

CHANGE OF ACCOUNTING PERIOD
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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning SEP 1, 2017 and ending SEP 30, 2017

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC.

Doing business as

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

1225 NORTH STATE STREET

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

JACKSON, MS 39202

F Name and address of principal officer JASON M. LITTLE

350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120

D Employer identification number

64-0306253

E Telephone number

601-968-5130

G Gross receipts \$

8,617,088

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

H(b) Are all subordinates included? ☐ Yes ☐ No

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

H(c) Group exemption number

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

J Website: www.MBHS.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1912

M State of legal domicile: MS

Part I Summary

1 Briefly describe the organization's mission or most significant activities. MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC. IS THE HOLDING COMPANY FOR (SEE SCHEDULE O PG 70)

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 14

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

4 12

5 Total number of individuals employed in calendar year 2017 (Part VII, line 2a)

5 0

6 Total number of volunteers (estimate if necessary)

6 0

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

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

Prior Year

Current Year

0 0

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

101,862,714

7,223,242

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

36,560,762

1,796,019

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

<1,726,219>

<442,905>

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

136,697,257

8,576,356

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

222,175

84,513

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)

28,410,866

1,851,116

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)

83,738,508

6,213,700

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

112,371,549

8,149,329

19 Revenue less expenses. Subtract line 18 from line 12

24,325,708

427,027

20 Total assets (Part X, line 16)

Beginning of Current Year

End of Year

906,366,284

598,996,746

21 Total liabilities (Part X, line 26)

616,578,042

650,022,878

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

289,788,242

<51,026,132>

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

JASON M. LITTLE, PRESIDENT
Type or print name and title

Paid

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed ☐

PTIN

Preparer

Firm's name

Firm's EIN

Use Only

Firm's address

Phone no.

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

☐ Yes ☐ No

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

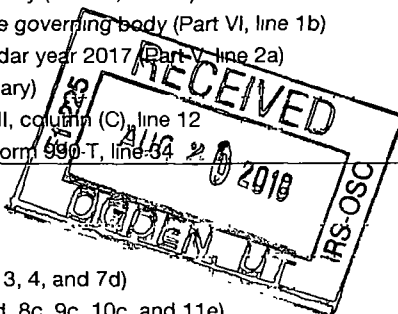
Schedule H

g-860

6

29493251026058

SCANNED OCT 15 2018
Activities & Governance



Part III Statement of Program Service Accomplishments

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

☒ X**1** Briefly describe the organization's mission:

MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC., 'S FOUNDATION AND TRADITION IS
ITS CHRISTIAN HEALING MINISTRY, THE MISSION IS TO SERVE THE COMMUNITY
THROUGH CONTINUOUSLY IMPROVING QUALITY MEDICAL CARE AND EFFECTIVE USE
OF (SEE SCHEDULE O PG 70)

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 \$ 7,326,348. including grants of \$ 84,513.) (Revenue \$ 6,780,337.)

MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC., (MBHS) IS THE HOLDING COMPANY
FOR SEVERAL NONPROFIT ENTITIES TO WHICH IT PROVIDES VARIOUS MANAGEMENT
AND SUPPORT SERVICES. MBHS IS THE PARENT COMPANY OF MISSISSIPPI BAPTIST
MEDICAL CENTER (A 638 BED TERTIARY CARE HOSPITAL COMPLEX), BAPTIST
MEDICAL CENTER-LEAKE (A 25 BED CRITICAL ACCESS HOSPITAL), BAPTIST
MEDICAL CENTER-YAZOO (A 25 BED CRITICAL ACCESS HOSPITAL), BAPTIST
MEDICAL CENTER-ATTALA (A 25 BED CRITICAL ACCESS HOSPITAL), AND THE
MEDICAL FOUNDATION OF CENTRAL MISSISSIPPI, WHICH IS A NETWORK OF
PRIMARY CARE AND SPECIALTY PHYSICIANS, THROUGH VARIOUS PARTNERSHIP
RELATIONSHIPS, MBHS ALSO PROVIDES HOME HEALTH CARE, HOME MEDICAL
EQUIPMENT, AND ADULT DAY CARE SERVICES.
(SEE SCHEDULE O PG 70 FOR CONTINUATION)

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 7,326,348.

Form 990 (2017)

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)? <i>If "Yes," complete Schedule A</i>	1 x	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2	x
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	x
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? <i>If "Yes," complete Schedule C, Part II</i>	4	x
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? <i>If "Yes," complete Schedule C, Part III</i>	5	x
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? <i>If "Yes," complete Schedule D, Part I</i>	6	x
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	x
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	x
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? <i>If "Yes," complete Schedule D, Part IV</i>	9	x
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	x
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? <i>If "Yes," complete Schedule D, Part VI</i>	11a x	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	x
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	x
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d x	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e x	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f x	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	x
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b x	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	x
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	x
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b x	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	x
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	x
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? <i>If "Yes," complete Schedule G, Part I</i>	17	x
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	x
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	x

Form 990 (2017)

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	X	
20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
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	X	
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		X
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		X
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	X	
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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		X
25b 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		X
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		X
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		X
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):		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c 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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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	X	
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	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b 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		X
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		X
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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2017)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 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 0		
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		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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		X
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		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		X
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		X
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		X
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		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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		
9 Sponsoring organizations maintaining donor advised funds.			
a 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		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2017)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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

☒ X**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	14	
1b Enter the number of voting members included in line 1a, above, who are independent	12	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
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?	X	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?	X	
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?	X	
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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	X	

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?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
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		X
b Other officers or key employees of the organization		X
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?		X
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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: WILLIAM F. THOMPSON - 601-968-1067
1225 NORTH STATE STREET, JACKSON, MS 39202

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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, and 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GARY CHRIS ANDERSON DIR/VP MS MKT OPERATION (A	12.00 28.00	X		X						
(2) ZACHARY R. CHANDLER DIRECTOR	0.23 39.77	X								
(3) WILLIAM B. GRETE DIRECTOR/VP (THRU 4/17)	8.00 32.00	X		X						
(4) BOBBIE K. WARE DIRECTOR (THRU 4/17)/CNO	8.00 32.00	X		X						
(5) WILLIAM F. THOMPSON DIRECTOR (THRU 4/17)/CFO	12.00 28.00	X		X						
(6) J. KANE DITTO DIRECTOR (THRU 4/17)	1.00 1.00	X								
(7) TIMOTHY J. ALFORD, M.D. DIRECTOR (THRU 4/17)	1.00 0.00	X								
(8) BENJAMIN T. CARTER, M.D. DIRECTOR (THRU 4/17)	1.00 0.00	X								
(9) DANIEL TEAGUE DIRECTOR (THRU 4/17)	1.00 0.00	X								
(10) GREY WALLACE, M.D. DIRECTOR (THRU 4/17)	1.00 0.00	X								
(11) DOUGLAS M. BUCKLES DIRECTOR	1.00 1.00	X								
(12) PAUL W. CALHOUN DIRECTOR	1.00 1.00	X								
(13) ALVENO N. CASTILLA DIRECTOR	1.00 1.00	X								
(14) JAMES R. FUTRAL, JR DIRECTOR	1.00 1.00	X								
(15) ROBERT M. GATHINGS DIRECTOR	1.00 1.00	X								
(16) ARTHUR SKIP JERNIGAN DIRECTOR	1.00 2.23	X								
(17) DAVID LANDRUM DIRECTOR	1.00 1.00	X								

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 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			
(18) DANA KELLY DIRECTOR	1.00 2.44	X								
(19) SAMUEL T. LAWSOM, M.D. DIRECTOR	1.00 1.00	X								
(20) LEE MILLER DIRECTOR	1.00 1.00	X								
(21) DORIAN E. TURNER DIRECTOR	1.00 1.00	X								
(22) DR TAMMY YOUNG DIRECTOR	1.00 1.00	X								
(23) TIMOTHY L. COOK DIRECTOR (THRU 4/17)	1.00 0.00	X								
(24) HARRY M. WALKER DIRECTOR (THRU 4/17)	1.00 1.00	X								
(25) PAUL D. VANLANDINGHAM DIRECTOR (THRU 4/17)	1.00 0.00	X								
(26) JASON M. LITTLE PRESIDENT	0.23 39.77			X						
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

- 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
- 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
- 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

	Yes	No
3		X
4		X
5		X

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
NONE		

- 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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2017)

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a 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	2 a <u>INTERCO ALLOCATIONS</u>	Business Code 900099	4,699,500.	4,699,500.	
	b <u>PATIENT SERVICE REV</u>	900099	2,466,305.	2,466,305.	
	c <u>RENT FROM AFFILIATES</u>	900099	57,437.	57,437.	
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		7,223,242.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,270,671.		1,270,671.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6 a Gross rents	(i) Real (ii) Personal			
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b Less cost or other basis and sales expenses	0. 40,732.			
	c Gain or (loss)	566,080. <40,732.>			
	d Net gain or (loss)		525,348.		525,348.
	8 a 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				
	9 a Gross income from gaming activities. See Part IV, line 19	a			
	b Less direct expenses	b			
	c Net income or (loss) from gaming activities				
10 a 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			
11 a <u>INCOME FROM SUBS & OTH</u>	900099	86,470.	86,470.		
b <u>NON-OPERATING INCOME</u>	900099	<529,375.>	<529,375.>		
c					
d All other revenue					
e Total. Add lines 11a-11d		<442,905.>			
12 Total revenue. See instructions.		8,576,356.	6,780,337.	0.	1,796,019.

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	84,513.	84,513.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	206,128.	195,822.	10,306.	
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	1,407,148.	1,336,791.	70,357.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	52,900.	50,255.	2,645.	
9 Other employee benefits	81,969.	77,871.	4,098.	
10 Payroll taxes	102,971.	97,822.	5,149.	
11 Fees for services (non-employees):				
a Management	105,244.	92,615.	12,629.	
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	815,939.	726,049.	89,890.	
12 Advertising and promotion	306,773.	269,960.	36,813.	
13 Office expenses	254,529.	223,986.	30,543.	
14 Information technology				
15 Royalties				
16 Occupancy	426,269.	375,117.	51,152.	
17 Travel	8,900.	3,560.	5,340.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	788.	315.	473.	
20 Interest	710,573.	625,304.	85,269.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,120,976.	1,866,459.	254,517.	
23 Insurance	242,987.	213,829.	29,158.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIR & MAINTENANCE	748,447.	658,633.	89,814.	
b MEDICAID ASSESSMENT	161,879.	142,454.	19,425.	
c MEDICAL SUPPLIES	98,824.	98,824.	0.	
d RECRUITING EXP	83,250.	73,260.	9,990.	
e All other expenses	128,322.	112,909.	15,413.	
25 Total functional expenses. Add lines 1 through 24e	8,149,329.	7,326,348.	822,981.	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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	10,313.	1	30,185.
	2 Savings and temporary cash investments	177,111,177.	2	213,606,432.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	3,982,779.	4	3,861,435.
	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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	857,835.	7	915,672.
	8 Inventories for sale or use	140,571.	8	95,353.
	9 Prepaid expenses and deferred charges	4,852,368.	9	4,926,680.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 305,555,327.		
	b Less accumulated depreciation	10b 12,385,822.	10c	293,169,505.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	62,478,014.	13	24,151,530.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	415,421,208.	15	58,239,954.
16 Total assets. Add lines 1 through 15 (must equal line 34)	906,366,284.	16	598,996,746.	
Liabilities	17 Accounts payable and accrued expenses	12,040,866.	17	9,851,786.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	185,211,555.	20	201,839,727.
	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	500,000.	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	418,825,621.	25	438,331,365.
	26 Total liabilities. Add lines 17 through 25	616,578,042.	26	650,022,878.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	287,819,104.	27	<52,995,270.>
	28 Temporarily restricted net assets	1,969,138.	28	1,969,138.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	289,788,242.	33	<51,026,132.>
34 Total liabilities and net assets/fund balances	906,366,284.	34	598,996,746.	

Form 990 (2017)

Part XI Reconciliation 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	8,576,356.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,149,329.
3	Revenue less expenses Subtract line 2 from line 1	3	427,027.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	289,788,242.
5	Net unrealized gains (losses) on investments	5	219,451.
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	<341,460,852.>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	<51,026,132.>

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		x
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	x	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	x	
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?		x
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		

Form 990 (2017)

SCHEDULE A
(Form 990 or 990-EZ)

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC.

Employer identification number

64-0306253

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☒ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☒ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

5

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
MISSISSIPPI HOSPITAL FOR RESTORATIVE CARE, INC.	64-0833383	3		X	0.	0.
MEDICAL FOUNDATION OF CENTRAL MISSISSIPPI	75-3068151	3		X	0.	0.
MEDICAL CENTER-LEAKE, INC.	45-2896080	3		X	0.	0.
BAPTIST MEDICAL CENTER-YAZOO INC.	64-0844470	3		X	0.	0.
BAPTIST HEALTH FOUNDATION, INC.	47-3403762	3		X	0.	0.
Total					0.	0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2017

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 in line 12 on 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.		X
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).		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		X
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.		
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.		
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.		X
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.		
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.		
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).		X
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		X
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).		X
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).		X
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 .		X
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 .		X
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 .		X
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 10b below.		X
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.)		

Part IV Supporting Organizations (continued)**11** Has the organization accepted a gift or contribution from any of the following persons?

- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b** A family member of a person described in (a) above?
- c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
11a		X
11b		X
11c		X

Section B. Type I Supporting Organizations

- 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.
- 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).

	Yes	No
1		X

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 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.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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.
- 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.

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**.
- 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.

	Yes	No
2a		
2b		
3a		
3b		

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) 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).		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI).		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

Schedule A (Form 990 or 990-EZ) 2017

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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)

PART IV, SECTION A, LINE 1:

MISSISSIPPI BAPTIST HEALTH SYSTEMS' SUPPORTED ORGANIZATIONS ARE

DESIGNATED BY CLASS AND PURPOSE, THE SUPPORTED ORGANIZATIONS ARE

AFFILIATES LISTED IN SCHEDULE R, PART II THAT ARE ORGANIZATIONS

DESCRIBED IN INTERNAL REVENUE CODE SECTION 501(C)(3) THAT ARE NOT

PRIVATE FOUNDATIONS BECAUSE THEY ARE DESCRIBED IN CODE SECTION

509(A)(1) OR SECTION 509(A)(2).

PART IV, SECTION C, LINE 1:

A SUBSTANTIAL AMOUNT OF CONTROL OVER THE SUPPORTED ORGANIZATIONS IS

VESTED IN THE SAME PERSONS, A MAJORITY OF THE OFFICERS WHO MANAGE

MISSISSIPPI BAPTIST HEALTH SYSTEMS ARE ALSO OFFICERS THAT MANAGE THE

SUPPORTED ORGANIZATIONS.

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC.

Employer identification number

64-0306253

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax 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 7/25/06, 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	▶ \$

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

Schedule D (Form 990) 2017

732051 10-09-17

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

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

☐

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

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

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

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

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

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		47,105,525.		47,105,525.
b Buildings		167,809,191.	4,688,267.	163,120,924.
c Leasehold improvements		1,531,272.	74,442.	1,456,830.
d Equipment		68,674,018.	6,721,557.	61,952,461.
e Other		20,435,321.	901,556.	19,533,765.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				293,169,505.

Schedule D (Form 990) 2017

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. (Col. (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. (Col. (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) ASSETS WHOSE USE IS LIMITED	21,290,665.
(2) DEFERRED COMP FUND	9,236,193.
(3) CIP	17,021,712.
(4) INTEREST RATE SWAP RECEIVABLE	275,316.
(5) INTANGIBLE ASSETS	7,800,000.
(6) ABOVE MARKET LEASE ASSET	2,113,531.
(7) OTHER ASSETS	502,537.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

58,239,954.

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) ASSET RETIREMENT OBLIGATION	1,318,263.
(3) DEFERRED COMP	9,236,193.
(4) PROFESSIONAL LIABILITY INSURANCE	209,450.
(5) DUE TO AFFILIATES	415,709,921.
(6) ESTIMATED SETTLEMENTS WITH THIRD PARTIES	740,164.
(7) CAPITAL LEASE OBLIGATIONS	11,117,374.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

438,331,365.

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.

PART X, LINE 2:

FROM THE COMBINED AUDITED FINANCIAL STATEMENT OF BAPTIST MEMORIAL HEALTH

CARE CORPORATION AND SUBSIDIARIES:

AS OF SEPTEMBER 30, 2017 AND 2016, BAPTIST MEMORIAL HEALTH CARE

CORPORATION HAD NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS UNDER FASB ASC

TOPIC 740, INCOME TAXES, REQUIRING ADJUSTMENTS TO ITS COMBINED FINANCIAL

STATEMENTS, IN THE EVENT BAPTIST MEMORIAL HEALTH CARE CORPORATION WERE TO

RECOGNIZE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IT

WOULD BE RECOGNIZED IN THE COMBINED FINANCIAL STATEMENTS AS INTEREST

EXPENSE. GENERALLY, BAPTIST MEMORIAL HEALTH CARE CORPORATION IS NO LONGER

SUBJECT TO INCOME TAX EXAMINATIONS FOR TAX YEARS PRIOR TO 2013 (FISCAL

Part XIII Supplemental Information (continued)

YEAR ENDED SEPTEMBER 30, 2014).

Lined area for supplemental information.

SCHEDULE F
(Form 990)Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017Open to Public
Inspection

Name of the organization

Employer identification number

MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC.

64-0306253

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA/CARIBBEAN	0	0	INVESTMENTS		8,703,410.
3 a Sub-total	0	0			8,703,410.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			8,703,410.

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

Schedule F (Form 990) 2017

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990) ☐ Yes ☒ No

Schedule F (Form 990) 2017

Part V Supplemental Information

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

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2017

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC.

Employer identification number

64-0306253

Part I Financial Assistance and Certain Other Community Benefits at Cost

1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

b If "Yes," was it a written policy?

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

☒ 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

☐ 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"?

5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

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

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

6a Did the organization prepare a community benefit report during the tax year?

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

	Yes	No
1a	X	
1b	X	
3a	X	
3b	X	
4	X	
5a	X	
5b	X	
5c		X
6a	X	
6b	X	

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)			97,492.	32,153.	65,339.	.80%
b Medicaid (from Worksheet 3, column a)			220,265.	131,328.	88,937.	1.09%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			317,757.	163,481.	154,276.	1.89%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits						
k Total. Add lines 7d and 7j			317,757.	163,481.	154,276.	1.89%

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

BAPTIST MEDICAL CENTER-ATTALA:

PART V, SECTION B, LINE 5: COMMUNITY PARTICIPATION AND SURVEY

METHODOLOGY

SURVEY METHODOLOGY:

THE ONLINE SURVEY WAS WIDELY DISTRIBUTED VIA EMAIL, HOSPITAL WEBSITE,

ONLINE SOCIAL MEDIA AND OTHER MEANS OF ELECTRONIC COMMUNICATION,

INSTRUCTIONS FOR ACCESSING THE ONLINE SURVEY WERE DISTRIBUTED IN AREAS

HIGHLY TRAFFICKED BY PATIENTS AND VISITORS THROUGHOUT AREA CLINICS,

BAPTIST MEDICAL CENTER ATTALA, LOCAL CIVIC AND COMMUNITY MEETINGS, THE

LOCAL PUBLIC LIBRARY WHERE FREE ONLINE ACCESS IS AVAILABLE, LOCAL

BUSINESSES AS WELL AS OTHER LOCAL MEDIA OUTLETS.

PRINTED COPIES OF THE SURVEY WERE ALSO MADE AVAILABLE TO ENSURE

OPPORTUNITIES FOR A DIVERSE PARTICIPATION. PAPER SURVEYS WERE DISTRIBUTED

AT LOCAL CIVIC AND COMMUNITY MEETINGS AND EVENTS, LOCAL BUSINESSES,

BAPTIST MEDICAL CENTER ATTALA MAIN LOBBY AND CLINICS, THE COMPLETED

HARDCOPY SURVEYS WERE COLLECTED AND ENTERED TO THE ONLINE DATA FOR

ANALYSIS ALONG WITH THOSE WHICH WERE DIRECTLY SUBMITTED BY PARTICIPANTS TO

CREATE A UNIVERSAL DATA SET.

FOCUS GROUP METHODOLOGY:

A CRITICAL COMPONENT IN GATHERING RELEVANT COMMUNITY HEALTH NEEDS DATA

INVOLVES CONDUCTING FOCUS GROUP INTERVIEWS WITH COMMUNITY MEMBERS WHO ARE

INTERESTED IN AND REPRESENT THE BROADER INTERESTS OF THE COMMUNITY,

INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH.

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.

ADDITIONAL INPUT WAS SOLICITED FROM THE FOLLOWING ORGANIZATIONS AND

INDIVIDUALS REPRESENTING KEY INFORMANTS, WITH SPECIFIC INFORMATION RELATED

TO PUBLIC HEALTH AND OR RURAL HEALTH AS WELL AS ORGANIZATIONS REPRESENTING

MINORITIES AND THE TRADITIONALLY UNDERSERVED:

--ATTALA COUNTY PUBLIC LIBRARY - ASSISTANT LIBRARIAN

--ATTALA COUNTY PUBLIC LIBRARY - LIBRARIAN (RETIRED)

--BAPTIST ATTALA PRIMARY CARE - ADMINISTRATOR

--BAPTIST ATTALA - CHIEF EXECUTIVE OFFICER

--BAPTIST ATTALA - ADMINISTRATIVE ASSISTANT

--BAPTIST ATTALA - DIRECTOR OF HUMAN RESOURCES

--BEVERLY JOHNSON

--MS BAPTIST HEALTH SYSTEM - CORPORATE COMMUNICATIONS

--PHYSICIAN

--SHARON BURCHFIELD

INDIVIDUALS WITH SPECIFIC KNOWLEDGE OR EXPERTISE IN PUBLIC HEALTH WERE

INCLUDED IN THE FOCUS GROUP WHICH WAS OPEN TO THE PUBLIC AND SPECIFICALLY

DESIGNED TO INCLUDE PARTICIPANTS FROM ACROSS ATTALA COUNTY WHO MAY NOT BE

REPRESENTED BY A PARTICULAR GROUP OR ORGANIZATION.

BAPTIST MEDICAL CENTER-ATTALA:

PART V, SECTION B, LINE 11: MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC.

ACQUIRED MONTFORT JONES HOSPITAL ON JUNE 1, 2015. THE NAME WAS CHANGED TO

BAPTIST MEDICAL CENTER-ATTALA. THE IS NO CHNA PRIOR TO THE CURRENT CHNA.

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

BASED ON THE FINDINGS OF BOTH THE QUANTITATIVE AND QUALITATIVE DATA

GATHERED, BAPTIST MEDICAL CENTER-ATTALA HAS IDENTIFIED GAPS IN HEALTHCARE

SERVICES WITHIN THE COMMUNITY, WHILE ACKNOWLEDGING ITS IMPORTANT ROLE IN

MEETING THE HEALTHCARE NEEDS OF THE COMMUNITY, THE HOSPITAL ALSO

RECOGNIZES THAT TRULY "MOVING THE NEEDLE" ON HEALTHCARE FOR THE COMMUNITY

(I.E., IMPROVING THE OVERALL HEALTH OF THE COMMUNITY) IMPLIES SHARED

RESPONSIBILITY AND COORDINATION OF RESOURCES ON THE PART OF ALL

STAKEHOLDERS INCLUDING THE HOSPITAL, OTHER HEALTHCARE PROVIDERS, ELECTED

AND NON-ELECTED OFFICIALS AS WELL THE CITIZENS, WHO ARE THE ULTIMATE

CONSUMERS OF HEALTHCARE SERVICES.

IN ANALYSIS OF BOTH THE QUANTITATIVE AND QUALITATIVE DATA GATHERED,

BAPTIST MEDICAL CENTER-ATTALA IDENTIFIED OPPORTUNITIES TO EXPAND OR

IMPROVE SERVICES IN THREE BROAD CATEGORIES, THESE INCLUDED: AT-RISK

POPULATIONS, DISEASE-SPECIFIC NEEDS AND AREAS OF SOCIAL CONCERN THAT

IMPACT THE COMMUNITY'S SHORT-TERM AND LONG-HEALTH.

THE RECOMMENDATIONS AND ACTION PLANS WHICH FOLLOW ARE GROUPED INTO FOUR

TYPES IN INTERVENTIONS:

1. EDUCATION - THOSE ACTIVITIES AND RESOURCES THAT THE HOSPITAL CAN

PROVIDE, BOTH INTERNALLY AND EXTERNALLY TO ASSIST INDIVIDUALS AND/OR

PARTNER ORGANIZATIONS IN ADDRESSING HEALTH-RELATED ISSUES,

2. ADVOCACY - OPPORTUNITIES TO ENGAGE WITH OFFICIALS (BOTH ELECTED AND

APPOINTED) WHO MAKE OR ADMINISTER POLICIES WHICH DIRECTLY OR INDIRECTLY

IMPACT THE HEALTH OF THE COMMUNITY,

3. PARTNERSHIPS - THE HOSPITAL WILL SEEK TO WORK COLLABORATIVELY WITH

INDIVIDUALS, STAKEHOLDERS, AND OUTSIDE ORGANIZATIONS TOWARD THE OVERALL

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.

GOAL OF IMPROVING COMMUNITY HEALTH.

4. PROVISION OF SERVICES - THOSE SERVICES WHICH THE HOSPITAL PLANS TO

PROVIDE DIRECTLY AND INDEPENDENTLY TO PATIENTS A PLAN WAS DEVELOPED TO

ADDRESS EACH GAP IN SERVICES OR OPPORTUNITY TO PROVIDE NEW OR EXPANDED

SERVICE WITH RECOMMENDATIONS IN ONE OR MORE OF THESE CATEGORIES.

BUILDING UPON THE CURRENT CHNA AND IMPLEMENTATION STRATEGY, THE HOSPITAL

CONTINUES TO DO THE FOLLOWING:

1) AT-RISK POPULATIONS:

A. PROVIDE NEWBORN AND EARLY CHILDHOOD VACCINATIONS

B. PROVIDE MEDICAID CHILDHOOD RISK ASSESSMENT PROGRAM

C. PROMOTE PROSTATE SCREENING DURING PROSTATE AWARENESS MONTH

D. SPONSOR MEN'S HEALTH DAY

E. OFFER FALL RISK ASSESSMENT AND BALANCE TRAINING FOR SENIOR ADULTS.

CONTINUE WEEKLY EXERCISE CLASS FOR SENIORS, AND CONTINUE TO SPONSOR SENIOR

DAY AT CENTRAL MS FAIR.

F. CONTINUE TO PARTICIPATE IN BREAST AND CERVICAL CANCER PROGRAMS TO

PROVIDE FREE MAMMOGRAMS AND ULTRASOUNDS.

2) DISEASE/CONDITION SPECIFIC:

A. CONTINUE PARTICIPATION IN MS DEPARTMENT OF HEALTH TRAUMA PROGRAM TO

IMPROVE TRAUMA SERVICES, AND EDUCATION TO NURSES AND PHYSICIANS.

B. ADD MINI MENTAL HEALTH SCREENINGS EXAM TO SENIOR DAY SCREENINGS

C. PROVIDE GERI-PSYCH O/P CARE TO EARLY STAGE ALZHEIMER PATIENTS IN

IOP.

D. CONTINUE PARTICIPATION IN SUSAN G. KOMEN TO PROVIDE SCREENING

MAMMOGRAMS TO PATIENTS WITHOUT INSURANCE AND RAISE AWARENESS OF BREAST

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3i, 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

CANCER, EDUCATION ON COLORECTAL CANCER, AND PROMOTE LUNG CANCER AWARENESS.

E, PROVIDE FREE GUAIC KITS DURING COLON CANCER AWARENESS ACTIVITIES.

F, PROVIDE EDUCATIONAL MATERIALS ON COPD AND RESOURCES TO ASSIST WITH

SMOKING CESSATION.

G, PROVIDE FREE GLUCOSE SCREENINGS AT AREA HEALTH FAIRS AND EDUCATION

FOR BETTER DIABETIC DIET AND CARE.

H, PROVIDE EDUCATION ON STROKE AWARENESS, SIGNS OF STROKE AND EARLY

INTERVENTION, PARTICIPATE IN THE STATE-WIDE STROKE NETWORK AS A PRIMARY

STROKE HOSPITAL.

I, CONTINUE TO SERVE AS AN AHA CPR AND ACLS EDUCATION SITE.

J, PROVIDE BLOOD PRESSURE SCREENING AT HEALTH FAIRS AND IN PUBLIC

SETTINGS SUCH AS WALMART.

K, RE-OPEN THE IOP AT THE HOSPITAL, PROVIDE TELE PSYCHIATRY SERVICE,

AND COLLABORATE WITH LOCAL MENTAL HEALTH DISTRICT'S LIFE STEPS.

L, OFFER ON-SITE FLU AND PNEUMONIA VACCINE TO BUSINESS AND INDUSTRY,

AND COMMUNITY GROUPS.

3) SOCIAL CHALLENGES AFFECTING HEALTH:

A, COLLABORATE WITH MS RURAL SCHOLARS PROGRAM TO INCREASE AWARENESS OF

PROGRAMS IN ATTALA COUNTY HIGH SCHOOLS.

B, COLLABORATE WITH HIGH SCHOOL GUIDANCE COUNSELORS TO MAKE STUDENTS

AWARE OF HEALTHCARE OPPORTUNITIES.

C, EDUCATE COMMUNITY ON THE HOSPITAL'S CHARITY CARE PROGRAM.

NEEDS IDENTIFIED BUT NOT ADDRESSED:

BAPTIST MEDICAL CENTER-ATTALA IS CLASSIFIED AS A CRITICAL ACCESS HOSPITAL

BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES. BY DEFINITION, IT

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.

OFFERS A LIMITED ARRAY OF SERVICES IN A RURAL COMMUNITY, GIVEN LIMITED
 RESOURCES, WE ARE UNABLE TO ADDRESS EACH OF THE HEALTH NEEDS THAT EXIST
 WITHIN OUR COMMUNITY AND/OR THOSE NEEDS IDENTIFIED IN OUR SURVEY, NEEDS
 WERE PRIORITIZED TO FACILITATE THE EFFICIENT AND EFFECTIVE UTILIZATION OF
 AVAILABLE RESOURCES, SOME NEEDS IDENTIFIED IN OUR CHNA REPORT MAY NOT HAVE
 BEEN ADDRESSED IN OUR IMPLEMENTATION STRATEGY DUE TO A LACK OF HUMAN OR
 FINANCIAL RESOURCES OR EXPERTISE IN A SPECIFIC FIELD OR DISCIPLINE, IN
 SOME CASES, THOSE NEEDS ARE ALREADY BEING ADDRESSED BY COMMUNITY PARTNERS,
 PROGRAMS AND/OR INITIATIVES.

BAPTIST MEDICAL CENTER-ATTALA:

PART V, SECTION B, LINE 13B: INCOME USED TO COMPUTE FINANCIAL STATUS:

1. MONEY INCOME: INCLUDES EARNINGS, UNEMPLOYMENT COMPENSATION, WORKERS'
 COMPENSATION, SOCIAL SECURITY, SUPPLEMENTAL SECURITY INCOME, DISABILITY
 PAYMENTS, PUBLIC ASSISTANCE, VETERANS' PAYMENTS, SURVIVOR BENEFITS,
 PENSION OR RETIREMENT INCOME, INTEREST, DIVIDENDS, RENTS, ROYALTIES,
 INCOME FROM ESTATES, TRUSTS, EDUCATIONAL ASSISTANCE, ALIMONY, CHILD
 SUPPORT, ASSISTANCE FROM OUTSIDE THE HOUSEHOLD, AND OTHER MISCELLANEOUS
 SOURCES, WHEN CALCULATING INCOME FROM ANY OF THE PRECEDING SOURCES USE THE
 GROSS AMOUNT.

2. NON-CASH BENEFITS (SUCH AS FOOD STAMPS AND HOUSING SUBSIDIES) DO NOT
 COUNT AS INCOME.

3. IF A PERSON LIVES WITH A FAMILY, CALCULATE THE TOTAL GROSS INCOME OF

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.

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.

SCHEDULE H, PART V, SECTION B:

LINE 7A:

THE HOSPITAL'S CHNA CAN BE FOUND AT:

[HTTPS://WWW.BAPTISTONLINE.ORG/ABOUT/CHNA](https://www.baptistonline.org/about/chna)

LINE 10A:

THE HOSPITAL'S IMPLEMENTATION STRATEGY CAN BE FOUND AT:

[HTTPS://WWW.BAPTISTONLINE.ORG/ABOUT/CHNA](https://www.baptistonline.org/about/chna)

SCHEDULE B, LINE 16 FINANCIAL ASSISTANCE:

LINE 16A:

THE FINANCIAL ASSISTANCE POLICY CAN BE FOUND AT

[HTTPS://WWW.BAPTISTONLINE.ORG/PATIENTS-AND-VISITORS/](https://www.baptistonline.org/patients-and-visitors/)

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.

FINANCIAL-ASSISTANCE**LINE 16B:**

THE FINANCIAL ASSISTANCE APPLICATION CAN BE FOUND AT

[HTTPS://WWW.BAPTISTONLINE.ORG/PATIENTS-AND-VISITORS/](https://www.baptistonline.org/patients-and-visitors/)**FINANCIAL-ASSISTANCE****LINE 16C:**

THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE

POLICY CAN BE FOUND AT

[HTTPS://WWW.BAPTISTONLINE.ORG/PATIENTS-AND-VISITORS/](https://www.baptistonline.org/patients-and-visitors/)**FINANCIAL-ASSISTANCE**

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 MEDICAL CENTER-ATTALALine 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?		X
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		X
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	X	
If "Yes," indicate what the CHNA report describes (check all that apply)		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge 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	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
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		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply).		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SECTION C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to 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)**Name of hospital facility or letter of facility reporting group BAPTIST MEDICAL CENTER-ATTALA

	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 x	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 x	
15 Explained the method for applying for financial assistance?	15 x	
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 <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 x	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE SECTION C</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SECTION C</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2017

Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group BAPTIST MEDICAL CENTER-ATTALA

- 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 nonpayment?
- 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?
- 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

	Yes	No
17	x	
18		
19		x
20		

Policy Relating to Emergency Medical Care

- 21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?
- If "No," indicate why
- 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)

	Yes	No
21	x	
a		
b		
c		
d		

Schedule H (Form 990) 2017

Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group BAPTIST MEDICAL CENTER-ATTALA

	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 <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	X
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24	X

Schedule H (Form 990) 2017

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

PART I, LINE 3C:

THE HOSPITAL USES FEDERAL POVERTY GUIDELINES (FPG) TO DETERMINE
ELIGIBILITY FOR FREE OR REDUCED CARE FOR LOW INCOME AND MEDICALLY INDIGENT
INDIVIDUALS. IN ADDITION TO THE FEDERAL POVERTY GUIDELINES, THE HOSPITAL
USES UNDERINSURED STATUS TO DETERMINE ELIGIBILITY FOR FINANCIAL
ASSISTANCE.

PART I, LINE 6A:

THE COMMUNITY BENEFIT REPORT IS PREPARED BY BAPTIST MEMORIAL HEALTH CARE
CORPORATION, THE SOLE MEMBER OF MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC.,
WHICH IS THE SOLE MEMBER OF THE HOSPITAL. THE COMMUNITY BENEFIT REPORT IS
MADE AVAILABLE TO THE PUBLIC BY MAIL AND AVAILABLE AT EACH AFFILIATE OF
BAPTIST MEMORIAL HEALTH CARE CORPORATION.

PART I, LINE 7:

INFORMATION WAS NOT AVAILABLE FOR THE MONTH OF SEPTEMBER 2017, SO I
ANNUALIZED THE PRIOR PERIOD (FY8/17) INFORMATION TO ARRIVE AT A MONTHLY
AMOUNT TO REPORT ON THIS SCHEDULE H. THE COSTING INFORMATION IN THE PRIOR

Part VI Supplemental Information (Continuation)

PERIOD WAS DETERMINED AS FOLLOWS:

THE MEDICAID COST REPORT WAS USED TO DETERMINE THE AMOUNTS REPORTED ON

PART I, LINE 7B, THE AMOUNTS REPORTED ON PART I, LINE 7A, WERE DETERMINED

BY USING A COST TO CHARGE RATIO, WHICH WAS CALCULATED USING INFORMATION

FROM THE MEDICAID COST REPORT AS ADJUSTED FOR AMOUNTS INCLUDED ELSEWHERE

ON LINE 7B.

PART I, LINE 7G:

SUBSIDIZED HEALTH SERVICES DO NOT INCLUDE ANY COSTS ATTRIBUTABLE TO

PHYSICIAN CLINICS.

PART I, LN 7 COL(F):

PER IRS INSTRUCTIONS, BAD DEBT EXPENSE WAS NOT INCLUDED IN THE CALCULATION

OF THE PERCENTAGE OF TOTAL CHARITY CARE AND COMMUNITY BENEFITS COST ON

SCHEDULE H, LINE 7, COLUMN (F).

PART II, COMMUNITY BUILDING ACTIVITIES:

THE HOSPITAL CONDUCTS SEVERAL HEALTH FAIRS, SEMINARS AND CLASSES

THROUGHOUT THE YEAR FOR THE COMMUNITIES IT SERVES. BAPTIST ALSO IS

INVOLVED IN LOCAL COMMUNITY AND NON-PROFIT ORGANIZATIONS SUCH AS THE

AMERICAN CANCER SOCIETY RACE FOR THE CURE, WALK AMERICA, ST. JUDE, AND

MANY OTHERS. NOT ONLY DO WE PROVIDE MONETARY DONATIONS, BUT OUR EMPLOYEES

ARE ACTIVE VOLUNTEERS IN THESE WORTHY CAUSES.

PART III, LINE 2:

ESTIMATED BASED ON HISTORICAL EXPERIENCE, REVIEW OF ACCOUNT BALANCE AND

AVERAGE AGE OF ACCOUNTS.

Part VI Supplemental Information (Continuation)

PART III, LINE 3:

ACCORDING TO THE US CENSUS BUREAU 23.6% OF PERSONS LIVING IN ATTALA COUNTY
MISSISSIPPI LIVE IN POVERTY. WE HAVE USED THAT PERCENTAGE TO ESTIMATE THE
AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS QUALIFIED FOR CHARITY
BUT DID NOT SUPPLY SUFFICIENT DOCUMENTATION.

PART III, LINE 4:

THE HOSPITAL HAS ADOPTED HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION
STATEMENT NO. 15, VALUATION AND FINANCIAL STATEMENT PRESENTATION OF
CHARITY CARE AND BAD DEBTS BY INSTITUTIONAL PROVIDERS.

THERE IS NOT A SEPARATE BAD DEBT EXPENSE FOOTNOTE IN THE ORGANIZATION'S
AUDITED FINANCIAL STATEMENTS. ALLOWANCE FOR DOUBTFUL ACCOUNTS IS DISCUSSED
IN A SEPARATE PARAGRAPH BEGINNING ON PAGE 7 OF THE AUDITED FINANCIAL
STATEMENTS.

PART III, LINE 8:

THE ARE NO AMOUNTS REPORTED ON LINES 5-8 BECAUSE SUCH INFORMATION WAS NOT
AVAILABLE AT THE TIME THE FORM 990 WAS FILED.

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

Part VI Supplemental Information (Continuation)

OWED MAY BE WRITTEN OFF.

OTHER PATIENTS, WHO ARE NOT CHARITY PATIENTS, GENERALLY ARE NOT OFFERED A

DISCOUNT ON THE AMOUNT OWED IF THE ACCOUNT IS 0-6 MONTHS OLD. THE

HOSPITAL'S COLLECTION AGENCY WILL TRY TO SET UP A PAYMENT PLAN. IF THE

PATIENT HAS INSURANCE AND THE BILL WAS FILED WITH THEIR INSURANCE COMPANY,

THE PRIOR PPO ADJUSTMENT IS GIVEN.

THE AMOUNT OF DISCOUNT INCREASES AS THE AGE OF THE DEBT INCREASES. AS THE

AGE OF THE DEBT INCREASES, DETERMINING FACTORS ARE ALSO CONSIDERED SUCH AS

THE ABILITY OF THE PATIENT TO PAY, THE AGE AND HEALTH OF THE PATIENT,

FAMILY CIRCUMSTANCES, CREDIT SCORE, ETC.

RISK FACTORS ARE ALSO CONSIDERED WHEN DETERMINING WHETHER TO SETTLE AN

ACCOUNT. RISK FACTORS INCLUDE HARDSHIP AND CATASTROPHE, OTHER DEBTS, AND

FUTURE EXPECTANCIES.

PART V, SECTION A, LINE L:

[HTTP://MBHS.ORG/LOCATIONS/BAPTIST-MEDICAL-CENTER-ATTALA/](http://mbhs.org/locations/baptist-medical-center-attala/)

PART VI, LINE 2:

MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC., THE PARENT COMPANY OF THE

HOSPITAL, ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITY IT SERVES

PRIMARILY BY PERFORMING CONSUMER SURVEYS EACH MONTH. THE SURVEYS ARE

CONDUCTED ON A RANDOM SELECTION OF CONSUMERS FROM THE 17 COUNTIES IN THE

BAPTIST HEALTH SYSTEMS AREA AND MEASURE BAPTIST HEALTH SYSTEMS'

PERFORMANCE AGAINST OTHER MAJOR HOSPITALS IN THE AREA, AS WELL AS PROVIDE

Part VI Supplemental Information (Continuation)

INFORMATION ON UTILIZATION OF HEALTH SERVICES, SATISFACTION WITH HEALTH CARE SERVICES, AND PUBLIC PERCEPTION OF BAPTIST HEALTH SYSTEMS AS A WHOLE, BAPTIST HEALTH SYSTEMS ENGAGES NEW SOUTH RESEARCH TO CONDUCT THE SURVEYS VIA TELEPHONE AND ALSO CONDUCTS SURVEYS OF PARTICIPANTS FOLLOWING COMMUNITY SEMINARS AND EDUCATIONAL CLASSES.

PART VI, LINE 3:

PATIENTS ARE INFORMED OF THEIR ELIGIBILITY 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.

PART VI, LINE 4:

BAPTIST MEDICAL CENTER-ATTALA'S PRIMARY SERVICE AREA CONSISTS OF ATTALA COUNTY, WHICH IS LOCATED IN CENTRAL MISSISSIPPI. THE COUNTY CONSISTS OF APPROXIMATELY 20,000 PEOPLE. AGE DEMOGRAPHICS FOR THE AREA SHOW THAT

Part VI Supplemental Information (Continuation)

APPROXIMATELY 35% OF THE POPULATION IS UNDER 24 YEARS OF AGE,
APPROXIMATELY 49% IS BETWEEN 24 AND 64 YEARS OF AGE AND THAT 16% IS 65 OR
OLDER. MEDIAN HOUSEHOLD INCOME OF \$32,866 FOR ATTALA COUNTY IS BELOW THE
OVERALL AVERAGE FOR MISSISSIPPI AND SIGNIFICANTLY LESS THAN THE NATIONWIDE
AVERAGE. INSURANCE COVERAGE IS LACKING FOR MUCH OF THE POPULATION WITH
APPROXIMATELY 21% ESTIMATED TO BE UNINSURED.

PART VI, LINE 5:

MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC. (MBMS) IS THE PARENT COMPANY OF
AN AFFILIATED HEALTH CARE GROUP. MBMS OFFERS VARIOUS PROGRAMS AND
ACTIVITIES TO THE PUBLIC IN ORDER TO PROMOTE COMMUNITY HEALTH. THERE ARE
MANY LOW OR NO COST SCREENINGS OFFERED TO THE COMMUNITY INCLUDING HEART,
LUNG, AND MAMMOGRAMS. A NUMBER OF EDUCATIONAL CLASSES ON A WIDE VARIETY
OF HEALTH TOPICS ARE ALSO OFFERED TO THE COMMUNITY AT NO COST.

IN ADDITION, MBMS OPERATES BAPTIST HEALTH LINE, WHICH OFFERS SEVERAL
SERVICES, INCLUDING HOSPITAL SERVICES REFERRALS, SCHEDULING OF CLASSES FOR
HOSPITAL SERVICES, AND THE HEALTH INFORMATION LIBRARY. THE BAPTIST HEALTH
LINE PROFESSIONALS ALSO OFFER BAPTIST'S RISK ASSESSMENT TOOLS, INCLUDING
THE HEART TEST, THE HEALTH TEST, THE WOMEN'S HEALTH CHECK, THE DIABETES
HEALTH CHECK, AND THE CANCER TEST.

MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC. OFFERS PASTORAL CARE FOR PATIENTS
AND VISITORS. BAPTIST HAS A TEAM OF CHAPLAINS, EACH ASSIGNED TO A
DIFFERENT AREA OF THE HOSPITAL, TO MINISTER AND BRING COMFORT AND CARE TO
PATIENTS AND THEIR CAREGIVERS.

IN ADDITION TO PROGRAMS AND SERVICES, MBHS SUPPORTS ITS LOCAL COMMUNITY

Part VI Supplemental Information (Continuation)

THROUGH FINANCIAL DONATIONS. EMPLOYEES ALSO VOLUNTEER THEIR TIME ON
VARIOUS COMMUNITY PROGRAMS.

PART VI, LINE 6:

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

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC.

Employer identification number

64-0306253

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION-MS P.O. BOX 16808 JACKSON, MS 39236-6808	13-5613797	501(C)(3)	15,000.	0.			GENERAL DONATION
AMERICAN CANCER SOCIETY, INC. SOUTH REGION - 1830 LIVINGSTON LANE - JACKSON, MS 39213	13-1788491	501(C)(3)	15,500.	0.			SUPPORT MAKING STRIDES IN BREAST CANCER & REAL MEN WEAR PINK
FOUNDATION OF MISSISSIPPI HISTORY P.O. BOX 571 JACKSON, MS 39205	20-2649529	501(C)(3)	20,000.	0.			SUPPORT MUSEUM OF MS HISTORY & MS CIVIL RIGHT MUSEUM
JACKSON PREP SCHOOL FOUNDATION, INC. - P.O. BOX 4940 - JACKSON, MS 39296-4940	57-0889451	501(C)(3)	24,000.	0.			2017 CAPITAL CAMPAIGN "TRANSFORMING PREP"-CELEBRATING ARTS & LEADERSHIP

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

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

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

Schedule I (Form 990) (2017)

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 noncash assistance

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

PART I, LINE 2:

ALL ORGANIZATIONS ARE REQUIRED TO SUBMIT PROOF OF TAX EXEMPT STATUS THAT'S

VERIFIED BY THE IRS DATABASE BEFORE THEY CAN PROCEED WITH THEIR REQUEST.

THEY MAY USE OUR ONLINE CHARITABLE REQUEST APPLICATION TO SUBMIT A REQUEST.

IF THEY ARE NOT A 501 (C)(3) ORGANIZATION, THEY ARE REQUIRED TO SUBMIT A

COPY OF THEIR DETERMINATION LETTER FROM THE IRS VALIDATING THEIR EXEMPT

STATUS BEFORE WE CAN PROVIDE ANY IN-KIND GIVEAWAYS OR SERVICES.

WE ALSO MONITOR THE FUNDS TO ENSURE THEY ARE USED FOR THE PURPOSE GRANTED.

Part IV Supplemental Information

WE MAKE EVERY EFFORT TO DIRECT OUR FUNDING TO A PROGRAM FOR A SPECIFIC
PURPOSE. ORGANIZATIONS ARE ASKED TO SHOW RESULTS AND DOCUMENTATION
ANNUALLY BEFORE THEIR REQUEST CAN BE CONSIDERED FOR FUTURE FUNDING.

THE REQUESTS ARE REVIEWED AND APPROVED BY VARIOUS INDIVIDUALS DEPENDING
UPON THE TYPE AND AMOUNT OF THE REQUEST. SMALL AMOUNTS MAY BE APPROVED BY
THE SYSTEM COORDINATOR. CASH SPONSORSHIPS MAY BE APPROVED BY THE SYSTEM
DIRECTOR OF COMMUNICATIONS. ANYTHING OVER \$10,000 MAY BE APPROVED BY THE
CORPORATE PRESIDENT/CEO.

FOR MORE INFORMATION ABOUT BAPTIST CHARITABLE GIVING GUIDELINES, PLEASE
VISIT [HTTPS://WWW.BMHGIVING.ORG/](https://www.bmhgiving.org/)

**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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC.

Employer identification number

64-0306253

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
b If any of the boxes on 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		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		
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.		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> 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?		
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		
c Participate in, or receive payment from, an equity-based compensation arrangement?		
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 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?		
b Any related organization?		
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?		
b Any related organization?		
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 nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.		
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2017

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.

PART I, LINES 4A-B:**LINE 4B:**

MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC. ESTABLISHED A SUPPLEMENTAL

EXECUTIVE RETIREMENT PLAN, A NONQUALIFIED, UNFUNDED DEFERRED COMPENSATION

PLAN EFFECTIVE JULY 1, 2010, FOR THE BENEFIT OF CERTAIN MANAGEMENT OR

HIGHLY COMPENSATED EMPLOYEES OF THE SYSTEM. THE PURPOSE OF THE PLAN IS TO

ENHANCE THE ABILITY OF THE SYSTEM TO ATTRACT AND RETAIN QUALIFIED MANAGEMENT

PERSONNEL WITH A MARKET-COMPETITIVE SUPPLEMENTAL RETIREMENT BENEFIT ON A

TAX-DEFERRED BASIS.

NO PARTICIPANTS IN PLAN RECEIVED PAYMENT FROM THE PLAN DURING 9/30/17.

PART I, LINE 7:

MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC. (MBHS) ENDORSES A

PAY-FOR-PERFORMANCE PHILOSOPHY IN ITS EXECUTIVE COMPENSATION PROGRAM.

EXECUTIVE INCENTIVE PAY WILL VARY ACCORDING TO INDIVIDUAL AND

ORGANIZATIONAL PERFORMANCE, BY LINKING PERFORMANCE MEASURES AND RELATED

GOALS TO THE COMPENSATION OPPORTUNITY. MBHS ENSURES A DIRECT ALIGNMENT OF

THE EXECUTIVES' INTERESTS WITH THOSE OF THE ORGANIZATION.

Part III Supplemental Information

64-0306253

Page 3

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.

ALTHOUGH SPECIFIC PERFORMANCE MEASURES VARY DEPENDING UPON THE STRATEGIC

OBJECTIVES OF EACH FISCAL YEAR, EXAMPLES OF PERFORMANCE MEASURES INCLUDE

FINANCIAL (E.G., OPERATING MARGIN OR EBIDA), OPERATIONAL (E.G., PATIENT

SAFETY, READMISSION RATES, OUTCOMES), AND SERVICE OR QUALITY (E.G., PATIENT

AND PHYSICIAN SATISFACTION). PARTICIPANTS RECEIVE A SCORE BASED ON THEIR

PREDETERMINED GOALS. THE SCORE IS THEN USED TO CALCULATE THE ANNUAL

INCENTIVE COMPENSATION.

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

ENTITY

1

OMB No. 1545-0047

2017

Open to Public
Inspection

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC.

Employer identification number

64-0306253

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
MS HOSPITAL EQUIPMENT & FACILITIES A AUTHORITY	64-0732320	6053600G4	03/01/07	125,855,503. SEE PART VI					X		X
MS HOSPITAL EQUIPMENT & FACILITIES B AUTHORITY	64-0732320	6053600G4	04/01/15	30,140,000. SEE PART VI					X		X
MS HOSPITAL EQUIPMENT & FACILITIES C AUTHORITY	64-0732320	6053600G4	09/10/12	20,000,000. SEE PART VI					X		X
MS HOSPITAL EQUIPMENT & FACILITIES D AUTHORITY	64-0732320	6053600G4	12/01/12	14,400,000. SEE PART VI					X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue		131,625,055.		30,140,000.		20,000,000.		14,400,000.
4 Gross proceeds in reserve funds		8,247,336.						
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows		56,793,037.		29,985,000.				14,400,000.
7 Issuance costs from proceeds		1,456,193.		155,000.				
8 Credit enhancement from proceeds		2,232,976.						
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		65,128,578.				20,000,000.		
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2008		2015		2012		2012	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X			X	X	
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

ENTITY

2

OMB No. 1545-0047

2017

Open to Public
Inspection

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC.

Employer identification number

64-0306253

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
MS HOSPITAL EQUIPMENT & FACILITIES A AUTHORITY	64-0732320	605360SA5	04/01/15	50,725,000	SEE PART VI		X		X		X
B MISSISSIPPI DEVELOPMENT BANK	64-0848675	60534RZ36	05/01/11	6,500,000	SEE PART VI		X		X		X
C											
D											

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue		50,725,000				6,500,000		
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows		50,000,000				6,145,000		
7 Issuance costs from proceeds		725,000						
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2015		2012					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X					
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?	X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

64-0306253

MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC.

Schedule K (Form 990) 2017

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

SCHEDULE K, PART I, ROW A, COLUMN (F):

THE PROCEEDS OF THE BONDS WERE USED TO:

1. EXTINGUISH THE REMAINING MHEFA SERIES 1995 AND 1990B REVENUE BONDS

2. ESTABLISH A PROJECT FUND TO FINANCE COSTS OF VARIOUS SYTEM CAPITAL PROJECTS

3. ESTABLISH VARIOUS DEBT SERVICE AND REVENUE FUNDS REQUIRED BY RELATED

INDENTURE

4. PAY CERTAIN COSTS OF ISSUANCE

SCHEDULE K, PART I, ROW B COLUMN (F):

ON APRIL, 2015, THE SYSTEM REFUNDED THE MHEFA SERIES 2009 VARIABLE RATE

AND REFUNDING BOND THROUGH A FINANCING AGREEMENT WITH A BANK AND THE

ISSUANCE OF FLOATING RATE NOTES IN A PUBLIC OFFERING THROUGH MEHFA. THE

AMOUNT FINANCED WITH THE BANK, KNOWN AS THE 2015B REVENUE REFUNDING

BOND, WAS ISSUED FOR \$30,140,000 WITH INTEREST PAID MONTHLY AT A

VARIABLE RATE BASED ON LIBOR PLUS A FIXED MARGIN BASED ON THE SYSTEM'S

CASH-TO-DEBT RATIO. PRINCIPAL PAYMENTS ON THE BOND BEGINS IN AUGUST

2029 AND ENDS IN AUGUST 2036.

SCHEDULE K, PART I, ROW C, COLUMN (F):

IN SEPTEMBER 2012, THE SYSTEM ISSUED \$20,000,000 IN MHEFA SERIES 2012A

REVENUE BOND. THE PROCEEDS WERE USED TO FINANCE THE CONSTRUCTION OF A

PARKING GARAGE, SKYWALK, AND OTHER RELATED CONSTRUCTION ON THE

HOSPITAL'S MAIN CAMPUS.

732123 10-18-17

SEE PART VI SUPPLEMENTAL INFORMATION SHEET

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

SCHEDULE K, PART I, ROW D, COLUMN (F):

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

SCHEDULE K, PART I, ROW A-2, COLUMN (F):

IN APRIL 2015, THE SYSTEM REFUNDED THE MHEFA SERIES 2009 VARIABLE RATE AND REFUNDING BOND THROUGH A FINANCING AGREEMENT WITH A BANK AND THE ISSUANCE OF FLOATING RATE NOTES IN A PUBLIC OFFERING THROUGH MHEFA. THE FLOATING RATE BONDS (SERIES 2015A) REVENUE BONDS WERE ISSUED FOR \$50,725,000 WITH INTEREST PAID MONTHLY BASED ON THE SIFMA RATE PLUS 1.3%. PRINCIPAL PAYMENTS ON THE 2015A BOND BEGINS IN AUGUST 2029 AND ENDS IN AUGUST 2036.

SCHEDULE K, PART I, ROW B-2, COLUMN (F):

IN JUNE 2015 THE SYSTEM, THROUGH ITS CONTROLLED SUBSIDIARY, BAPTIST MEDICAL CENTER-ATTALA, LLC, EXECUTED AN AGREEMENT FOR THE LEASE AND PURCHASE OF CERTAIN ASSETS FROM MONTFORT JONES MEMORIAL HOSPITAL IN KOSIUSKO, MISSISSIPPI. AS PART OF THE LEASE AND PURCHASE AGREEMENT, THE SYSTEM RECOGNIZED THE OUTSTANDING PRINCIPAL BALANCE OF \$6,145,000. MISSISSIPPI DEVELOPMENT BANK SPECIAL OBLIGATION SERIES 2011 BONDS. THEY ARE PAYABLE IN ANNUAL INSTALLMENTS THROUGH 2036 AND SEMIANNUAL INTEREST PAYMENTS ARE DUE NOVEMBER 1 AND MAY 1.

SCHEDULE K, PART II, COLUMN A, LINE 3:

THE TOTAL PROCEEDS OF ISSUE REPORTED ON LINE 3 EQUALS THE ORIGINAL \$125,855,503 ISSUED PLUS INVESTMENT EARNINGS.

SCHEDULE K, PART IV, LINE 7:

CURRENTLY, MISSISSIPPI BAPTIST HEALTH SYSTEMS' PROCEDURES ARE NOT WRITTEN.

SCHEDULE K, PART V:

CURRENTLY, MISSISSIPPI BAPTIST HEALTH SYSTEMS' PROCEDURES ARE NOT

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

Lined area for supplemental information.

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC.

Employer identification number

64-0306253

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SEVERAL NONPROFIT ENTITIES TO WHICH IT PROVIDES VARIOUS MANAGEMENT AND

SUPPORT SERVICES,

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EDUCATION AND TECHNOLOGY IN A PERSONAL AND COMPASSIONATE ENVIRONMENT,

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THROUGH THE DECADES, MBHS HAS CONTINUED TO PROVIDE QUALITY,

COMPASSIONATE, CHRISTIAN-BASED MEDICAL CARE TO THE PEOPLE OF

MISSISSIPPI,

MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC. FILES A COMBINED FORM 990 WITH

BAPTIST MEDICAL CENTER-ATTALA,

BAPTIST MEDICAL CENTER-ATTALA, PROVIDES QUALITY MEDICAL HEALTHCARE

REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE,

ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE

OPERATION AND STABILITY OF BAPTIST MEDICAL CENTER-ATTALA, IT IS

RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE

ESSENTIAL MEDICAL SERVICES, AND FURTHER, THAT THE MISSION OF THE

HOSPITAL IS TO SERVE THE COMMUNITY WITH RESPECT TO PROVIDING HEALTHCARE

SERVICES AND HEALTHCARE EDUCATION, THEREFORE, IN KEEPING WITH ITS

COMMITMENT TO SERVE ALL MEMBERS OF ITS COMMUNITY, BAPTIST MEDICAL

CENTER-ATTALA PROVIDES THE FOLLOWING:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization

MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC.

Employer identification number

64-0306253

--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 COMMUNITY

THESE ACTIVITIES INCLUDE WELLNESS PROGRAMS, COMMUNITY EDUCATION

PROGRAMS, AND SPECIAL PROGRAMS FOR THE ELDERLY, HANDICAPPED, MEDICALLY

UNDERSERVED, AND A VARIETY OF BROAD COMMUNITY SUPPORT ACTIVITIES.

BAPTIST MEDICAL CENTER - ATTALA IS A 25 BED CRITICAL ACCESS HOSPITAL

LOCATED IN KOSCIUSKO, MISSISSIPPI SERVING THE ATTALA COUNTY COMMUNITY

AND SURROUNDING AREAS. THE HOSPITAL OFFERS INPATIENT, OUTPATIENT AND

24-HOUR EMERGENCY DEPARTMENT SERVICES, INCLUDING 2 OPERATING ROOMS, 2

ENDOSCOPY SUITES AND A RURAL HEALTH CLINIC. THE HOSPITAL IS COMMITTED

TO ITS MISSION OF PROVIDING IMMEDIATE ACCESS TO QUALITY HEALTHCARE.

FORM 990, PART VI, SECTION A, LINE 2:

SOME OF THE OFFICERS AND BOARD OF DIRECTORS ALSO SERVED AS OFFICERS OF TWO

RELATED ENTITIES-MEDICAL PRACTICE SOLUTIONS, INC., AND MISSISSIPPI BAPTIST

MEDICAL ENTERPRISES, INC.

FORM 990, PART VI, SECTION A, LINE 3:

BAPTIST MEMORIAL HEALTH CARE CORPORATION AS SOLE MEMBER OF MISSISSIPPI

BAPTIST HEALTH SYSTEMS, INC, PROVIDES CERTAIN LEGAL, FINANCE, QUALITY, AND

PERSONNEL SERVICES PURSUANT TO A SHARED SERVICES AGREEMENT.

FORM 990, PART VI, SECTION A, LINE 6:

Name of the organization

MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC.

Employer identification number

64-0306253

MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC. IS A NON-STOCK CORPORATION WHOSE

SOLE MEMBER IS BAPTIST MEMORIAL HEALTH CARE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A:

BAPTIST MEMORIAL HEALTH CARE CORPORATION AS THE SOLE MEMBER OF MISSISSIPPI

BAPTIST HEALTH SYSTEMS, INC. ELECTS ITS BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

BAPTIST MEMORIAL HEALTH CARE CORPORATION AS THE SOLE MEMBER OF MISSISSIPPI

BAPTIST HEALTH SYSTEMS, INC. APPROVES THE BOARD OF DIRECTORS ACTIONS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE EXEC. V.P./CFO OF BAPTIST MEMORIAL HEALTH

CARE CORPORATION, THE SOLE MEMBER, AND CFO OF MISSISSIPPI BAPTIST HEALTH

SYSTEMS, INC. IN ADDITION, THE FORM 990 IS REVIEWED ON A ROTATING BASIS OF

EVERY FOUR YEARS BY AN OUTSIDE INDEPENDENT ACCOUNTING AND TAX FIRM.

THE FORM 990 WAS NOT REVIEWED BY THE BOARD OF DIRECTORS BEFORE SUBMITTING

IT TO THE IRS. HOWEVER, BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE

MEMBER, HAS A FINANCE, AUDIT AND COMPLIANCE COMMITTEE THAT IS APPOINTED BY

ITS BOARD OF DIRECTORS. THE FINANCE, AUDIT AND COMPLIANCE COMMITTEE WILL

REVIEW THE FORM 990 AFTER SUBMITTING IT TO THE IRS. THE COMMITTEE REPORTS

THE COMPLETION OF THE REVIEW TO THE CORPORATE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

BAPTIST MEMORIAL HEALTH CARE CORPORATION, THE PARENT CORPORATION, REQUIRES

THAT ALL EMPLOYEES, INCLUDING OFFICERS AND KEY EMPLOYEES, PERIODICALLY

COMPLETE A CERTIFICATION AND ACKNOWLEDGEMENT OF THE BAPTIST MEMORIAL HEALTH

Name of the organization

MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC.

Employer identification number

64-0306253

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.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES COPIES OF ITS FORMS 1023, 990, AND 990T AVAILABLE

FOR PUBLIC INSPECTION TO ANYONE WHO REQUESTS THEM AS REQUIRED BY THE IRS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

JASON M. LITTLE - 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177

GREGORY M. DUCKETT - 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177

Name of the organization

MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC.

Employer identification number

64-0306253

ZACHARY R. CHANDLER - 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES 617,175.

MANAGEMENT AND GENERAL EXPENSES 84,160.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 701,335.

PHYSICIAN FEES:

PROGRAM SERVICE EXPENSES 108,874.

MANAGEMENT AND GENERAL EXPENSES 5,730.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 114,604.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 815,939.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

TRANSFERS TO/FROM AFFILIATES -341,460,852.

PART XII LINE 2 C:

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.

**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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC.

Employer identification number

64-0306253

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
BAPTIST MEDICAL CENTER-ATTALA, LLC - 47-3684354, 1225 NORTH STATE STREET, JACKSON, MS 39202	HEALTH CARE FACILITY/HOSPITAL	MISSISSIPPI			MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BAPTIST MEMORIAL HEALTH CARE CORPORATION - 58-1521475, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	MANAGEMENT, ADMINISTRATIVE, & FINANCIAL SERVICES	TENNESSEE	501(C)(3)	509(A)(3)	N/A		X
BAPTIST MEMORIAL HEALTH CARE SYSTEM, INC. - 58-1456556, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	CARRY OUT THE HEALTH CARE MISSIONS OF THE BAPTIST CONVENTIONS OF AR, MS, TN	TENNESSEE	501(C)(3)	509(A)(3)	N/A		X
BAPTIST MEMORIAL HEALTH SERVICES, INC. - 62-1509127, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	PROVISION OF HEALTH CARE PROVIDERS & HOME MEDICAL EQUIPMENT/SERVICES	TENNESSEE	501(C)(3)	509(A)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL, INC. - 62-0123940 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	HEALTH CARE FACILITY/HOSPITAL	TENNESSEE	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X

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

Schedule R (Form 990) 2017

Part II Continuation of 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 organization?	
						Yes	No
MEDICAL FINANCIAL SERVICES, INC. - 62-1112364, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	COLLECTION AGENCY FOR BAPTIST ENTITIES	TENNESSEE	501(C)(3)	509(A)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-BOONEVILLE, INC. - 64-0663760, 100 HOSPITAL ST., BOONEVILLE, MS 38829	HEALTH CARE FACILITY/HOSPITAL	MISSISSIPPI	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-DESOTO, INC. - 64-0682111, 7601 SOUTHCREST PKWY, SOUTHAVEN, MS 38671	HEALTH CARE FACILITY/HOSPITAL	MISSISSIPPI	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE, INC. - 62-1519754, 2520 FIFTH ST., COLUMBUS, MS 39703	HEALTH CARE FACILITY/HOSPITAL	MISSISSIPPI	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-HUNTINGDON, INC. - 62-1166050, 631 R.B. WILSON DR., HUNTINGDON, TN 38344	HEALTH CARE FACILITY/HOSPITAL	TENNESSEE	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, INC. - 64-0772726, 1100 BELK BLVD., OXFORD, MS 38655	HEALTH CARE FACILITY/HOSPITAL	MISSISSIPPI	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-TIPTON, INC. - 62-1113167, 1995 HWY 51 SOUTH, COVINGTON, TN 38019	HEALTH CARE FACILITY/HOSPITAL	TENNESSEE	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-UNION CITY, INC. - 62-1138045, 1201 BISHOP ST., UNION CITY, TN 38261	HEALTH CARE FACILITY/HOSPITAL	TENNESSEE	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-UNION COUNTY, INC., - 63-0997281, 200 HWY 30 WEST, NEW ALBANY, MS 38652	HEALTH CARE FACILITY/HOSPITAL	MISSISSIPPI	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES, INC. - 58-1645396, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	HEALTH CARE FACILITY/HOSPITAL	TENNESSEE	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOME CARE, INC. - 58-1562973, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	HOME HEALTH CARE & HOSPICE SERVICES	TENNESSEE	501(C)(3)	509(A)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL MEDICAL GROUP, INC. - 62-1545731, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	PROVISION OF HEALTH CARE PROVIDERS FOR BAPTIST ENTITIES	TENNESSEE	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X

Part II Continuation of 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 organization?	
						Yes	No
BAPTIST MEMORIAL MEDICAL MINISTRIES EMP. HLTH & WELFARE TRUST - 62-1407946, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	BAPTIST EMPLOYEE HEALTH PLAN	TENNESSEE	509(C)(9)		BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MINOR MEDICAL CENTERS, INC. - 62-1538114, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	NON-EMERGENCY MEDICAL CLINICS	TENNESSEE	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL MEDICAL GROUP, INC.		X
BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC. - 58-1544781, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	SOLICIT, RAISE, MANAGE, APPLY & INVEST FUNDS IN SUPPORT OF BAPTIST	TENNESSEE	501(C)(3)	509(A)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST MEMORIAL HOSPITAL-JONESBORO, INC. - 26-1214372, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	HEALTH CARE FACILITY/HOSPITAL	ARKANSAS	501(C)(3)	509(A)(1)	NEA BAPTIST HEALTH CARE SYSTEM, INC.		X
NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC. - 71-0850123, 4802 E. JOHNSON AVE., JONESBORO, AR 72401	HEALTH CARE SERVICE PROVIDER	ARKANSAS	501(C)(3)	509(A)(1)	NEA BAPTIST HEALTH CARE SYSTEM, INC.		X
NEA BAPTIST HEALTH SYSTEM, INC. - 27-1799652 4800 E. JOHNSON AVE., JONESBORO, AR 72401	HEALTH CARE SERVICE PROVIDER	ARKANSAS	501(C)(3)	509(A)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
THE STERN CARDIOVASCULAR FOUNDATION, INC. - 27-4396698, 8060 WOLF RIVER BLVD., GERMANTOWN, TN 38138	HEALTH CARE SERVICE PROVIDER	TENNESSEE	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL MEDICAL GROUP, INC.		X
BAPTIST CANCER CENTER PHYSICIANS FOUNDATION, INC. - 45-2842963, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	HEALTH CARE SERVICE PROVIDER	TENNESSEE	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL MEDICAL GROUP, INC.		X
INTEGRITY ONCOLOGY FOUNDATION, INC. - 45-3303687, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	HEALTH CARE SERVICE PROVIDER	TENNESSEE	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL MEDICAL GROUP, INC.		X
MEMPHIS LUNG PHYSICIANS FOUNDATION, INC. - 45-2832975, 6025 WALNUT GROVE RD., MEMPHIS, TN 38120	HEALTH CARE SERVICE PROVIDER	TENNESSEE	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL MEDICAL GROUP, INC.		X
BAPTIST CLINICAL RESEARCH INSTITUTE, INC. - 45-3032246, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120	FACILITATE MEDICAL & SCIENTIFIC RESEARCH	TENNESSEE	501(C)(3)	509(A)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BOSTON BASKIN CANCER FOUNDATION, INC. - 45-3303607, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120	HEALTH CARE SERVICE PROVIDER	TENNESSEE	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL MEDICAL GROUP, INC.		X

Part II Continuation of 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 organization?	
						Yes	No
BAPTIST PATIENT SAFETY SYSTEM, INC. - 45-3032372, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120	ESTABLISH, MAINTAIN & MANAGE A PATIENT SAFETY ORGANIZATION	TENNESSEE	501(C)(3)	509(A)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BMG FAMILY PHYSICIANS GROUP FOUNDATION, INC. - 46-1953140, 2859 VAN LEER SR., BARTLETT, TN 38134	HEALTH CARE SERVICE PROVIDER	TENNESSEE	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL MEDICAL GROUP, INC.		X
BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC. - 62-1599670, 1003 MONROE ST., MEMPHIS, TN 38104	EDUCATION OF HEALTH CARE PROFESSIONALS	TENNESSEE	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HOSPITAL, INC.		X
BAPTIST MEMORIAL HOSPITAL-CALHOUN, INC. - 81-3257997, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	HEALTH CARE FACILITY/HOSPITAL	MISSISSIPPI	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
BAPTIST NURSING HOME-CALHOUN, INC. - 81-3655778, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	HEALTH CARE FACILITY/HOSPITAL	MISSISSIPPI	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION		X
MISSISSIPPI HOSPITAL FOR RESTORATIVE CARE - 64-0833383, 1225 NORTH STATE STREET, JACKSON, MS 39202	HEALTH CARE FACILITY/HOSPITAL	MISSISSIPPI	501(C)(3)	509(A)(1)	MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC.		X
MEDICAL FOUNDATION OF CENTRAL MISSISSIPPI, INC. - 75-3068151, 1225 NORTH STATE STREET, JACKSON, MS 39202	CLINICS	MISSISSIPPI	501(C)(3)	509(A)(1)	MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC.		X
BAPTIST MEDICAL CENTER-LEAKE, INC. - 45-2896080, 1225 NORTH STATE STREET, JACKSON, MS 39202	HEALTH CARE FACILITY/HOSPITAL	MISSISSIPPI	501(C)(3)	509(A)(1)	MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC.		X
BAPTIST MEDICAL CENTER-YAZOO, INC. - 64-0844470, 1225 NORTH STATE STREET, JACKSON, MS 39202	HEALTH CARE FACILITY/HOSPITAL	MISSISSIPPI	501(C)(3)	509(A)(1)	MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC.		X
MJMH IMPROVEMENT CORPORATION - 80-0812322 1225 NORTH STATE STREET JACKSON, MS 39202	HOLDING COMPANY	MISSISSIPPI	501(C)(3)	509(A)(1)	MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC.		X
BAPTIST HEALTH FOUNDATION, INC. - 47-3403762 1225 NORTH STATE STREET JACKSON, MS 39202	SOLICIT, RAISE, MANAGE, APPLY & INVEST FUNDS IN SUPPORT OF BAPTIST	MISSISSIPPI	501(C)(3)	509(A)(3)	MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC.		X
MISSISSIPPI BAPTIST MEDICAL CENTER, INC. - 64-0881013, 1225 NORTH STATE STREET, JACKSON, MS 39202	HEALTH CARE FACILITY/HOSPITAL	MISSISSIPPI	501(C)(3)	509(A)(1)	MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC.		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BAPTIST OUTPATIENT IMAGING, LLC - 45-2968057, 1107 HIGHLAND COLONY PKWY STE 209, RIDGELAND, MS 39157	DIAGNOSTIC SERVICES	MS	MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC., RELATED					X	N/A		X	51.00%
BAPTIST-DESOTO SURGERY CENTER - 20-0804946, 40 BURTON HILLS BLVD, STE 500, NASHVILLE, TN 37215	AMBULATORY SURGERY	MS	N/A	N/A	N/A	N/A			N/A	N/A		N/A
BAPTIST-EAST MEMPHIS SURGERY CENTER - 62-1846584, 80 HUMPHREYS CENTER STE 101, MEMPHIS, TN 38120	AMBULATORY SURGERY	TN	N/A	N/A	N/A	N/A			N/A	N/A		N/A
BAPTIST-GERMANTOWN SURGERY CENTER - 62-1829424, 40 BURTON HILLS BLVD, STE 500, NASHVILLE, TN 37215	AMBULATORY SURGERY	TN	N/A	N/A	N/A	N/A			N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
MISSISSIPPI BAPTIST MEDICAL ENTERPRISES, INC. - 64-0776164, 1225 NORTH STATE STREET, JACKSON, MS 39202	INVESTMENTS	MS	MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC.,	C CORP			100.00%	X	
MEDICAL PRACTICE SOLUTIONS - 64-0833731 1225 NORTH STATE STREET JACKSON, MS 39202	MEDICAL CONSULTING	MS	MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC.,	C CORP			100.00%	X	
HEALTH TECH AFFILIATES, INC. - 62-1278576 350 N. HUMPHREYS BLVD, MEMPHIS, TN 38120-2177	BUYING & LEASING REAL & PERSONAL, PROPERTY	TN	N/A	C CORP	N/A	N/A	N/A	X	
BAPTIST HEALTH SERVICES GROUP OF THE MIDSOUTH, INC. - 62-1534210, 350 N., HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	HEALTH INSURANCE CONTRACTING	TN	N/A	C CORP	N/A	N/A	N/A	X	
SOUTHCREST PROPERTY OWNERS ASSOCIATION - 64-0768703, 7601 SOUTHCREST PKWY, SOUTHAVEN, MS 38671	BOOKKEEPING & DATA PROCESSING SOUTHCREST BUS. PARK	MS	N/A	C CORP	N/A	N/A	N/A	X	

Part III Continuation of 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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
BAPTIST & PHYSICIANS OUTPATIENT SURGERY CENTER OF N. MS - 64-0925692, 40 BURTON HILLS BLVD. STE 500, EAST MEMPHIS UROLOGY CENTER, L.P. - 62-1810940, 40 BURTON HILLS BLVD. STE 500, NASHVILLE, TN 37215 MEDICAL ALTERNATIVES - 62-1488427, 6949 APLING FARMS PKWY, MEMPHIS, TN 38133 MIDTOWN SURGERY CENTER - 62-1619344, 40 BURTON HILLS BLVD., STE 500, NASHVILLE, TN 37215 NORTHWEST TENNESSEE SURGERY CENTER, LLC - 62-1685508, 1722 E. REELFOOT, UNION CITY, TN 38261 CANCER CARE CENTER OF UNION CITY, LP - 26-3425045, 322 HOSPITAL BLVD., JACKSON, TN 38305 MAYS & SCHNAPP PAIN CENTER - 62-1512849, 55 HUMPHREYS BLVD., STE 200, MEMPHIS, TN 38120 BAPTIST MEMORIAL REHABILITATION HOSPITAL, GP - 46-1613457, 680 FOURTH STREET, LOUISVILLE, KY 40202 BAPTIST N. MS IMAGING SERVICES, LLC - 26-2641267, 504 AZALEA DR., OXFORD, MS 38655	AMBULATORY SURGERY AMBULATORY SURGERY HOME INFUSION PRODUCTS & SERVICES TO PATIENTS AMBULATORY SURGERY AMBULATORY SURGERY REHABILITATION SERVICES DIAGNOSTIC SERVICES	MS TN TN TN TN TN TN MS	N/A N/A N/A N/A N/A N/A N/A N/A	N/A N/A N/A N/A N/A N/A N/A N/A	N/A N/A N/A N/A N/A N/A N/A N/A N/A	N/A N/A N/A N/A N/A N/A N/A N/A N/A	N/A N/A N/A N/A N/A N/A N/A N/A N/A	N/A N/A N/A N/A N/A N/A N/A N/A N/A	N/A N/A N/A N/A N/A N/A N/A N/A N/A	N/A N/A N/A N/A N/A N/A N/A N/A N/A	N/A N/A N/A N/A N/A N/A N/A N/A N/A

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART III. IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

BAPTIST & PHYSICIANS OUTPATIENT SURGERY CENTER OF N, MS

EIN: 64-0925692

40 BURTON HILLS BLVD, STE 500

NASHVILLE, TN 37215