


| | | |
|---|---|---|
| Form 990  | Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www.irs.gov/form990 | OMB No 1545-0047 2017 Open to Public Inspection |
| | Department of the Treasury Internal Revenue Service | |

| | | | |
|---|---|--|---|
| A For the 2017 calendar year, or tax year beginning 10-01-2017 , and ending 09-30-2018 | | | |
| B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC | | D Employer identification number 58-1544781 |
| | Doing business as | | |
| | Number and street (or P O box if mail is not delivered to street address) 350 N HUMPHREYS BLVD | Room/suite | E Telephone number (901) 227-7142 |
| | City or town, state or province, country, and ZIP or foreign postal code MEMPHIS, TN 38120 | | G Gross receipts \$ 182,467,611 |
| F Name and address of principal officer JASON M LITTLE 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ | |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| J Website: ▶ WWW.BMHGIVING.ORG | | | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation 1983 | M State of legal domicile TN |

| |
|---|
| Part I Summary |
| 1 Briefly describe the organization's mission or most significant activities BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC 'S PRIMARY MISSION IS TO SOLICIT & RECEIVE CONTRIBUTIONS, GIFTS, GRANTS, DEVICES, OR REQUESTS OF REAL AND/OR PERSONAL PROPERTY FROM INDIVIDUALS, FOUNDATIONS, PARTNERSHIPS, ASSOCIATIONS, |

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC , THE FUNDRAISING ARM OF BAPTIST MEMORIAL HEALTH CARE CORPORATION, RAISES MONEY TO BENEFIT VARIOUS BAPTIST MEMORIAL HEALTH CARE CORPORATION PROGRAMS AND SERVICES FUNDS RAISED BY BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC HELP ACCOMPLISH BAPTIST MEMORIAL HEALTH CARE CORPORATION'S CHARITABLE CARE OBJECTIVES AND PROVIDE RESOURCES FOR ENHANCED PATIENT CARE, EDUCATION, AND GROUNDBREAKING CLINICAL RESEARCH BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC SOLICITS, RECEIVES, AND MANAGES CONTRIBUTIONS, GIFTS, GRANTS, AND BEQUESTS

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 11,024,668 including grants of \$ 9,801,687) (Revenue \$ 0)
See Additional Data



















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

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

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 11,024,668

Part IV Checklist of Required Schedules

| | Yes | No |
|--|----------------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | 1 Yes | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 2 Yes | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | No |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | No |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6 | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7 | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8 | No |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9 | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10 Yes | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  | 11a Yes | |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b Yes | |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d Yes | |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e Yes | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f Yes | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | 12a Yes | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b Yes | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | No |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | No |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | No |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  | 17 | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18 Yes | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  | 19 | No |

Part IV Checklist of Required Schedules *(continued)***20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*

| | Yes | No |
|------------|-----|----|
| 20a | | No |
| 20b | | |

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

21 Did the organization report more than \$5,000 of assets on the schedule? ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:**a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____**b** Assets included in Form 990, Part X ▶ \$ _____**For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Cat No 52283D

Schedule D (Form 990) 2017

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

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

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ▶TERESA BLACKWOOD 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 (901) 227-5304

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) ANN DUNCAN DIRECTOR | 0 20 0 00 | X | | | | | | 0 | 0 | 0 |
| (2) BJ LOSCH III DIRECTOR | 0 20 0 00 | X | | | | | | 0 | 0 | 0 |
| (3) DONALD L JORDAN SR DIRECTOR | 0 23 0 00 | X | | | | | | 0 | 0 | 0 |
| (4) DOUGLAS EDWARDS CHAIRMAN | 0 23 0 00 | X | | | | | | 0 | 0 | 0 |
| (5) HENRY W MORGAN SR DIRECTOR | 0 23 0 00 | X | | | | | | 0 | 0 | 0 |
| (6) JOHNNIE D AMONETTE DIRECTOR | 0 23 0 75 | X | | | | | | 0 | 0 | 0 |
| (7) JOSEPH WELLER DIRECTOR | 0 23 0 20 | X | | | | | | 0 | 0 | 0 |
| (8) KATHLEEN BLAIR DIRECTOR | 0 20 0 00 | X | | | | | | 0 | 0 | 0 |
| (9) KEMMONS WILSON JR DIRECTOR | 0 20 0 00 | X | | | | | | 0 | 0 | 0 |
| (10) LAUREN WILSON YOUNG DIRECTOR | 0 23 0 00 | X | | | | | | 0 | 0 | 0 |
| (11) MAURY BRONSTEIN MD DIRECTOR | 0 20 0 00 | X | | | | | | 0 | 0 | 0 |
| (12) PACE COOPER DIRECTOR | 0 20 0 00 | X | | | | | | 0 | 0 | 0 |
| (13) PAMELA ARRINDELL DIRECTOR | 0 20 0 00 | X | | | | | | 0 | 0 | 0 |
| (14) ROBERT F FOGELMAN DIRECTOR | 0 20 0 00 | X | | | | | | 0 | 0 | 0 |
| (15) RODNEY Y WOLF MD DIRECTOR | 0 20 0 00 | X | | | | | | 0 | 0 | 0 |
| (16) STEPHEN C REYNOLDS DIRECTOR | 0 20 39 80 | X | | | | | | 0 | 90,002 | 0 |
| (17) GREGORY M DUCKETT SECRETARY | 0 20 39 80 | | | X | | | | 0 | 643,651 | 72,500 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) JAMES S FOUNTAIN SR VP & CHIEF DEV OFFICER | 20 00 20 00 | | | X | | | | 0 | 610,931 | 78,324 |
| (19) JASON M LITTLE PRESIDENT | 1 33 38 67 | | | X | | | | 0 | 1,382,153 | 58,832 |
| (20) JENNIFER S NEVELS EXECUTIVE FOUNDATION DIRECTOR | 40 00 0 00 | | | X | | | | 170,824 | 0 | 37,896 |
| (21) WILLIAM A GRIFFIN CFO | 0 10 39 90 | | | X | | | | 0 | 657,593 | 67,261 |
| (22) ROBBIE JOHNSON FOUNDATION DIRECTOR | 40 00 0 00 | | | | | X | | 119,807 | 0 | 26,765 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | | | |
|--|---------|-----------|---------|
| 1b Sub-Total | | | |
| c Total from continuation sheets to Part VII, Section A | | | |
| d Total (add lines 1b and 1c) | 290,631 | 3,384,330 | 341,578 |

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 **▶ 2**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | No |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | Yes | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | No |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

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 **▶ 0**

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|--|---------------|----------------------|--|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns . . . | 1a | | | | | |
| | b Membership dues . . . | 1b | | | | | |
| | c Fundraising events . . . | 1c | 659,938 | | | | |
| | d Related organizations | 1d | 75,168 | | | | |
| | e Government grants (contributions) | 1e | 1,347,724 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 2,809,089 | | | | |
| | g Noncash contributions included in lines 1a-1f \$ _____ | | 330,154 | | | | |
| | h Total. Add lines 1a-1f | | 4,891,919 | | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a _____ | | | | | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d _____ | | | | | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 14,127,433 | | | 14,127,433 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | | | (i) Real | (ii) Personal | | | |
| | 6a Gross rents | | | | | | |
| | b Less rental expenses | | | | | | |
| | c Rental income or (loss) | | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | | | (i) Securities | (ii) Other | | | |
| | 7a Gross amount from sales of assets other than inventory | 163,404,859 | | | | | |
| | b Less cost or other basis and sales expenses | 139,400,476 | | | | | |
| | c Gain or (loss) | 24,004,383 | | | | | |
| | d Net gain or (loss) | | 24,004,383 | | | 24,004,383 | |
| | 8a Gross income from fundraising events (not including \$ 659,938 of contributions reported on line 1c) See Part IV, line 18 | | a | 43,400 | | | |
| | b Less direct expenses | | b | 256,706 | | | |
| | c Net income or (loss) from fundraising events | | | -213,306 | | -213,306 | |
| | 9a Gross income from gaming activities See Part IV, line 19 | | a | | | | |
| | b Less direct expenses | | b | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| | 10a Gross sales of inventory, less returns and allowances | | a | | | | |
| b Less cost of goods sold | | b | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a _____ | | | | | | | |
| b _____ | | | | | | | |
| c _____ | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | | | | | |
| 12 Total revenue. See Instructions | | | 42,810,429 | 0 | 0 | 37,918,510 | |

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 ☐

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | | | |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | 9,649,641 | 9,649,641 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | 152,046 | 152,046 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | | | | |
| 4 Benefits paid to or for members. | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees. | 206,528 | 125,982 | 20,653 | 59,893 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | | | | |
| 7 Other salaries and wages. | 1,263,996 | 771,038 | 126,399 | 366,559 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions). | 64,822 | 38,245 | 6,482 | 20,095 |
| 9 Other employee benefits. | 127,444 | 75,192 | 12,744 | 39,508 |
| 10 Payroll taxes. | 79,524 | 46,919 | 7,952 | 24,653 |
| 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. | 1,150,992 | | 1,150,992 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 71,403 | 66,317 | 5,086 | |
| 12 Advertising and promotion. | | | | |
| 13 Office expenses. | 31,843 | 28,659 | 3,184 | |
| 14 Information technology. | | | | |
| 15 Royalties. | | | | |
| 16 Occupancy. | | | | |
| 17 Travel. | 21,479 | | | 21,479 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 Conferences, conventions, and meetings. | 635 | | 635 | |
| 20 Interest. | 201,542 | | 201,542 | |
| 21 Payments to affiliates. | | | | |
| 22 Depreciation, depletion, and amortization. | | | | |
| 23 Insurance. | | | | |
| 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 DUES & SUBSCRIPTIONS | 70,629 | 70,629 | | |
| b PUBLIC RELATIONS | 7,014 | | | 7,014 |
| c TAX & LICENSE | 240 | | 240 | |
| d EMPLOYEE RELATIONS | 82 | | 82 | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e. | 13,099,860 | 11,024,668 | 1,535,991 | 539,201 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

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

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|--------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 350 | 1 | 350 |
| | 2 Savings and temporary cash investments | 48,344,872 | 2 | 63,885,871 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 33,000 | 9 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 15,182 | | |
| | b Less: accumulated depreciation | 10b 15,182 | 10c 0 | 0 |
| | 11 Investments—publicly traded securities | | 11 | |
| | 12 Investments—other securities. See Part IV, line 11 | 407,098,970 | 12 | 423,564,542 |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 32,091,183 | 15 | 34,775,984 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 487,568,375 | 16 | 522,226,747 | |
| Liabilities | 17 Accounts payable and accrued expenses | 77,837 | 17 | 126,319 |
| | 18 Grants payable | 10,185,424 | 18 | 10,223,027 |
| | 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 | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 6,478,407 | 25 | 4,573,393 |
| | 26 Total liabilities. Add lines 17 through 25 | 16,741,668 | 26 | 14,922,739 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 367,053,733 | 27 | 391,190,190 |
| | 28 Temporarily restricted net assets | 47,102,374 | 28 | 53,814,957 |
| | 29 Permanently restricted net assets | 56,670,600 | 29 | 62,298,861 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 470,826,707 | 33 | 507,304,008 | |
| 34 Total liabilities and net assets/fund balances | 487,568,375 | 34 | 522,226,747 | |

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

| | | | |
|-----------|---|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 42,810,429 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 13,099,860 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 29,710,569 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 470,826,707 |
| 5 | Net unrealized gains (losses) on investments | 5 | 6,766,732 |
| 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 | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 507,304,008 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

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

Additional Data

Software ID:

Software Version:

EIN: 58-1544781

Name: BAPTIST MEMORIAL HEALTH CARE
FOUNDATION INC

Form 990 (2017)

Form 990, Part III, Line 4a:

BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC , ESTABLISHED IN 1983, IS THE FUNDRAISING ARM OF THE BAPTIST MEMORIAL HEALTH CARE SYSTEM, WHICH RAISES MONEY TO BENEFIT VARIOUS BAPTIST MEMORIAL HEALTH CARE CORPORATION PROGRAMS AND SERVICES FUNDS RAISED BY BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC HELP ACCOMPLISH BAPTIST MEMORIAL HEALTH CARE CORPORATION'S CHARITABLE CARE OBJECTIVES AND PROVIDE RESOURCES FOR ENHANCED PATIENT CARE, EDUCATION, AND GROUNDBREAKING CLINICAL RESEARCH BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC SOLICITS, RECEIVES, AND MANAGES CONTRIBUTIONS, GIFTS, GRANTS, AND BEQUESTS FUNDS RAISED BY BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC PLAY A KEY ROLE IN FULFILLING THE MISSION OF HEALING, PREACHING, AND TEACHING FOR THE AFFILIATES OF BAPTIST MEMORIAL HEALTH CARE CORPORATION BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC ADMINISTERS CONTRIBUTED DOLLARS THROUGH NUMEROUS DONOR RESTRICTED FUNDS WHICH SUPPORT THE CONTINUUM OF CARE OFFERED BY BAPTIST MEMORIAL HEALTH CARE CORPORATION FACILITIES INCLUDING ONCOLOGY, CARDIOVASCULAR, PEDIATRIC, AND REHABILITATIVE SERVICES, JUST TO NAME A FEW BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC ALSO ALLOCATES A PORTION OF UNRESTRICTED CONTRIBUTED DOLLARS AND PORTFOLIO EARNINGS FOR THE BENEFIT OF ITS VARIOUS GRANT PROGRAMS BOARD OF DIRECTORS GRANT PROGRAM BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC 'S BOARD OF DIRECTORS GRANT PROGRAM HAS MADE AVAILABLE THE NECESSARY FUNDS TO EXPAND EXISTING SERVICES AND PROGRAMS THROUGHOUT THE SYSTEM CREATING A NUMBER OF NEW AND EXCITING INITIATIVES THE FUNDS MADE AVAILABLE FOR THE BOARD OF DIRECTORS GRANT PROGRAM HAVE COME THROUGH UNRESTRICTED CONTRIBUTIONS, AS WELL AS, CAREFUL INVESTMENT OF BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC 'S ENDOWMENT THE FOLLOWING PROGRAMS RECEIVED NEW FUNDING DURING THE 2018 FISCAL YEAR BESTHEALTH THE MEDICAL HOME OF THE FUTURE, A FOUNDATION FOR POPULATION HEALTH THE PURPOSE OF THE GRANT IS FOR HUMAN RELATIONS, BAPTIST MEDICAL GROUP, AND BAPTIST ONECARE TO WORK IN CONCERT TO BLEND AN EMPLOYER-SPONSORED WELLNESS AND WELL-BEING PLAN WITH A FUTURISTIC PRIMARY CARE MEDICAL HOME MODEL EMPLOYEES ARE EMPOWERED TO TAKE ON THEIR OWN HEALTH AND ARE SUPPORTED BY TECHNOLOGY THAT PUTS THEIR MEDICAL RECORDS, THEIR HEALTH COACHES, AND THEIR HEALTHCARE PROVIDERS AT THE TIP OF THEIR FINGERS IT IS DESIGNED TO IMPROVE HEALTH OUTCOMES FOR OUR EMPLOYEE POPULATION MOBILE MAMMOGRAPHY SERVICES THE PURPOSE OF THE GRANT WAS TO MEET THE NEED FOR AN UPGRADED MOBILE MAMMOGRAPHY VEHICLE TO INCLUDE AN UPDATED 3D MOBILE MAMMOGRAPHY MACHINE FOR THE UNIT WITH THESE NEEDS ADDRESSED, WOMEN IN THE GREATER MEMPHIS AREA CAN CONTINUE TO LOOK TO BAPTIST FOR THE HIGHEST QUALITY, MOST COMPREHENSIVE CARE FOR THEIR BREAST HEALTH, PLUS ENHANCED ACCESSIBILITY AT VARIOUS CONVENIENT LOCATIONS NEURODIAGNOSTIC CARE AND TECHNOLOGIST EDUCATION THE PURPOSE OF THE GRANT IS TO PROVIDE SEED FUNDING TO EDUCATE AND ESTABLISH A POOL OF NEURODIAGNOSTIC TECHNOLOGISTS WORKING IN PARTNERSHIP WITH BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES, INC AND THE NEUROSCIENCE SERVICE LINE NEURODIAGNOSTIC TECHNOLOGISTS WILL SOON BE IN SHORT SUPPLY AND ARE NECESSARY TO MEET THE STRATEGIC OBJECTIVES AND PERSONNEL NEEDS OF THE NEUROSCIENCE SERVICE LINE WITHIN BAPTIST MEMORIAL HEALTH CARE CORPORATION CENTRALIZED POST-DISCHARGE CALL CENTER THE PURPOSE OF THE GRANT IS TO PUT IN PLACE, FOR BUSINESS CONTINUITY, A CENTRALIZED POST-DISCHARGE CALL CENTER THAT STANDARDIZES THE POST-DISCHARGE CALL PROCESS, MEASURES ITS OVERALL EFFECTIVENESS AND IDENTIFIES OPPORTUNITIES TO IMPROVE PATIENT EXPERIENCE AND OVERALL QUALITY OF CARE IMPROVING THE HEALTH CARE OF SHELBY COUNTY'S VULNERABLE POPULATION THROUGH SUPPORT OF THE BAPTIST MEMORIAL HEALTH CARE CORPORATION/CHURCH HEALTH CENTER OF MEMPHIS, INC FAMILY MEDICINE RESIDENT CONTINUITY CLINIC RECOGNIZING THAT AMERICANS LIVING AT THE BOTTOM OF THE SOCIO-ECONOMIC LADDER STRUGGLE TO MEET EVEN THEIR BASIC HEALTH CARE NEEDS, BAPTIST MEMORIAL HEALTH CARE CORPORATION AND CHURCH HEALTH CENTER OF MEMPHIS, INC ARE PARTNERING THROUGH THE GRANT TO PROVIDE HEALTH CARE TO THE UNINSURED AND UNDERINSURED POPULATION OF SHELBY COUNTY THIS IS BEING ACCOMPLISHED BY SUPPORTING THE CHURCH HEALTH CENTER OF MEMPHIS, INC FAMILY MEDICINE RESIDENT CONTINUITY CLINIC AND THE TRAINING OF THE FAMILY MEDICINE PROVIDERS TO ADDRESS THE NEED FOR PRIMARY CARE PROVIDERS THROUGHOUT THE MID-SOUTH OFFICER GRANTS BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC 'S OFFICER GRANT PROGRAM ALLOWS OFFICERS AND BOARD MEMBERS OF BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC TO FACILITATE SMALLER GRANT REQUESTS (\$100,000 AND LESS) WITH A HEALTH-RELATED FOCUS SOME OF THE INITIATIVES AND ORGANIZATIONS ASSISTED THROUGH THESE GRANT PROGRAMS INCLUDE SUPPORT FOR THE BAPTIST CANCER CENTER AND THE RESEARCH NEEDED TO DETERMINE IF A CAPITAL CAMPAIGN TO BUILD A CANCER CENTER WOULD MEET WITH COMMUNITY SUPPORT SEED MONEY FOR THE BUILDING OF AN EXPANDED BEREAVEMENT CENTER FOR THE KEMMONS WILSON FAMILY CENTER FOR GOOD GRIEF, AN ENTITY THAT DOES NOT GENERATE REVENUE COMMUNITY OUTREACH PROJECTS TO INCLUDE HEALTHCARE FOR THE HOMELESS, CARE OF THE DIABETES POPULATION, SUPPORT FOR HEART HEALTH, CANCER PROGRAMMING AND MEETING THE NEEDS OF THE UNDERSERVED SUPPORT FOR POPULATION HEALTH INITIATIVES THROUGH THE UNIVERSITY OF TENNESSEE HEALTH SCIENCES CENTER, AND SUPPORT FOR STUDENT RESEARCH AT BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES, INC OTHER SUPPORT IN 2013, BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC 'S BOARD APPROVED THE RESTRICTION OF A PORTION OF THE FOUNDATION'S PORTFOLIO OF ASSETS TO PROVIDE AN ENDOWMENT FOR THE BENEFIT OF BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES, INC (THE COLLEGE) THE INCOME FROM THESE RESTRICTED FUNDS IS TO FUND A TUITION ASSISTANCE PROGRAM FOR THE STUDENTS OF THE COLLEGE DURING 2018, APPROXIMATELY \$676,628 WAS SPENT FROM ENDOWMENT EARNINGS TO SUPPORT THE TUITION ASSISTANCE PROGRAM AT THE END OF THE 2018 FISCAL YEAR, IN EXCESS OF \$29 MILLION WAS RESTRICTED IN THE ENDOWMENT FOR THE BENEFIT OF THE COLLEGE AND ITS STUDENTS DONOR-RESTRICTED FUNDS BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC ADMINISTERS A NUMBER OF DONOR-RESTRICTED FUNDS WHICH PROVIDE BENEFITS TO PATIENTS OF THE AFFILIATE HOSPITALS, AS WELL AS, THE COMMUNITY AT LARGE BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC PROVIDES SUPPORT FOR BOTH THE CHARITY NEEDS OF PATIENTS AND EMPLOYEES THROUGH CHARITABLE CARE AND EMPLOYEE EMERGENCY ASSISTANCE FUNDS

| | | |
|--|--|---|
| SCHEDULE A (Form 990 or 990EZ) | Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 . | OMB No 1545-0047 2017 Open to Public Inspection |
| | Name of the organization BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC | Employer identification number 58-1544781 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

f Enter the number of supported organizations 32

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

| (i) Name of supported | (ii) EIN | (iii) Type of | (iv) Is the organization listed | (v) Amount of | (vi) Amount of |
|-----------------------|----------|---------------|---------------------------------|---------------|----------------|
| [REDACTED] | | | | | |

Part II

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

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

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

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

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 on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| 2a | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 2b | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| 3a | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |
| 3b | | |

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) | 1 | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI) | | | |
| 2 Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1 | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3 | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |
| 7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | | |

Part V

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

| Section D - Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 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 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is 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)

| |
|-------------------------------------|
| Facts And Circumstances Test |
| |

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|--|--|
| SCHEDULE A, PART IV, SECTION A, LINE 1 | BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC 'S SUPPORTED ORGANIZATIONS ARE DESIGNATED BY CLASS AND PURPOSE. THE SUPPORTED ORGANIZATIONS ARE AFFILIATES LISTED IN SCHEDULE R, PART I THAT ARE ORGANIZATIONS DESCRIBED IN INTERNAL REVENUE CODE SECTION 501(C)(3) THAT ARE NOT PRIVATE FOUNDATIONS BECAUSE THEY ARE DESCRIBED IN CODE SECTION 509(A)(1) OR SECTION 509(A)(2). |

990 Schedule A, Supplemental Information

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

Additional Data

Software ID:
Software Version:
EIN: 58-1544781
Name: BAPTIST MEMORIAL HEALTH CARE
FOUNDATION INC

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

| (i)Name of supported organization | (ii)EIN | (iii) Type of organization (described on lines 1- 9 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|-----------|---|--|----|--|--|
| | | | Yes | No | | |
| (A) BAPTIST CANCER CENTER PHYSICIANS FOUNDATION INC | 452842963 | 3 | | No | 0 | 0 |
| (A) BAPTIST CLINICAL RESEARCH INSTITUTE INC | 453032246 | 4 | | No | 110,294 | 0 |
| (B) BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC | 621599670 | 2 | | No | 1,588,037 | 0 |
| (C) BAPTIST MEMORIAL HEALTH CARE CORPORATION | 581521475 | 3 | | No | 3,265,029 | 0 |
| (D) BAPTIST MEMORIAL HEALTH CARE SYSTEM INC | 581456556 | 3 | | No | 0 | 0 |
| (E) BAPTIST MEMORIAL HEALTH SERVICES INC | 621509127 | 3 | | No | 0 | 0 |
| (F) BAPTIST MEMORIAL HOME CARE INC | 581562973 | 10 | | No | 1,281,558 | 0 |
| (G) BAPTIST MEMORIAL HOSPITAL | 620123940 | 3 | | No | 590,395 | 0 |
| (H) BAPTIST MEMORIAL HOSPITAL-BOONEVILLE INC | 640663760 | 3 | | No | 13,686 | 0 |
| (I) BAPTIST MEMORIAL HOSPITAL-CALHOUN INC | 813257997 | 3 | | No | 0 | 0 |
| (J) BAPTIST MEMORIAL HOSPITAL-DESOTO INC | 640682111 | 3 | | No | 89,809 | 0 |
| (K) BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC | 621519754 | 3 | | No | 102,800 | 0 |
| (L) BAPTIST MEMORIAL HOSPITAL- HUNTINGDON INC | 621166050 | 3 | | No | 46,977 | 0 |
| (M) BAPTIST MEMORIAL HOSPITAL-JONESBORO INC | 261214372 | 3 | | No | 826,272 | 0 |
| (N) BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC | 640772726 | 3 | | No | 59,361 | 0 |

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

| (i)Name of supported organization | (ii)EIN | (iii) Type of organization (described on lines 1- 9 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|-----------|---|--|----|--|--|
| | | | Yes | No | | |
| (P) BAPTIST MEMORIAL HOSPITAL-TIPTON INC | 621113167 | 3 | | No | 0 | 0 |
| (A) BAPTIST MEMORIAL HOSPITAL-UNION CITY INC | 621138045 | 3 | | No | 3,880 | 0 |
| (B) BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC | 630997281 | 3 | | No | 51,754 | 0 |
| (C) BAPTIST MEMORIAL MEDICAL GROUP INC | 621545731 | 3 | | No | 27,443 | 0 |
| (D) BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC | 581645396 | 3 | | No | 0 | 0 |
| (E) BAPTIST MINOR MEDICAL CENTERS INC | 621538114 | 3 | | No | 0 | 0 |
| (F) BAPTIST NURSING HOME - CALHOUN INC | 813655778 | 3 | | No | 0 | 0 |
| (G) BAPTIST PATIENT SAFETY SYSTEM INC | 453032372 | 3 | | No | 0 | 0 |
| (H) BMG FAMILY PHYSICIANS GROUP FOUNDATION INC | 461953140 | 3 | | No | 0 | 0 |
| (I) BOSTON BASKIN CANCER FOUNDATION INC | 453303607 | 3 | | No | 0 | 0 |
| (J) GASTROINTESTINAL SPECIALISTS FOUNDATION INC | 352461541 | 3 | | No | 0 | 0 |
| (K) INTEGRITY ONCOLOGY FOUNDATION INC | 453303687 | 3 | | No | 0 | 0 |
| (L) MEDICAL FINANCIAL SERVICES INC | 621112364 | 3 | | No | 0 | 0 |
| (M) MEMPHIS LUNG PHYSICIANS FOUNDATION INC | 452832975 | 3 | | No | 0 | 0 |
| (N) NEA BAPTIST HEALTH SYSTEM INC | 271799652 | 3 | | No | 0 | 0 |

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

| (i)Name of supported organization | (ii)EIN | (iii) Type of organization (described on lines 1- 9 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|--|-----------|---|--|----|--|--|
| | | | Yes | No | | |
| (AE) NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION INC | 710850123 | 3 | | No | 93,060 | 0 |
| (A) THE STERN CARDIOVASCULAR FOUNDATION INC | 274396698 | 3 | | No | 0 | 0 |

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As Filed Data -

DLN: 93493226001299

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HEALTH CARE
FOUNDATION INC

Employer identification number
58-1544781

Part I

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

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

5

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

☐ Yes ☐ No

6

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

☐ Yes ☐ No

Part II

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

1

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

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

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.

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

d

☐

Loan or exchange programs

b

☐

Scholarly research

e

☐

Other

c

☐

Preservation for future generations

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

| | (a)Current year | (b)Prior year | (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|-------------------|---------------------|--------------------|
| 1a Beginning of year balance | 77,830,163 | 67,220,225 | 58,870,066 | 48,863,650 | 35,042,237 |
| b Contributions | 4,353,265 | 2,876,824 | 1,562,092 | 6,922,656 | 3,744,498 |
| c Net investment earnings, gains, and losses | 5,414,621 | 7,733,114 | 6,788,067 | 3,083,760 | 10,076,915 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 87,598,049 | 77,830,163 | 67,220,225 | 58,870,066 | 48,863,650 |

2

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

a Board designated or quasi-endowment ▶ 29 000 %

b Permanent endowment ▶ 71 000 %

c Temporarily restricted endowment ▶ 0 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

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

b

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

4

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

Part VI

Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 15,182 | 15,182 | 0 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) | | | | 0 |

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) U S GOVERNMENT OBLIGATIONS | 3,213,797 | F |
| (B) CORPORATE OBLIGATIONS | 65,412,751 | F |
| (C) MUNICIPAL OBLIGATIONS | 18,487,456 | F |
| (D) COMMON STOCKS | 266,783,700 | F |
| (E) MUTUAL FUNDS | 69,085,040 | F |
| (F) OTHER | 581,798 | F |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶ | 423,564,542 | |

Part VIII

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

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

Part IX

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) INTEREST AND DIVIDENDS RECEIVABLE | 1,442,257 |
| (2) ASSETS WHOSE USE IS LIMITED | 33,333,727 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶ | 34,775,984 |

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 | |
| L/T PORTION OF ANNUITIES PAYABLE | 556,742 |
| CURRENT PORTION OF ANNUITIES PAYABLE | 64,074 |
| NURSING EDUCATIONAL ASSISTANCE | 207,631 |
| DUE TO AFFILIATES | 3,744,946 |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ | 4,573,393 |

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 ☒

Schedule D (Form 990) 2017

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 | 43,067,135 |
| 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 | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 43,067,135 |
| 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 | -256,706 |
| c | Add lines 4a and 4b | 4c | -256,706 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | 5 | 42,810,429 |

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 | 13,356,566 |
| 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 | 256,706 |
| e | Add lines 2a through 2d | 2e | 256,706 |
| 3 | Subtract line 2e from line 1 | 3 | 13,099,860 |
| 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 | 0 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | 5 | 13,099,860 |

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Part XIII **Supplemental Information** *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Additional Data

Software ID:
Software Version:
EIN: 58-1544781
Name: BAPTIST MEMORIAL HEALTH CARE
FOUNDATION INC

Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| PART V, LINE 4 | BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC HAS FIVE DIFFERENT TYPES OF ENDOWMENT FUNDS THESE ARE EDUCATION, CHARITABLE, SCIENTIFIC, RELIGIOUS, AND CAPITAL PURPOSES EDUCATIONAL ENDOWMENT FUNDS ARE FOR SUCH THINGS AS SCHOLARSHIPS TO BE AWARDED TO DESERVING STUDENTS T A TTENDING BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES, INC OTHER EDUCATIONAL FUNDS ARE FOR OUTREACH PROGRAMS AND FELLOWSHIPS CHARITABLE ENDOWMENT FUNDS ARE FOR SUCH THINGS AS PATI ENT AND EMPLOYEE EMERGENCY ASSISTANCE, PEDIATRIC SERVICES, HOME CARE AND HOSPICE SERVICES, DISASTER RELIEF, AND THE MOBILE MAMMOGRAPHY UNIT RELIGIOUS ENDOWMENT FUNDS ARE FOR PASTO RAL CARE FOR PATIENTS AND EMPLOYEES SCIENTIFIC AND RESEARCH ENDOWMENT FUNDS ARE FOR VARIO US RESEARCH PROJECTS SUCH AS CANCER, AND HEART RESEARCH CAPITAL ENDOWMENTS ARE INTENDED T O ENHANCE, REMODEL, OR BUILD CERTAIN HOSPITAL DEPARTMENTS SUCH AS THE NICU DEPARTMENT AND EMERGENCY ROOMS THAT WILL ENABLE THE HOSPITALS TO BETTER SERVE OUR PATIENTS A NEW MEDICAL LIBRARY THAT IS AVAILABLE FOR EMPLOYEES, PATIENTS AND THEIR FAMILIES HAS BEEN FUNDED BY A CAPITAL ENDOWMENT |

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| PART X, LINE 2 | AS OF SEPTEMBER 30, 2018, BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC (THE FOUNDATION) HAD NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS UNDER FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, INCOME TAXES, REQUIRING ADJUSTMENTS TO ITS FINANCIAL STATEMENTS IN THE EVENT THE FOUNDATION WERE TO RECOGNIZE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, THEY WOULD BE RECOGNIZED IN THE FINANCIAL STATEMENTS AS INTEREST EXPENSE FOR INTEREST AND PURCHASED SERVICES AND OTHER FOR PENALTIES GENERALLY, TAX YEARS 2014 THROUGH 2018 ARE OPEN TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES THERE ARE NO INCOME TAX EXAMINATIONS CURRENTLY IN PROCESS |

| Supplemental Information | |
|---|-------------------------|
| Return Reference | Explanation |
| PART XI, LINE 4B - OTHER ADJUSTMENTS | SPECIAL EVENTS -256,706 |

| Supplemental Information | |
|--|------------------------|
| Return Reference | Explanation |
| PART XII, LINE 2D - OTHER ADJUSTMENTS | SPECIAL EVENTS 256,706 |

| | | |
|--|--|---------------------------|
| SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service | <div>Supplemental Information Regarding Fundraising or Gaming Activities</div> <div>Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a</div> <div>▶ Attach to Form 990 or Form 990-EZ.</div> <div>▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.</div> | OMB No 1545-0047 |
| | | 2017 |
| | | Open to Public Inspection |

| | |
|--|--|
| Name of the organization BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC | Employer identification number 58-1544781 |
|--|--|

Part I Fundraising Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and email solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | | | |

3

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) |
|-----------------|---|-------------------------------------|--|----------------------------|--|
| | | <u>DUCK CLASSIC</u> (event type) | <u>CARDIAC CLASSIC</u> (event type) | <u>1</u> (total number) | Total events (add col (a) through col (c)) |
| Revenue | 1 Gross receipts | 425,234 | 143,165 | 134,939 | 703,338 |
| | 2 Less Contributions | 419,759 | 107,390 | 132,789 | 659,938 |
| | 3 Gross income (line 1 minus line 2) | 5,475 | 35,775 | 2,150 | 43,400 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | 27,725 | 9,819 | 0 | 37,544 |
| | 6 Rent/facility costs | 10,118 | 21,595 | 8,195 | 39,908 |
| | 7 Food and beverages | 23,762 | 3,036 | 7,159 | 33,957 |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 64,092 | 1,338 | 11,186 | 76,616 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 188,025 |
| | 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | -144,625 |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|-----------------|--|---|---|---|---|
| | | | | | |
| Revenue | 1 Gross revenue | | | | |
| | 2 Cash prizes | | | | |
| Direct Expenses | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | |
| | 8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶ | | | | |

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain _____

| | | | | | | | |
|---|---|------------|--|---|------------|--|---|
| 11 Does the organization conduct gaming activities with nonmembers? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| 13 Indicate the percentage of gaming activity conducted in | | | | | | | |
| a The organization's facility | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 10%;">13a</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;">%</td> </tr> <tr> <td>13b</td> <td></td> <td style="text-align: right;">%</td> </tr> </table> | 13a | | % | 13b | | % |
| 13a | | % | | | | | |
| 13b | | % | | | | | |
| b An outside facility | | | | | | | |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records | | | | | | | |
| Name ► | | | | | | | |
| Address ► | | | | | | | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ | | | | | | | |
| c If "Yes," enter name and address of the third party | | | | | | | |
| Name ► | | | | | | | |
| Address ► | | | | | | | |
| 16 Gaming manager information | | | | | | | |
| Name ► | | | | | | | |
| Gaming manager compensation ► \$ | | | | | | | |
| Description of services provided ► | | | | | | | |
| <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor | | | | | | | |
| 17 Mandatory distributions | | | | | | | |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ | | | | | | | |

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BAPTIST MEMORIAL HEALTH CARE
FOUNDATION INC

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
58-1544781

Part I

General Information on Grants and Assistance

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

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) See Additional Data | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 21

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) ASSISTANCE WAS PROVIDED FOR PATIENTS FOR SUCH THINGS AS CAB FARE, MEDICATION, UTILITY BILLS, ETC. THE FUNDS WERE NOT PAID DIRECTLY TO THE INDIVIDUALS, BUT FOR THE PATIENTS | 420 | 54,592 | | | |
| (2) ASSISTANCE WAS PROVIDED FOR EMPLOYEES THROUGH THE EMPLOYEE ASSISTANCE FUND. EMPLOYEES CONTRIBUTE TO THE FUND ON BEHALF OF EMPLOYEES WHO MAY HAVE SUFFERED A DISASTER OR OTHER FINANCIAL PROBLEM | 218 | 97,454 | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

| Return Reference | Explanation |
|------------------|---|
| PART I, LINE 2 | ALL ORGANIZATIONS ARE REQUIRED TO SUBMIT PROOF OF TAX EXEMPT STATUS THAT IS VERIFIED BY THE INTERNAL REVENUE SERVICE DATABASE BEFORE THEY CAN PROCEED WITH THEIR REQUEST. THEY MAY USE OUR ONLINE CHARITABLE REQUEST APPLICATION TO SUBMIT A REQUEST. IF THEY ARE NOT A 501(C)(3) ORGANIZATION, THEY ARE REQUIRED TO SUBMIT A COPY OF THEIR DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE VALIDATING THEIR EXEMPT STATUS BEFORE WE CAN PROVIDE ANY IN-KIND GIVEAWAYS OR SERVICES. WE ALSO MONITOR THE FUNDS TO ENSURE THEY ARE USED FOR THE PURPOSE GRANTED. WE MAKE EVERY EFFORT TO DIRECT OUR FUNDING TO A PROGRAM FOR A SPECIFIC PURPOSE. ORGANIZATIONS ARE ASKED TO SHOW RESULTS AND DOCUMENTATION ANNUALLY BEFORE THEIR REQUEST CAN BE CONSIDERED FOR FUTURE FUNDING. THE REQUESTS ARE REVIEWED AND APPROVED BY VARIOUS INDIVIDUALS DEPENDING UPON THE TYPE AND AMOUNT OF THE REQUEST. SMALL AMOUNTS MAY BE APPROVED BY THE SYSTEM DIRECTOR OF COMMUNICATIONS. ANYTHING OVER \$10,000 MAY BE APPROVED BY THE BAPTIST MEMORIAL HEALTH CARE FOUNDATION SENIOR VICE PRESIDENT, AND ANYTHING OVER \$50,000 NEEDS APPROVAL BY THE BAPTIST MEMORIAL HEALTH CARE CORPORATION PRESIDENT/CEO. FOR MORE INFORMATION ABOUT BAPTIST MEMORIAL HEALTH CARE CORPORATION'S CHARITABLE GIVING GUIDELINES, PLEASE VISIT HTTPS://WWW.BMHGIVING.ORG/ |

Additional Data

Software ID:
Software Version:
EIN: 58-1544781
Name: BAPTIST MEMORIAL HEALTH CARE
FOUNDATION INC

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| BAPTIST MEMORIAL HOSPITAL-DESOTO INC 7601 SOUTHCREST PARKWAY SOUTHAVEN, MS 38671 | 64-0682111 | 501(C)(3) | 89,809 | | | | SUSAN G KOMEN GRANT AND OTHER COMMUNITY PROGRAMS |
| BAPTIST MEMORIAL HOSPITAL 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 | 62-0123940 | 501(C)(3) | 590,395 | | | | VARIOUS MEDICAL AND COMMUNITY PROGRAMS |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| BAPTIST MEMORIAL HOSPITAL-BOONEVILLE INC 100 HOSPITAL STREET BOONEVILLE, MS 38829 | 64-0663760 | 501(C)(3) | 13,686 | | | | SUSAN G KOMEN AND OTHER ASSISTANCE |
| BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC 2520 5TH STREET NORTH COLUMBUS, MS 39701 | 62-1519754 | 501(C)(3) | 102,800 | | | | CANCER RESEARCH & TESTING, HOSPICE, COMMUNITY DIABETES PROGRAM, OTHER COMMUNITY PROGRAMS, SPECIFIC ASSISTANCE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC PO BOX 946 OXFORD, MS 38655 | 64-0772726 | 501(C)(3) | 59,361 | | | | CANCER RESEARCH & TESTING, COMMUNITY DIABETES PROGRAM, OTHER COMMUNITY PROGRAMS, EMPLOYEE & PATIENT ASSISTANCE |
| BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC 200 HIGHWAY 30 WEST NEW ALBANY, MS 38652 | 63-0997281 | 501(C)(3) | 51,754 | | | | VARIOUS, EMPLOYEE ASSISTANCE, DIABETES PROGRAM, SUSAN G KOMEN |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| BAPTIST MEMORIAL HOME CARE INC 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 | 58-1562973 | 501(C)(3) | 1,281,558 | | | | CAMP GOOD GRIEF & EMPLOYEE ASSISTANCE, HOSPICE HOUSE & BEREAVEMENT CENTER |
| BAPTIST MEMORIAL HEALTH CARE CORPORATION 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 | 58-1521475 | 501(C)(3) | 3,265,029 | | | | OPERATION OUTREACH, LEADERSHIP DEVELOPMENT, BAPTIST ONECARE, EMPLOYEE EMERGENCY ASSISTANCE FUND, PATIENT ASSISTANCE FUNDS |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC 1003 MONROE AVE MEMPHIS, TN 38104 | 62-1599670 | 501(C)(3) | 1,588,037 | | | | SCHOLARSHIPS AND TUITION DEFERMENT |
| BAPTIST MEMORIAL HOSPITAL-HUNTINGDON INC 631 RB WILSON DR HUNTINGDON, TN 38344 | 62-1166050 | 501(C)(3) | 46,977 | | | | COMMUNITY DIABETES PROGRAM, OTHER COMMUNITY PROGRAMS, SPECIFIC ASSISTANCE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| NINETY DEGREES WEST RACING 3169 PROFESSIONAL PLAZA STE 1 GERMANTOWN, TN 38138 | 47-5377275 | 501(C)(3) | 10,000 | | | | SPONSOR CAMP GOOD GRIEF |
| BAPTIST MEMORIAL HOSPITAL-JONESBORO INC 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 | 26-1214372 | 501(C)(3) | 826,272 | | | | NEA BAPTIST CANCER CENTER CHAPLAIN FUNDS, EMPLOYEE ASSISTANCE, VARIOUS COMMUNITY PROJECTS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION INC 4802 EAST JOHNSON AVE JONESBORO, AR 72401 | 71-0850123 | 501(C)(3) | 93,060 | | | | VARIOUS COMMUNITY PROJECTS & EMPLOYEE/PATIENT ASSISTANCE |
| BAPTIST CLINICAL RESEARCH INSTITUTE INC 350 N HINDSHAW DR | 45-3032246 | 501(C)(3) | 110,294 | | | | RESEARCH STUDIES |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| UNITED WAY OF THE MID SOUTH 1005 TILLMAN STREET MEMPHIS, TN 38112 | 56-1010742 | 501(C)(3) | 10,000 | | | | GENERAL DONATION |
| CHURCH HEALTH CENTER OF MEMPHIS INC 1350 CONCOURSE AVENUE SUITE 142 MEMPHIS, TN 38104 | 58-1716113 | 501(C)(3) | 510,000 | | | | GENERAL DONATION |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| WOMEN'S FOUNDATION FOR A GREATER MEMPHIS 40 SOUTH MAIN STREET NO 2280 MEMPHIS, TN 38103 | 58-2207247 | 501(C)(3) | 25,000 | | | | GENERAL DONATION |
| THE CAMPBELL FOUNDATION 1400 S GERMANTOWN ROAD GERMANTOWN, TN 38138 | 62-0548038 | 501(C)(3) | 20,000 | | | | DONATION FOR EDUCATION |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| BREAST CANCER ERADICATION INITIATIVE INC PO BOX 382886 GERMANTOWN, TN 38183 | 62-1609633 | 501(C)(3) | 6,500 | | | | SPONSORSHIP |
| SEMMES-MURPHEY FOUNDATION 6325 HUMPHREYS BLVD MEMPHIS, TN 38120 | 38-3790195 | 501(C)(3) | 195,102 | | | | ENDOVASCULAR FELLOWSHIP |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| BAPTIST MEMORIAL MEDICAL GROUP INC 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 | 62-1545731 | 501(C)(3) | 27,443 | | | | SUSAN G KOMEN |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
BAPTIST MEMORIAL HEALTH CARE
FOUNDATION INC

Employer identification number
58-1544781

Part I Questions Regarding Compensation

| | Yes | No |
|--|-----------|-----|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </div> </div> | | |
| b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. | 1b | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | 2 | |
| 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </div> <div> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </div> </div> | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <div style="margin-left: 20px;"> a Receive a severance payment or change-of-control payment? </div> | 4a | No |
| <div style="margin-left: 20px;"> b Participate in, or receive payment from, a supplemental nonqualified retirement plan? </div> | 4b | Yes |
| <div style="margin-left: 20px;"> c Participate in, or receive payment from, an equity-based compensation arrangement? </div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | 4c | No |
| Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <div style="margin-left: 20px;"> a The organization? </div> | 5a | No |
| <div style="margin-left: 20px;"> b Any related organization? </div> If "Yes," on line 5a or 5b, describe in Part III. | 5b | No |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <div style="margin-left: 20px;"> a The organization? </div> | 6a | No |
| <div style="margin-left: 20px;"> b Any related organization? </div> If "Yes," on line 6a or 6b, describe in Part III. | 6b | No |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. | 7 | Yes |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. | 8 | No |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

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

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

[illegible]

Part III Supplemental Information

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

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 3 | BAPTIST MEMORIAL HEALTH CARE CORPORATION, A RELATED ORGANIZATION OF BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC , USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - COMPENSATION SURVEY OR STUDY - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE |
| PART I, LINE 4B | ELIGIBLE EXECUTIVES PARTICIPATE IN VARIOUS NON-QUALIFIED DEFERRED COMPENSATION PLANS ORGANIZED UNDER CODE SECTION 457(F). THE EXACT PURPOSE OF EACH PLAN VARIES BUT THEY INCLUDE COMPENSATION LIMITATION MAKE-UP PLANS, VOLUNTARY DEFERRAL PLANS, DEFERRAL OF A PORTION OF INCENTIVE BONUS TYPE PLANS, ETC. ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EXECUTIVE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID. NO SUPPLEMENTAL NON-QUALIFIED PLAN PAYMENTS WERE MADE DURING THE YEAR TO ANY PERSONS LISTED IN PART VII. |
| PART I, LINE 7 | THE BAPTIST MEMORIAL HEALTH CARE SYSTEM HAS ESTABLISHED A MANAGEMENT ACCOUNTABILITY AND FINANCIAL INCENTIVE PLAN THAT ENCOURAGES MANAGEMENT PARTICIPATION IN THE SIGNIFICANT IMPROVEMENTS OF THE QUALITY, FINANCIAL, GROWTH, AND HUMAN RESOURCE RELATED OPERATIONS OF THE ORGANIZATION. AN INCENTIVE BONUS IS PAID TO ALL MANAGEMENT BASED ON ATTAINMENT OF GOALS IN THE AREAS OF 1) PATIENT SATISFACTION, 2) EMPLOYEE SATISFACTION, 3) PHYSICIAN SATISFACTION, 4) QUALITY AND SAFETY, 5) OPERATIONAL PERFORMANCE METRICS, AND 6) OPERATING INCOME MARGIN. PARTICIPANTS RECEIVE POINTS UNDER A PLAN SCORING SYSTEM FOR MEETING THEIR PREDETERMINED GOALS. THE POINTS ARE THEN ENTERED INTO THE PLAN FORMULA TO DETERMINE THE INCENTIVE COMPENSATION. |

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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HEALTH CARE
FOUNDATION INC

Employer identification number
58-1544781

| Part I | Types of Property | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--------|--|-------------------------------|--|---|--|
| 1 | Art—Works of art | | | | |
| 2 | Art—Historical treasures | | | | |
| 3 | Art—Fractional interests | | | | |
| 4 | Books and publications | | | | |
| 5 | Clothing and household goods | | | | |
| 6 | Cars and other vehicles | X | 1 | 10,000 | FMV |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities—Publicly traded | X | 3 | 110,282 | FMV |
| 10 | Securities—Closely held stock | | | | |
| 11 | Securities—Partnership, LLC, or trust interests | | | | |
| 12 | Securities—Miscellaneous | | | | |
| 13 | Qualified conservation contribution—Historic structures | | | | |
| 14 | Qualified conservation contribution—Other | | | | |
| 15 | Real estate—Residential | | | | |
| 16 | Real estate—Commercial | | | | |
| 17 | Real estate—Other | | | | |
| 18 | Collectibles | | | | |
| 19 | Food inventory | X | 1 | 5,000 | FMV |
| 20 | Drugs and medical supplies | | | | |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other ► (OTHER) | X | 91 | 187,372 | FMV |
| 26 | Other ► (EQUIPMENT) | X | 1 | 17,500 | FMV |
| 27 | Other ► () | | | | |
| 28 | Other ► () | | | | |
| 29 | Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | 29 | | | 0 |
| 30a | During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | | | |
| b | If "Yes," describe the arrangement in Part II | | | | |
| 31 | Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | | | | |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | | | |
| b | If "Yes," describe in Part II | | | | |
| 33 | If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II | | | | |

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

Cat No 51227J

Schedule M (Form 990) (2017)

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference | Explanation |
|--------------------|---|
| PART I, COLUMN (B) | THE VALUE OF THE CONTRIBUTIONS IS BASED UPON MARKET VALUE EACH CONTRIBUTION IS COUNTED IN THE NUMBER OF CONTRIBUTIONS |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
BAPTIST MEMORIAL HEALTH CARE
FOUNDATION INC

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

58-1544781

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------|---|
| FORM 990, PART V, LINE 1A | ALL FORMS 1099 ARE PREPARED BY THE ACCOUNTS PAYABLE DEPARTMENT OF BAPTIST MEMORIAL HEALTH CARE CORPORATION, THE SOLE MEMBER OF BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC ALL FOR MS 1099 ARE ISSUED USING THE FEDERAL TAX IDENTIFICATION NUMBER OF BAPTIST MEMORIAL HEALTH CARE CORPORATION FORMS 1099 ARE NOT PROCESSED BY ENTITY, BUT BY VENDOR GROUP MANY VENDOR S PERFORM SERVICES FOR MULTIPLE BAPTIST MEMORIAL HEALTH CARE CORPORATION ENTITIES, SO ONLY ONE 1099 IS ISSUED PER VENDOR WITH THE TOTAL AMOUNT PAID FOR SERVICES THIS NUMBER IS REPORTED ON BAPTIST MEMORIAL HEALTH CARE CORPORATION'S FORM 990, PART V, LINE 1A |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|---|
| FORM 990, PART V, LINE 2A | <p>THE PAYROLL FUNCTION IS CENTRALIZED AT THE CORPORATE PAYROLL DEPARTMENT OF BAPTIST MEMORIAL HEALTH CARE CORPORATION, THE SOLE MEMBER OF BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC. THE CORPORATE PAYROLL DEPARTMENT IS RESPONSIBLE FOR ALL SALARIES AND WAGES OF EMPLOYEES FOR THE ENTIRE BAPTIST MEMORIAL HEALTH CARE CORPORATION SYSTEM. FORMS W-2 AND W-3 ARE SUBMITTED ELECTRONICALLY TO THE INTERNAL REVENUE SERVICE USING BAPTIST MEMORIAL HEALTH CARE CORPORATION'S FEDERAL TAX IDENTIFICATION NUMBER, ACCORDING TO THE GUIDELINES ASSOCIATED WITH COMMON PAYMASTER. HOWEVER, THE EMPLOYEE INFORMATION IS ALLOCATED TO ITS RESPECTIVE FACILITY FOR FINANCIAL REPORTING PURPOSES AND THEY ARE REPORTED TO THE STATE BY EACH FACILITY. THUS, THE AMOUNT REPORTED ON FORM 990, PART V, LINE 2A REFLECTS THE NUMBER OF EMPLOYEES AT THIS FACILITY WHO RECEIVED A W-2. THE TOTAL NUMBER OF W-2'S FOR ALL BAPTIST MEMORIAL HEALTH CARE CORPORATION ENTITIES IS REPORTED ON THE BAPTIST MEMORIAL HEALTH CARE CORPORATION W-3.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION A, LINE 2 | THE FOLLOWING INDIVIDUALS HAVE A BUSINESS RELATIONSHIP BECAUSE THEY ARE BOARD MEMBERS OR SHARED OFFICERS OF A TAXABLE ENTITY WITHIN BAPTIST MEMORIAL HEALTH CARE CORPORATION GREGORY M DUCKETT JASON M LITTLE WILLIAM A GRIFFIN |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION A, LINE 3 | BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER OF BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC , PROVIDES CERTAIN LEGAL, FINANCE, QUALITY, AND PERSONNEL SERVICES PURSUANT TO A SHARED SERVICES AGREEMENT |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION A, LINE 7A | BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS THE SOLE MEMBER OF BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC , APPOINTS ITS BOARD OF DIRECTORS |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 11B | THE FORM 990 IS REVIEWED BY BAPTIST MEMORIAL HEALTH CARE CORPORATION'S EXECUTIVE VP/CFO, THE ENTITY'S TOP FINANCIAL OFFICIAL, AND AN OUTSIDE INDEPENDENT ACCOUNTING AND TAX FIRM PRIOR TO SUBMITTING THE FORM 990 TO THE IRS. THE FORM 990 WAS NOT REVIEWED BY THE ORGANIZATION'S BOARD OF DIRECTORS BEFORE SUBMITTING IT TO THE IRS. BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER OF THE ORGANIZATION, HAS A FINANCE, AUDIT AND COMPLIANCE COMMITTEE THAT IS APPOINTED BY ITS BOARD OF DIRECTORS. THE FINANCE, AUDIT AND COMPLIANCE COMMITTEE WILL REVIEW THE FORM 990 AFTER SUBMITTING IT TO THE IRS. THE COMMITTEE REPORTS THE COMPLETION OF THE REVIEW TO THE CORPORATE BOARD OF DIRECTORS. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION B, LINE 12C | <p>BAPTIST MEMORIAL HEALTH CARE CORPORATION, THE SOLE MEMBER OF BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC , 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 VICE PRESIDENT 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 CHIEF EXECUTIVE OFFICER, WITH THE INVOLVEMENT OF THE BAPTIST MEMORIAL HEALTH CARE CORPORATION LEGAL DEPARTMENT TO RESOLVE THE ISSUE</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 15 | AS SOLE MEMBER OF BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC , BAPTIST MEMORIAL HEALTH CARE CORPORATION'S HUMAN RESOURCE DEPARTMENT, THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS, AND AN INDEPENDENT COMPENSATION CONSULTING FIRM PERFORM ANNUAL REVIEWS EACH DECEMBER AND APPROVE COMPENSATION OF THE CEO AND OTHER TOP MANAGEMENT PERSONNEL THEY USE COMPARABILITY DATA AND OTHER SOURCES AS NEEDED THE CEO AND OTHER TOP MANAGEMENT USE THE SAME TYPE OF INFORMATION TO APPROVE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES ON DECEMBER 14, 2016, THE COMPENSATION WAS REVIEWED AND APPROVED FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2017 FOR THE PRESIDENT, THE VICE PRESIDENTS, AND THE CEO/ADMINISTRATOR |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION C, LINE 18 | BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC MAKES COPIES OF ITS FORM 1023 AND FORM 990 A VAILABLE FOR PUBLIC INSPECTION TO ANYONE WHO REQUESTS THEM AS REQUIRED BY THE INTERNAL REV ENUE SERVICE |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION C, LINE 19 | BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF I NTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST |

| | | | | | |
|--|--|-----------------|--|--|---------------------------|
| efile GRAPHIC print - DO NOT PROCESS | | As Filed Data - | | DLN: 93493226001299 | |
| SCHEDULE R (Form 990) | Related Organizations and Unrelated Partnerships | | | | OMB No 1545-0047 |
| | | | | | 2017 |
| | ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990 . | | | | Open to Public Inspection |
| Department of the Treasury Internal Revenue Service | | | | | |
| Name of the organization BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC | | | | Employer identification number 58-1544781 | |

| 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 |
| | | | | | |
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| Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. | | | | | | | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| See Additional Data Table | | | | | | | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
| | | | | | | Yes | No |
| | | | | | | | |
| | | | | | | | |
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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

See Additional Data Table

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|----------------------------|---|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512(b) (13) controlled entity? | |
|---|--|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| (1) BAPTIST HEALTH SERVICES GROUP OF THE MID-SOUTH INC 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 62-1534210 | HEALTH INSURANCE CONTRACTING | TN | N/A | C | | | | Yes | |
| (2) GERMANTOWN BUSINESS PARK OWNERS ASSOCIATION 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 20-1158216 | BOOKKEEPING & DATA PROCESSING GERMANTOWN BUS PARK | TN | N/A | C | | | | Yes | |
| (3) HEALTH TECH AFFILIATES INC 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 62-1278576 | BUYING & LEASING REAL & PERSONAL PROPERTY | TN | N/A | C | | | | Yes | |
| (4) MEDICAL PRACTICE SOLUTIONS 1225 NORTH STATE STREET JACKSON, MS 39202 64-0833731 | MEDICAL CONSULTING | MS | N/A | C | | | | Yes | |
| (5) MISSISSIPPI BAPTIST MEDICAL ENTERPRISES INC 1225 NORTH STATE STREET JACKSON, MS 39202 64-0776164 | INVESTMENTS | MS | N/A | C | | | | Yes | |
| (6) MISSISSIPPI REAL ESTATE ENTERPRISES INC 1225 NORTH STATE STREET JACKSON, MS 39202 64-0746856 | INVESTMENTS | MS | N/A | C | | | | Yes | |
| (7) SOUTHCREST PROPERTY OWNERS ASSOCIATION 7601 SOUTHCREST PKWY SOUTHAVEN, MS 38671 64-0768703 | BOOKKEEPING & DATA PROCESSING FOR THE SOUTHCREST DEVELOPMENT | MS | N/A | C | | | | Yes | |

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | | | | |
|----------|---|-----------|------------|-----------|
| a | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | No |
| b | Gift, grant, or capital contribution to related organization(s) | 1b | Yes | |
| c | Gift, grant, or capital contribution from related organization(s) | 1c | | No |
| d | Loans or loan guarantees to or for related organization(s) | 1d | | No |
| e | Loans or loan guarantees by related organization(s) | 1e | Yes | |
| f | Dividends from related organization(s) | 1f | | No |
| g | Sale of assets to related organization(s) | 1g | | No |
| h | Purchase of assets from related organization(s) | 1h | | No |
| i | Exchange of assets with related organization(s) | 1i | | No |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | | No |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | No |
| l | Performance of services or membership or fundraising solicitations for related organization(s) | 1l | Yes | |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | No |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | Yes | |
| o | Sharing of paid employees with related organization(s) | 1o | Yes | |
| p | Reimbursement paid to related organization(s) for expenses | 1p | Yes | |
| q | Reimbursement paid by related organization(s) for expenses | 1q | | No |
| r | Other transfer of cash or property to related organization(s) | 1r | Yes | |
| s | Other transfer of cash or property from related organization(s) | 1s | Yes | |

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

See Additional Data Table

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|---|-------------------------------|---|
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Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

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

Additional Data

Software ID:

Software Version:

EIN: 58-1544781

Name: BAPTIST MEMORIAL HEALTH CARE
FOUNDATION INC

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c) (3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|--|--|---|-------------------------------|---|--|--|----|
| | | | | | | Yes | No |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 45-2842963 | HEALTH CARE SERVICE PROVIDER | TN | 501(C)(3) | 509(A)(1) | BAPTIST MEMORIAL MEDICAL GROUP INC | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 45-3032246 | FACILITATE MEDICAL & SCIENTIFIC RESEARCH | TN | 501(C)(3) | 509(A)(3) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 1225 NORTH STATE STREET JACKSON, MS 39202 47-3403762 | SOLICIT, RAISE, MANAGE, APPLY & INVEST FUNDS IN SUPPORT OF BAPTIST ENTITIES | MS | 501(C)(3) | 509(A)(3) | MISSISSIPPI BAPTIST HEALTH SYSTEMS INC | Yes | |
| 1225 NORTH STATE STREET JACKSON, MS 39202 45-2896080 | HEALTH CARE FACILITY/HOSPITAL | MS | 501(C)(3) | 509(A)(1) | MISSISSIPPI BAPTIST HEALTH SYSTEMS INC | Yes | |
| 1225 NORTH STATE STREET JACKSON, MS 39202 64-0844470 | HEALTH CARE FACILITY/HOSPITAL | MS | 501(C)(3) | 509(A)(1) | MISSISSIPPI BAPTIST HEALTH SYSTEMS INC | Yes | |
| 1003 MONROE AVE MEMPHIS, TN 38104 62-1599670 | EDUCATION OF HEALTH CARE PROFESSIONALS | TN | 501(C)(3) | 509(A)(1) | BAPTIST MEMORIAL HOSPITAL | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 58-1521475 | MANAGEMENT, ADMINISTRATIVE & FINANCIAL SERVICES | TN | 501(C)(3) | 509(A)(3) | N/A | | No |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 58-1456556 | CARRY OUT THE HEALTH CARE MISSIONS OF THE BAPTIST CONVENTIONS OF AR, MS, TN | TN | 501(C)(3) | 509(A)(3) | N/A | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 62-1509127 | PROVISIONS OF HEALTH CARE PROVIDERS & HOME MEDICAL EQUIPMENT/SERVICES | TN | 501(C)(3) | 509(A)(2) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 58-1562973 | HOME HEALTH CARE & HOSPICE SERVICES | TN | 501(C)(3) | 509(A)(2) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 62-0123940 | HEALTH CARE FACILITY/HOSPITAL | TN | 501(C)(3) | 509(A)(1) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 100 HOSPITAL STREET BOONEVILLE, MS 38829 64-0663760 | HEALTH CARE FACILITY/HOSPITAL | MS | 501(C)(3) | 509(A)(1) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 81-3257997 | HEALTH CARE FACILITY/HOSPITAL | MS | 501(C)(3) | 509(A)(1) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 7601 SOUTHCREST PARKWAY SOUTHAVEN, MS 38671 64-0682111 | HEALTH CARE FACILITY/HOSPITAL | MS | 501(C)(3) | 509(A)(1) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 2520 5TH STREET NORTH COLUMBUS, MS 39701 62-1519754 | HEALTH CARE FACILITY/HOSPITAL | MS | 501(C)(3) | 509(A)(1) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 631 RB WILSON DR HUNTINGDON, TN 38344 62-1166050 | HEALTH CARE FACILITY/HOSPITAL | TN | 501(C)(3) | 509(A)(1) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 26-1214372 | HEALTH CARE FACILITY/HOSPITAL | AR | 501(C)(3) | 509(A)(1) | NEA BAPTIST HEALTH SYSTEM INC | Yes | |
| PO BOX 946 OXFORD, MS 38655 64-0772726 | HEALTH CARE FACILITY/HOSPITAL | MS | 501(C)(3) | 509(A)(1) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| HIGHWAY 51 SOUTH COVINGTON, TN 38019 62-1113167 | HEALTH CARE FACILITY/HOSPITAL | TN | 501(C)(3) | 509(A)(1) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 1201 BISHOP ST UNION CITY, TN 38261 62-1138045 | HEALTH CARE FACILITY/HOSPITAL | TN | 501(C)(3) | 509(A)(1) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
|--|--|--|----------------------------|---|--|---|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
| | | | | | | Yes | No |
| 200 HIGHWAY 30 WEST NEW ALBANY, MS 38652 63-0997281 | HEALTH CARE FACILITY/HOSPITAL | MS | 501(C)(3) | 509(A)(1) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 62-1545731 | PROVISION OF HEALTH CARE PROVIDERS FOR BAPTIST ENTITIES | TN | 501(C)(3) | 509(A)(1) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 62-1407946 | BAPTIST EMPLOYEE HEALTH PLAN | TN | 501(C)(9) | | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 58-1645396 | HEALTH CARE FACILITY/HOSPITAL | TN | 501(C)(3) | 509(A)(1) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 62-1538114 | NON-EMERGENCY CLINICS | TN | 501(C)(3) | 509(A)(1) | BAPTIST MEMORIAL MEDICAL GROUP INC | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 81-3655778 | HEALTH CARE FACILITY/HOSPITAL | MS | 501(C)(3) | 509(A)(3) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 45-3032372 | ESTABLISH, MAINTAIN & MANAGE A PATIENT SAFETY ORGANIZATION | TN | 501(C)(3) | 509(A)(3) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 46-1953140 | HEALTH CARE SERVICE PROVIDER | TN | 501(C)(3) | 509(A)(1) | BAPTIST MEMORIAL MEDICAL GROUP INC | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 45-3303607 | HEALTH CARE SERVICE PROVIDER | TN | 501(C)(3) | 509(A)(1) | BAPTIST MEMORIAL MEDICAL GROUP INC | Yes | |
| 80 HUMPHREYS CENTER MEMPHIS, TN 38120 35-2461541 | HEALTH CARE SERVICE PROVIDER | TN | 501(C)(3) | 509(A)(1) | BAPTIST MEMORIAL MEDICAL GROUP INC | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 45-3303687 | HEALTH CARE SERVICE PROVIDER | TN | 501(C)(3) | 509(A)(1) | BAPTIST MEMORIAL MEDICAL GROUP INC | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 62-1112364 | COLLECTION AGENCY FOR BAPTIST ENTITIES | TN | 501(C)(3) | 509(A)(3) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 1225 NORTH STATE STREET JACKSON, MS 39202 75-3068151 | CLINICS | MS | 501(C)(3) | 509(A)(1) | MISSISSIPPI BAPTIST HEALTH SYSTEMS INC | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 45-2832975 | HEALTH CARE SERVICE PROVIDER | TN | 501(C)(3) | 509(A)(1) | BAPTIST MEMORIAL MEDICAL GROUP INC | Yes | |
| 1225 NORTH STATE STREET JACKSON, MS 39202 64-0306253 | HOLDING COMPANY | MS | 501(C)(3) | 509(A)(1) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 1225 NORTH STATE STREET JACKSON, MS 39202 64-0881013 | HEALTH CARE FACILITY/HOSPITAL | MS | 501(C)(3) | 509(A)(1) | MISSISSIPPI BAPTIST HEALTH SYSTEMS INC | Yes | |
| 1225 NORTH STATE STREET JACKSON, MS 39202 64-0833383 | HEALTH CARE FACILITY/HOSPITAL | MS | 501(C)(3) | 509(A)(1) | MISSISSIPPI BAPTIST HEALTH SYSTEMS INC | Yes | |
| 1225 NORTH STATE STREET JACKSON, MS 39202 80-0812322 | HOLDING COMPANY | MS | 501(C)(3) | 509(A)(1) | MISSISSIPPI BAPTIST HEALTH SYSTEMS INC | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 27-1799652 | HEALTH CARE SERVICE PROVIDER | AR | 501(C)(3) | 509(A)(3) | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 4802 E JOHNSON AVE JONESBORO, AR 72401 71-0850123 | HEALTH CARE SERVICE PROVIDER | AR | 501(C)(3) | 509(A)(1) | NEA BAPTIST HEALTH SYSTEM INC | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
|--|---------------------------------|---|----------------------------|--|---------------------------------------|---|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
| | | | | | | Yes | No |
| 8060 WOLF RIVER BLVD GERMANTOWN, TN 38138 27-4396698 | HEALTH CARE SERVICE PROVIDER | TN | 501(C)(3) | 509(A)(1) | BAPTIST MEMORIAL MEDICAL GROUP INC | Yes | |

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

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

[illegible]

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|--|---|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| BAPTIST HEALTH SERVICES GROUP OF THE MID-SOUTH INC 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 62-1534210 | HEALTH INSURANCE CONTRACTING | TN | N/A | C | | | | Yes | |
| GERMANTOWN BUSINESS PARK OWNERS ASSOCIATION 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 20-1158216 | BOOKKEEPING & DATA PROCESSING GERMANTOWN BUS PARK | TN | N/A | C | | | | Yes | |
| HEALTH TECH AFFILIATES INC 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 62-1278576 | BUYING & LEASING REAL & PERSONAL PROPERTY | TN | N/A | C | | | | Yes | |
| MEDICAL PRACTICE SOLUTIONS 1225 NORTH STATE STREET JACKSON, MS 39202 64-0833731 | MEDICAL CONSULTING | MS | N/A | C | | | | Yes | |
| MISSISSIPPI BAPTIST MEDICAL ENTERPRISES INC 1225 NORTH STATE STREET JACKSON, MS 39202 64-0776164 | INVESTMENTS | MS | N/A | C | | | | Yes | |
| MISSISSIPPI REAL ESTATE ENTERPRISES INC 1225 NORTH STATE STREET JACKSON, MS 39202 64-0746856 | INVESTMENTS | MS | N/A | C | | | | Yes | |
| SOUTHCREST PROPERTY OWNERS ASSOCIATION 7601 SOUTHCREST PKWY SOUTHAVEN, MS 38671 64-0768703 | BOOKKEEPING & DATA PROCESSING FOR THE SOUTHCREST DEVELOPMENT | MS | N/A | C | | | | Yes | |

Form 990, Schedule R, Part V - Transactions With Related Organizations

| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|---|---------------------------------|------------------------|--|
| BAPTIST CLINICAL RESEARCH INSTITUTE INC | B | 110,294 | CASH |
| BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC | B | 1,588,037 | CASH |
| BAPTIST MEMORIAL HEALTH CARE CORPORATION | B | 3,265,029 | CASH |
| BAPTIST MEMORIAL HOME CARE INC | B | 1,281,558 | CASH |
| BAPTIST MEMORIAL HOSPITAL | B | 590,395 | CASH |
| BAPTIST MEMORIAL HOSPITAL-DESOTO INC | B | 89,809 | CASH |
| BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC | B | 102,800 | CASH |
| BAPTIST MEMORIAL HOSPITAL-JONESBORO INC | B | 826,272 | CASH |
| BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC | B | 59,361 | CASH |
| BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC | B | 51,754 | CASH |
| NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION INC | B | 93,060 | CASH |
| BAPTIST MEMORIAL HEALTH CARE CORPORATION | E | 1,717,841 | CASH |
| BAPTIST MEMORIAL HEALTH CARE CORPORATION | L | 434,743 | CASH |
| BAPTIST MEMORIAL HEALTH CARE CORPORATION | N | 80,102 | CASH |
| BAPTIST MEMORIAL HEALTH CARE CORPORATION | O | 354,641 | CASH |
| NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION INC | O | 195,130 | CASH |
| BAPTIST CLINICAL RESEARCH INSTITUTE INC | P | 81,503 | CASH |
| BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC | P | 84,201 | CASH |
| BAPTIST MEMORIAL MEDICAL GROUP INC | P | 346,779 | CASH |
| BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC | R | 738,981 | CASH |
| BAPTIST MEMORIAL HOME CARE INC | R | 140,743 | CASH |
| BAPTIST MEMORIAL HOSPITAL-JONESBORO INC | R | 432,825 | CASH |
| BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC | R | 111,039 | CASH |
| BAPTIST MEMORIAL MEDICAL MINISTRIES EMPLOYEE HEALTH AND WELFARE TRUST | R | 121,879 | CASH |
| BAPTIST MEMORIAL HOSPITAL | S | 224,038 | CASH |

| Form 990, Schedule R, Part V - Transactions With Related Organizations | | | |
|--|------------------------------|------------------------|--|
| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
| BAPTIST MEMORIAL HOSPITAL-DESOTO INC | S | 88,435 | CASH |
| BAPTIST MEMORIAL HOSPITAL-TIPTON INC | S | 777,119 | CASH |
| BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC | S | 86,561 | CASH |
| BAPTIST MEMORIAL MEDICAL GROUP INC | S | 322,415 | CASH |