CHANGE OF ACCOUNTING PERIOD

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

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 MEDICAL CENTER, INC.
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
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
64-0881013

E Telephone number
601-968-5130

G Gross receipts $ 40,892,088.

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: 1996

M State of legal domicile: MS

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION MAINTAINS AND CARRIES ON THE ACUTE CLINICAL SERVICES (SEE SCHEDULE O PG 56)

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

Activities & Governance	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	14
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	14
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	417,529.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	0.	0.
	9 Program service revenue (Part VIII, line 2g)	401,089,050.	40,410,631.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,714,179.	357,308.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	409,803,241.	40,767,939.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	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)	161,994,732.	13,909,383.
	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)	249,712,063.	25,227,817.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	411,706,795.	39,137,200.
	19 Revenue less expenses. Subtract line 18 from line 12	<1,903,554.>	1,630,739.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	430,499,443.	66,500,487.
	21 Total liabilities (Part X, line 26)	390,356,002.	16,661,852.
	22 Net assets or fund balances. Subtract line 21 from line 20	40,143,441.	49,838,635.

RECEIVED
AUG 20 2018

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: 8-13-18
	JASON M. LITTLE, PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed / PTIN
	Firm's name ▶			Firm's EIN ▶
	Firm's address ▶			Phone no.

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SC-H G-74

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:

THE MISSION OF MISSISSIPPI BAPTIST MEDICAL CENTER, INC. IS TO SERVE THE COMMUNITY THROUGH CONTINUOUSLY IMPROVING QUALITY MEDICAL CARE AND EFFECTIVE USE OF EDUCATION AND TECHNOLOGY IN A PERSONAL AND COMPASSIONATE ENVIRONMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [x] 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 [x] 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 $ 36,344,019. including grants of $ _____) (Revenue $ 40,033,849.)

MISSISSIPI BAPTIST MEDICAL CENTER, INC. 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 THE HOSPITAL, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES, AND FURTHER, THAT THE MISSION OF MISSISSIPPI BAPTIST MEDICAL CENTER IS TO SERVE THE COMMUNITY WITH RESPECT TO PROVIDING HEALTHCARE SERVICES AND HEALTHCARE EDUCATION.

(CONTINUED AT SCHEDULE O PG 56)

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 ▶ 36,344,019.

AD HJOR

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	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? *If "Yes," complete Schedule C, Part 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? *If "Yes," complete Schedule C, Part II*	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? *If "Yes," complete Schedule C, Part III*	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? *If "Yes," complete Schedule D, Part 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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		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? *If "Yes," complete Schedule D, Part VI*	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? *If "Yes," complete Schedule D, Part VII*	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? *If "Yes," complete Schedule D, Part VIII*	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? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	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)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	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? *If "Yes," complete Schedule F, Parts I and IV*	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? *If "Yes," complete Schedule F, Parts II and IV*	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? *If "Yes," complete Schedule F, Parts III and IV*	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? *If "Yes," complete Schedule G, Part 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? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	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*	21		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*	22		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*	23		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*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		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*	26		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*	27		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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		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*	32		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*	33		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*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		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*	36		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*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
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	X	
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)		4b		
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?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	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		

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.*	1a 14		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	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?	3	x	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6	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?	7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	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*	9	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?	10a		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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		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*	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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*	12c	x	
13	Did the organization have a written whistleblower policy?	13	x	
14	Did the organization have a written document retention and destruction policy?	14	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	15a		x
b	Other officers or key employees of the organization	15b		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?	16a		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?	16b		

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 [x] 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 Contractors

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee "
- List the organization's five *current* highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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) KARLEN TURBEVILLE	1.00									
CHAIRMAN OF BOARD	0.23	X								
(2) DOUGLAS M. BUCKLES, SR.	1.00									
DIRECTOR	1.00	X								
(3) PAUL CALHOUN	1.00									
DIRECTOR	1.00	X								
(4) ALVENO CASTILLA	1.00									
DIRECTOR	1.00	X								
(5) JAMES R. FUTRAL, JR	1.00									
DIRECTOR	1.00	X								
(6) ROBERT M. GATHINGS, JR	1.00									
DIRECTOR	1.00	X								
(7) ALEX J. HAICK, M.D.	1.00									
DIRECTOR	1.00	X								
(8) ARTHUR "SKIP" JERNIGAN	1.00									
DIRECTOR	2.23	X								
(9) DAVID LANDRUM	1.00									
DIRECTOR	1.23	X								
(10) S. TODD LAWSON, M.D.	1.00									
DIRECTOR	1.23	X								
(11) LEE MILLER	1.00									
DIRECTOR	1.00	X								
(12) MARIA RAPPAI, M.D.	1.00									
DIRECTOR	1.00	X								
(13) DORIAN E. TURNER, M.D.	1.00									
DIRECTOR	1.00	X								
(14) TAMMY YOUNG, M.D.	1.00									
DIRECTOR	1.00	X								
(15) JASON M. LITTLE	0.10									
PRESIDENT (AS OF 5/1/17)	39.90			X						
(16) GREGORY M. DUCKETT	0.23									
SECRETARY (AS OF 5/1/17)	39.77			X						
(17) GARY C. ANDERSON	8.00									
PRESIDENT (THRU 4/31/17)	32.00			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) MICHAEL D. MAPLES	10.00									
VP	30.00			X						
(19) BOBBIE K. WARE	12.00									
COO	28.00			X						
(20) WILLIAM F. THOMPSON	8.00									
CFO	32.00			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 ▶

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
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*		X
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*		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 NONE	(B) Description of services	(C) Compensation

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 ▶

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	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		Business Code				
	2 a PATIENT SERVICE REV.	621500	40,410,631.	40,033,849.	376,782.	
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	▶	40,410,631.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶				
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6 a Gross rents	82,197.				
	b Less rental expenses	124,149.				
	c Rental income or (loss)	<41,952.>				
	d Net rental income or (loss)	▶	<41,952.>			<41,952.>
		(i) Securities / (ii) Other				
	7 a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	▶				
	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 CAFETERIA REVENUE	900099	358,513.			358,513.
	b P/S INCOME	621610	40,747.		40,747.	
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶	399,260.			
	12 Total revenue. See instructions.	▶	40,767,939.	40,033,849.	417,529.	316,561.

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				
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				
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	11,101,220.	10,546,159.	555,061.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	255,307.	242,542.	12,765.	
9 Other employee benefits	1,790,313.	1,700,797.	89,516.	
10 Payroll taxes	762,543.	724,416.	38,127.	
11 Fees for services (non-employees)				
a Management				
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.)	4,393,912.	3,956,103.	437,809.	
12 Advertising and promotion				
13 Office expenses	796,018.	700,496.	95,522.	
14 Information technology				
15 Royalties				
16 Occupancy	14,772.	12,999.	1,773.	
17 Travel	868.	347.	521.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	35,191.	14,076.	21,115.	
20 Interest	3,995.	3,516.	479.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,755,219.	1,544,593.	210,626.	
23 Insurance	24,716.	21,750.	2,966.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	7,154,250.	7,154,250.		
b MEDICAID ASSESSMENT	5,873,406.	5,168,597.	704,809.	
c ALLOCATIONS TO AFFILIAT	4,599,500.	4,047,560.	551,940.	
d REPAIR & MAINTENANCE	393,302.	346,106.	47,196.	
e All other expenses	182,668.	159,712.	22,956.	
25 **Total functional expenses.** Add lines 1 through 24e	39,137,200.	36,344,019.	2,793,181.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ [ ] if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		370,219.	2	303,669.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		45,273,429.	4	45,231,782.
	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			7	
	8	Inventories for sale or use		6,657,387.	8	7,464,710.
	9	Prepaid expenses and deferred charges		1,371,342.	9	1,414,167.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 8,213,159.			
	b	Less accumulated depreciation	10b 316,261.	7,518,250.	10c	7,896,898.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 11		444,184.	12	4,119,350.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		368,864,632.	15	69,911.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		430,499,443.	16	66,500,487.
Liabilities	17	Accounts payable and accrued expenses		13,883,595.	17	14,537,849.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		1,691,723.	23	1,695,718.
	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		374,780,684.	25	428,285.
	26	**Total liabilities.** Add lines 17 through 25		390,356,002.	26	16,661,852.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [x] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		40,143,441.	27	49,838,635.
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		40,143,441.	33	49,838,635.
	34	Total liabilities and net assets/fund balances		430,499,443.	34	66,500,487.

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 [x]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	40,767,939.
2	Total expenses (must equal Part IX, column (A), line 25)	2	39,137,200.
3	Revenue less expenses Subtract line 2 from line 1	3	1,630,739.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	40,143,441.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	8,064,455.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	49,838,635.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII [x]

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [x] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2a		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. [ ] Separate basis [x] Consolidated basis [ ] Both consolidated and separate basis	2b	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	2c	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?	3a		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	3b		

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	Employer identification number
MISSISSIPPI BAPTIST MEDICAL CENTER, INC.	64-0881013

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

03

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university _____

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

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

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

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

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

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

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

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

f Enter the number of supported organizations ☐

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

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

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

(Complete only if you checked the box on line 5, 7, 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** ▶ ☐

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning 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** ▶ ☐

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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* **Part VI.**	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

a ☐ The organization satisfied the Activities Test *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations *Complete* **line 3** *below*

c ☐ The organization supported a governmental entity *Describe in* **Part VI** *how you supported a government entity (see instructions)*

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

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

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

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.)

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ 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 MEDICAL CENTER, INC.

Employer identification number: 64-0881013

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b	If "Yes," was it a written policy?	1b	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year [X] 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. [X] 100% [ ] 150% [ ] 200% [ ] Other _____ %	3a	X	
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% [X] 300% [ ] 350% [ ] 400% [ ] Other _____ %	3b	X	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a	Did the organization prepare a community benefit report during the tax year?	6a	X	
b	If "Yes," did the organization make it available to the public?	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)			458,793.	95,620.	363,173.	.93%
b Medicaid (from Worksheet 3, column a)			4,996,725.	4,975,040.	21,685.	.06%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			5,455,518.	5,070,660.	384,858.	.99%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)			42,840.	26,218.	16,622.	.04%
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			42,840.	26,218.	16,622.	.04%
k **Total.** Add lines 7d and 7j			5,498,358.	5,096,878.	401,480.	1.03%

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

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

Part III Bad Debt, Medicare, & Collection Practices

			Yes	No
Section A. Bad Debt Expense				
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2 2,302,333.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 14,044.		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			
Section B. Medicare				
5	Enter total revenue received from Medicare (including DSH and IME)	5 14,977,476.		
6	Enter Medicare allowable costs of care relating to payments on line 5	6 17,281,214.		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7 <2,303,738.>		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used			
	☐ Cost accounting system ☒ Cost to charge ratio ☐ Other			
Section C. Collection Practices				
9a	Did the organization have a written debt collection policy during the tax year?	9a	X	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

Part V Facility Information

Section A Hospital Facilities

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

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 MISSISSIPPI BAPTIST MEDICAL CENTER 1225 NORTH STATE STREET JACKSON, MS 39202 SEE PART VI 14-281	X	X					X			

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.

MISSISSIPPI BAPTIST MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 5: THE CHNA EMPLOYED A MULTI-METHOD APPROACH THAT INCLUDED A REVIEW A EXISTING POPULATION HEALTH DATA (SECONDARY DATA ANALYSIS) PAIRED WITH FOCUS GROUP INTERVIEWS AND SURVEY DATA COLLECTED FROM THE COMMUNITY (PRIMARY DATA ANALYSIS).

SECONDARY DATA ANALYSIS: RESEARCH METHODOLOGY

TO DESCRIBE THE DEMOGRAPHIC, SOCIO-ECONOMIC, AND HEALTH STATUS OF OUR SERVICE AREA POPULATION, WE DREW FROM AUTHORITATIVE SECONDARY DATA SOURCES, INCLUDING THE U.S. CENSUS BUREAU, CENTERS FOR DISEASE CONTROL AND PREVENTION, COUNTY HEALTH RANKINGS AND ROADMAPS, COMMUNITY COMMONS, AND OTHERS. FOR A COMPLETE LIST OF SECONDARY DATA SOURCES, SEE APPENDIX A.

WHEN POSSIBLE, SECONDARY DATA ARE COMPARED BY COUNTY TO STATE AND NATIONAL AVERAGES AND TO HEALTHY PEOPLE 2020 GOALS. HEALTHY PEOPLE 2020 GOALS ARE 10-YEAR, SCIENCE-BASED GOALS INTENDED AS BENCHMARKS FOR IMPROVING THE HEALTH OF ALL AMERICANS.

PRIMARY DATA ANALYSIS: SURVEY METHODOLOGY

IN CONDUCTING OUR HEALTH SURVEY QUESTIONNAIRE, WE EMPLOYED A COMBINATION OF ONLINE AND PAPER SURVEYS.WE ALSO ASKED KEY INFORMANTS FROM OUR FOCUS GROUP TO PARTICIPATE IN THE SURVEY. IN AN EFFORT TO IDENTIFY SERVICE GAPS AND HEALTH PRIORITIES OF THESE COMMUNITIES, WE ACTIVELY SOUGHT THE VIEWS OF HEALTHCARE CONSUMERS, THE INSURED, UNINSURED, POOR, AND UNDERSERVED. WE ALSO SOUGHT INPUT FROM COMMUNITY LEADERS AND OTHERS WHO REPRESENTED THE BROADER INTEREST OF THE COMMUNITY. THE SURVEY WAS COMPLETED BY 257 PEOPLE.

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

REPRESENTING KEY INFORMANTS, WITH SPECIFIC INFORMATION RELATED TO PUBLIC

HEALTH AND/OR RURAL HEALTH AS WELL AS ORGANIZATIONS REPRESENTING

MINORITIES AND THE TRADITIONALLY UNDERSERVED:

--MISSISSIPPI STATE DEPARTMENT OF HEALTH

--MISSION FIRST

--STEWPOT COMMUNITY SERVICES

--MIDTOWN PARTNERS, INC.

--UNITED WAY OF THE CAPITAL AREA

--R.E.A.L. CHRISTIAN FOUNDATION

MISSISSIPPI BAPTIST MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 6A: THE CHNA WAS CONDUCTED WITH MISSISSIPPI

HOSPITAL FOR RESTORATIVE CARE, INC.

SCHEDULE H, PART V, SECTION B, LINE 7A:

THE CHNA CAN BE FOUND AT:

HTTPS://WWW.BAPTISTONLINE.ORG/ABOUT/CHNA

SCHEDULE H, PART V, SECTION B, LINE 10A:

THE IMPLEMENTATION STRATEGY CAN BE FOUND AT:

HTTPS://WWW.BAPTISTONLINE.ORG/ABOUT/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.

MISSISSIPPI BAPTIST MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 11: BASED ON THE FINDINGS OF BOTH THE QUANTITATIVE AND QUALITATIVE DATA GATHERED, MS BAPTIST MEDICAL CENTER 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, MS BAPTIST MEDICAL CENTER IDENTIFIED OPPORTUNITIES TO EXPAND OR IMPROVE SERVICES IN THREE HEALTH PRIORITIES. THESE INCLUDE THE FOLLOWING:

1. PREVENTION OF CHRONIC DISEASE AND RELATED CONDITIONS,

2. IMPROVEMENT OF ACCESS TO CARE,

3. DECREASE HEALTH RISK BEHAVIORS THROUGH EDUCATION,

BUILDING UPON THE PRIOR CHNA AND IMPLEMENTATION STRATEGY OF THE CURRECNT CHNA, THE HOSPITAL CONTINUES TO DO THE FOLLOWING:

PRIORITIZED HEALTH NEED 1: PREVENTION OF CHRONIC DISEASE AND RELATED CONDITIONS,

MISSISSIPPI BAPTIST MEDICAL CENTER OFFERS A VARIETY OF SCREENINGS WHICH ARE DESIGNED TO DETECT HEALTH ISSUES BEFORE THEY BECOME PROBLEMS. THESE INCLUDE:

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

1. HEART SCREENINGS

A. HEART SELECT--THIS LOW COST SCREENING IS OFFERED WEEKDAYS AT THE HOSPITAL IN THE CARDIOVASCULAR OUTPATIENT DIAGNOSTICS AREA. IT INCLUDES A CT SCAN WHICH DETECTS CALCIUM DEPOSITS IN CORONARY ARTERIES. THE PRESENCE OF CALCIUM DEPOSITS CORRELATES DIRECTLY TO CORONARY PLAQUE AND RISK OF CORONARY DISEASE.

B. STROKE SELECT--THIS LOW COST SCREENING IS OFFERED WEEKDAYS AT THE HOSPITAL. IT INCLUDES A CAROTID ULTRASOUND WHICH IS A PAINLESS TEST THAT USES HIGH-FREQUENCY SOUND WAVES TO CREATE PICTURES OF THE INSIDES OF THE TWO CAROTID ARTERIES. A CAROTID ARTERY IS ON EACH SIDE OF THE NECK. BLOCKAGE IN THESE ARTERIES GREATLY INCREASES RISK FOR A STROKE.

C. LUNG SELECT--THIS LOW COST SCREENING IS OFFERED WEEKDAYS AT THE HOSPITAL. IT INCLUDES A LOW DOSE CT SCAN TO DETECT ABNORMALITIES THAT MAY BE TOO SMALL TO BE SEEN ON A ROUTINE X-RAY. THE RADIOLOGIST FEE IS INCLUDED IN THE COST. A PHYSICIAN'S ORDER IS REQUIRED ALONG WITH LUNG CANCER SCREENING COUNSELING APPOINTMENT. FOR INDIVIDUALS WHO DO NOT HAVE A PHYSICIAN, WE OFFER AN APPOINTMENT WITH A THORACIC SURGEON FOR THE CONSULTATION.

D. HEART BASIC--THIS LOW COST SCREENING IS OFFERED WEEKDAYS AT BAPTIST MEDICAL CLINICS IN THE METRO AREA. IT INCLUDES BLOOD PRESSURE, FASTING/LIPID PROFILE, GLUCOSE, RESTING EKG AND HEART RISK ASSESSMENT. SINCE JANUARY OF 2015, THERE HAVE BEEN OVER 500 PARTICIPANTS IN THE HEART BASIC SCREENINGS.

E. R.A.C.E.--THIS LOW COST SCREENING IS OFFERED WEEKDAYS AT BAPTIST

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

CARDIOVASCULAR SURGERY CLINIC ONCAMPUS AT MISSISSIPPI BAPTIST MEDICAL CENTER, IT INCLUDES A CAROTID ULTRASOUND, AN ABDOMINAL ULTRASOUND, ABI, COMPARISON OF BLOOD PRESSURE IN THE ARMS AND LEGS TO DETECT ARTERY BLOCKAGE IN THE LEGS, AND BLOOD PRESSURE.

PRIORITIZED HEALTH NEED 2: IMPROVEMENT OF ACCESS TO CARE.

MISSISSIPPI BAPTIST MEDICAL CENTER OFFERS A VARIETY OF EVENTS TO PROVIDE ACCESS TO PREVENTIVE HEALTH CARE. IN ADDITION TO THE ABOVE LISTED SCREENINGS ON PRIORITY #1, BELOW IS A RECAP OF SPECIFIC EVENTS OFFERED THUS FAR:

A. CARDIOVASCULAR EVENTS:

1. HEART DAY--THIS SCREENING EVENT WAS THE PARENT OF THE HEART BASIC SCREENING AND IS OFFERED ANNUALLY THE FIRST SATURDAY IN FEBRUARY. IT INCLUDES THE SAME COMPONENTS AS THE HEART BASIC SCREENING.

2. AAA DAY--THIS EVENT, OFFERED EVERY OTHER YEAR, IS A SCREENING FOR ABDOMINAL AORTIC ANEURYSMS.

B. CANCER EVENTS:

1. HOPE CONFERENCE--CANCER SERVICES SPONSORS AND PARTICIPATES IN THE ANNUAL HOPE CONFERENCE FOR CANCER PATIENTS, SURVIVORS AND THEIR FAMILIES. THE CONFERENCE FEATURES EDUCATIONAL INFORMATION AS WELL AS PHYSICIAN SPEAKERS ON A VARIETY OF CANCER TOPICS.

2. CLINICAL BREAST EXAM SCREENING--IN CONJUNCTION WITH BREAST CANCER AWARENESS ACTIVITIES IN OCTOBER, A CLINICAL BREAST EXAM SCREENING WAS

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

OFFERED IN OCTOBER ALONG WITH AN EDUCATIONAL SEMINAR, ONE OF THE BAPTIST RADIOLOGISTS PRESENTED THE EDUCATIONAL INFORMATION AND TWO SURGEONS PERFORMED THE CLINICAL BREAST EXAMS.

3. SKIN SCREENINGS--BAPTIST CANCER SERVICES AND THE BAPTIST CLINICS OFFERED SKIN SCREENINGS FOR COMMUNITY. THESE ARE PERFORMED BY FAMILY PRACTITIONERS AND PLASTIC SURGEONS.

PRIORITIZED HEALTH NEED 3: DECREASE HEALTH RISK BEHAVIORS THROUGH EDUCATION

WITH THE RESIDENTS OF THE PRIMARY SERVICE AREA (HINDS, MADISON, AND RANKIN COUNTIES) CONSISTENTLY HAVING MORE CHRONIC DISEASE, THE NEED FOR EDUCATION IS EXTREMELY IMPORTANT TO DECREASE HEALTH RISK AND IMPROVE HEALTH STATUS. MISSISSIPPI BAPTIST MEDICAL CENTER RECOGNIZES THE NEED FOR COMMUNITY EDUCATION ON A VARIETY OF HEALTH TOPICS TO PREVENTIVE HEALTH CARE. WHILE THIS IS A CHALLENGE IN THE CURRENT DIGITAL WORLD, BAPTIST CONTINUES TO OFFER EDUCATIONAL SEMINARS, SUPPORT GROUPS, AND GENERAL AWARENESS ACTIVITIES BOTH AS LIVE OFFERINGS AND ALSO VIA SOCIAL MEDIA. BELOW IS A RECAP OF SPECIFIC EVENTS OFFERED TO DATE:

A. CARDIOVASCULAR EDUCATION

1. PROVIDED SPEAKER FOR HEART HEALTHY SEMINAR FOR ENTERGY CORPORATION EMPLOYEES.

2. CARDIOVASCULAR EDUCATIONAL SEMINAR HELD AT CHRIST UNITED METHODIST CHURCH.

3. CARDIOVASCULAR SENIOR TOUR GROUP AT BAPTIST CARDIOVASCULAR OUTPATIENT DIAGNOSTIC AREA. THE GROUP TOURED THE AREA AND WAS GIVEN INFORMATION ON

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

THE VARIOUS TYPES OF CARDIOVASCULAR TESTS.

4. CARDIOVASCULAR SURGEON PRESENTATIONS TO LOCAL COMMUNITY GROUPS.

5. PROVIDED STAFF EDUCATION AT METHODIST REHAB FACILITY.

6. PROVIDED A SPEAKER, MEETING PLACE AND REFRESHMENTS FOR MONTHLY MENDED HEARTS SUPPORT GROUP.

7. PROVIDED FOR THE DISTRIBUTION OF CPR KITS AT CLINTON HIGH SCHOOL AND FOREST HIGH SCHOOL.

8. CIRCULATED MAILERS ABOUT HEART DISEASE AND ACCESS TO OUR HEART SCREENINGS IN THE TRI-COUNTY AREA.

B. CANCER EDUCATION

1. AN EDUCATIONAL SEMINAR ABOUT COLON CANCER WAS PRESENTED BY ONE OF OUR PHYSICIANS TO THE COMMUNITY.

2. PROVIDED BREAST CANCER AWARENESS MATERIALS TO VARIOUS CHURCHES, SCHOOLS AND COMMUNITY ORGANIZATIONS.

3. AS A RESULT OF THE CHANGES IN THE HEALTHCARE AND INSURANCE FOR THE GENERAL PUBLIC, ALONG WITH THE NEED TO EDUCATE WOMEN ABOUT EARLY DETECTION FOR BREAST CANCER, WE BEGAN OFFERING CLINICAL BREAST EXAMS (CBE) ALONG WITH AN EDUCATIONAL SEMINAR ANNUALLY IN OCTOBER OF 2013. THIS INCLUDES A 30-MINUTE SEMINAR/Q&A SESSION WITH A RADIOLOGIST ON STAFF AND CBE DEMONSTRATION BY OUR BREAST HEALTH NAVIGATOR.

4. THE "POWER OF PINK" BREAST CANCER AWARENESS CAMPAIGN, WHICH INCLUDED EDUCATIONAL PUBLIC SERVICE ANNOUNCEMENTS FEATURING BAPTIST PHYSICIANS AND CLINICIANS EMPHASIZINF THE IMPROTANCE OF MAMMOGRAMS.

5. CIRCULATED MAILERS ABOUT LUNG CANCER AND ACCESS TO OUR LUNG SELECT SCREENING IN THE TRI-COUNTY AREA.

6. PROVIDED A SPEAKER, MEETING PLACE AND REFRESHMENTS FOR TWO CANCER

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

SUPPORT GROUPS WHICH MEET QUARTERLY FOR BREAST AND GYNECOLOGICAL CANCERS.

C. STROKE EDUCATION

1. PROVIDED EDUCATIONAL INFORMATION IN THE MEDICAL CENTER LOBBY FOR STROKE EDUCATION.

2. PARTICIPATED AS PART OF A COLLABORATIVE EFFORT WITH OTHER LOCAL HOSPITALS IN THE CITY WIDE SUPPORT STROKE GROUP AND MAILED MONTHLY REMINDERS TO STROKE PATIENTS.

D. GENERAL EDUCATION

1. CIRCULATED A QUARTERLY NEWSLETTER, HEALTHSOURCE, ELECTRONICALLY TO APPROXIMATELY 30,000 PEOPLE IN THE METRO AREA.

2. PROVIDED EDUCATIONAL FLYERS FOR A VARIETY OF SERVICES AND PROMOTED OUR HEALTHY LIFE SCREENINGS THE EMPLOYEES OF THE JACKSON AIRPORT AT THEIR ANNUAL HEALTH FAIR.

3. OUR BAPTIST BE.WELL CLINIC PARTICIPATED IN VARIOUS HEALTH FAIRS WITH CORPORATE CLIENTS AND THEIR EMPLOYERS PROVIDING SPEAKERS AND SCREENINGS.

4. REGULARLY POSTED TO FACEBOOK, TWITTER AND OTHER SOCIAL MEDIA PLATFORMS ON SCREENINGS AND VARIOUS EDUCATION OPPORTUNITIES.

UNADDRESSED HEALTH NEEDS:

WHILE THERE ARE MANY HEALTH NEEDS THAT EXIST WITHIN THE COMMUNITY, WE CANNOT ADEQUATELY ADDRESS EVERY NEED. NEEDS IDENTIFIED IN THE CHNA REPORT BUT NOT ADDRESSED IN THIS IMPLEMENTATION STRATEGY WERE DECIDED BASED ON ANY NUMBER OF REASONS INCLUDING A LACK OF RESOURCES, A LACK OF FINANCIAL RESOURCES, OR THE NEED BEING SUFFICIENTLY ADDRESSED BY OTHER COMMUNITY PARTNERS, PROGRAMS, AND INITIATIVES.

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

MISSISSIPPI BAPTIST MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 13B: 1. MONEY INCOME: INCLUDES EARNINGS, UNEMPLOYMENT COMPENSATION, WORKERS' COMPENSATION, SOCIAL SECURITY, SUPPLEMENTAL SECURITY INCOME, DISABILITY PAYMENTS, PUBLIC ASSISTANCE, VETERANS' PAYMENTS, SURVIVOR BENEFITS, PENSION OR RETIREMENT INCOME, INTEREST, DIVIDENDS, RENTS, ROYALTIES, INCOME FROM ESTATES, TRUSTS, EDUCATIONAL ASSISTANCE, ALIMONY, CHILD SUPPORT, ASSISTANCE FROM OUTSIDE THE HOUSEHOLD, AND OTHER MISCELLANEOUS SOURCES. WHEN CALCULATING INCOME FROM ANY OF THE PRECEDING SOURCES USE THE GROSS AMOUNT.

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

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

(A) NON-RELATIVES, INCLUDING HOUSEMATES, DO NOT COUNT.

(B) A CHILD WHO IS A FULL-TIME STUDENT AWAY FROM HOME IN AN ACCREDITED COLLEGE MAY BE COUNTED.

(C) MINOR CHILDRENS' EARNED WAGES ARE NOT TO BE INCLUDED IN DETERMINING INCOME.

(D) COURT-ORDERED OR STATE/FEDERAL ISSUED ASSISTANCE RELATED TO A MINOR SHOULD BE INCLUDED IN DETERMINING INCOME.

4. PRIMARY RESIDENCE OF INDIVIDUALS CLAIMED IN A FAMILY UNIT SHOULD BE VERIFIED USING TAX RETURNS OR FEDERAL, STATE OR GOVERNMENTAL COURT

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

DOCUMENTS INDICATING RESIDENCY.

PART V, SECTION B, LINE 16:

LINE 16A:

THE FINANCIAL ASSISTANCE POLICY CAN BE FOUND AT:

HTTPS://WWW.BAPTISTONLINE.ORG/PATIENTS-AND-VISITORS/

FINANCIAL-ASSISTANCE

LINE 16B:

THE FINANCIAL ASSISTANCE APPLICATION CAN BE FOUND AT:

HTTPS://WWW.BAPTISTONLINE.ORG/PATIENTS-AND-VISITORS/

FINANCIAL-ASSISTANCE

LINE 16C:

THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY

CAN BE FOUND AT:

HTTPS://WWW.BAPTISTONLINE.ORG/PATIENTS-AND-VISITORS/

FINANCIAL-ASSISTANCE

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	Type of Facility (describe)

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 MISSISSIPPI BAPTIST MEDICAL CENTER, INC.

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		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	2		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	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply).			
a [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The significant health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] The process for consulting with persons representing the community's interests			
i [ ] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j [ ] Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA. 20 14			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	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	6a	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	6b		X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a [X] Hospital facility's website (list url). SEE SECTION C			
b [ ] Other website (list url)			
c [X] Made a paper copy available for public inspection without charge at the hospital facility			
d [ ] Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy. 20 14			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a If "Yes," (list url) SEE SECTION C			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
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 MISSISSIPPI BAPTIST MEDICAL CENTER, INC.

			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	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 % and FPG family income limit for eligibility for discounted care of 300 %			
b	[X] Income level other than FPG (describe in Section C)			
c	[ ] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[X] Residency			
h	[ ] 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	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[X] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	[X] The FAP was widely available on a website (list url) SEE PART V SECTION C			
b	[X] The FAP application form was widely available on a website (list url) SEE PART V SECTION C			
c	[X] A plain language summary of the FAP was widely available on a website (list url) SEE PART V SECTION C			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] 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	[X] 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	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group MISSISSIPPI BAPTIST MEDICAL CENTER, INC.

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
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.	19		X
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)

- a ☐ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs
- b ☐ Made a reasonable effort to orally notify individuals about the FAP and FAP application process
- c ☐ Processed incomplete and complete FAP applications
- d ☐ Made presumptive eligibility determinations
- e ☐ Other (describe in Section C)
- f ☒ None of these efforts were made

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group MISSISSIPPI BAPTIST MEDICAL CENTER, INC.

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

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

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

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) MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC.	E	4,491,843.	CASH
(2) MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC.	R	4,599,500.	FMV
(3)			
(4)			
(5)			
(6)			

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	Employer identification number
MISSISSIPPI BAPTIST MEDICAL CENTER, INC.	64-0881013

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

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

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

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

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

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

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

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

		Held at the End of the 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 ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		2,292,775.		2,292,775.
b	Buildings		5,825,910.	310,748.	5,515,162.
c	Leasehold improvements				
d	Equipment		11,490.	976.	10,514.
e	Other		82,984.	4,537.	78,447.
Total.	Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				7,896,898.

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) HOME CARE INVESTMENTS	4,119,350.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col (b) must equal Form 990, Part X, col. (B) line 12.) ▶	4,119,350.	

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

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ESTIMATED SETTLEMENTS WITH THIRD PARTIES	351,449.
(3)	DUE TO AFFILIATES	76,836.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶		428,285.

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 [x]

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).

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, THE SOLE MEMBER OF MISSISSIPPI BAPTIST MEDICAL CENTER. 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 THE SCHEDULE H.

Part VI Supplemental Information *(Continuation)*

OUR COST ACCOUNTING PROCESS REFLECTS FULLY LOADED COST FOR ALL OF OUR PATIENT POPULATIONS. FULLY LOADED COST INCLUDES DIRECT, CAPITAL, AND INDIRECT COST. AFTER WORKING WITH OUR DEPARTMENT DIRECTORS AND CFOS TO MAKE SURE THE DOLLARS IN THE GENERAL LEDGER ARE IN THE CORRECT PLACE TO REFLECT OUR TIME AND EFFORTS SPENT THROUGHOUT THE YEAR, WE DEVELOP RELATIVE VALUE UNITS TO ALLOCATE THE ACTUAL GENERAL LEDGER COST DOWN TO THE PROCEDURE CHARGE CODES FROM OUR PATIENT ACCOUNTING SYSTEM. ALL OVERHEAD IS ALLOCATED DOWN TO THE REVENUE PRODUCING DEPARTMENTS BASED ON VARIOUS STATISTICS. ONCE EVERY CHARGE CODE HAS GONE THROUGH THE COST AND AUDIT PROCESS, WE CAN RUN THE PATIENT LEVEL REPORTS USED FOR THE FORM 990 TO GET TO THE COST INFORMATION NEEDED.

PART I, LINE 7G:

SUBSIDIZED HEALTH SERVICES 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 IS COMMITTED TO INVOLVEMENT IN THE COMMUNITY AND ORGANIZAES VARIOUS PROGRAMS AND ACTIVITIES WHICH ARE OFFERED TO THE PUBLIC TO PROMOTE COMMUNITY HEALTH. THERE ARE A NUMBER OF LOW OR NO COST SCREENINGS INCLUDING HEART, LUNG, AND MAMMOGRAMS. IN ADDITION, MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC. (THE PARENT), OPERATES BAPTIST HEALTH LINE, WHICH

Part VI Supplemental Information *(Continuation)*

OFFERS PHYSICIAN REFERRALS, HOSPITAL SERVICES REFERRALS, SCHEDULING OF CLASSES, AND THE HEALTH INFORMATION LIBRARY. THERE ARE ALSO RICK MANAGEMENT TOOLS, SUCH AS THE HEART TEST, THE HEALTH TEST, THE WOMEN'S HEALTH CHECK, THE DIABETES HEALTH CHECK, AND THE CANCER TEST. IN ADDITION, THERE ARE CLASSES OFFERED TO THE COMMUNITY AT NO COST.

IN ADDITION TO THE PASTORAL CARE DEPARTMENT, THE THE PARENT ORGANIZATION OPERATES THE CARRY THE MISSION PROGRAM THROUGH A COMMITTEE OF EMPLOYEES WHO VOLUNTEER THEIR TIME TO SERVE. CARRY THE MISSION IS FUNDED BY EMPLOYEE DONATIONS, WHICH ARE MATCHED AT 50 CENTS FOR EVERY DOLLAR RAISED. FUNDS RAISED GO THE BENEFIT VARIOUS AREAS IN THE COMMUNITY: 40% FOR EMPLOYEE ASSISTANCE, 40% TO LOCAL NONPROFITS THAT MEET THE ESTABLISHED CRITERIA, AND 20% SUPPORTS THE BAPTIST HEALTH FOUNDATION.

PART III, LINE 2:

THE BAD DEBT EXPENSE WAS TAKEN FROM THE COST REPORT.

PART III, LINE 3:

TO ESTIMATE THE AMOUNT OF BAD DEBT EXPENSE, THE ORGANIZATION USED RESEARCH BASED ON KAISER FOUNDATION STUDIES OF UNINSURED RATES IN THE COUNTY COMPARED TO MISSISSIPPI ALONG WITH CENSUS BUREAU PUBLICATIONS REGARDING VARIOUS LEVELS OF POVERTY RATES IN THE COUNTY.

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.

Part VI | Supplemental Information *(Continuation)*

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 RATIO OF COST TO CHARGES USED IN THE CALCULATION OF COSTS FOR MEDICARE WAS TAKEN FORM THE MEDICARE COST REPORT. CHARITY CARE ARISES FROM A DELIBERATE POLICY BY A HEALTH CARE ORGANIZATION TO FOREGO PAYMENT FOR CERTAIN SERVICES PROVIDED TO LOW INCOME PATIENTS. ANY SHORTFALL REPRESENTS THE REAL COST OF SERVING ITS COMMUNITY AND SHOULD COUNT AS QUANTIFIABLE COMMUNITY BENEFIT FOR TAX COMPLIANCE PURPOSES.

PART III, LINE 9B:

THE HOSPITAL'S COLLECTION AGENCY, WILL DETERMINE IF THE PATIENT HAS A CHARITY APPLICATION ON FILE AND WAS DEEMED TO BE A CHARITY CASE BY THE HOSPITAL. IF IT WAS DETERMINED THAT THE PATIENT IS A CHARITY CASE, THEN THE COLLECTION AGENCY WILL REVIEW THE REMAINING UNPAID BALANCE AFTER THE APPLICATION OF THE CHARITY DISCOUNT, AND PURSUE APPROPRIATE COLLECTION EFFORTS. DEPENDING UPON THE CIRCUMSTANCES AT THE TIME, THE ENTIRE AMOUNT OWED MAY BE WRITTEN OFF.

OTHER PATIENTS, WHO ARE NOT CHARITY PATIENTS, GENERALLY ARE NOT OFFERED A DISCOUNT ON THE AMOUNT OWED IF THE ACCOUNT IS 0-6 MONTHS OLD, THE HOSPITAL'S COLLECTION AGENCY WILL TRY TO SET UP A PAYMENT PLAN. IF THE PATIENT HAS INSURANCE AND THE BILL WAS FILED WITH THEIR INSURANCE COMPANY, THE PRIOR PPO ADJUSTMENT IS GIVEN.

Part VI Supplemental Information *(Continuation)*

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.

SCHEDULE H PART V SECTION A, LINE 1:

HTTP://MBHS.ORG/LOCATIONS/BAPTIST-MEDICAL-CENTER/

PART VI, LINE 2:

MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC., THE PARENT COMPANY OF THE HOSPITAL, ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITY IT SERVES PRIMARILY BY PERFORMING CONSUMER SURVEYS EACH MONTH. THE SURVEYS ARE CONDUCTED ON A RANDOM SELECTION OF CONSUMERS FROM THE 17 COUNTIES IN THE BAPTIST HEALTH SYSTEMS AREA AND MEASURE BAPTIST HEALTH SYSTEMS' PERFORMANCE AGAINST OTHER MAJOR HOSPITALS IN THE AREA, AS WELL AS PROVIDE INFORMATION ON UTILIZATION OF HEALTH SERVICES, SATISFACTION WITH HEALTH CARE SERVICES, AND PUBLIC PERCEPTION OF BAPTIST HEALTH SYSTEMS AS A WHOLE. BAPTIST HEALTH SYSTEMS ENGAGES NEW SOUTH RESEARCH TO CONDUCT THE SURVEYS VIA TELEPHONE AND ALSO CONDUCTS SURVEYS OF PARTICIPANTS FOLLOWING COMMUNITY SEMINARS AND EDUCATIONAL CLASSES.

PART VI, LINE 3:

PATIENTS ARE INFORMED OF THEIR ELIGIBILTY FOR ASSISTANCE IN PERSON UPON

Part VI Supplemental Information *(Continuation)*

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:

THE HOSPITAL'S PRIMARY SERVICE AREA CONSISTS OF THE JACKSON METROPOLITAN AREA, WHICH IS LOCATED IN THE CENTRAL PORTION OF MISSISSIPPI, THE AREA IS MADE UP OF HINDS, MADISON, AND RANKIN COUTNIES AND CONSISTS OF APPROXIMATELY 485,000 PEOPLE, WITH SIX OTHER HOSPITALS SERVING THE AREA. THE AVERAGE MEDICAN HOUSEHOLD INCOME FOR 2011-2015 WAS $37,324 FOR HINDS COUNTY, WHICH IS SLIGHTLY BELOW THE OVERALL AVERAGE FOR MISSISSIPPI AND SIGNIFICANTLY LESS THAN THE NATIONAL AVERAGE. MADISON AND RANKIN COUNTIES HAVE AVERAGE HOUSELOD INCOMES FOR THE SAME PERIOD OF $64,376 AND$58,801, WHICH EXCEED THE OVERALL AVERAGE FOR MISSISSIPPI AS WELL AS NATIONWIDE AVERAGE. IT IS ESTIMATED THAT 15-20% OF THE POPULATION IS UNINSURED.

Part VI Supplemental Information *(Continuation)*

PART VI, LINE 5:

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

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

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

IN ADDITION TO PROGRAMS AND SERVICES, MBHS SUPPORTS ITS LOCAL COMMUNITY THROUGH FINANCIAL DONATIONS. EMPLOYEES ALSO VOLUNTEER THEIR TIME ON VARIOUS COMMUNITY PROGRAMS.

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.

Part VI Supplemental Information *(Continuation)*

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 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 MEDICAL CENTER, INC.

Employer identification number

64-0881013

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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	1b		
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?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization?	6b		X
	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	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

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

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

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, LINE 3:

THE MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC, COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS AND AN INDEPENDENT COMPENSATION CONSULTING FIRM PERFORM ANNUAL REVIEWS EACH DECEMBER AND APPROVE THE COMPENSATION OF THE ORGANIZATION'S CEO AND OTHER TOP MANAGEMENT PERSONNEL.

PART I, LINE 4B:

MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC. ESTABLISHED A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN, A NONQUALIFIED, UNFUNDED DEFERRED COMPENSATION PLAN EFFECTIVE JULY 1, 2010, FOR THE BENEFIT OF CERTAIN MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES OF THE SYSTEM. THE PURPOSE OF THE PLAN IS TO ENHANCE THE ABILITY OF THE SYSTEM TO ATTRACT AND RETAIN QUALIFIED MANGEMENT PERSONNEL WITH A MARKET-COMPETITIVE SUPPLEMENTAL RETIREMENT BENEFIT ON A TAX-DEFERRED BASIS.

NO PLAN PARTICPANTS RECEIVED PAYMENTS DURING SEPTEMBER 2017.

BOBBIE K. WARE - $43,379

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

LEE ANN FOREMAN - $6,112

PART I, LINE 7:

MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC. (MBHS) ENDORSES A PAY-FOR-PERFORMANCE PHILOSOPHY IN ITS EXECUTIVE COMPENSATION PROGRAM. EXECUTIVE INCENTIVE PAY WILL VARY ACCORDING TO INDIVIDUAL AND ORGANIZATIONAL PERFORMANCE, BY LINKING PERFORMANCE MEASURES AND RELATED GOALS TO THE COMPENSATION OPPORTUNITY, MBHS ENSURES A DIRECT ALIGNMENT OF THE EXECUTIVES' INTERESTS WITH THOSE OF THE ORGANIZATION.

ALTHOUGH SPECIFIC PERFORMANCE MEASURES VARY DEPENDING UPON THE STRATEGIC OBJECTIVES OF EACH FISCAL YEAR, EXAMPLES OF PERFORMANCE MEASURES INCLUDE FINANCIAL (E.G., OPERATING MARGIN OR EBIDA), OPERATIONAL (E.G., PATIENT SAFETY, READMISSION RATES, OUTCOMES), AND SERVICE OR QUALITY (E.G., PATIENT AND PHYSICIAN SATISFACTION). PARTICIPANTS RECEIVE A SCORE BASED ON THEIR PREDETERMINED GOALS, THE SCORE IS THEN USED TO CALCULATE THE ANNUAL INCENTIVE COMPENSATION.

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 MEDICAL CENTER, INC.

Employer identification number

64-0881013

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

OF MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC, THE ORGANIZATION ALSO OFFERS A COMPREHENSIVE RANGE OF SERVICES FOR PATIENTS.

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

THEREFORE, IN KEEPING WITH ITS COMMITMENT TO SERVE ALL MEMBERS OF ITS COMMUNITY, THE HOSPITAL ROVIDES THE FOLLOWING:

--FREE CARE AND/OR SUBSIDIZED CARE WHERE THE NEED AND/OR AN INDIVIDUAL'S INABILITY TO PAY COEXIST,

--CARE PROVIDED TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST, AND

--HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE 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.

MISSISSIPPI BAPTIST MEDICAL CENTER, INC, (MBMC)-MBMC OPERATES A 638 BED FACILITY IN JACKSON, MISSISSIPPI. MBMC FOCUSES ON THE QUALITY OF HEALTHCARE INCLUDING CLINICAL QUALITY OF CARE, CREDENTIALS, AND PATIENT SATISFACTION. MBMC IS AMONG THE TOP 2 PERCENT IN THE NATION FOR JOINT REPLACEMENT SURGERY AND PROSTATE SURGERY, ACCORDING TO A COMPREHENSIVE ANNUAL STUDY RELEASED BY HEALTHGRADES.

THE PRINCIPAL MEDICAL SERVICES AVAILABLE ARE MEDICAL/SURGICAL ACUTE

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CARE, PEDIATRIC ACUTE CARE, OBSTETRICS, NEONATAL INTENSIVE CARE, WELL BABY NURSERY, CARDIAC INTENSIVE CARE, MEDICAL/SURGICAL INTENSIVE CARE, INPATIENT AND OUTPATIENT SURGERY, INPATIENT AND OUTPATIENT ONCOLOGY SERVICES, EMERGENCY SERVICES, PHYSICAL MEDICINE AND REHABILITATION SERVICES, CT SCANNING, DIAGNOSTIC X-RAY, MR IMAGING, PET SCANNING, ULTRASOUND, RADIATION THERAPY, CARDIAC CATHETERIZATION, CARDIOVASCULAR SURGERY, HEMODIALYSIS, WOUND CARE, GERIATRIC SERVICES AND OCCUPATIONAL HEALTH. MBMC IS ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS. MBMC PROVIDES QUALITY MEDICAL CARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE.

ALTHOUGH EQUITABLE PAYMENT FOR SERVICES IS ESSENTIAL TO THE ORGANIZATION'S FINANCIAL VIABILITY, THE HOSPITAL RECOGNIZES THAT NOT ALL INDIVIDUALS POSSESS THE RESOURCES REQUIRED TO REIMBURSE THE HOSPITAL FOR ALL SERVICES PROVIDED. KEEPING ITS COMMITMENT TO THE COMMUNITY, MISSISSIPPI BAPTIST MEDICAL CENTER PROVIDES FREE CARE AND SUBSIDIZED CARE WITHIN EXISTING RESOURCES WHERE THE NEED FOR SUCH CARE EXISTS. DURING SEPTEMBER 30, 2017, THE HOSPITAL PROVIDED $3,999,569 IN CHARITY CARE AND $63,339,735 IN CONTRACTUAL ALLOWANCES. ALL OF THE FOREGONE CHARGES MENTIONED ABOVE ARE NETTED AGAINST PATIENT SERVICE REVENUE TO ARRIVE AT NET PATIENT SERVICE REVENUE AS REFLECTED AS PROGRAM SERVICE REVENUE ON PART VIII OF FORM 990 IN ORDER TO BE CONSISTENT WITH FINANCIAL STATEMENT REPORTING AND ARE NOT REPORTED AS FUNCTIONAL EXPENSES ON THE TAX RETURN.

MISSISSIPPI BAPTIST MEDICAL CENTER PROVIDES BENEFITS TO THE BROADER COMMUNITY IN THE AREAS OF EDUCATION, CHARITABLE DONATIONS, VOLUNTEER HOURS, AND PASTORAL CARE.

Name of the organization: MISSISSIPPI BAPTIST MEDICAL CENTER, INC.

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

SOME OF THE OFFICERS AND BOARD OF DIRECTORS ALSO SERVED AS OFFICERS OF MEDICAL PRACTICE SOLUTIONS, INC., A RELATED ENTITY.

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

BAPTIST MEMORIAL HEALTH CARE CORPORATION AS SOLE MEMBER OF MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC., THE SOLE MEMBER OF MISSISSIPPI BAPTIST MEDICAL CENTER, INC., PROVIDES CERTAIN LEGAL, FINANCE, QUALITY, AND PERSONNEL SERVICES PURSUANT TO A SHARED SERVICES AGREEMENT.

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

MISSISSIPPI BAPTIST MEDICAL CENTER IS A NOT-FOR-PROFIT, NONSTOCK, MEMBERSHIP CORPORATION OF WHICH MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC. IS THE SOLE MEMBER.

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

THE BOARD OF DIRECTORS IS APPOINTED BY MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC.

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

THE BOARD OF MISSISSIPPI BAPTIST HEALTH SYSTEMS APPROVES ALL MAJOR CAPITAL EXPENDITURES.

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

MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC. IS THE SOLE MEMBER OF MISSISSIPPI BAPTIST MEDICAL CENTER, INC. BAPTIST MEMORIAL HEALTH CARE CORPORATION IS THE SOLE MEMBER OF MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC. THE FORM 990 IS

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REVIEWED BY BAPTIST MEMORIAL HEALTH CARE CORPORATION'S EXEC. V.P./CFO, AND THE HOSPITAL CFO. 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 SOLE MEMBER OF MISSISSIPPI BAPTIST HEALTH SYSTEMS, (THE SOLE MEMBER OF MISSISSIPPI BAPTIST MEDICAL CENTER) REQUIRES THAT ALL EMPLOYEES, INCLUDING OFFICERS AND KEY EMPLOYEES, PERIODICALLY COMPLETE A CERTIFICATION AND ACKNOWLEDGEMENT OF THE BAPTIST MEMORIAL HEALTH CARE CORPORATION STANDARDS OF CONDUCT, WHICH INCORPORATES THE CONFLICT OF INTEREST POLICY. BOARD MEMBERS DISCLOSE AND SIGN A CONFLICT OF INTEREST STATEMENT EACH DECEMBER.

IN THE EVENT THAT AN EMPLOYEE OR BOARD MEMBER BECOMES AWARE OF A POTENTIAL CONFLICT OF INTEREST, HE/SHE IS REQUIRED TO REPORT IT TO THEIR CHIEF EXECUTIVE OFFICER BEFORE TAKING ANY ACTION. IF HE/SHE IS THE CHIEF EXECUTIVE OFFICER, THEN HE/SHE IS TO REPORT TO THE CHAIRMAN OF THE BOARD OF DIRECTORS.

THE SIGNED CONFLICT OF INTEREST STATEMENTS ARE REVIEWED BY THE SENIOR V.P.

Name of the organization: MISSISSIPPI BAPTIST MEDICAL CENTER, INC.

Employer identification number: 64-0881013

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 MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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

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

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

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

OTHER PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	2,602,293.
MANAGEMENT AND GENERAL EXPENSES	354,858.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,957,151.

PHYSICIAN FEES:

PROGRAM SERVICE EXPENSES	1,214,110.
MANAGEMENT AND GENERAL EXPENSES	63,901.

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FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,278,011.
MANAGMENT FEES-OTHER:	
PROGRAM SERVICE EXPENSES	139,700.
MANAGEMENT AND GENERAL EXPENSES	19,050.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	158,750.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	4,393,912.

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

TRANSFERS TO/FROM MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC. 8,064,455.

PART XII, LINE 2C:

THE SOLE MEMBER OF THE ORGANIZATION IS MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC, BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER OF MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC., HAS AN AUDIT COMMITTEE THAT CHOOSES THE AUDIT FIRM, OVERSEES AND REVIEWS THE AUDIT REPORTS, AND THEN FOLLOWS UP ON ANY NECESSARY CHANGES AND RECOMMENDATIONS.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

▶ 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 MEDICAL CENTER, INC.

Employer identification number

64-0881013

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
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	

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	(g) 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	(g) 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 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 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 38120-2177	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 38120-2177	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	(g) No
BAPTIST PATIENT SAFETY SYSTEM, INC. - 45-3032372, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	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 DR., 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, 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)(3)	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)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	X	
MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC. - 64-0306253, 1225 NORTH STATE STREET, JACKSON, MS 39202	HOLDING COMPANY	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	

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	(g) No
GASTROINTESTINAL SPECIALISTS FOUNDATION, INC. - 35-2461541, 80 HUMPREYS CENTER, MEMPHIS, TN 38120	HEALTH CARE SERVICE PROVIDER	TENNESSEE	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL MEDICAL GROUP, 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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
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		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		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		N/A
BAPTIST & PHYSICIANS OUTPATIENT SURGERY CENTER OF N, MS - 62-0925692, 40 BURTON HILLS BLVD, STE 500	AMBULATORY SURGERY	TN	N/A	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	(i) No
MISSISSIPPI BAPTIST MEDICAL ENTERPRISES, INC. - 64-0776164, 1225 NORTH STATE STREET, JACKSON, MS 39202	INVESTMENTS	MS	N/A	C CORP	N/A	N/A	N/A	X	
MEDICAL PRACTICE SOLUTIONS - 64-0833731 1225 NORTH STATE STREET JACKSON, MS 39202	MEDICAL CONSULTING	MS	N/A	C CORP	N/A	N/A	N/A	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 MID SOUTH, 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	

SEE PART VII FOR CONTINUATIONS

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
BAPTIST N, MS IMAGING SERVICES, LLC - 26-2641267, 504 AZALEA DR., OXFORD, MS 38655	DIAGNOSTIC SERVICES	MS	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
EAST MEMPHIS UROLOGY CENTER, L.P. - 62-1810940, 40 BURTON HILLS BLVD, STE 500, NASHVILLE, TN 37215	AMBULATORY UROLOGICAL SERVICES	TN	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MEDICAL ALTERNATIVES - 62-1488427, 6949 APPLING FARMS PKWY STE 109, MEMPHIS, TN 38133	HOME INFUSION PRODUCTS & SERVICES TO PATIENTS	TN	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MIDTOWN SURGERY CENTER, LP - 62-1619344, 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		N/A
NORTHWEST TENNESSEE SURGERY CENTER, LLC - 62-1685508, 1722 E. REELFOOT, UNION CITY, TN 38261	AMBULATORY SURGERY	TN	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CANCER CARE CENTER OF UNION CITY, LP - 26-3425045, 322 HOSPITAL BLVD., JACKSON, TN 38305	CANCER CARE SERVICES	TN	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MAYS & SCHNAPP PAIN CENTER - 62-1512849, 55 HUMPHREYS BLVD STE 200, MEMPHIS, TN 38120	PAIN MANAGEMENT SERVICES	TN	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BAPTIST MEMORIAL REHABILITATION HOSPITAL, GP - 46-1613457, 680 FOURTH STREET, LOUISVILLE, KY 40202	REHABILITATION SERVICES	TN	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CONVENIENT CARE DIAGNOSTIC CENTER, PLLC - 64-0914382, 555 HWY 6 EAST, BATESVILLE, MS 38606	RADIOLOGY & DIAGNOSTIC SERVICES	MS	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
BAPTIST OUTPATIENT IMAGING, LLC - 45-2968057, 1107 HIGHLAND COLONY PKWY, STE 209, RIDGELAND, MS 39157	MEDICAL SERVICES	MS	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SM-B BUILDING, LLC - 62-1834236, 5900 POPLAR AVE., MEMPHIS, TN 38119	PHYSICIAN OFFICES	TN	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
WOLF RIVER MEDICAL CENTER, LP - 62-1510287, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	MEDICAL OFFICE BLDG.	TN	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
GERMANTIOWN BUSINESS PARK OWNERS ASSOCIATION - 20-1158216, 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177	BOOKKEEPING & DATA PROCESSING GERMANTOWN BUS. PARK	TN	N/A	C CORP	N/A	N/A	N/A	X	
MISSISSIPPI REAL ESTATE ENTERPRISES, INC. - 64-0746856, 1225 NORTH STATE STREET, JACKSON, MS 39202	INVESTMENTS	MS	N/A	C CORP	N/A	N/A	N/A	X	

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

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

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

Part 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: 62-0925692

40 BURTON HILLS BLVD, STE 500

NASHVILLE, TN 37215