARD DIRECTOR	0 23 0 98	X						0	0	0
ROBERT SCHRINER MD DIRECTOR (THRU 12/16)	0 23 0 23	X						0	0	0
STEVE THRELKELD MD DIRECTOR	0 23 0 23	X						0	0	0
DANA KELLY DIRECTOR	0 23 2 44	X						0	0	0
DR DALE MORRIS DIRECTOR	0 23 0 98	X						0	0	0
SPENCE WILSON DIRECTOR	0 23 0 23	X						0	0	0
JUDI CARNEY MD DIRECTOR	0 23 0 23	X						0	0	0
STANLEY THOMPSON MD DIRECTOR (AS OF 12/16)	0 23 0 23	X						0	0	0
JASON M LITTLE PRESIDENT	0 23 39 77			X				0	1,470,615	58,636

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			
GREGORY M DUCKETT SECRETARY	0 23 39 77			X				0	707,234	63,288
PAUL D DEPRIEST MD V P /COO	0 23 39 77			X				0	997,354	57,787
KEVIN HAMMERAN CEO/ADMIN	40 00 0 00			X				0	287,963	22,720
DANA DYE CEO/ADMIN	39 77 0 23			X				0	541,173	39,875
KYLE E ARMSTRONG CEO/ADMIN	40 00 0 00			X				0	213,643	24,551
CYNDI S PITTMAN CFO	40 00 0 00			X				219,757	0	53,329
TERRI SEAGO CFO	40 00 0 00			X				138,387	0	26,573
MARGARET H WILLIAMS CFO	40 00 0 00			X				117,449	0	23,526
CHRISTIAN C PATRICK CMO	40 00 0 00				X			457,658	0	62,291
LINDSAY R STENCEL ASST ADMINISTRATOR	40 00 0 00				X			177,399	0	41,261

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			
MELISSA A NELSON ASST ADMINISTRATOR	40 00 0 00				X			151,129	0	39,721
SCOTT W CHILDERS ASST ADMINISTRATOR	40 00 0 00				X			174,194	0	16,559
MICHELLE M SMITH CNO	40 00 0 00				X			235,714	0	44,985
KEVIN L BRONSON CHIEF PHYSICIST	40 00 0 00					X		175,865	0	33,438
DARLA G BELT DIRECTOR OF NURSING	40 00 0 00					X		170,075	0	13,438
STEPHEN L HELTON CASE MGMT	40 00 0 00					X		163,472	0	28,695
DENNIS E ROBERTS PHAR DIRECTOR	40 00 0 00					X		152,840	0	27,757
JOHN S STANTON PHAR	40 00 0 00					X		147,201	0	31,045
DERICK ZIEGLER FORMER BAPTIST HOSPITAL CEO	0 00 40 00						X	0	567,230	61,217
ANITA VAUGHN FORMER WOMEN'S HOSPITAL CEO	0 00 40 00						X	0	543,076	31,119

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HOSPITAL

Employer identification number
62-0123940

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 **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

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

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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

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

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

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

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

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

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

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 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) ▶	(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) ▶	(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? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 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

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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	Employer identification number
BAPTIST MEMORIAL HOSPITAL	62-0123940

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? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ 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? ☐ Yes ☐ 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		
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-		

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

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) Yes	(a) No	(b) 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		47,826
j	Total Add lines 1c through 1i			47,826
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 ASSOCATIONS 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

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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 HOSPITAL

Employer identification number
62-0123940

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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

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

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

Part VI Land, Buildings, and Equipment.
Complete if the organization answered 'Yes' 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		27,080,384		27,080,384
b Buildings		477,692,328	290,024,764	187,667,564
c Leasehold improvements		3,467,133	3,141,202	325,931
d Equipment		225,236,443	185,742,457	39,493,986
e Other		30,310,029	27,829,259	2,480,770
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				257,048,635

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
POST RETIREMENT BENEFIT OBLIGATION	33,379,874
ESTIMATED SETTLEMENTS WITH THIRD PARTIES	6,279,396
OTHER L/T LIABILITIES	1,940,689
DUE TO AFFILIATES	150,639,797
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	192,239,756

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: 62-0123940
Name: BAPTIST MEMORIAL HOSPITAL

Supplemental Information

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

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HOSPITAL

Employer identification number
62-0123940

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☑ 100% ☐ 150% ☐ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			23,944,814	1,730,452	22,214,362	3 410 %
b Medicaid (from Worksheet 3, column a)			101,516,754	63,811,884	37,704,870	5 790 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			2,977,855	1,495,866	1,481,989	0 230 %
d **Total** Financial Assistance and Means-Tested Government Programs			128,439,423	67,038,202	61,401,221	9 430 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	6	4,573	72,546	0	72,546	0 010 %
f Health professions education (from Worksheet 5)	4	18	15,688,754	2,265,880	13,422,874	2 060 %
g Subsidized health services (from Worksheet 6)			262,457,438	211,203,144	51,254,294	7 870 %
h Research (from Worksheet 7)			462,990	421,913	41,077	0 010 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	6	1,170	83,886	0	83,886	0 010 %
j **Total.** Other Benefits	16	5,761	278,765,614	213,890,937	64,874,677	9 960 %
k **Total.** Add lines 7d and 7j	16	5,761	407,205,037	280,929,139	126,275,898	19 390 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	3	0	2,748	0	2,748	0 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development	1	65	48,340	0	48,340	0 010 %
9 Other						
10 Total	4	65	51,088		51,088	0 010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 8,336,125			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 6,187,477			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	137,343,979
6	Enter Medicare allowable costs of care relating to payments on line 5	6	109,723,856
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	27,620,123
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year?
3

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

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group BAPTIST MEMORIAL HOSPITAL-MEMPHIS

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART V SECTION C			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) SEE PART V SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

BAPTIST MEMORIAL HOSPITAL-MEMPHIS

Name of hospital facility or letter of facility reporting group

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %			
b ☑ Income level other than FPG (describe in Section C)			
c ☐ Asset level			
d ☑ Medical indigency			
e ☑ Insurance status			
f ☑ Underinsurance discount			
g ☑ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15 Explained the method for applying for financial assistance?	**15**	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility?	**16**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The FAP was widely available on a website (list url) SEE PART V SECTION C			
b ☑ The FAP application form was widely available on a website (list url) SEE PART V SECTION C			
c ☑ A plain language summary of the FAP was widely available on a website (list url) SEE PART V SECTION C			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

BAPTIST MEMORIAL HOSPITAL-MEMPHIS

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

BAPTIST MEMORIAL HOSPITAL-MEMPHIS

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group BAPTIST MEMORIAL HOSPITAL FOR WOMEN

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7 Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) SEE PART V SECTION C			
b ☐ Other website (list url)			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
If "Yes" (list url) PART V SECTION C			
a			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

BAPTIST MEMORIAL HOSPITAL FOR WOMEN

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) SEE PART V SECTION C			
b	☑ The FAP application form was widely available on a website (list url) SEE PART V SECTION C			
c	☑ A plain language summary of the FAP was widely available on a website (list url) SEE PART V SECTION C			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

BAPTIST MEMORIAL HOSPITAL FOR WOMEN

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

BAPTIST MEMORIAL HOSPITAL FOR WOMEN

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		No
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) SEE PART V SECTION C			
b ☐ Other website (list url)			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
If "Yes" (list url) SEE PART V SECTION C **a**			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE

Name of hospital facility or letter of facility reporting group

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %			
b ☑ Income level other than FPG (describe in Section C)			
c ☐ Asset level			
d ☑ Medical indigency			
e ☑ Insurance status			
f ☑ Underinsurance discount			
g ☑ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15 Explained the method for applying for financial assistance?	**15**	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility?	**16**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The FAP was widely available on a website (list url) SEE PART V SECTION C			
b ☑ The FAP application form was widely available on a website (list url) SEE PART V SECTION C			
c ☑ A plain language summary of the FAP was widely available on a website (list url) SEE PART V SECTION C			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V **Facility Information** *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

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

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7	OUR COST ACCOUNTING PROCESS REFLECTS FULLY LOADED COST FOR ALL OF OUR PATIENT POPULATIONS FULLY LOADED COST INCLUDES DIRECT, CAPITAL, AND INDIRECT COST AFTER WORKING WITH OUR DEPARTMENT DIRECTORS AND CFOS TO MAKE SURE THE DOLLARS IN THE GENERAL LEDGER ARE IN THE CORRECT PLACE TO REFLECT OUR TIME AND EFFORTS SPENT THROUGHOUT THE YEAR, WE DEVELOP RELATIVE VALUE UNITS TO ALLOCATE THE ACTUAL GENERAL LEDGER COST DOWN TO THE PROCEDURE CHARGE CODES FROM OUR PATIENT ACCOUNTING SYSTEM ALL OVERHEAD IS ALLOCATED DOWN TO THE REVENUE PRODUCING DEPARTMENTS BASED ON VARIOUS STATISTICS ONCE EVERY CHARGE CODE HAS GONE THROUGH THE COST AND AUDIT PROCESS, WE CAN RUN THE PATIENT LEVEL REPORTS USED FOR THE FORM 990 TO GET TO THE COST INFORMATION NEEDED
Part I, Line 7g	SUBSIDIZED HEALTH SERVICES DID NOT INCLUDE ANY COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Ln 7 Col(f)	PER IRS INSTRUCTIONS, BAD DEBT EXPENSE WAS NOT INCLUDED IN THE CALCULATION OF THE PERCENTAGE OF TOTAL CHARITY CARE AND COMMUNITY BENEFITS COST ON SCHEDULE H, LINE 7, COLUMN (F)
PART I, LINE 6a	THE COMMUNITY BENEFIT REPORT IS PREPARED BY THE HOSPITAL'S SOLE MEMBER, BAPTIST MEMORIAL HEALTH CARE CORPORATION THE COMMUNITY BENEFIT REPORT IS MADE AVAILABLE TO THE PUBLIC BY MAIL AND AVAILABLE AT EACH AFFILIATE OF BAPTIST MEMORIAL HEALTH CARE CORPORATION

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part II, Community Building Activities	BAPTIST MEMORIAL HOSPITAL CONDUCTS SEVERAL HEALTH FAIRS, SEMINARS AND CLASSES THROUGHOUT THE YEAR FOR THE COMMUNITIES IT SERVES BAPTIST ALSO IS INVOLVED IN LOCAL COMMUNITY AND NON-PROFIT ORGANIZATIONS SUCH AS THE AMERICAN CANCER SOCIETY RACE FOR THE CURE, WALK AMERICA, ST JUDE, AND MANY OTHERS NOT ONLY DO WE PROVIDE MONETARY DONATIONS, BUT OUR EMPLOYEES ARE ACTIVE VOLUNTEERS IN THESE WORTHY CAUSES
Part III, Line 2	THE ORGANIZATION'S BAD DEBT EXPENSE WAS DETERMINED AS FOLLOWS A BAD DEBT REPORT IS RUN TO PULL ALL PATIENTS THAT HAVE BEEN MOVED TO A BAD DEBT ACCOUNT LOCATION WE THEN TAKE THE TOTAL ACCOUNT BALANCE OF ALL THE PATIENTS IN THE BAD DEBT LOCATION AND DIVIDE IT BY THE TOTAL CHARGES OF THE SAME PATIENT LOCATION WE MULTIPLY THE RESULTING RATIO BY THE TOTAL COST OF THE SAME PATIENT POPULATION WHICH PROVIDES US WITH THE COST ASSOCIATED WITH THE TOTAL AMOUNT OF THE ACCOUNT BALANCE MOVED TO BAD DEBT STATUS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 3	THE ORGANIZATION'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY WAS DETERMINED AS FOLLOWS WE RUN A QUERY OUT OF OUR INTERNAL DATA WAREHOUSE SYSTEM THAT IDENTIFIES THE PATIENT POPULATION WHO HAVE BEEN IDENTIFIED AS ELIGIBLE FOR FREE OR DISCOUNTED CARE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY THIS INFORMATION IS ENTERED INTO THE STANDARD NOTE SECTION OF EACH PATIENT RECORD WE ALSO QUALIFY OUR PATIENT QUERY BY THE STANDARD NOTES THAT REPRESENT WHEN A PATIENT REFUSES TO COMPLETE THE FINANCIAL ASSISTANCE PAPERWORK IF A PATIENT IS DETERMINED TO BE EITHER ELIGIBLE FOR FINANCIAL ASSISTANCE, IF INFORMATION PROVIDED BY THE PATIENT IS INCOMPLETE, OR WHEN A SELF-PAY MINIMUM DISCOUNT NOTE IS ENTERED ON THE PATIENT RECORD, WE THEN TAKE THIS PATIENT POPULATION AND RUN A REPORT WHICH PROVIDES US THE COST ASSOCIATED WITH THE TOTAL AMOUNT OF BAD DEBT ATTRIBUTABLE TO THOSE PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE
Part III, Line 4	BAPTIST MEMORIAL HOSPITAL HAS ADOPTED HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO 15, VALUATION AND FINANCIAL STATEMENT PRESENTATION OF CHARITY CARE AND BAD DEBTS BY INSTITUTIONAL PROVIDERS THE BAPTIST MEMORIAL HEALTH CARE CORPORATION AND AFFILIATES COMBINED FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2017 AND SEPTEMBER 30, 2016, AND INDEPENDENT AUDITOR'S REPORT ARE ATTACHED THERE IS NOT A SEPARATE BAD DEBT EXPENSE FOOTNOTE IN THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS ALLOWANCE FOR DOUBTFUL ACCOUNTS IS DISCUSSED IN A SEPARATE PARAGRAPH BEGINNING ON PAGE 7 OF THE AUDITED FINANCIAL STATEMENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 8	THE SHORTFALL, IF ANY, IS NOT TREATED AS COMMUNITY BENEFIT WE CAN'T GET THE PAYMENT AND MEDICARE ALLOWABLE COST INFORMATION FROM THE COST REPORT IN THE FORMAT THAT WE NEED, SO WE DO THE FOLLOWING FOR LINE 5, WE TAKE THE TOTAL PAYMENTS FOR MEDICARE PATIENTS FROM SCHEDULE 6 PATIENT POPULATION AND DIVIDE THAT BY THE TOTAL HOSPITAL MEDICARE PAYMENTS WE MULTIPLY THE RESULTING RATIO BY THE REVENUE NUMBERS THAT COME FROM THE COST REPORT FOR LINE 6, WE USE THE SAME CONCEPT TO GET THE COST INFORMATION WE GET THE TOTAL COST OF MEDICARE PATIENTS FROM SCHEDULE 6 AND DIVIDE THAT NUMBER BY THE TOTAL COST OF THE TOTAL MEDICARE PATIENT POPULATION OF THE HOSPITAL WE THEN MULTIPLY THIS RATIO BY THE COST INFORMATION FROM THE COST REPORT
Part III, Line 9b	THE HOSPITAL'S COLLECTION AGENCY, WILL DETERMINE IF THE PATIENT HAS A CHARITY APPLICATION ON FILE AND WAS DEEMED TO BE A CHARITY CASE BY THE HOSPITAL IF IT WAS DETERMINED THAT THE PATIENT IS A CHARITY CASE, THEN THE COLLECTION AGENCY WILL REVIEW THE REMAINING UNPAID BALANCE AFTER THE APPLICATION OF THE CHARITY DISCOUNT, AND PURSUE APPROPRIATE COLLECTION EFFORTS DEPENDING UPON THE CIRCUMSTANCES AT THE TIME, THE ENTIRE AMOUNT OWED MAY BE WRITTEN OFF OTHER PATIENTS, WHO ARE NOT CHARITY PATIENTS, GENERALLY ARE NOT OFFERED A DISCOUNT ON THE AMOUNT OWED IF THE ACCOUNT IS 0-6 MONTHS OLD THE HOSPITAL'S COLLECTION AGENCY WILL TRY TO SET UP A PAYMENT PLAN IF THE PATIENT HAS INSURANCE AND THE BILL WAS FILED WITH THEIR INSURANCE COMPANY, THE PRIOR PPO ADJUSTMENT IS GIVEN THE AMOUNT OF DISCOUNT INCREASES AS THE AGE OF THE DEBT INCREASES AS THE AGE OF THE DEBT INCREASES, DETERMINING FACTORS ARE ALSO CONSIDERED SUCH AS THE ABILITY OF THE PATIENT TO PAY, THE AGE AND HEALTH OF THE PATIENT, FAMILY CIRCUMSTANCES, CREDIT SCORE, ETC RISK FACTORS ARE ALSO CONSIDERED WHEN DETERMINING WHETHER TO SETTLE AN ACCOUNT RISK FACTORS INCLUDE HARDSHIP AND CATASTROPHE, OTHER DEBTS, AND FUTURE EXPECTANCIES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 2	BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER OF BAPTIST MEMORIAL HOSPITAL, INC , WHICH INCLUDES BAPTIST MEMORIAL HOSPITAL-MEMPHIS, BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE AND BAPTIST MEMORIAL HOSPITAL FOR WOMEN, PROVIDES NEEDS ASSESSMENTS THROUGH THE HEALTH SERVICES RESEARCH DEPARTMENT IN ADDITION, LOCAL ADVISORY BOARDS PROVIDE FEEDBACK TO THE LOCAL HOSPITAL ADMINISTRATORS THE HEALTH SERVICES RESEARCH DEPARTMENT USES VARIOUS TOOLS TO ASSIST THEM IN THE ASSESSMENTS ONE OF THE TOOLS USED BY HEALTH SERVICES RESEARCH DEPARTMENT IS YACOUBIAN RESEARCH, INC COMMUNITY OPINION SURVEY THIS IS A QUARTERLY RANDOM-DIGIT DIALING TELEPHONE SURVEY THE MEMPHIS METRO MARKET HAS 500 RESPONDENTS PER QUARTER SURVEYS INCLUDE QUESTIONS ASKING RESPONDENTS TO GRADE THE QUALITY OF HEALTH CARE SERVICES IN THEIR COMMUNITY THE SERVICES ARE GRADED FROM A-F IF A SERVICE IS GIVEN A RATING OF C OR BELOW, THE RESPONDENTS ARE ASKED FOR IDEAS FOR IMPROVEMENT THESE CAN BE REVIEWED BY AREA, COUNTY, TOWN, ZIP CODE, AGE, GENDER, AND RACE THE TOP CONCERN THAT RESPONDENTS FEEL AFFECTS THE QUALITY OF HEALTH CARE IS RELATED TO INSURANCE MEDICAL STAFF SURVEYS ARE ALSO USED TO ASSESS NEEDS THESE ARE CONDUCTED BY MAIL OR INTERNET (WHICH EVER IS PREFERRED BY THE RESPONDENT) BY PRESS-GANEY, A NATIONALLY KNOWN RESEARCH COMPANY FOR BOTH PATIENT SATISFACTION AND PHYSICIAN SATISFACTION IN THIS SURVEY, CONDUCTED EVERY OTHER YEAR, RESPONDENTS ARE QUESTIONED ABOUT THE NEED FOR NEW SERVICES OR PHYSICIAN SPECIALTIES IN THE HOSPITAL OR COMMUNITY THIS IS USED AS A STARTING POINT FOR DETERMINING POTENTIAL PRIORITIES FOR PHYSICIAN RECRUITING COMMUNITY NEEDS ASSESSMENTS FOR ADDITIONAL PHYSICIANS IN THE COMMUNITY ARE ALSO CONDUCTED PRODUCTIVITY-BASED AND POPULATION-BASED DEMAND ESTIMATES ARE OBTAINED FROM TRUVEN HEALTH ANALYTICS MARKET EXPERT SOFTWARE DEMAND ESTIMATES TAKE INTO ACCOUNT THE POPULATION SIZE OF THE SERVICE AREA AS WELL AS THE AGE AND GENDER OF THE POPULATION WHEN POSSIBLE THESE TWO DEMAND MODELS ARE AUGMENTED BY ONE OR MORE NATIONALLY-RECOGNIZED PHYSICIAN DEMAND MODELS, AND THE MODEL WITH THE MIDDLE DEMAND VALUE IS CHOSEN AS THE FINAL PHYSICIAN DEMAND ESTIMATE THIS IS THEN COMPARED TO THE SUPPLY OF PHYSICIANS AS DETERMINED THROUGH SEVERAL DIFFERENT SOURCES, INCLUDING OUR OWN CALLING OF OFFICES TO DETERMINE THE FULL TIME EQUIVALENT OF PHYSICIANS AVAILABLE IN THE SPECIALTY OF INTEREST THE DEMAND MINUS THE SUPPLY GIVES THE "NET NEED" CURRENTLY AND IN FIVE YEARS THE REQUESTS FOR THESE PHYSICIAN NEED ANALYSES ARE MADE BY THE HOSPITAL'S CHIEF EXECUTIVE OFFICERS, BASED ON THE PRIORITIES GIVEN BY THE MEDICAL STAFF AND ACCORDING TO KNOWLEDGE OF CERTAIN PHYSICIANS THAT ARE LIKELY TO BE LEAVING THE AREA IN THE NEXT YEAR OR TWO GENERALLY THE DEMAND AND SUPPLY ESTIMATES ARE FOR A GEOGRAPHIC AREA DEFINED BY THE HALF-WAY MARK BETWEEN OUR FACILITY AND THE COMMUNITY HAVING A SIMILAR SIZED MEDICAL FACILITY OR A COMPETITOR IN THE SAME SPECIALTY IN LARGER MARKET AREAS, THE PHYSICIAN NEEDS ARE GENERALLY CONCENTRATED AROUND HIGHLY SPECIALIZED PHYSICIANS WHO MAY BE LEAVING OR RETIRING TRUVEN HEALTH ANALYTICS MARKET EXPERT SOFTWARE ALSO HAS MODULES THAT ARE USED TO DETERMINE THE NEED FOR NEW FACILITIES, SUCH AS HOSPITALS, URGENT CARE CENTERS, EXPANDED EMERGENCY ROOMS, ETC THIS IS REVIEWED IF THERE IS AN INCREASE IN POPULATION THAT SUGGESTS THE NEED FOR NEW SERVICES IN THE COMMUNITIES WE SERVE INTERNAL HOSPITAL UTILIZATION DATA ARE ALSO REVIEWED TO ASSESS THE NEED FOR EXPANSION OR MODIFICATION OF FACILITIES AND SERVICES PATIENT SATISFACTION SURVEYS ARE ANOTHER TOOL USED TO ASSESS NEED PRESS GANEY MAILS SURVEYS EVERY TWO WEEKS TO A RANDOM SAMPLE OF DISCHARGED PATIENTS PRESS GANEY HAS DETERMINED THE NUMBER OF COMPLETED SURVEYS NEEDED FOR EACH CARE SETTING IN ORDER TO MEET THEIR GOALS FOR STATISTICAL CONFIDENCE WE STRIVE TO MAIL ENOUGH SURVEYS EACH QUARTER TO MEET THOSE PREFERRED NUMBERS FOR EACH HOSPITAL THESE CARE SETTINGS INCLUDE INPATIENT, OUTPATIENT, EMERGENCY ROOMS, OUTPATIENT SURGERY, OUTPATIENT DIAGNOSTICS, HOME HEALTH CARE, URGENT CARE CENTERS, ETC BASED ON THESE SURVEYS, THE NEED FOR SPECIFIC CHANGES IN PROCESSES OR TYPES OF PERSONNEL ARE ASSESSED TO MEET THE NEEDS OF THE COMMUNITIES WE SERVE NATIONAL RESEARCH CORPORATION IS A RESEARCH COMPANY THAT USES ITS TICKER INTERNET TOOL TO SURVEY RESIDENTS OF THE COMMUNITIES THAT WE SERVE THESE PEOPLE ARE A PART OF A PANEL SELECTED TO REPRESENT THE CHARACTERISTICS OF THE COMMUNITY THIS SURVEY PROVIDES AN ON-LINE TOOL FOR DETERMINING SELF-REPORTED PERCENTAGES WITH CHRONIC CONDITIONS AND USE OF PREVENTIVE SERVICES IN AREAS OF SIMILAR SIZE AND CHARACTERISTICS AROUND THE COUNTRY
Part VI, Line 3	PATIENTS ARE INFORMED OF THEIR ELIGIBILTY FOR ASSISTANCE IN PERSON UPON ENTERING THE HOSPITAL FACILITY EACH PATIENT IS ASSIGNED AN ADMISSIONS PERSON WHO PROVIDES WRITTEN INFORMATION AS WELL AS VERBAL INFORMATION IN ADDITION THE PATIENT MAY OBTAIN INFORMATION AS FOLLOWS (A) A COPY IS GIVEN TO THE PATIENT DURING THE ADMISSIONS AND/OR DISCHARGE PROCESS FOR EACH VISIT FOR MEDICAL TREATMENT (B) A COPY IS SENT WITH THE FIRST POST-DISCHARGE BILLING STATEMENT (C) COPIES ARE POSTED AND AVAILABLE UPON REQUEST AT ALL ADMISSIONS, EMERGENCY AND BUSINESS OFFICE DEPARTMENT AREAS AT ALL BAPTIST FACILITIES (D) THEY ARE ALSO AVAILABLE FOR DOWNLOAD AND PRINTING ONLINE ON THE BAPTIST WEBSITE UNDER "FINANCIAL ASSISTANCE OR BY CONTACTING THE FACILITY WHERE SERVICES WERE RECEIVED AND REQUESTING A COPY BY MAIL OR EMAIL AT FAP@BMHCC ORG (E) IN ADDITION, BAPTIST WILL PROVIDE ALL OF THE FAP-RELATED DOCUMENTS ELECTRONICALLY TO ANY INDIVIDUAL WHO INDICATES THAT IS THEIR PREFERENCE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4	BAPTIST MEMORIAL HOSPITAL, WHICH INCLUDES BAPTIST MEMORIAL HOSPITAL-MEMPHIS, BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE, AND BAPTIST MEMORIAL HOSPITAL FOR WOMEN, SERVES THE MEMPHIS METRO AREA SOME PATIENTS COME FROM ARKANSAS, MISSISSIPPI, MISSOURI, AND COUNTIES SURROUNDING THE MEMPHIS AREA THE AFRICAN-AMERICAN COMMUNITY COMPRISES ABOUT 46 9% OF OUR PRIMARY SERVICE AREA HISPANICS MAKE UP ABOUT 5 9%, AND CAUCASIANS ARE ABOUT 43 0% DEMOGRAPHIC "SNAPSHOTS" ARE PROVIDED BY THE INDEPENDENT OUTSIDE FIRM OF CLARITAS, INC OUR OWN HEALTH SERVICES RESEARCH DEPARTMENT CALCULATES THE DISTRIBUTION OF INPATIENT DISCHARGES (EXCLUDING NEWBORNS) BY COUNTY THIS IS SORTED IN DESCENDING NUMBER PER COUNTY AND DETERMINES THOSE COUNTIES WITH UP TO 75-77% OF THE DISCHARGES AND THESE CONTIGUOUS COUNTIES COMPRISE THE "PRIMARY MARKET" AREA COUNTIES COMPRISING 78-95% OF THE DISCHARGES ARE DESIGNATED THE SECONDARY MARKET, WHILE THE REMAINING 5% IS THE TERTIARY MARKET THE MEMPHIS PRIMARY MARKET SERVICE AREA HAS 1,210,229 PERSONS WITH THE COMBINED PRIMARY AND SECONDARY AREAS HAVING 2,293,894 PERSONS OTHER ITEMS SUCH AS AGE, HOUSEHOLD INCOME, AND RACE/ETHNICITY PERCENTAGES, AS COMPARED TO THE NATION AS A WHOLE, ARE ALSO USED IN THE MIX
Part VI, Line 5	THE HOSPITALS HAVE OPEN MEDICAL STAFFS, COMMUNITY BOARD INVOLVMENT, SUPPORT SERVICES, FREE AND/OR REDUCED MAMMOGRAMS, HEALTH FAIRS, DONATION OF SUPPLIES AND MONEY, AND MANY OTHER THINGS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6	BAPTIST MEMORIAL HOSPITAL IS AN AFFILIATE OF BAPTIST MEMORIAL HEALTH CARE CORPORATION BAPTIST MEMORIAL HEALTH CARE CORPORATION IS THE SOLE MEMBER OF A NUMBER OF HOSPITALS, MINOR MEDICAL CENTERS, HOME CARE AND HOSPICE SERVICES, AND PHYSICIAN SERVICES IN WEST TENNESSEE, NORTH MISSISSIPPI, AND EAST ARKANSAS EACH FACILITY PROVIDES HEALTH CARE SERVICES TO MEET THE NEEDS OF THE COMMUNITIES SERVED

Additional Data

Software ID:
Software Version:
EIN: 62-0123940
Name: BAPTIST MEMORIAL HOSPITAL

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **3** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	BAPTIST MEMORIAL HOSPITAL-MEMPHIS 6019 WALNUT GROVE RD MEMPHIS, TN 38120 WWW BAPTISTONLINE ORG/MEMPHIS 0000000104	X	X					X			
2	BAPTIST MEMORIAL HOSPITAL FOR WOMEN 6225 HUMPHREYS BLVD MEMPHIS, TN 38120 WWW BAPTISTONLINE ORG/WOMENS 0000000104	X	X					X			
3	BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE 1500 POPLAR AVE COLLIERVILLE, TN 38017 WWW BAPTISTONLINE ORG/COLLIERVILLE 0000000104	X	X					X			

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

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

Form and Line Reference	Explanation
BAPTIST MEMORIAL HOSPITAL-MEMPHIS	Part V, Section B, Line 5 THE 2016 CHNA FOR THE BAPTIST MEMPHIS METRO SERVICE AREA WAS CONDUCTED BETWEEN SEPTEMBER 2015 AND JUNE 2016 QUANTITATIVE AND QUALITATIVE METHODS, REPRESENTING BOTH PRIMARY AND SECONDARY RESEARCH, WERE USED TO ILLUSTRATE AND COMPARE HEALTH TRENDS AND DISPARITIES ACROSS EACH HOSPITAL'S SERVICE AREA PRIMARY RESEARCH METHODS WERE USED TO SOLICIT INPUT FROM KEY COMMUNITY STAKEHOLDERS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING EXPERTS IN PUBLIC HEALTH AND INDIVIDUALS REPRESENTING MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS SECONDARY RESEARCH METHODS WERE USED TO IDENTIFY COMMUNITY HEALTH NEEDS AND TRENDS ACROSS GEOGRAPHIC AREAS AND POPULATIONS THE FOLLOWING RESEARCH WAS CONDUCTED TO DETERMINE COMMUNITY HEALTH NEEDS --A REVIEW OF PUBLIC HEALTH AND DEMOGRAPHIC DATA PORTRAYING THE HEALTH AND SOCIOECONOMIC STATUS OF THE COMMUNITY --A KEY INFORMANT SURVEY WITH 49 COMMUNITY REPRESENTATIVES TO SOLICIT FEEDBACK ON COMMUNITY HEALTH PRIORITIES, UNDERSERVED POPULATIONS, AND PARTNERSHIP OPPORTUNITIES --A FOCUS GROUP WITH 17 HEALTH CARE CONSUMERS TO IDENTIFY HEALTH NEEDS AND INFORM IMPLEMENTATION STRATEGIES AROUND HEALTH CARE DELIVERY, CANCER SCREENINGS AND CARE, AND CHRONIC CONDITION MANAGEMENT AND PREVENTION --A PARTNER FORUM WITH COMMUNITY REPRESENTATIVES TO SOLICIT FEEDBACK ON COMMUNITY HEALTH PRIORITIES AND FACILITATE COLLABORATION LEADERSHIP THE 2016 CHNA WAS OVERSEEN BY A STEERING COMMITTEE OF BAPTIST MEMORIAL HEALTH CARE REPRESENTATIVES WITH INPUT FROM COMMUNITY REPRESENTATIVES AND PARTNERS THE FOLLOWING ORGANIZATIONS HAD REPRESENTATIVES WHO CONTRIBUTED TO THE CHNA PROCESS AS COMMUNITY PARTNERS AARON E HENRY CHC, INC ALLIANCE FOR A HEALTHIER GENERATIONAMERICAN CANCER SOCIETYARKANSAS STATE UNIVERSITYATOKA POLICE DEPT BAPTIST MEDICAL GROUPBOARD OF COMMISSIONERS OF LAKELAND, TNCARITA VILLAGECITY OF BARTLETTCITY OF COVINGTONCITY OF GERMANTOWNCITY OF HERNANDO, MSCITY OF MEMPHISCITY OF MUNFORDCOLLIERVILLE CHAMBER OF COMMERCECOLLIERVILLE SCHOOLSCOMMON TABLE HEALTH ALLIANCECOMMUNITY DEVELOPMENT COUNCIL OF GREATER MEMPHISDIXON GALLERY AND GARDENSFEDEX GROUNDHARWOOD CENTERHEALTH INNOVATIONS-YMCA OF MEMPHIS & THE MID-SOUTHHTL ADVANTAGEJUBILEE CATHOLIC SCHOOLS NETWORKLEADERSHIP MEMPHISLIFELINE TO SUCCESS, INC MASTER GROUPMETROPOLITAN INTER-FAITH ASSOC PEOPLE FIRST PARTNERSHIPPORTER LEATHREGIONAL ONE HEALTHRISE FOUNDATION, INC SHELBY COUNTY HEALTH DEPT SHIRTS N SIGNS OH MYSUSAN G KOMEN MEMPHIS-MIDSOUTHTENNESSEE MEDICAL FOUNDATIONTHE MEMPHIS MEDICAL SOCIETYTIPTON COUNTY COMMISSION ON AGINGTIPTON COUNTY HEALTH DEPT TIPTON COUNTY SCHOOLSUNIVERSITY OF MISSISSIPPI-DESOTOUNIVERSITY OF TENNESSEE-MARTIN DEPARTMENT OF NURSINGWHITE & ASSOCIATES INSURANCEWOMEN'S FOUNDATION FOR A GREATER MEMPHIS

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

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

Form and Line Reference	Explanation
BAPTIST MEMORIAL HOSPITAL FOR WOMEN	Part V, Section B, Line 5 THE 2016 CHNA FOR THE BAPTIST MEMPHIS METRO SERVICE AREA WAS CONDUCTED BETWEEN SEPTEMBER 2015 AND JUNE 2016 QUANTITATIVE AND QUALITATIVE METHODS, REPRESENTING BOTH PRIMARY AND SECONDARY RESEARCH, WERE USED TO ILLUSTRATE AND COMPARE HEALTH TRENDS AND DISPARITIES ACROSS EACH HOSPITAL'S SERVICE AREA PRIMARY RESEARCH METHODS WERE USED TO SOLICIT INPUT FROM KEY COMMUNITY STAKEHOLDERS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING EXPERTS IN PUBLIC HEALTH AND INDIVIDUALS REPRESENTING MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS SECONDARY RESEARCH METHODS WERE USED TO IDENTIFY COMMUNITY HEALTH NEEDS AND TRENDS ACROSS GEOGRAPHIC AREAS AND POPULATIONS THE FOLLOWING RESEARCH WAS CONDUCTED TO DETERMINE COMMUNITY HEALTH NEEDS --A REVIEW OF PUBLIC HEALTH AND DEMOGRAPHIC DATA PORTRAYING THE HEALTH AND SOCIOECONOMIC STATUS OF THE COMMUNITY --A KEY INFORMANT SURVEY WITH 49 COMMUNITY REPRESENTATIVES TO SOLICIT FEEDBACK ON COMMUNITY HEALTH PRIORITIES, UNDERSERVED POPULATIONS, AND PARTNERSHIP OPPORTUNITIES --A FOCUS GROUP WITH 17 HEALTH CARE CONSUMERS TO IDENTIFY HEALTH NEEDS AND INFORM IMPLEMENTATION STRATEGIES AROUND HEALTH CARE DELIVERY, CANCER SCREENINGS AND CARE, AND CHRONIC CONDITION MANAGEMENT AND PREVENTION --A PARTNER FORUM WITH COMMUNITY REPRESENTATIVES TO SOLICIT FEEDBACK ON COMMUNITY HEALTH PRIORITIES AND FACILITATE COLLABORATION LEADERSHIP THE 2016 CHNA WAS OVERSEEN BY A STEERING COMMITTEE OF BAPTIST MEMORIAL HEALTH CARE REPRESENTATIVES WITH INPUT FROM COMMUNITY REPRESENTATIVES AND PARTNERS THE FOLLOWING ORGANIZATIONS HAD REPRESENTATIVES WHO CONTRIBUTED TO THE CHNA PROCESS AS COMMUNITY PARTNERS AARON E HENRY CHC, INC ALLIANCE FOR A HEALTHIER GENERATIONAMERICAN CANCER SOCIETYARKANSAS STATE UNIVERSITYATOKA POLICE DEPT BAPTIST MEDICAL GROUPBOARD OF COMMISSIONERS OF LAKELAND, TNCARITA VILLAGECITY OF BARTLETTCITY OF COVINGTONCITY OF GERMANTOWNCITY OF HERNANDO, MSCITY OF MEMPHISCITY OF MUNFORDCOLLIERVILLE CHAMBER OF COMMERCECOLLIERVILLE SCHOOLSCOMMON TABLE HEALTH ALLIANCECOMMUNITY DEVELOPMENT COUNCIL OF GREATER MEMPHISDIXON GALLERY AND GARDENSFEDEX GROUNDHARWOOD CENTERHEALTH INNOVATIONS-YMCA OF MEMPHIS & THE MID-SOUTHHTL ADVANTAGEJUBILEE CATHOLIC SCHOOLS NETWORKLEADERSHIP MEMPHISLIFELINE TO SUCCESS, INC MASTER GROUPMETROPOLITAN INTER-FAITH ASSOC PEOPLE FIRST PARTNERSHIPPORTER LEATHREGIONAL ONE HEALTHRISE FOUNDATION, INC SHELBY COUNTY HEALTH DEPT SHIRTS N SIGNS OH MYSUSAN G KOMEN MEMPHIS-MIDSOUTHTENNESSEE MEDICAL FOUNDATIONTHE MEMPHIS MEDICAL SOCIETYTIPTON COUNTY COMMISSION ON AGINGTIPTON COUNTY HEALTH DEPT TIPTON COUNTY SCHOOLSUNIVERSITY OF MISSISSIPPI-DESOTOUNIVERSITY OF TENNESSEE-MARTIN DEPARTMENT OF NURSINGWHITE & ASSOCIATES INSURANCEWOMEN'S FOUNDATION FOR A GREATER MEMPHIS

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

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

Form and Line Reference	Explanation
BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE	Part V, Section B, Line 5 THE 2016 CHNA FOR THE BAPTIST MEMPHIS METRO SERVICE AREA WAS CONDUCTED BETWEEN SEPTEMBER 2015 AND JUNE 2016 QUANTITATIVE AND QUALITATIVE METHODS, REPRESENTING BOTH PRIMARY AND SECONDARY RESEARCH, WERE USED TO ILLUSTRATE AND COMPARE HEALTH TRENDS AND DISPARITIES ACROSS EACH HOSPITAL'S SERVICE AREA PRIMARY RESEARCH METHODS WERE USED TO SOLICIT INPUT FROM KEY COMMUNITY STAKEHOLDERS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING EXPERTS IN PUBLIC HEALTH AND INDIVIDUALS REPRESENTING MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS SECONDARY RESEARCH METHODS WERE USED TO IDENTIFY COMMUNITY HEALTH NEEDS AND TRENDS ACROSS GEOGRAPHIC AREAS AND POPULATIONS THE FOLLOWING RESEARCH WAS CONDUCTED TO DETERMINE COMMUNITY HEALTH NEEDS --A REVIEW OF PUBLIC HEALTH AND DEMOGRAPHIC DATA PORTRAYING THE HEALTH AND SOCIOECONOMIC STATUS OF THE COMMUNITY --A KEY INFORMANT SURVEY WITH 49 COMMUNITY REPRESENTATIVES TO SOLICIT FEEDBACK ON COMMUNITY HEALTH PRIORITIES, UNDERSERVED POPULATIONS, AND PARTNERSHIP OPPORTUNITIES --A FOCUS GROUP WITH 17 HEALTH CARE CONSUMERS TO IDENTIFY HEALTH NEEDS AND INFORM IMPLEMENTATION STRATEGIES AROUND HEALTH CARE DELIVERY, CANCER SCREENINGS AND CARE, AND CHRONIC CONDITION MANAGEMENT AND PREVENTION --A PARTNER FORUM WITH COMMUNITY REPRESENTATIVES TO SOLICIT FEEDBACK ON COMMUNITY HEALTH PRIORITIES AND FACILITATE COLLABORATION LEADERSHIP THE 2016 CHNA WAS OVERSEEN BY A STEERING COMMITTEE OF BAPTIST MEMORIAL HEALTH CARE REPRESENTATIVES WITH INPUT FROM COMMUNITY REPRESENTATIVES AND PARTNERS THE FOLLOWING ORGANIZATIONS HAD REPRESENTATIVES WHO CONTRIBUTED TO THE CHNA PROCESS AS COMMUNITY PARTNERS AARON E HENRY CHC, INC ALLIANCE FOR A HEALTHIER GENERATIONAMERICAN CANCER SOCIETYARKANSAS STATE UNIVERSITYATOKA POLICE DEPT BAPTIST MEDICAL GROUPBOARD OF COMMISSIONERS OF LAKELAND, TNCARITA VILLAGECITY OF BARTLETTCITY OF COVINGTONCITY OF GERMANTOWNCITY OF HERNANDO, MSCITY OF MEMPHISCITY OF MUNFORDCOLLIERVILLE CHAMBER OF COMMERCECOLLIERVILLE SCHOOLSCOMMON TABLE HEALTH ALLIANCECOMMUNITY DEVELOPMENT COUNCIL OF GREATER MEMPHISDIXON GALLERY AND GARDENSFEDEX GROUNDHARWOOD CENTERHEALTH INNOVATIONS-YMCA OF MEMPHIS & THE MID-SOUTHHTL ADVANTAGEJUBILEE CATHOLIC SCHOOLS NETWORKLEADERSHIP MEMPHISLIFELINE TO SUCCESS, INC MASTER GROUPMETROPOLITAN INTER-FAITH ASSOC PEOPLE FIRST PARTNERSHIPPORTER LEATHREGIONAL ONE HEALTHRISE FOUNDATION, INC SHELBY COUNTY HEALTH DEPT SHIRTS N SIGNS OH MYSUSAN G KOMEN MEMPHIS-MIDSOUTHTENNESSEE MEDICAL FOUNDATIONTHE MEMPHIS MEDICAL SOCIETYTIPTON COUNTY COMMISSION ON AGINGTIPTON COUNTY HEALTH DEPT TIPTON COUNTY SCHOOLSUNIVERSITY OF MISSISSIPPI-DESOTOUNIVERSITY OF TENNESSEE-MARTIN DEPARTMENT OF NURSINGWHITE & ASSOCIATES INSURANCEWOMEN'S FOUNDATION FOR A GREATER MEMPHIS

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

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

Form and Line Reference	Explanation
BAPTIST MEMORIAL HOSPITAL-MEMPHIS	Part V, Section B, Line 6a BAPTIST MEMORIAL HOSPITAL CONDUCTED ITS CHNA WITH THE FOLLOWING HOSPITALS BAPTIST MEMORIAL HOSPITAL-COLLIERVILLEBAPTIST MEMORIAL HOSPITAL FOR WOMENBAPTIST MEMORIAL HOSPITAL-DESOTOBAPTIST MEMORIAL HOSPITAL-TIPTONBAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES, INC (BAPTIST MEMORIAL RESTORATIVE CARE HOSPITAL)PART V SECTION B LINE 7a THE CHNA FOR BAPTIST MEMORIAL HOSPITAL CAN BE FOUND AT https //www baptistonline org/about/chnaPART V SECTION B LINE 10a THE IMPLEMENTATION STRATEGY FOR BAPTIST MEMORIAL HOSPITAL CAN BE FOUND AT https //www baptistonline org/about/chna

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

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

Form and Line Reference	Explanation
BAPTIST MEMORIAL HOSPITAL FOR WOMEN	Part V, Section B, Line 6a BAPTIST MEMORIAL HOSPITAL FOR WOMEN CONDUCTED ITS CHNA WITH THE FOLLOWING HOSPITALS BAPTIST MEMORIAL HOSPITAL-MEMPHISBAPTIST MEMORIAL HOSPITAL-COLLIERVILLEBAPTIST MEMORIAL HOSPITAL-DESOTOBAPTIST MEMORIAL HOSPITAL-TIPTONBAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES, INC (BAPTIST MEMORIAL RESTORATIVE CARE HOSPITAL)PART V SECTION B LINE 7a THE CHNA FOR BAPTIST MEMORIAL HOSPITAL FOR WOMEN CAN BE FOUND AT https //www baptistonline org/about/chnaPART V, SECTION B LINE 10a THE IMPLEMENTATION STRATEGY CAN BE FOUND AT https //www baptistonline org/about/chna

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

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

Form and Line Reference	Explanation
BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE	Part V, Section B, Line 6a BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE CONDUCTED ITS CHNA WITH THE FOLLOWING HOSPITALS BAPTIST MEMORIAL HOSPITAL-MEMPHISBAPTIST MEMORIAL HOSPITAL FOR WOMENBAPTIST MEMORIAL HOSPITAL-DESOTOBAPTIST MEMORIAL HOSPITAL-TIPTONBAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES, INC (BAPTIST MEMORIAL RESTORATIVE CARE HOSPITAL)PART V SECTION B LINE 7a THE CHNA FOR BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE CAN BE FOUND AT https //www baptistonline org/about/chnaPART V SECTION B LINE 10a THE IMPLEMENTATION STRATEGY FOR BAPTIST MEMORIAL COLLIERVILLE CAN BE FOUND AT https //www baptistonline org/about/chna

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

Form and Line Reference	Explanation
BAPTIST MEMORIAL HOSPITAL-MEMPHIS	Part V, Section B, Line 11 BAPTIST MEMORIAL HEALTH CARE DEVELOPED A COMMUNITY HEALTH IMPR OVEMENT PLAN (CHIP) TO GUIDE COMMUNITY BENEFIT AND POPULATION HEALTH IMPROVEMENT ACTIVITIE S ACROSS THE MEMPHIS METRO SERVICE AREA BAPTIST'S CHIP BUILDS UPON PREVIOUS HEALTH IMPROV EMENT ACTIVITIES, WHILE RECOGNIZING NEW HEALTH ISSUES AND CONCERNS AND A CHANGING HEALTH C ARE DELIVERY ENVIRONMENT, TO ADDRESS THE REGION'S MOST PRESSING COMMUNITY HEALTH NEEDS BE LOW ARE SPECIFIC ACTIVITIES THAT BAPTIST MEMORIAL HOSPITAL-MEMPHIS WILL CARRY OUT IN SUPPO RT OF THE SYSTEM-WIDE PLAN 1 BEHAVIORAL HEALTH THE GOAL IS TO IMPROVE OUTCOMES FOR RESID ENTS WITH A MENTAL HEALTH OR SUBSTANCE ABUSE CONDITION AND THEIR FAMILIES BAPTIST MEMORIA L HOSPITAL-MEMPHIS HAS OUTLINED THE FOLLOWING OBJECTIVES 1) INCREASE THE NUMBER OF RESIDEN TS WHO ARE SCREENED FOR DEPRESSION AND MENTAL HEALTH CONDITIONS 2) DEVELOP OR CONTINUE CO LLABORATION WITH COMMUNITY AGENCIES THAT PROVIDE MENTAL HEALTH AND SUBSTANCE ABUSE SUPPORT SERVICES TO REDUCE SUICIDE AND DRUG-INDUCED DEATH RATES 3) EDUCATE RESIDENTS ABOUT WARNI NG SIGNS FOR MENTAL HEALTH CONDITIONS AND SUBSTANCE ABUSE, INCLUDING ALZHEIMER'S DISEASE BAPTIST MEMORIAL HOSPITAL-MEMPHIS HAS IMPLEMENTED THE FOLLOWING STRATEGIES 1) SUPPORT BAP TIST MEMORIAL HEALTH CARE INITIATIVES TO SCREEN INDIVIDUALS FOR DEPRESSION AND MENTAL HEAL TH CONDITIONS 2) IDENTIFY OPPORTUNITIES TO COLLABORATE WITH COMMUNITY AGENCIES THAT PROVI DE MENTAL HEALTH AND SUBSTANCE ABUSE SUPPORT SERVICES 3) HOST EDUCATIONAL FORUMS THROUGH PARTNERSHIP WITH THE ALZHEIMER'S ASSOCIATION 2 CANCER THE GOAL IS TO PROVIDE EARLY DETEC TION AND TREATMENT TO REDUCE CANCER MORTALITY RATES AND IMPROVE QUALITY OF LIFE FOR PATIEN TS LIVING WITH CANCER BAPTIST MEMORIAL HOSPTIAL-MEMPHIS HAS OUTLINED THE FOLLOWING OBJECT IVES 1) PROVIDE FREE OR REDUCED COST SCREENINGS AND SERVICES, ESPECIALLY TARGETING LOW-IN COME, AT-RISK, AND MINORITY POPULATIONS 2) INCREASE RESIDENTS' AWARENESS OF THE BENEFITS OF CANCER PREVENTION, SCREENINGS, AND EARLY TREATMENT BAPTIST MEMORIAL HOSPITAL-MEMPHIS H AS IMPLEMENTED THE FOLLOWING STRATEGY PARTICIPATE IN EDUCATIONAL FORUMS TO INCREASE AWAREN ESS OF RISK FACTORS AND PREVENTION ACTIVITIES 3 CHRONIC DISEASE MANAGEMENT AND PREVENTIO N THE GOAL IS TO REDUCE RISK FACTORS FOR CHRONIC DISEASE AND IMPROVE MANAGEMENT OF CHRONIC DISEASE THROUGH HEALTHY LIFESTYLE CHOICES BAPTIST MEMORIAL HOSPITAL-MEMPHIS HAS OUTLINED THE FOLLOWING OBJECTIVES 1) PROVIDE EDUCATION ABOUT HEALTHY LIFESTYLES AND RISK FACTORS FOR DISEASE 2) ENCOURAGE PHYSICAL ACTIVITY AMONG RESIDENTS BAPTIST MEMORIAL HOSPITAL-MEM PHIS HAS IMPLEMENTED THE FOLLOWING STRATEGIES 1) HOST EDUCATIONAL FORUMS THROUGH PARTNERS HIPS WITH THE AMERICAN HEART ASSOCIATION, AMERICAN STROKE ASSOCIATION, AND ALZHEIMER'S ASS OCIATION 2) USE BAPTIST EXPERTS TO SHARE EDUCATIONAL INFORMATION WITH THE PUBLIC VIA PRIN TED DOCUMENTS, TELEVISION, AND RADIO 3) OFFER FREE BLOOD PRESSURE CHECKS AT THE SOUTHERN HERITAGE CLASSIC 4 MATERNAL

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

Form and Line Reference	Explanation
BAPTIST MEMORIAL HOSPITAL-MEMPHIS	AND CHILD HEALTH THE GOAL IS TO IMPROVE BIRTH OUTCOMES FOR WOMEN AND INFANTS BAPTIST MEMO RIAL HOSPITAL-MEMPHIS HAS OUTLINED THE FOLLOWING OBJECTIVES 1) INCREASE THE PROPORTION OF WOMEN WHO RECEIVE EARLY AND ADEQUATE PRENATAL CARE 2) INCREASE THE PROPORTION OF INFANTS WHO ARE BREASTFED BAPTIST MEMORIAL HOSPITAL-MEMPHIS HAS IMPLEMENTED THE FOLLOWING STRATE GY IN THE AREA OF MATERNAL AND CHILD HEALTH, BAPTIST MEMORIAL HOSPITAL-MEMPHIS WILL SUPPO RT INITIATIVES LED BY BAPTIST MEMORIAL HOSPITAL FOR WOMEN, WHICH SHARES THIS SERVICE AREA BAPTIST MEMORIAL HOSPITAL-MEMPHIS HAS ADDRESSED ALL FOUR OF THE PRIORITIZED HEALTH NEEDS I DENTIFIED THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENT IT WILL CONTINUE TO PLAY A LEADER SHIP ROLE IN ADDRESSING THE HEALTH NEEDS OF THE RESIDENTS IN THE COMMUNITIES IT SERVES FO R COMMUNITY NEEDS NOT IDENTIFIED AS PRIORITIES, BAPTIST MEMORIAL HOSPITAL-MEMPHIS WILL CON TINUE TO PLAY A SUPPORT ROLE AS RESOURCES ARE AVAILABLE AS WITH ALL BAPTIST MEMORIAL HOSP ITAL-MEMPHIS PROGRAMS, THE HOSPITAL WILL CONTINUE TO MONITOR COMMUNITY NEEDS AND ADJUST PR OGRAMMING AND SERVICES ACCORDINGLY BUILDING UPON THE CURRENT CHNA, THE HOSPITAL CONTINUES TO DO THE FOLLOWING --SUPPORT BAPTIST MEMORIAL HEALTH CARE INITIATIVES TO SCREEN INDIVIDUA LS FOR DEPRESSION AND MENTAL HEALTH CONDITIONS--IDENTIFY OPPORTUNITIES TO COLLABORATE WITH COMMUNITY AGENCIES THAT PROVIDE MENTAL HEALTH AND SUBSTANCE ABUSE SUPPORT--HOST EDUCATION AL FORUMS THROUGH PARTNERSHIPS WITH AMERICAN HEART ASSOCIATION, AMERICAN STROKE ASSOCIATIO N, AND ALZHEIMER'S ASSOCIATION--USE BAPTIST EXPERTS TO SHARE EDUCATIONAL INFORMATION WITH THE PUBLIC VIA PRINTED DOCUMENTS, TELEVISION, AND RADIO--PARTICIPATE IN FORUMS TO INCREASE AWARENESS OF RISK FACTORS AND PREVENTION ACTIVITIES--PARTICIPATE IN HEALTH FAIRS AND INFO RMATIONAL BOOTHS TO PROVIDE HEALTH INFORMATION AND SCREENINGS (BLOOD PRESSURE, BMI, DIABET ES, MAMMOGRAPHY, ETC) AND PROMOTE HEALTHY LIFESTYLES --PARTNER WITH LOCAL SCHOOLS TO PROV IDE EDUCATION AND PROGRAMMING TOOLS FOR STUDENTS TO MAKE HEALTHY LIFESTYLE CHOICESBY PROVI DING HEALTH EDUCATION AND OPPORTUNITES FOR RESIDENTS TO PARTICIPATE IN PROGRAMS TO IMPROVE THEIR HEALTH, BAPTIST MEMORIAL HEALTH CARE HAS HELPED THOUSANDS OF OUR COMMUNITY MEMBERS LEAD HEALTHIER LIVES WE BELIEVE STRONGLY IN CORPORATE CITIZENSHIP AND RECOGNIZE THE IMPOR TANCE OF COLLABORATION WITH LOCAL ORGANIZATIONS TO BUILD STRONGER AND HEALTHIER COMMUNITES WE REMAIN COMMITTED TO SUPPORTING COMMUNITY HEALTH IMPROVEMENTS IN LINE WITH OUR MISSION AND VISION

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

Form and Line Reference	Explanation
BAPTIST MEMORIAL HOSPITAL FOR WOMEN	Part V, Section B, Line 11 BAPTIST MEMORIAL HEALTH CARE DEVELOPED A COMMUNITY HEALTH IMPR OVEMENT PLAN (CHIP) TO GUIDE COMMUNITY BENEFIT AND POPULATION HEALTH IMPROVEMENT ACTIVITIE S ACROSS THE MEMPHIS METRO SERVICE AREA BAPTIST'S CHIP BUILDS UPON PREVIOUS HEALTH IMPROV EMENT ACTIVITIES, WHILE RECOGNIZING NEW HEALTH ISSUES AND CONCERNS AND A CHANGING HEALTH C ARE DELIVERY ENVIRONMENT, TO ADDRESS THE REGION'S MOST PRESSING COMMUNITY HEALTH NEEDS BE LOW ARE SPECIFIC ACTIVITIES THAT BAPTIST MEMORIAL HOSPITAL FOR WOMEN WILL CARRY OUT IN SUP PORT OF THE SYSTEM-WIDE PLAN 1 BEHAVIORAL HEALTH THE GOAL IS TO IMPROVE OUTCOMES FOR RES IDENTS WITH A MENTAL HEALTH OR SUBSTANCE ABUSE CONDITION AND THEIR FAMILIES BAPTIST MEMOR IAL HOSPITAL FOR WOMEN HAS OUTLINED THE FOLLOWING OBJECTIVES 1) INCREASE THE NUMBER OF RES IDENTS WHO ARE SCREENED FOR DEPRESSION AND MENTAL HEALTH CONDITIONS 2) DEVELOP OR CONTINU E COLLABORATION WITH COMMUNITY AGENCIES THAT PROVIDE MENTAL HEALTH AND SUBSTANCE ABUSE SUP PORT SERVICES TO REDUCE SUICIDE AND DRUG-INDUCED DEATH RATES 3) EDUCATE RESIDENTS ABOUT W ARNING SIGNS FOR MENTAL HEALTH CONDITIONS AND SUBSTANCE ABUSE, INCLUDING ALZHEIMER'S DISEA SE BAPTIST MEMORIAL HOSPITAL FOR WOMEN HAS IMPLEMENTED THE FOLLOWING STRATEGIES 1) PARTN ER WITH THE UNIVERSAL PARENTING PLACE TO PROVIDE COUNSELING FOR NEW MOTHERS 2) PROVIDE IN FORMATION ABOUT POSTPARTUM DEPRESSION AND PROMOTE AWARENESS OF SIGNS, SYMPTOMS, AND TREATM ENT RESOURCES 3) PROMOTE BREASTFEEDING TO IMPROVE OUTCOMES FOR MOTHERS AND BABIES 4) SUPP ORT THE MOBILE CRISIS CENTER TO PROVIDE ONSITE AND TELEPHONIC COUNSELING FOR IMMEDIATE CRI SIS 5) PARTNER WITH YOUTH VILLAGES TO PROVIDE SUPPORT AND RESOURCES TO YOUTH EXPERIENCING CRISIS 2 CANCER THE GOAL IS TO PROVIDE EARLY DETECTION AND TREATMENT TO REDUCE CANCER MO RTALITY RATES AND IMPROVE QUALITY OF LIFE FOR PATIENTS LIVING WITH CANCER BAPTIST MEMORIA L HOSPTIAL FOR WOMEN HAS OUTLINED THE FOLLOWING OBJECTIVES 1) PROVIDE GRANT FUNDED OR RED UCED COST SCREENINGS AND SERVICES, ESPECIALLY TARGETING LOW-INCOME, AT-RISK, AND MINORITY POPULATIONS 2) INCREASE RESIDENTS' AWARENESS OF THE BENEFITS OF CANCER PREVENTION, SCREENI NGS, AND EARLY TREATMENT BAPTIST MEMORIAL HOSPITAL FOR WOMEN HAS IMPLEMENTED THE FOLLOWIN G STRATEGIES 1) PARTNER WITH COMMUNITY ORGANIZATIONS TO INCREASE PUBLIC AWARENESS OF CANCE R RISK, PREVENITON, AND SCREENING 2) PARTICIPATE IN AND HOST EDUCATIONAL FORUMS TO INCREAS E AWARENESS OF RICK FACTORS AND PREVENTION ACTIVITIES 3) PROVIDE GRANT FUNDED MAMMOGRAPHY SCREENINGS FOR UNINSURED WOMEN 3 CHRONIC DISEASE MANAGEMENT AND PREVENTION THE GOAL IS T O REDUCE RISK FACTORS FOR CHRONIC DISEASE AND IMPROVE MANAGEMENT OF CHRONIC DISEASE THROUG H HEALTHY LIFESTYLE CHOICES BAPTIST MEMORIAL HOSPITAL FOR WOMEN HAS OUTLINED THE FOLLOWIN G OBJECTIVES 1) PROVIDE EDUCATION ABOUT HEALTH RICK FACTORS RELATED TO CHRONIC DISEASE 2) ENCOURAGE PHYSICAL ACTIVITY AMONG RESIDENTS BAPTIST MEMORIAL HOSPITAL FOR WOMEN HAS IMPL EMENTED THE FOLLOWING STRATEGI

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

Form and Line Reference	Explanation
BAPTIST MEMORIAL HOSPITAL FOR WOMEN	ES 1) PROVIDE EDUCATION AND SCREENINGS FOR HEALTH RISK FACTORS RELATED TO CHRONIC DISEASE 2) COLLABORATE WITH COMMUNITY PARTNERS TO PROMOTE PHYSICAL ACTIVITY 4 MATERNAL AND CHILD HEALTH THE GOAL IS TO IMPROVE BIRTH OUTCOMES FOR WOMEN AND INFANTS BAPTIST MEMORIAL HOSP ITAL FOR WOMEN HAS OUTLINED THE FOLLOWING OBJECTIVES 1) EDUCATE WOMEN ON THE IMPORTANCE O F EARLY AND ADEQUATE PRENATAL CARE 2) INCREASE THE PROPORTION OF INFANTS WHO ARE BREASTFED BAPTIST MEMORIAL HOSPITAL FOR WOMEN HAS IMPLEMENTED THE FOLLOWING STRATEGIES 1) COLLABO RATE WITH COMMUNITY PARTNERS TO PROVIDE PRENATAL EDUCATION 2) PROVIDE FREE BABY EDUCATION CLASSES TO NEW PARENTS 3) SUPPORT COMMUNITY PARTNERS TO IMPROVE OUTCOMES FOR MOTHERS AND B ABIES 4) PROVIDE BREASTFEEDING SUPPORT GROUP AND RESOURCES BAPTIST MEMORIAL HOSPITAL FOR W OMEN PLANS TO ADDRESS ALL FOUR OF THE PRIORITIZED HEALTH NEEDS IDENTIFIED THROUGH THE COMM UNITY HEALTH NEEDS ASSESSMENT IT WILL CONTINUE TO PLAY A LEADERSHIP ROLE IN ADDRESSING TH E HEALTH NEEDS OF THE RESIDENTS IN THE COMMUNITIES IT SERVES FOR COMMUNITY NEEDS NOT IDEN TIFIED AS PRIORITIES, BAPTIST MEMORIAL HOSPITAL FOR WOMEN WILL CONTINUE TO PLAY A SUPPORT ROLE AS RESOURCES ARE AVAILABLE AS WITH ALL BAPTIST MEMORIAL HOSPITAL PROGRAMS, THE HOSPI TAL WILL CONTINUE TO MONITOR COMMUNITY NEEDS AND ADJUST PROGRAMMING AS NEEDED BUILDING UPO N THE CURRENT CHNA, THE HOSPITAL CONTINUES TO DO THE FOLLOWING --SUPPORT BAPTIST MEMORIAL HEALTH CARE INITIATIVES TO SCREEN INDIVIDUALS FOR DEPRESSION AND MENTAL HEALTH CONDITIONS- -IDENTIFY OPPORTUNITIES TO COLLABORATE WITH COMMUNITY AGENCIES THAT PROVIDE MENTAL HEALTH AND SUBSTANCE ABUSE SUPPORT-- HOST EDUCATIONAL FORUMS THROUGH PARTNERSHIPS WITH AMERICAN HE ART ASSOCIATION, AMERICAN STROKE ASSOCIATION, AND ALZHEIMER'S ASSOCIATION--USE BAPTIST EXP ERTS TO SHARE EDUCATIONAL INFORMATION WITH THE PUBLIC VIA PRINTED DOCUMENTS, TELEVISION, A ND RADIO--PARTICIPATE IN FORUMS TO INCREASE AWARENESS OF RISK FACTORS AND PREVENTION ACTIV ITIES--PARTICIPATE IN HEALTH FAIRS AND INFORMATIONAL BOOTHS TO PROVIDE HEALTH INFORMATION AND SCREENINGS (BLOOD PRESSURE, BMI, DIABETES, MAMMOGRAPHY, ETC) AND PROMOTE HEALTHY LIFE STYLES --PARTNER WITH LOCAL SCHOOLS TO PROVIDE EDUCATION AND PROGRAMMING TOOLS FOR STUDENT S TO MAKE HEALTHY LIFESTYLE CHOICESBY PROVIDING HEALTH EDUCATION AND OPPORTUNITES FOR RESI DENTS TO PARTICIPATE IN PROGRAMS TO IMPROVE THEIR HEALTH, BAPTIST MEMORIAL HEALTH CARE HAS HELPED THOUSANDS OF OUR COMMUNITY MEMBERS LEAD HEALTHIER LIVES WE BELIEVE STRONGLY IN CO RPORATE CITIZENSHIP AND RECOGNIZE THE IMPORTANCE OF COLLABORATION WITH LOCAL ORGANIZATIONS TO BUILD STRONGER AND HEALTHIER COMMUNITES WE REMAIN COMMITTED TO SUPPORTING COMMUNITY H EALTH IMPROVEMENTS IN LINE WITH OUR MISSION AND VISION

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

Form and Line Reference	Explanation
BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE	Part V, Section B, Line 11 BAPTIST MEMORIAL HEALTH CARE DEVELOPED A COMMUNITY HEALTH IMPR OVEMENT PLAN (CHIP) TO GUIDE COMMUNITY BENEFIT AND POPULATION HEALTH IMPROVEMENT ACTIVITIE S ACROSS THE MEMPHIS METRO SERVICE AREA BAPTIST'S CHIP BUILDS UPON PREVIOUS HEALTH IMPROV EMENT ACTIVITIES, WHILE RECOGNIZING NEW HEALTH ISSUES AND CONCERNS AND A CHANGING HEALTH C ARE DELIVERY ENVIRONMENT, TO ADDRESS THE REGION'S MOST PRESSING COMMUNITY HEALTH NEEDS BE LOW ARE SPECIFIC ACTIVITIES THAT BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE WILL CARRY OUT IN SUPPORT OF THE SYSTEM-WIDE PLAN 1 BEHAVIORAL HEALTH THE GOAL IS TO IMPROVE OUTCOMES FOR RESIDENTS WITH A MENTAL HEALTH OR SUBSTANCE ABUSE CONDITION AND THEIR FAMILIES BAPTIST ME MORIAL HOSPITAL-COLLIERVILLE HAS OUTLINED THE FOLLOWING OBJECTIVES 1) INCREASE THE NUMBER OF RESIDENTS WHO ARE SCREENED FOR DEPRESSION AND MENTAL HEALTH CONDITIONS 2) DEVELOP OR C ONTINUE COLLABORATION WITH COMMUNITY AGENCIES THAT PROVIDE MENTAL HEALTH AND SUBSTANCE ABU SE SUPPORT SERVICES TO REDUCE SUICIDE AND DRUG-INDUCED DEATH RATES 3) EDUCATE RESIDENTS A BOUT WARNING SIGNS FOR MENTAL HEALTH CONDITIONS AND SUBSTANCE ABUSE, INCLUDING ALZHEIMER'S DISEASE BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE HAS IMPLEMENTED THE FOLLOWING STRATEGIES 1) SUPPORT BAPTIST MEMORIAL HEALTH CARE INITIATIVES TO SCREEN INDIVIDUALS FOR DEPRESSION AND MENTAL HEALTH CONDITIONS 2) IDENTIFY OPPORTUNITIES TO COLLABORATE WITH COMMUNITY AGEN CIES THAT PROVIDE MENTAL HEALTH AND SUBSTANCE ABUSE SUPPORT SERVICES 3) HOST EDUCATIONAL FORUMS THROUGH PARTNERSHIP WITH THE ALZHEIMER'S ASSOCIATION 4) USE MEDIA TO PROMOTE AWARE NESS OF BEHAVIORAL HEALTH SIGNS AND SYMPTOMS 2 CANCER THE GOAL IS TO PROVIDE EARLY DETECT ION AND TREATMENT TO REDUCE CANCER MORTALITY RATES AND IMPROVE QUALITY OF LIFE FOR PATIENT S LIVING WITH CANCER BAPTIST MEMORIAL HOSPTIAL-COLLIERVILLE HAS OUTLINED THE FOLLOWING OB JECTIVES 1) PROVIDE FREE OR REDUCED COST SCREENINGS AND SERVICES, ESPECIALLY TARGETING LO W-INCOME, AT-RISK, AND MINORITY POPULATIONS 2) INCREASE RESIDENTS' AWARENESS OF THE BENEF ITS OF CANCER PREVENTION, SCREENINGS, AND EARLY TREATMENT BAPTIST MEMORIAL HOSPITAL-COLLI ERVILLE HAS IMPLEMENTED THE FOLLOWING STRATEGIES 1) PARTNER WITH THE AMERICAN CANCER SOCIE TY AND OTHER COMMUNITY PARTNERS TO INCREASE PUBLIC AWARENESS OF CANCER RISK, PREVENTION, A ND SCREENING 2) PARTICIPATE IN EDUCATIONAL FORUMS TO INCREASE AWARENESS OF RISK FACTORS AN D PREVENTION ACTIVITIES 3) USE MEDIA TO PROMOTE AWARENESS OF CANCER RISK, PREVENTION, AND SCREENING 3 CHRONIC DISEASE MANAGEMENT AND PREVENTION THE GOAL IS TO REDUCE RISK FACTORS FOR CHRONIC DISEASE AND IMPROVE MANAGEMENT OF CHRONIC DISEASE THROUGH HEALTHY LIFESTYLE C HOICES BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE HAS OUTLINED THE FOLLOWING OBJECTIVES 1) P ROVIDE EDUCATION ABOUT HEALTHY LIFESTYLES AND RISK FACTORS FOR DISEASE 2) ENCOURAGE PHYSI CAL ACTIVITY AMONG RESIDENTS BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE HAS IMPLEMENTED THE F OLLOWING STRATEGIES 1) PROVID

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

Form and Line Reference	Explanation
BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE	E EDUCATION AND SCREENINGS FOR HEALTH RISK FACTORS RELATED TO CHRONIC DISEASE 2) COLLABOR ATE WITH COMMUNITY PARTNERS TO PROMOTE PHYSCIAN ACTIVITY 4 MATERNAL AND CHILD HEALTH THE GOAL IS TO IMPROVE BIRTH OUTCOMES FOR WOMEN AND INFANTS BAPTIST MEMORIAL HOSPITAL-COLLIE RVILLE HAS OUTLINED THE FOLLOWING OBJECTIVES 1) INCREASE THE PROPORTION OF WOMEN WHO RECE IVE EARLY AND ADEQUATE PRENATAL CARE 2) INCREASE THE PROPORTION OF INFANTS WHO ARE BREAST FED BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE HAS IMPLEMENTED THE FOLLOWING STRATEGY IN THE AREA OF MATERNAL AND CHILD HEALTH, BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE WILL SUPPORT IN ITIATIVES LED BY BAPTIST MEMORIAL HOSPITAL FOR WOMEN, WHICH SHARES THIS SERVICE AREA BAPTI ST MEMORIAL HOSPITAL-COLLIERVILLE PLANS TO ADDRESS ALL FOUR OF THE PRIORITIZED HEALTH NEED S IDENTIFIED THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENT IT WILL CONTINUE TO PLAY A LEA DERSHIP ROLE IN ADDRESSING THE HEALTH NEEDS OF THE RESIDENTS IN THE COMMUNITIES IT SERVES FOR COMMUNITY NEEDS NOT IDENTIFIED AS PRIORITIES, BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE WILL CONTINUE TO PLAY A SUPPORT ROLE AS RESOURCES ARE AVAILABLE AS WITH ALL BAPTIST MEMOR IAL HOSPITAL-COLLIERVILLE PROGRAMS, THE HOSPITAL WILL CONTINUE TO MONITOR COMMUNITY NEEDS AND ADJUST PROGRAMMING AND SERVICES ACCORDINGLY BUILDING UPON THE CURRENT CHNA, THE HOSPIT AL CONTINUES TO DO THE FOLLOWING --SUPPORT BAPTIST MEMORIAL HEALTH CARE INITIATIVES TO SCR EEN INDIVIDUALS FOR DEPRESSION AND MENTAL HEALTH CONDITIONS--IDENTIFY OPPORTUNITIES TO COL LABORATE WITH COMMUNITY AGENCIES THAT PROVIDE MENTAL HEALTH AND SUBSTANCE ABUSE SUPPORT--H OST EDUCATIONAL FORUMS THROUGH PARTNERSHIPS WITH AMERICAN HEART ASSOCIATION, AMERICAN STRO KE ASSOCIATION, AND ALZHEIMER'S ASSOCIATION--USE BAPTIST EXPERTS TO SHARE EDUCATIONAL INFO RMATION WITH THE PUBLIC VIA PRINTED DOCUMENTS, TELEVISION, AND RADIO--PARTICIPATE IN FORUM S TO INCREASE AWARENESS OF RISK FACTORS AND PREVENTION ACTIVITIES--PARTICIPATE IN HEALTH F AIRS AND INFORMATIONAL BOOTHS TO PROVIDE HEALTH INFORMATION AND SCREENINGS (BLOOD PRESSURE , BMI, DIABETES, MAMMOGRAPHY, ETC) AND PROMOTE HEALTHY LIFESTYLES -- PARTNER WITH LOCAL SC HOOLS TO PROVIDE EDUCATION AND PROGRAMMING TOOLS FOR STUDENTS TO MAKE HEALTHY LIFESTYLE CH OICES--PROVIDE MATERNAL AND CHILD HEALTH CLASSES AND PRESENTATIONS ON TOPICS SUCH AS EXPEC TANT PARENTS, CHILD BIRTHING, AND PARENTING--THROUGH THE SAM PATTERSON LIBRARY WILL OFFER INFORMATION ON BREAST CANCER RISKS, THE IMPLECATION OF LUNG CANCER SCREENINGS, SKIN CANCER SCREENING, AND FACTS ABOUT PEDIATRIC OBESITY--SPONSOR LOCAL BABY FAIRS AIMED AT GIVING EX PECTANT MOTHERS ACCESS TO LOCAL RESOURCES AND EXPERTS THAT CAN HELP THEM MAKE THE BEST POS SIBLE CHOICES FOR THEIR BABIES--PROVIDE INFORMATION ABOUT POSTPARTUM DEPRESSION AND PROMOT E AWARENESS OF SIGNS, SYMPTOMS AND TREATMENT RESOURCES--PROMOTE BREASTFEEDING TO IMPROVE O UTCOMES FOR MOTHERS AND BABIES--PROVIDE GRANT FUNDED MAMMORGRAPHY SCREENINGS FOR UNINSURED WOMENBY PROVIDING HEALTH EDUC

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

Form and Line Reference	Explanation
BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE	ATION AND OPPORTUNITES FOR RESIDENTS TO PARTICIPATE IN PROGRAMS TO IMPROVE THEIR HEALTH, B APTIST MEMORIAL HEALTH CARE HAS HELPED THOUSANDS OF OUR COMMUNITY MEMBERS LEAD HEALTHIER L IVES WE BELIEVE STRONGLY IN CORPORATE CITIZENSHIP AND RECOGNIZE THE IMPORTANCE OF COLLABO RATION WITH LOCAL ORGANIZATIONS TO BUILD STRONGER AND HEALTHIER COMMUNITES WE REMAIN COMM ITTED TO SUPPORTING COMMUNITY HEALTH IMPROVEMENTS IN LINE WITH OUR MISSION AND VISION

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

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

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

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

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

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

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

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

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

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

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

Form and Line Reference	Explanation
PART V SECTION B LINE 16	THE FINANCIAL ASSISTANCE POLICIES FOR BAPTIST MEMORIAL HOSPITAL-MEMPHIS, BAPTIST MEMORIAL HOSPITAL FOR WOMEN, AND BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE ARE AS FOLLOWS LINE 16A THE FINANCIAL ASSISTANCE POLICY CAN BE FOUND AT https //www baptistonline org/patients-and-visitors/financial-assistanceLINE 16B THE FINANCIAL ASSISTANCE APPLICATION CAN BE FOUND AT https //www baptistonline org/patients-and-visitors/financial-assistanceLINE 16C THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICYCAN BE FOUND AT https //www baptistonline org/patients-and-visitors/financial-assistance

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HOSPITAL

Employer identification number
62-0123940

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
(1) CROSSLINK MEMPHIS INC 200 EAST PARKWAY NORTH MEMPHIS, TN 381125414	45-4848118	501(c)(3)		191,869	BOOK VALUE	EYEGLASSES & MEDICAL SUPPLIES	EYE GLASSES & MEDICAL SUPPLIES
(2) ZETA TAU ALPHA FOUNDATION INC 3450 FOUNDERS ROAD INDIANAPOLIS, IN 46268	31-0987111	501(c)(3)	7,500				PINK RIBBON SPONSOR

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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/

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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 HOSPITAL

Employer identification number
62-0123940

Part I Questions Regarding Compensation

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

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 3	BAPTIST MEMORIAL HEALTH CARE CORPORATION, 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 I, Line 4b	ELIGIBLE EXECUTIVES PARTICIPATE IN VARIOUS NON-QUALIFIED DEFERRED COMPENSATION PLANS ORGANIZED UNDER CODE SECTION 457(F) THE EXACT PURPOSE OF EACH PLAN VARIES BUT THEY INCLUDE COMPENSATION LIMITATION MAKE-UP PLANS, VOLUNTARY DEFERRAL PLANS, DEFERRAL OF A PORTION OF INCENTIVE BONUS TYPE PLANS, ETC ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EXECUTIVE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR RECEIVED DANA DYE, RECEIVED $148,460 73 UNDER THE DERFERRED COMPENSATION PLAN DURING THE YEAR
Part I, Line 7	THE BAPTIST MEMORIAL HEALTH CARE SYSTEM HAS ESTABLISHED A MANAGEMENT ACCOUNTABILITY AND FINANCIAL INCENTIVE PLAN THAT ENCOURAGES MANAGEMENT PARTICIPATION IN THE SIGNIFICANT IMPROVEMENTS OF THE QUALITY, FINANCIAL, GROWTH, AND HUMAN RESOURCE RELATED OPERATIONS OF THE ORGANIZATION AN INCENTIVE BONUS IS PAID TO ALL MANAGEMENT BASED ON ATTAINMENT OF GOALS IN THE AREAS OF 1) PATIENT SATISFACTION, 2) EMPLOYEE SATISFACTION, 3) PHYSICIAN SATISFACTION, 4) QUALITY AND SAFETY, 5) OPERATIONAL PREFORMANCE METRICS, AND 6) OPERATING INCOME MARGIN PARTICIPANTS RECEIVE POINTS UNDER A PLAN SCORING SYSTEM FOR MEETING THEIR PREDETERMINED GOALS THE POINTS ARE THEN ENTERED INTO THE PLAN FORMULA TO DETERMINE THE INCENTIVE COMPENSATION

Additional Data

Software ID:
Software Version:
EIN: 62-0123940
Name: BAPTIST MEMORIAL HOSPITAL

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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1RANDY J KINGDIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	386,661	189,380	47,696	43,875	-20,453	-688,065	0
1JASON M LITTLEPRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	851,732	493,430	125,453	31,250	-27,386	-1,529,251	0
2GREGORY M DUCKETT SECRETARY	(I)	0	0	0	0	0	0	0
	(II)	417,673	199,147	90,414	33,125	-30,163	-770,522	0
3PAUL D DEPRIEST MD V P /COO	(I)	0	0	0	0	0	0	0
	(II)	585,958	311,053	100,343	30,625	-27,162	-1,055,141	0
4KEVIN HAMMERAN CEO/ADMIN	(I)	0	0	0	0	0	0	0
	(II)	252,775	0	35,188	9,707	-13,013	-310,683	0
5DANA DYECEO/ADMIN	(I)	0	0	0	0	0	0	0
	(II)	324,935	157,635	58,603	33,937	-5,938	-581,048	0
6KYLE E ARMSTRONG CEO/ADMIN	(I)	0	0	0	0	0	0	0
	(II)	122,822	66,944	23,877	11,259	-13,292	-238,194	0
7CYNDI S PITTMANCFO	(I)	200,483	18,722	552	27,266	26,063	273,086	0
	(II)	0	0	0	0	-0	-0	0
8TERRI SEAGOCFO	(I)	123,115	15,152	120	17,130	9,443	164,960	0
	(II)	0	0	0	0	-0	-0	0
9CHRISTIAN C PATRICKCMO	(I)	395,887	60,989	782	33,927	28,364	519,949	0
	(II)	0	0	0	0	-0	-0	0
10LINDSAY R STENCEL ASST ADMINISTRATOR	(I)	162,767	14,262	370	17,685	23,576	218,660	0
	(II)	0	0	0	0	-0	-0	0
11MELISSA A NELSON ASST ADMINISTRATOR	(I)	136,315	14,749	65	17,790	21,931	190,850	0
	(II)	0	0	0	0	-0	-0	0
12SCOTT W CHILDERS ASST ADMINISTRATOR	(I)	174,174	0	20	16,042	517	190,753	0
	(II)	0	0	0	0	-0	-0	0
13MICHELLE M SMITHCNO	(I)	235,694	0	20	30,745	14,240	280,699	0
	(II)	0	0	0	0	-0	-0	0
14KEVIN L BRONSON CHIEF PHYSICIST	(I)	175,845	0	20	14,161	19,277	209,303	0
	(II)	0	0	0	0	-0	-0	0
15DARLA G BELT DIRECTOR OF NURSING	(I)	156,031	14,024	20	3,981	9,457	183,513	0
	(II)	0	0	0	0	-0	-0	0
16STEPHEN L HELTON CASE MGMT	(I)	163,452	0	20	28,682	13	192,167	0
	(II)	0	0	0	0	-0	-0	0
17DENNIS E ROBERTS PHAR DIRECTOR	(I)	152,774	0	66	12,978	14,779	180,597	0
	(II)	0	0	0	0	-0	-0	0
18JOHN S STANTONPHAR	(I)	147,181	0	20	16,612	14,433	178,246	0
	(II)	0	0	0	0	-0	-0	0
19DERICK ZIEGLER FORMER BAPTIST HOSPITAL CEO	(I)	0	0	0	0	0	0	0
	(II)	359,195	158,973	49,062	51,937	-9,280	-628,447	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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
21 ANITA VAUGHN FORMER WOMEN'S HOSPITAL CEO	(I)	0	0	0	0	0	0	0
	(II)	104,217	64,001	374,858	26,604	4,515	574,195	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HOSPITAL

Employer identification number
62-0123940

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	THE HEALTH EDUCATIONAL & HOUSING FACILITY BOARD OF SHELBY COUNTY TN	52-1283414	821697B40	11-05-2009	175,081,809	EXPANSION AND UPGRADES TO HOSPITALS-BONDS CONVERTED TO FIXED RATE		X	X			X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	38,435,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,657,093			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2004			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X						

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Date Rebate Computation Performed	Issuer Name THE HEALTH, EDUCATIONAL & HOUSING FACILITY BOARD OF SHELBY COU Date the Rebate Computation was Performed 09/01/2017

Return Reference	Explanation
SCHEDULE K, PART II LINE 3	THE DIFFERENCE BETWEEN THE ISSUE PRICE OF THE BONDS IN PART I COLUMN (e) IS DUE TO PRINCIPAL PAYMENTS, THUS REDUCING THE AMOUNT OF PROCEEDS AT YEAR END

Return Reference	Explanation
PART III, LINE 9, PART IV, LINE 7, AND PART V,	OUR MASTER TRUST INDENTURE IS THE GOVERNING DOCUMENT FOR THE BONDS

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HOSPITAL

Employer identification number

62-0123940

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, STATEMENT OF PROGRAM SERVICES CONTINUED	BAPTIST MEMORIAL HOSPITAL USES THE SPYGLASS DS TECHNOLOGY TO DIAGNOSE AND TREAT DISEASES A ND CONDITIONS OF THE LIVER, GALLBLADDER, PANCREAS AND BILE DUCTS "THE VISUALIZATION IS FA R SUPERIOR AND INTERPRETATION IS MUCH EASIER THAN THE ORIGINAL SPYGLASS," SAID DR EDWARD CATTAU, GASTROENTEROLOGIST AT BAPTIST MEMPHIS "IT GIVES ME INCREASED CONFIDENCE IN DIAGNO SIS, NOT TO MENTION IT'S COST-EFFECTIVE AND CAN BE LESS RISKY COMPARED TO TRADITIONAL SURG ICAL APPROACHES " SPYGLASS IS USED IN CONJUNCTION WITH ENDOSCOPIC RETROGRADE CHOLANGIOPANC REATOGRAPHY (ERCP), AN ESTABLISHED ENDOSCOPY PROCEDURE TO OBTAIN RADIOGRAPHIC IMAGES OF TH E BILE DUCTS AND PANCREAS AND TO PERFORM DIAGNOSTIC AND THERAPEUTIC PROCEDURES SPYGLASS D S ALLOWS FOR HIGH-RESOLUTION IMAGING DURING THE ERCP PROCEDURE TO BETTER TARGET BIOPSIES A ND MORE SAFELY FRAGMENT STONES THE NEW SYSTEM USES A SMALL, UNIQUE VIDEO SCOPE THAT IS PA SSED THROUGH THE WORKING CANAL OF THE STANDARD ERCP SCOPE AND INSERTED DIRECTLY INTO THE B ILIARY AND PANCREATIC DUCTS, GIVING PHYSICIANS THE ABILITY TO HAVE DIRECT VISUALIZATION IN SIDE THESE STRUCTURES SPYGLASS DS TYPICALLY RESULTS IN MORE EFFICIENT EVALUATIONS AND HEL PS REDUCE THE NEED FOR ADDITIONAL TESTING AND REPEAT PROCEDURES COMPARED TO TRADITIONAL ER CP, ENABLING PATIENTS TO RECEIVE A DEFINITIVE DIAGNOSIS AND TREATMENT SOONER DR CATTAU I S EXTREMELY FAMILIAR WITH THIS TECHNOLOGY, HAVING FIRST BEEN INVOLVED IN RESEARCH WITH PRO TOTYPES FROM OTHER MANUFACTURERS MORE THAN 25 YEARS AGO IN 2010, HE PERFORMED THE CITY'S FIRST ELECTROHYDRAULIC LITHOTRIPSY (THE REMOVAL OF LARGE STONES FROM THE BILE DUCT WITHOUT OPEN SURGERY) WITH SPYGLASS "SPYGLASS DS INCREASES THE LIKELIHOOD OF QUICKLY MANAGING TH E PROBLEM AND DECREASES THE NEED FOR TRADITIONAL SURGERY," SAID DR CATTAU "FOR PATIENTS, THE RISKS ARE MINIMIZED AND THE INCREASED BENEFITS CAN BE SIGNIFICANT " BAPTIST MEMORIAL HOSPITAL AND ITS EMPLOYEES HAVE WON SEVERAL NATIONAL AWARDS FOR QUALITY AND SERVICE SOME OF THESE INCLUDE BAPTIST MEMORIAL HOSPITAL WAS RECENTLY RECOGNIZED BY THE AMERICAN HEART ASSOCIATION FOR THEIR STROKE CARE JOINT COMMISSION AWARD --DESIGNATED BY THE JOINT COMMI SSION AS A KEY PERFORMER ON KEY QUALITY MEASURES FOR HEART ATTACK, HEART FAILURE, AND PNEU MONIA, AS WELL AS SURGICAL CARE AND PERINATAL CARE CONSUMER CHOICE AWARD --RECIPIENT OF A CONSUMER CHOICE AWARD AS MEMPHIS' MOST PREFERRED HOSPITAL FROM THE NATIONAL RESEARCH CORP ORATION MEMPHIS MOST AWARD --RECIPIENT OF A MEMPHIS MOST AWARD BY THE MEMPHIS METROPOLITA N COMMUNITY AS HAVING ONE OF THE BEST HOSPITALS IN THE AREA TENNESSEE NURSES ASSOCIATION'S OUTSTANDING EMPLOYER AWARD --BAPTIST MEMORIAL HOSPITAL RECENTLY EARNED THE TENNESSEE NUR SES ASSOCIATION'S OUTSTANDING EMPLOYER AWARD FOR ITS COMMITMENT TO NURSES AND NURSING EXCE LLENCE THE BAPTIST MEMORIAL HOSPITAL PHARMACY DEPARTMENT RECENTLY WON THE TENNESSEE SOCIE TY OF HEALTH-SYSTEM PHARMACISTS' INNOVATIVE HEALTH-SYSTEM PHARMACY PRACTICE AWARD THE AWA RD IS GIVEN ANNUALLY TO A PHAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, STATEMENT OF PROGRAM SERVICES CONTINUED	MACY DEPARTMENT STAFF IN A HOSPITAL WITH MORE THAN 100 BEDS IN RECOGNITION OF EFFORTS THAT ADVANCED THE LEVEL OF PHARMACY SERVICES WITHIN THE PAST TWO YEARS OVER THE LAST FEW YEAR S THE HOSPITAL HAS MOVED TO A DECENTRALIZED MODEL, ALLOWING MANY OF THE PHARMACISTS TO MOV E FROM THE INPATIENT AREA OUT TO THE FLOORS BY MAKING THIS MOVE, HOSPITAL PHARMACISTS ARE MORE VISIBLE, MORE INVOLVED AND MORE IMMEDIATELY AVAILABLE TO NURSES AND ANCILLARY STAFF THE INPATIENT STAFF ASSISTS WITH PROVIDING SERVICES TO THE AMBULATORY CARE CENTER, STEM C ELL CENTER, CARDIAC SERVICES AS WELL AS OFF-SITE PHYSICIAN PRACTICES THE BAPTIST MEMORIAL HOSPITAL CAMPUS OFFERS TWO LIBRARIES THAT PROVIDE JOURNALS, BOOKS, AS WELL AS MEETING AND STUDY SPACE, FOR BAPTIST TEAM MEMBERS, PHYSICIANS, PATIENTS AND THE PUBLIC BOTH FACILITI ES WERE MADE POSSIBLE THROUGH GIFTS TO THE BAPTIST MEMORIAL HEALTH CARE FOUNDATION THE DR MAURY W BRONSTEIN HEALTH SCIENCES LIBRARY, LOCATED ON THE CONCOURSE LEVEL AT BAPTIST ME MPHIS, OPENED IN 1998 IN HONOR OF THE LONGTIME BAPTIST INTERNIST AND CARDIOLOGIST THE LIB RARY SUBSCRIBES TO 43 JOURNALS AND, WITH THE OPENING OF THE SPENCE AND BECKY WILSON BAPTIS T CHILDREN'S HOSPITAL, HOPES TO ADD MORE PEDIATRIC BOOKS TO ITS COLLECTION THE LIBRARY AL SO FILLS THOUSANDS OF REQUESTS FOR ARTICLES FROM PHYSICIANS AND CLINICIANS BAPTIST MEMORI AL HOSPITAL DOES NOT LIMIT ITS CONCERN FOR THE COMMUNITY TO PATIENT CARE IT HAS FOUR OTHE R AREAS THAT MAKE CONTRIBUTIONS TO IMPROVING THE CONDITION OF INDIVIDUALS IN THE MID-SOUTH THESE AREAS ARE EDUCATION OF HEALTH CARE PROFESSIONALS, COMMUNITY RELATIONS ACTIVITIES, DONATIONS TO THE COMMUNITY, AND VOLUNTEERISM EDUCATION OF HEALTH CARE PROFESSIONALS BAPT IST MEMORIAL HOSPITAL HAS A COMMITMENT TO INSURING THAT AN EDUCATED AND TRAINED WORK FORCE OF HEALTH CARE PROFESSIONALS IS AVAILABLE TO THE MEMPHIS COMMUNITY SIGNIFICANT EXPENSES WERE INCURRED IN CONNECTION WITH PROGRAM COSTS FOR EDUCATION BAPTIST MEMORIAL HOSPITAL AL SO SUPPORTS AN INTERN AND RESIDENCY PROGRAM THROUGH THE UNIVERSITY OF TENNESSEE-MEMPHIS C OMMUNITY RELATIONS ACTIVITIES BAPTIST MEMORIAL HOSPITAL PROVIDED THE FOLLOWING SPECIAL AC TIVITIES THROUGH VARIOUS SERVICES AND DEPARTMENTS IN THE HOSPITAL PARTNERSHIP WITH TWO IN NER-CITY SCHOOLS THROUGH THE ADOPT-A-SCHOOL PROGRAM THAT INCLUDED THE FOLLOWING --AN INCE NTIVE PROGRAM FOR ACADEMIC ATTENDANCE AND STUDENT ENGAGEMENT --CAREER DAY SPEAKERS OTHER C OMMUNITY RELATIONS' ACTIVITIES INCLUDED --MIDSOUTH FOOD BANK --CROSSLINK INTERNATIONAL-ME MPHIS --SUSAN G KOMEN RACE FOR THE CURE --AMERICAN HEART ASSOCIATION --DONATIONS FOR HOME LESS PATIENTS SERVED BY BAPTIST MEMORIAL HEALTH CARE CORPORATION'S OUTREACH VAN --ANNUAL P ICNIC FOR CURRENT AND FORMER HEART TRANSPLANT PATIENTS AND THEIR FAMILIES --AMERICAN CANCE R SOCIETY'S LOOK GOOD, FEEL BETTER SESSIONS --A COMMUNITY-BASED STROKE SUPPORT GROUP --THE USE OF HOSPITAL MEETING ROOMS FOR VARIOUS COMMUNITY GROUPS AT NO CHARGE DONATIONS TO THE COMMUNITY --BAPTIST MEMORIAL H

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PART III, STATEMENT OF PROGRAM SERVICES CONTINUED	OSPITAL DONATES MEDICAL EQUIPMENT THAT HAS BEEN RETIRED FROM SERVICE CLASSES & SEMINARS B APTIST MEMORIAL HOSPITAL OFFERED VARIOUS CLASSES AND SEMINARS AT NO COST TO PARTICIPANTS VOLUNTEERISM BAPTIST MEMORIAL HOSPITAL ENCOURAGES VOLUNTEERISM IN ITS EMPLOYEES BAPTIST M EMORIAL HOSPITAL-COLLIERVILLE LOCATION MEDICAL SERVICES AT THE HOSPITAL INCLUDE A SLEEP D ISORDERS CENTER, OUTPATIENT REHABILITATION, INPATIENT AND OUTPATIENT SURGERY, A CRITICAL C ARE UNIT, A FULL-SERVICE EMERGENCY ROOM, INPATIENT AND OUTPATIENT DIAGNOSTICS, FIVE SURGER Y SUITES, 58 ACUTE CARE BEDS, SEVEN CRITICAL CARE BEDS AND A SIX-BED CRITICAL CARE STEP-DO WN UNIT THE BAPTIST COLLIERVILLE WOMEN'S CENTER OFFERS WOMEN ADVANCED TECHNOLOGY IN THE D ETECTION OF BREAST CANCER CLOSE TO HOME CERTIFIED BY THE FOOD AND DRUG ADMINISTRATION AND ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY, THE CENTER OFFERS SCREENING AND DIAGNOST IC MAMMOGRAMS, BREAST ULTRASOUNDS, CYST ASPIRATIONS, BIOPSIES, WIRE LOCALIZATIONS AND BONE DENSITOMETRY TESTING EXPERIENCED BOARD-CERTIFIED FEMALE RADIOLOGISTS AND CERTIFIED MAMMO GRAPHY TECHNOLOGISTS CONCERNED WITH PATIENT COMFORT AND EARLY DETECTION STAFF THE CENTER BAPTIST COLLIERVILLE ALSO OFFERS THE TECHNICALLY ADVANCED LIFE-SAVING PROCEDURE CALLED HEA RTSCORE THE HEARTSCORE SCAN CAN DETECT HEART DISEASE LONG BEFORE ANY SYMPTOMS APPEAR NE W TECHNOLOGICAL ADVANCES EMPLOYED BY BAPTIST COLLIERVILLE ENABLE INTEGRATED INFORMATION SY STEMS TO HELP MOVE THE HOSPITAL TOWARD A "PAPERLESS" ENVIRONMENT SELF-CONTAINED 12-BED NU RSING WINGS-EACH CONTAINING A DEDICATED NURSING STATION, SUPPLY ROOM AND EQUIPMENT-ALLOW N URSES TO PROVIDE THE HIGHEST LEVEL OF CARE TO PATIENTS PHYSICIANS' OFFICES, LOCATED ON TH E SECOND AND THIRD FLOORS, ARE INTEGRATED INTO THE HOSPITAL SLEEP DISORDERS CENTER THE B APTIST SLEEP DISORDERS CENTER AT BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE IS A FACILITY PROV IDING CLINICAL DIAGNOSTIC SERVICES AND TREATMENTS TO PATIENTS WHO HAVE SYMPTOMS OR FEATURE S THAT SUGGEST THE PRESENCE OF A SLEEP DISORDER THE CENTER IS LOCATED ON THE THIRD FLOOR OF THE HOSPITAL AND CONSISTS OF EIGHT INDIVIDUAL SLEEP ROOMS WITH ADJACENT BATHROOMS THE CENTER IS STAFFED BY HIGHLY TRAINED AND EXPERIENCED POLYSOMNOGRAPHY TECHNICIANS DR ROBER T SCHRINER IS MEDICAL DIRECTOR OF THE CENTER THE CENTER FIRST OPENED IN THE FALL OF 1977, AND MORE THAN 32,000 PATIENTS HAVE BEEN EVALUATED SINCE THEN IN 1978, THE CENTER WAS ONE OF THE FIRST TO BE ACCREDITED IN THE UNITED STATES FOR MORE INFORMATION ABOUT SLEEP DISO RDERS, PLEASE VISIT THE AMERICAN ACADEMY OF SLEEP MEDICINE WEB SITE OR THEIR SLEEP EDUCATI ON WEBSITE

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PART III, STATEMENT OF PROGRAM SERVICES CONTINUED	REHABILITATION AND WELLNESS THE WELLNESS CENTER AT BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE HELPS PATIENTS EFFECTIVELY MANAGE THEIR WELLNESS AND REHABILITATION FROM CHRONIC DISEASE, PHYSICAL INJURY OR DETERIORATION USING PREVENTIVE MEASURES, SUCH AS EXERCISE AND STRENGTH ENING, HEALTHY EATING AND LIFESTYLE EDUCATION WE ARE DEDICATED TO CULTIVATING ACTIVE PART NERSHIPS WITH CLIENTS TO CONTINUALLY IMPROVE THE HEALTH AND WELLNESS OF THE COMMUNITIES WE SERVE THE STAFF COMPRISES PHYSICAL, OCCUPATIONAL AND SPEECH THERAPISTS, A CERTIFIED ATHL ETIC TRAINER, AND A CERTIFIED PHYSICAL THERAPY ASSISTANT - ALL OF WHOM ARE TRAINED TO MEET AN INDIVIDUAL'S SPECIFIC NEEDS WITH REFERRAL FROM A PHYSICIAN, BAPTIST COLLIERVILLE ALSO OFFERS REHABILITATION FOR WORK-RELATED INJURIES, SPORTS INJURIES, TENDONITIS, JOINT REPLA CEMENT AND STROKE, AS WELL AS MUSCULOSKELETAL PROBLEMS OUTPATIENT REHABILITATION SERVICES INCLUDE --PHYSICAL THERAPY --OCCUPATIONAL THERAPY --SPEECH THERAPY BAPTIST MEMORIAL HOSP ITAL-COLLIERVILLE'S REHABILITATION DEPARTMENT OFFERS PHYSICAL THERAPY SERVICES AT ITS SATE LLITE CLINIC AT THE DESOTO ATHLETIC CLUB LOCATED AT THE COLLIERVILLE COMMUNITY CENTER THI S CLINIC SERVES AS ANOTHER PLACE FOR PATIENTS TO RECEIVE HIGH-QUALITY PHYSICAL THERAPY CLO SE TO HOME THE CLINIC OFFERS A VARIETY OF PHYSICAL THERAPY SERVICES ON A PHYSICIAN REFERR AL BASIS PATIENTS CAN RECEIVE PHYSICAL THERAPY TO HELP THEM RECOVER FROM AN INJURY, ILLNE SS OR SURGICAL PROCEDURE THERAPY ALSO IS OFFERED TO HELP PATIENTS DEAL WITH PAIN OR RELEA RN HOW TO PERFORM FUNCTIONS ON THE JOB PHYSICAL THERAPY SERVICES AT THIS LOCATION INCLUDE --NEUROLOGICAL DISORDERS --ORTHOPEDIC DIAGNOSES --SPORTS INJURIES --AMPUTATIONS --ARTHRI TIS --CHRONIC PAIN SYNDROMES (COMPLEX REGIONAL PAIN SYNDROME, FIBROMYALGIA) --BALANCE DISO RDERS --MULTIPLE TRAUMAS --SPINAL DISORDERS --HAND INJURIES PHYSICIAN REFERRALS ARE REQUIR ED PLEASE CALL BAPTIST COLLIERVILLE AT 901-861-8926 OR THE COLLIERVILLE COMMUNITY CENTER AT 901-850-2128 BAPTIST MEMORIAL HOSPITAL FOR WOMEN DURING THE YEAR ENDING SEPTEMBER 30, 2017, BAPTIST MEMORIAL HOSPITAL FOR WOMEN'S PROGRAM SERVICES PRODUCED THE FOLLOWING RESUL TS --THE MOTHER-BABY OBSTETRICS/LABOR AND DELIVERY DEPARTMENT HAD 11,201 PATIENT VISITS A T A COST OF $12,833,919 --THE NEONATAL-ICU DEPARTMENT HAD 12,006 PATIENT VISITS AT A COST OF $8,060,059 --THE WOMEN'S HEALTH CENTER PERFORMED 46,005 PROCEDURES AT A COST OF $3,92 2,038 BAPTIST MEMORIAL HOSPITAL FOR WOMEN IS ONLY ONE OF FIFTEEN FREESTANDING WOMEN'S HOS PITALS IN AMERICA IT WAS DESIGNED ENTIRELY TO MEET THE NEEDS OF WOMEN THROUGH EVERY STAGE OF LIFE-FROM CHILDBIRTH TO MENOPAUSE RESEARCH SHOWS THAT WOMEN MAKE 80 PERCENT OF THE DE CISIONS ON HEALTH CARE AND BAPTIST WANTED TO MEET THEIR NEEDS THE HOSPITAL INCORPORATES T HE BAPTIST WOMEN'S HEALTH CENTER THE WOMEN'S HEALTH CENTER, IS A FULL-SERVICE MAMMOGRAPHY AND OSTEOPOROSIS TESTING CENTER FOR WOMEN THE WOMEN'S HEALTH CENTER, LOCATED AT 50 HUMPR HEYS CENTER, SUITE 23, PERFORM

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PART III, STATEMENT OF PROGRAM SERVICES CONTINUED	ED 44,571 PROCEDURES, OF WHICH 27,275 WERE MAMMOGRAMS THE CENTER WAS AMONG THE FIRST SEVE N IN THE NATION TO HAVE A FULL-FIELD DIGITAL MAMMOGRAPHY MACHINE, WHICH PROVIDES A THREE-D IMENSIONAL IMAGE OF THE BREAST THE BAPTIST WOMEN'S HEALTH CENTER HAS RADIOLOGISTS WHO SER VE THE WOMEN IN ARKANSAS, MISSISSIPPI, MISSOURI AND TENNESSEE AT EACH OF BAPTIST MEMORIAL HOSPITAL'S METRO LOCATIONS THE CENTER ALSO OPERATES THE ONLY DIGITAL MOBILE MAMMOGRAPHY U NIT IN THE AREA LAST YEAR, 1,629 MAMMOGRAMS WERE PERFORMED THE WOMEN'S HOSPITAL ALSO HAS A MEDICAL LIBRARY THAT IS OPEN TO THE PUBLIC IT SERVES AS A RESOURCE CENTER FOR PATIENTS , THEIR FAMILIES AND HEALTH CARE PROFESSIONALS THE LIBRARY HAS BOOKS, CD-ROM PRODUCTS, VI DEO TAPES, BROCHURES AND TEACHING MODELS, AS WELL AS INTERNET ACCESS ANOTHER DEPARTMENT O F THE BAPTIST MEMORIAL HOSPITAL FOR WOMEN IS THE COMPREHENSIVE BREAST CENTER, WHICH OFFERS A MULTI-DISCIPLINARY APPROACH TO DIAGNOSING AND TREATING BREAST CANCER IT ENCOMPASSES TH E WOMEN'S HEALTH CENTER, THE MULTI-DISCIPLINARY BREAST CONFERENCE, AND THE NEW BREAST RISK MANAGEMENT CENTER NURSE NAVIGATORS ARE AVAILABLE IN THE WOMEN'S HEALTH CENTER TO HELP GU IDE A PATIENT THROUGH HER JOURNEY OF BREAST CANCER TREATMENT PATIENTS CAN ALSO RECEIVE SE COND AND THIRD OPINIONS ABOUT TREATMENT OPTIONS FROM LOCAL BREAST CANCER EXPERTS AT THE BR EAST CONFERENCES AND FINALLY WITH THE NEW BREAST RISK MANAGEMENT CENTER, PATIENTS CAN TAK E A PRO-ACTIVE APPROACH TO THEIR HEALTH AS PART OF THE BREAST RISK MANAGEMENT CENTER, RIS K ASSESSMENT, GENETIC COUNSELING AND GENETIC TESTING ARE AVAILABLE THE CENTER IS ONE OF O NLY A FEW HOSPITAL-BASED CENTERS TO IDENTIFY HIGH-RISK WOMEN BEFORE A CANCER DIAGNOSIS WO MEN WHO ARE CONCERNED ABOUT THEIR RISK OF DEVELOPING BREAST CANCER CAN MEET WITH AN ONCOLO GY CERTIFIED NURSE AND CERTIFIED GENETIC COUNSELORS THAT WILL MAKE RECOMMENDATIONS ON THE BEST METHODS FOR PREVENTING AND DETECTING CANCER BASED UPON THE INDIVIDUAL'S RISK ASSESSME NT THE HOSPITAL PROVIDED SEMINARS ON WOMEN'S ISSUES TO OB-GYN PHYSICIANS, FAMILY PRACTICE PHYSICIANS, NEONATOLOGISTS, NURSE PRACTITIONERS, RISK MANAGEMENT PERSONNEL AND ALLIED HEA LTH PROFESSIONALS WHO HAVE AN ACTIVE ROLE IN WOMEN'S HEALTH CARE THE SEMINARS FOCUSED ON WOMEN'S HEALTH CARE ISSUES IN THE NEW MILLENNIUM TOPICS INCLUDED INITIATIVES IN WOMEN'S H EALTH, PERIMENOPAUSE AND MENOPAUSE, PHYSICIAN BURNOUT, COMPLEMENTARY MEDICINE IN OBSTETRIC S AND GYNECOLOGY, AND OTHERS THE ACCREDITED PROGRAM-WHICH FEATURED NATIONALLY KNOW EXPERT S-WAS FREE TO BAPTIST PHYSICIANS, RESIDENTS, NURSE PRACTITIONERS AND ALLIED HEALTH AND RIS K MANAGEMENT PERSONNEL A 180-SEAT COMMUNITY EDUCATION CLASSROOM IS USED FOR PRENATAL CLAS SES, SUPPORT GROUPS AND SEMINARS THE FACILITY HAS THE MOST ADVANCED INFANT SECURITY SYSTE M AVAILABLE THE HOSPITAL ALSO OFFERS CLASSES AND SEMINARS FREE TO THE PUBLIC SOME OF THE SE SEMINARS WERE ENTITLED --SCREENING MAMMOGRAMS, BY DR LINDI VANDERWALDE --HOW TO PREVE NT THE #1 CAUSE OF DEATH IN WO

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PART III, STATEMENT OF PROGRAM SERVICES CONTINUED	MEN AND MEN, BY DR STEVIN GUBIN --DIABETES MYTH BUSTERS, BY DR JOHN BRIDGES --SKIN CANC ER SCREENING WITH ADVANCED DERMATOLOGY, BY DR GORON --TIPS FOR BETTER HEALTH-FACEBOOK LIV E SERIES WITH DR SANJEEV KUMAR DONATIONS MADE BY BAPTIST MEMORIAL HOSPITAL FOR WOMEN --T HE BREAST CANCER ERADICATION INITIATIVE --MARCH OF DIMES THE SPENCE AND BECKY WILSON BAPTI ST CHILDREN'S HOSPITAL THE SPENCE AND BECKY WILSON BAPTIST CHILDREN'S HOSPITAL, PART OF B APTIST MEMORIAL HOSPITAL FOR WOMEN, IS THE HOME OF OUR CHILDREN'S HOSPITAL SERVICES THE H OSPITAL OPENED ITS 17,000 SQUARE-FOOT EMERGENCY ROOM, WHICH FEATURES 10 BAYS FOR PATIENT C ARE, AND A 2,000 SQUARE-FOOT DIAGNOSTICS AREA ON JANUARY 28, 2015 THE EMERGENCY DEPARTMEN T IS STAFFED 24/7 WITH PEDIATRIC EMERGENCY MEDICINE PHYSICIANS, PEDIATRIC HOSPITALISTS AND AN ARRAY OF OTHER PEDIATRIC SPECIALISTS, INCLUDING THE BAPTIST SYSTEM'S FIRST PEDIATRIC G ENERAL SURGEON AND A PEDIATRIC ANESTHESIOLOGIST NO MATTER HOW YOUNG A PATIENT MAY BE, BAP TIST IS COMMITTED TO HELPING EACH ONE GET BETTER BY USING A CHILD-CENTERED HEALTH CARE APP ROACH FROM A TEAM OF COMPASSIONATE, DEDICATED PEDIATRICIANS, INTENSIVISTS, SUBSPECIALISTS, AND OTHER MEDICAL PROFESSIONALS FROM THE NEED FOR SERIOUS SURGERY TO TREATMENT OF A BROK EN BONE OR OUTPATIENT TREATMENT FOR LABS AND X-RAYS, BAPTIST OFFERS MANY PEDIATRIC SERVICE S, PROGRAMS, AND AMENITIES THEY INCLUDE HARDIN PEDIATRIC INPATIENT UNIT WITH 12 INPATIE NT ROOMS, THIS UNIT IS DESIGNED TO HELP CHILDREN WHO NEED TO RECOVER WHILE UNDER THE CONST ANT CARE OF A TEAM OF HEALTH CARE PROVIDERS P D 'S PERCH AN OUTPATIENT CENTER DESIGNED F OR PEDIATRIC LAB WORK, AND DIAGNOSTIC TESTING BY COMPASSIONATE PEDIATRIC NURSES AND CHILD LIFE SPECIALISTS OUR TEAMS WORK TO HELP EASE THE STRESS AND ANXIETY CHILDREN MAY EXPERIEN CE IN A FOREIGN HOSPITAL ENVIRONMENT TO SCHEDULE DIAGNOSTIC TESTING OR LAB WORK, PLEASE C ONSULT YOUR PEDIATRICIAN PLEASE CALL 901-227-8900 WITH ANY QUESTIONS YOU MAY HAVE

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PART III, STATEMENT OF PROGRAM SERVICES CONTINUED	PEDIATRIC EMERGENCY ROOM THIS 17,000 SQUARE-FOOT EMERGENCY ROOM FEATURES AN OUTSTANDING T URNAROUND TIME WITH 24/7 PEDIATRIC EMERGENCY MEDICINE PHYSICIANS, PEDIATRICIANS, NURSE PRA CTITIONERS, CERTIFIED PHYSICIAN ASSISTANCES, PEDIATRIC NURSES, AND SUBSPECIALISTS TO CARE FOR YOUR CHILD THE PEDIATRIC EMERGENCY ROOM PROVIDES CARE FOR A HOST OF ISSUES INCLUDING BROKEN BONES, FEVER, SPRAINS, STRAINS AND TEARS, DEHYDRATION, FLU, RESPIRATORY ILLNESSES, LACERATIONS AND MORE OUR EMERGENCY SERVICES ARE OFFERED 24 HOURS A DAY, EVERY DAY TO HELP CARE FOR YOUR CHILD'S URGENT HEALTH CARE NEEDS WE PROVIDE EXPERT CARE AND MANAGEMENT OF A LONG LIST OF CHILDHOOD CONDITIONS, INCLUDING --ACUTE ASTHMA --VOMITING AND DIARRHEA --D EHYDRATION --EAR INFECTIONS --UPPER RESPIRATORY INFECTIONS --RASHES --FEVER --PNEUMONIA -- ABDOMINAL PAIN --NEW-ONSET DIABETES --ORTHOPEDIC AND SPORTS INJURIES THE PEDIATRIC INTENSI VE CARE UNIT (PICU) THE PICU PROVIDES ESSENTIAL SERVICES TO HELP ENSURE YOUR CHILD RECEIV ES THE MOST ADVANCED CARE NECESSARY TO ASSIST THEM IN THEIR RECOVERY OUR 12-BED PICU IS A TECHNOLOGICALLY ADVANCED UNIT STAFFED WITH PEDIATRIC CRITICAL CARE NURSES, RESPIRATORY CA RE THERAPISTS, AND PEDIATRIC INTENSIVE CARE PHYSICIANS PATIENTS ARE ADMITTED TO THE PICU FOR A WIDE VARIETY OF CONDITIONS THAT REQUIRE SPECIALIZED MONITORING AND MORE CRITICAL TRE ATMENTS OUR PICU IS LOCATED ON THE SECOND FLOOR OF BAPTIST CHILDREN'S HOSPITAL AND PROMOT ES FAMILY-CENTERED CARE THAT ALLOWS PARENTS OR CAREGIVERS TO STAY IN THE ROOM WITH THEIR C HILD CONTINUOUSLY THE PEDIATRIC HEALTH CARE TEAM DEMONSTRATES FAMILY CENTERED-CARE BY LIS TENING AND HONORING PATIENT AND FAMILY PERSPECTIVES AND CHOICES PATIENT AND FAMILY VALUES , BELIEFS, AND CULTURE ARE CONSIDERED IN THE PLANNING AND ONE-ON-ONE DELIVERY OF CARE THE COLLABORATION AMONG PATIENT, FAMILY, AND THE HEALTH CARE TEAM LAYS THE GROUNDWORK FOR BET TER CARE AND ENHANCED COMMUNICATION --P D'S NEST PROGRAM THIS PEDIATRIC PROGRAM USES CHI LD LIFE SPECIALISTS TO HELP ALLEVIATE CHILDREN'S FEARS ABOUT SURGERY AND MEDICAL PROCEDURE S AND MAKE THEIR VISIT OR STAY IN THE HOSPITAL LESS STRESSFUL --CERTIFIED CHILD LIFE SPEC IALISTS THESE SPECIALISTS WORK WITH CHILDREN IN THE HOSPITAL'S PEDIATRIC INPATIENT UNIT, EMERGENCY DEPARTMENT, PICU, PEDIATRIC OUTPATIENT CENTER AND WITH SURGERIES --FAMILY-FRIEN DLY ENTERTAINMENT SYSTEMS DONATED BY THE MATTHEW HINDMAN CHILDREN'S FUND, THIS MULTI-DVD SYSTEM FEATURES CURRENT FILMS AND VIDEO ALWAYS AVAILABLE TO BAPTIST'S PEDIATRIC PATIENTS TWO WII U GAMING SYSTEMS ALSO HELP DISTRACT AND ENTERTAIN CHILDREN DURING A HOSPITAL STAY OUTPATIENT SERVICES INCLUDE --FULL-SERVICE LAB, DRAWN BY PEDIATRIC NURSES --FLUOROSCOPY EXAMS --RESPIRATORY CARE --INTERVENTIONAL RADIOLOGY PROCEDURES --NUTRITION COUNSELING --AU DIOLOGY --CATHETERIZATIONS --PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER LINE (PICC) PLA CEMENTS --INTRAVENOUS INFUSIONS, SUCH AS ANTIBIOTICS, CHEMOTHERAPY, BLOOD AND IV IMMUNE GL OBULIN --INTRAMUSCULAR AND SUB

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PART III, STATEMENT OF PROGRAM SERVICES CONTINUED	CUTANEOUS INJECTIONS --MODERATE SEDATION AND GENERAL ANESTHESIA, AS NEEDED FOR PROCEDURES OUTPATIENT DIAGNOSTICS INCLUDE --DIAGNOSTIC X-RAYS --COMPUTERIZED TOMOGRAPHY (CT) WITH AN ESTHESIA CAPABILITIES, IF NEEDED --EKG, 24-HOUR HOLTER MONITORS AND PEDIATRIC ECHOCARDIOGR AMS --MRI WITH ANESTHESIA CAPABILITIES, IF NEEDED --ULTRASOUNDS PEDIATRIC SURGERY THE HOS PITAL PROVIDES A VARIETY OF SURGERY SERVICES FOR CHILDREN, INCLUDING PRE-ADMISSION SURGERY EVALUATION THROUGH P D 'S NEST PROGRAM TO MAKE CHILDREN AND THEIR FAMILIES AS COMFORTABL E AS POSSIBLE, BAPTIST MEMORIAL HOSPITAL FOR WOMEN HAS PRESURGERY AND POSTSURGERY PEDIATRI C ROOMS THE HOSPITAL'S PEDIATRIC SURGERY SERVICES INCLUDE --EAR, NOSE AND THROAT --GYN - -OPHTHALMOLOGY --ORAL AND DENTAL --ORTHOPEDICS --PLASTIC SURGERY --UROLOGY THE PEDIATRIC D EVELOPMENTAL NEEDS EVALUATION AND SURGERY TEACHING (P D NEST) PROGRAM HELPS REDUCE CHILDR EN'S FEARS OF SURGERY AND TESTS, MAKING THE HOSPITAL EXPERIENCE A MORE POSITIVE ONE CHILD REN ARE PREPARED FOR SURGICAL AND DIAGNOSTIC PROCEDURES THROUGH MEDICAL PLAY AND EDUCATION WITH THE HELP OF CERTIFIED CHILD LIFE SPECIALISTS AND STAFF NURSES THE STAFF PROVIDE WHA TEVER PATIENTS NEED TO HAVE A POSITIVE AND COMFORTABLE HOSPITAL EXPERIENCE - PREPROCEDURE EDUCATION, MEDICAL PLAY, PLAY THERAPY, SIMPLE DISTRACTIONS OR PATIENT AND FAMILY SUPPORT PLUS, PARENTS HAVE THE OPPORTUNITY TO FINALIZE ANY PAPERWORK AND TAKE CARE OF ANY PRESURGE RY EVALUATIONS PEDIATRIC EYE CENTER WHETHER YOUR CHILD IS EXHIBITING SYMPTOMS OF A MINOR CONDITION, OR SYMPTOMS OF SOMETHING MORE SERIOUS, SUCH AS EYE TRAUMA, BAPTIST MEMORIAL HO SPITAL IS READY TO HELP THROUGH A GRANT FROM THE BAPTIST MEMORIAL HOSPITAL FOUNDATION, BA PTIST HAS ESTABLISHED THE AREA'S FIRST COMPREHENSIVE EYE CENTER FOR BABIES AND CHILDREN F OR THE FIRST TIME EVER, FAMILIES WILL BE ABLE TO ACCESS THE FULL CONTINUUM OF PEDIATRIC EY E CARE UNDER ONE ROOF, INCLUDING PREVENTION, DIAGNOSIS, TREATMENT, SURGERY, AND FOLLOW-UP CARE LED BY DR JORGE CALZADA OF THE CHARLES RETINA INSTITUTE, THE CENTER USES THE LATEST TECHNOLOGY TO TREAT MANY COMMON PEDIATRIC EYE DISORDERS, SUCH AS --CROSSED EYES --LAZY E YE --NEARSIGHTEDNESS --RETINOPATHY OF PREMATURITY --EYE TRAUMA --DISEASES THAT DEVELOP WIT H AGE (GLAUCOMA OR CATARACTS) THE CARE PROVIDED THROUGH THE EYE CENTER HAVE REDUCED THE IN CIDENCE OF BAPTIST NEWBORNS WITH RETINOPATHY OF PREMATURITY, A DISEASE COMMONLY SEEN IN NI CU INFANTS THAT CAN RESULT IN SCARRING AND RETINAL DETACHMENT, FROM 41 7 TO 18 2 PERCENT THIS IS JUST ONE EXAMPLE OF BAPTIST PEDIATRIC EYE CENTER CHANGING THE LIVES OF CHILDREN AN D THEIR FAMILIES FOR THE BETTER BY HELPING THEM GET BETTER FOR MORE INFORMATION ON OUR PE DIATRIC SERVICES, PLEASE CONTACT US BY CALLING 901-227-PEDS (7337) OR EMAILING INFO CHILDR ENS@BMHCC ORG

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

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Form 990, Part VI, Section A, line 3	BAPTIST MEMORIAL HEALTH CARE CORPORATION AS SOLE MEMBER OF BAPTIST MEMORIAL HOSPITAL PROVIDES CERTAIN LEGAL, FINANCE, QUALITY, AND PERSONNEL SERVICES PURSUANT TO A SHARED SERVICE AGREEMENT

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Form 990, Part VI, Section A, line 6	BAPTIST MEMORIAL HOSPITAL, INC IS A NON-STOCK CORPORATION WHOSE SOLE MEMBER IS BAPTIST MEMORIAL HEALTH CARE CORPORATION

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Form 990, Part VI, Section A, line 7a	BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER OF BAPTIST MEMORIAL HOSPITAL, INC , ELECTS ITS BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	THE FORM 990 IS REVIEWED BY BAPTIST MEMORIAL HEALTH CARE CORPORATION'S PRESIDENT/CEO, EXEC V P /CFO AND THE HOSPITAL CFO IN ADDITION, THE FORM 990 AND 990-T ARE REVIEWED ON AN ANNUAL BASIS 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 HOSPITAL 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 A COMPENSATION CONSULTING FIRM PERFORM ANNUAL REVIEWS EACH DECEMBER AND APPROVE COMPENSATION OF THE CORPORATE 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, VICE PRESIDENT, SECRETARY, AND ALL CEO/ADMINISTRATORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 18	BAPTIST MEMORIAL HOSPITAL 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 HOSPITAL MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII Contact Addresses for Officers, Directors, Etc	DANA DYE - 6019 WALNUT GROVE RD , MEMPHIS, TN 38120 KYLE E ARMSTRONG - 1500 W POPLAR AVE , COLLIERVILLE, TN 38017 CHRISTIAN C PATRICK - 6019 WALNUT GROVE RD , MEMPHIS, TN 38120 CYNDI S PITTMAN - 6019 WALNUT GROVE RD , MEMPHIS, TN 38120 LINDSAY R STENCEL - 1500 W POPLAR AVE , COLLIERVILLE, TN 38017 TERRI SEAGO - 1500 W POPLAR AVE , COLLIERVILLE, TN 38017 MARGARET H WILLIAMS - 6225 HUMPHREYS BLVD , MEMPHIS, TN 38120 MELISSA A NELSON - 6019 WALNUT GROVE RD , MEMPHIS, TN 38120 SCOTT W CHILDERS - 6019 WALNUT GROVE RD , MEMPHIS, TN 38120

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	POST RETIREMENT BENEFIT OBLIGATION 2,964,374

990 Schedule O, Supplemental Information

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HOSPITAL

Employer identification number
62-0123940

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	(g) Section 512(b)(13) controlled entity? 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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No
(1) BAPTIST HEALTH SERVICES GROUP OF THE MIDSOUTH INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1534210	HEALTH INSURANCE CONTRACTING	TN	N/A	C				Yes	
(2) HEALTH TECH AFFILIATES INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1278576	BUYING AND LEASING REAL & PERSONAL PROPERTY	TN	N/A	C				Yes	
(3) SOUTHCREST PROPERTY OWNERS ASSOCIATION 7601 SOUTHCREST PKWY SOUTHAVEN, MS 38671 64-0768703	BOOKKEEPING/DATA PROCESSING FOR SOUTHCREST DEV	MS	N/A	C				Yes	
(4) GERMANTOWN BUSINESS PARK OWNERS ASSOCIATION 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 20-1158216	BOOKKEEPING/DATA PROCESSING FOR GERMANTOWN BUS PARK	TN	N/A	C				Yes	
(5) MISSISSIPPI BAPTIST MEDICAL ENTERPRISES INC 1225 NORTH STATE STREET JACKSON, MS 39202 64-0776164	INVESTMENTS	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

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

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

See Additional Data Table

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

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

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

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

Part VII **Supplemental Information**

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

Additional Data

Software ID:

Software Version:

EIN: 62-0123940

Name: BAPTIST MEMORIAL HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1521475	MANAGEMENT, ADMINISTRATIVE & DATA PROCESSING SERVICES FOR AFFILIATES	TN	501(c)(3)	509(a)(3)	N/A		No
(1) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1456556	CARRY OUT THE HEALTH CARE MISSIONS OF THE BAPTIST CONVENTIONS OF AR, MS, TN	TN	501(c)(3)	509(a)(3)	N/A	Yes	
(2) 1003 MONROE AVE MEMPHIS, TN 38104 62-1599670	EDUCATION OF HEALTH CARE PROFESSIONALS	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HOSPITAL INC	Yes	
(3) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1509127	PROVISION OF HEALTH CARE PROVIDERS & HOME MEDICAL EQUIPMENT & SERVICES	TN	501(c)(3)	509(a)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(4) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1112364	COLLECTION AGENCY FOR BAPTIST ENTITIES	TN	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(5) 100 HOSPITAL ST BOONEVILLE, MS 38829 64-0663760	HEALTH CARE/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/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/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/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/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/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/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/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/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	(g) 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/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/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/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/HOSPITAL	MS	501(c)(3)	509(a)(1)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
(16) 1225 NORTH STATE STREET JACKSON, MS 39202 75-3068151	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/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/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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BAPTIST-DESOTO SURGERY CENTER 40 BURTON HILLS BLVD NASHVILLE, TN 37215 20-0804946	AMBULATORY SURGERY	MS	N/A									
(1) BAPTIST-EAST MEMPHIS SURGERY CENTER 80 HUMPHREYS BLVD 101 MEMPHIS, TN 38120 62-1846584	AMBULATORY SURGERY	TN	N/A									
(2) BAPTIST-GERMANTOWN SURGERY CENTER LP 40 BURTON HILLS BLVD NASHVILLE, TN 37215 62-1829424	AMBULATORY SURGERY	TN	N/A									
(3) BAPTIST & PHYSICIANS OP SURGERY CENTER OF N MS 40 BURTON HILLS BLVD NASHVILLE, TN 37215 64-0925692	AMBULATORY SURGERY	MS	N/A									
(4) BAPTIST N MS IMAGING SERVICES LLC 504 AZALEA DR OXFORD, MS 38655 26-2641267	DIAGNOSTIC SERVICES	MS	N/A									
(5) EAST MEMPHIS UROLOGY CENTER LP 40 BURTON HILLS BLVD NASHVILLE, TN 37215 62-1810940	AMBULATORY UROLOGICAL SERVICES	TN	N/A									
(6) MEDICAL ALTERNATIVES 6949 APPLING FARMS PKWY STE 109 MEMPHIS, TN 38133 62-1488427	HOME INFUSION PRODUCTS & SERVICES TO PATIENTS	TN	N/A									
(7) MIDTOWN SURGERY CENTER LP 40 BURTON HILLS BLVD NASHVILLE, TN 37215 62-1619344	AMBULATORY SURGERY	TN	N/A									
(8) NORTHWEST TENNESSEE SURGERY CENTER LLC 1722 E REELFOOT UNION CITY, TN 38261 62-1685508	AMBULATORY SURGERY	TN	N/A									
(9) SM-B BUILDING LLC 5900 POPLAR AVE STE 100 MEMPHIS, TN 38119 62-1834236	PHYSICIAN OFFICES	TN	N/A									
(10) WOLF RIVER MEDICAL CENTER LP 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1510287	MEDICAL OFFICE BLDG	TN	N/A									
(11) CANCER CARE CENTER OF UNION CITY LP 322 HOSPITAL BLVD JACKSON, TN 38305 26-3425045	CANCER CARE SERVICES	TN	N/A									
(12) MAYS & SCHNAPP PAIN CENTER 55 HUMPHREYS CENTER BLVD STE 200 MEMPHIS, TN 38120 62-1512849	PAIN MANAGEMENT SERVICES	TN	N/A									
(13) CONVENIENT CARE DIAGNOSTIC CENTER PLLC 555 HWY 6 EAST BATESVILLE, MS 38606 64-0914382	RADIOLOGY & DIAGNOSTIC SERVICES	MS	N/A									
(14) BAPTIST MEMORIAL REHABILITATION HOSPITAL GP 680 FOURTH STREET LOUISVILLE, KY 40202 46-1613457	REHABILITATION SERVICES	TN	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(16) BAPTIST OUTPATIENT IMAGING LLC 1107 HIGHLAND COLONY PKWY STE 209 RIDGELAND, MS 39157 45-2968057	MEDICAL SERVICES	MS	N/A									

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) BAPTIST HEALTH SERVICES GROUP OF THE MIDSOUTH INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1534210	HEALTH INSURANCE CONTRACTING	TN	N/A	C				Yes	
(1) HEALTH TECH AFFILIATES INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1278576	BUYING AND LEASING REAL & PERSONAL PROPERTY	TN	N/A	C				Yes	
(2) SOUTHCREST PROPERTY OWNERS ASSOCIATION 7601 SOUTHCREST PKWY SOUTHAVEN, MS 38671 64-0768703	BOOKKEEPING/DATA PROCESSING FOR SOUTHCREST DEV	MS	N/A	C				Yes	
(3) GERMANTOWN BUSINESS PARK OWNERS ASSOCIATION 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 20-1158216	BOOKKEEPING/DATA PROCESSING FOR GERMANTOWN BUS PARK	TN	N/A	C				Yes	
(4) MISSISSIPPI BAPTIST MEDICAL ENTERPRISES INC 1225 NORTH STATE STREET JACKSON, MS 39202 64-0776164	INVESTMENTS	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 HOSPITAL AFFILIATES	D	35,541,351	CASH
(1)	BAPTIST MEMORIAL HOSPITAL AFFILIATES	E	6,847,158	CASH
(2)	BAPTIST MEMORIAL HOSPITAL-DESOTO INC	E	2,175,208	CASH
(3)	BAPTIST MEMORIAL HOSPITAL-HUNTINGDON INC	E	178,087	CASH
(4)	BAPTIST MEMORIAL HEALTH SERVICES INC	E	50,882	CASH
(5)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	E	11,656,233	CASH
(6)	BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC	E	275,611	CASH
(7)	BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC	J	364,510	CASH
(8)	BAPTIST MEMORIAL MEDICAL MINISTRIES EMPLOYEE HEALTH & WELFARE TRUST	R	29,076,727	CASH
(9)	HEALTH TECH AFFILIATESINC	E	1,038,842	CASH
(10)	BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	P	1,603,335	CASH
(11)	BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	Q	1,309,385	CASH
(12)	BAPTIST MEMORIAL MEDICAL GROUP INC	M	13,782,122	CASH
(13)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	M	62,078,628	CASH
(14)	THE STERN CARDIOVASCULAR FOUNDATION INC	M	3,216,299	CASH
(15)	MEDICAL FINANCIAL SERVICES INC	M	2,615,180	CASH
(16)	BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC	P	4,362,315	CASH
(17)	BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC	S	70,135	CASH