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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

BAPTIST MEMORIAL HEALTH CARE CORPORATION

Doing business as

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

Room/suite

350 N HUMPHREYS BLVD

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

MEMPHIS, TN 38120

F Name and address of principal officer

JASON M LITTLE

350 N HUMPHREYS BLVD

MEMPHIS, TN 38120

D Employer identification number

58-1521475

E Telephone number

(901) 227-7014

G Gross receipts \$ 277,614,341

I Tax-exempt status

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

J Website: ▶ WWW.BAPTISTONLINE.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1954

M State of legal domicile TN

Part I

Summary

Activities & Governance

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

BAPTIST MEMORIAL HEALTH CARE CORPORATION IS THE SOLE MEMBER OF A NUMBER OF HOSPITALS, MINOR MEDICAL CENTERS, HOME CARE AND HOSPICE SERVICES, AND PHYSICIAN SERVICES IN WEST TENNESSEE, NORTH MISSISSIPPI, AND EAST ARKANSAS AND SUPPLIES MANAGEMENT, CONSULTING, AND SUPPORT SERVICES TO THEM THROUGH ITS CORPORATE STAFF

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

3 Number of voting members of the governing body (Part VI, line 1a)

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

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

b Net unrelated business taxable income from Form 990-T, line 34

Revenue

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

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

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

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

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

Expenses

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

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

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

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Prior Year

Current Year

Beginning of Current Year

End of Year

Part II

Signature Block

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

Sign Here

Signature of officer

JASON M LITTLE PRESIDENT & CEO

Type or print name and title

2020-08-12

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00752421

Firm's name ▶ DELOITTE TAX LLP

Firm's EIN ▶ 86-1065772

Firm's address ▶ 1033 DEMONBREUN STREET SUITE 400

NASHVILLE, TN 37203

Phone no (615) 259-1800

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ ☒**1** Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 251,121,018 including grants of \$ 453,700) (Revenue \$ 213,303,734)
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 ▶ 251,121,018

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 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

		Yes	No	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax 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	1,182	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	1,654			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
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		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

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		
1b	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?		No
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?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
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
10b	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	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	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.	Yes	
b	Other officers or key employees of the organization.	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
16b	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?	Yes	

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-A 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:
 ► BRENDA SWEARENGEN 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 (901) 227-5304

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

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

1

● 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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	18,345,392	140,000	2,384,465

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 ► 164

		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>	3	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>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ARTHUR J GALLAGHER RISK MANAGEMENT 6525 MORRISON BLVD 200 CHARLOTTE, NC 28211	RISK MANAGEMENT SERVICES	4,197,682
SHIFTWISE INC PO BOX 70870 ST PAUL, MN 55170	STAFFING AGENCY	3,918,010
BAKER DONELSON ONE EASTOVER CTR 100 VISION DR JACKSON, MS 39211	LEGAL SERVICES	2,383,619
HEALTH CARE FINANCIAL SERVICES PO BOX 2248 NORCROSS, GA 30091	CLAIMS RECOVERY SERVICES	1,858,814
HARRIS SHELTON HANOVER WALSH PLLC ONE COMMERCE SQ 2700 MEMPHIS, TN 38103	LEGAL SERVICES	331,112

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 ► 58

Form 990 (2018)		Page 9					
Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>							
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	99,347				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a - 1f \$						
	h Total. Add lines 1a-1f ▶		99,347				
Program Service Revenue			Business Code				
	2a MANAGEMENT FEE REVENUE		541200	211,592,712	211,592,712		
	b OPERATING REVENUE		900099	1,682,780	1,682,780		
	c						
	d						
	e						
	f All other program service revenue						
	9 Total. Add lines 2a-2f ▶		213,275,492				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		6,939,440				6,939,440
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
			(i) Real	(ii) Personal			
	6a Gross rents		216,078				
	b Less rental expenses		0				
	c Rental income or (loss)		216,078				
	d Net rental income or (loss) ▶		216,078				216,078
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		54,784,692		3,792		
	b Less cost or other basis and sales expenses		46,891,557		8,119		
	c Gain or (loss)		7,893,135		-4,327		
	d Net gain or (loss) ▶		7,888,808				7,888,808
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a						
	b Less direct expenses b						
	c Net income or (loss) from fundraising events ▶						
	9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b						
	c Net income or (loss) from gaming activities ▶						
	10a Gross sales of inventory, less returns and allowances a						
b Less cost of goods sold b							
c Net income or (loss) from sales of inventory ▶							
Miscellaneous Revenue		Business Code					
11a BHSG ALLOCATION		561000		2,267,258	0	2,267,258	
b NON-OPERATING REVENUE		900099		28,242	28,242		
c							
d All other revenue							
e Total. Add lines 11a-11d ▶				2,295,500			
12 Total revenue. See Instructions ▶				230,714,665	213,303,734	2,267,258	15,044,326

Form 990 (2018)

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.	453,700	453,700		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	19,741,231	19,698,559	42,672	
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.	91,824,689	91,626,203	198,486	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	4,478,286	4,467,257	11,029	
9 Other employee benefits.	14,544,808	14,505,300	39,508	
10 Payroll taxes.	6,576,881	6,561,450	15,431	
11 Fees for services (non-employees):				
a Management.				
b Legal.	3,071,744		3,071,744	
c Accounting.	1,759,453		1,759,453	
d Lobbying.	86,301		86,301	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	737,487	732,787	4,700	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	40,556,202	40,303,712	252,490	
12 Advertising and promotion.	1,083,382	1,072,440	10,942	
13 Office expenses.	7,592,835	7,590,536	2,299	
14 Information technology.				
15 Royalties.				
16 Occupancy.	1,837,222	1,837,222		
17 Travel.	959,673	383,869	575,804	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	542,475	216,990	325,485	
20 Interest.	295,670	294,377	1,293	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	23,698,378	23,591,023	107,355	
23 Insurance.	1,863,518	1,863,518		
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 REPAIRS AND MAINTENANCE	33,616,489	33,473,043	143,446	
b DUES AND SUBSCRIPTIONS	2,553,313	1,021,325	1,531,988	
c EMPLOYEE RELATIONS	553,343	549,817	3,526	
d TAXES AND LICENSES	363,397	363,397	0	
e All other expenses	516,110	514,493	1,617	
25 Total functional expenses. Add lines 1 through 24e.	259,306,587	251,121,018	8,185,569	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing			1		
	2	Savings and temporary cash investments		2,992,650	2	8,887,433	
	3	Pledges and grants receivable, net		300,000	3	809,690	
	4	Accounts receivable, net		0	4	0	
	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		520,490	7	220,490	
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		19,969,401	9	22,089,013	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	495,257,586			
	b	Less: accumulated depreciation	10b	372,107,060	79,706,653	10c	123,150,526
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		1,563,586	12	1,683,190	
	13	Investments—program-related. See Part IV, line 11		264,193,174	13	239,664,187	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		987,400,915	15	982,899,648	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,356,646,869	16	1,379,404,177		
Liabilities	17	Accounts payable and accrued expenses		28,643,532	17	41,013,057	
	18	Grants payable			18		
	19	Deferred revenue		0	19	0	
	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		23,466,564	23	44,111,000	
	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		74,744,438	25	107,149,528	
	26	Total liabilities. Add lines 17 through 25		126,854,534	26	192,273,585	
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		1,229,792,335	27	1,187,130,592	
	28	Temporarily restricted net assets			28		
	29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		1,229,792,335	33	1,187,130,592		
34	Total liabilities and net assets/fund balances		1,356,646,869	34	1,379,404,177		

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	230,714,665
2	Total expenses (must equal Part IX, column (A), line 25)	2	259,306,587
3	Revenue less expenses Subtract line 2 from line 1	3	-28,591,922
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,229,792,335
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-14,069,821
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,187,130,592

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

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

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

Form 990 (2018)

Form 990, Part III, Line 4a:

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) 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			
ALLEN B PUCKETT III CHAIRMAN ELECT	0 75 0 43	X						0	0	0
ALVENO CASTILLA DIRECTOR	0 75 2 00	X						0	0	0
ARTHUR SKIP JERNIGAN DIRECTOR	0 77 3 23	X						0	30,000	0
BRYAN JORDAN DIRECTOR (THRU 12/18)	0 75 0 00	X						0	0	0
DANA KELLY DIRECTOR	0 75 2 58	X						0	0	0
DR DALE MORRIS DIRECTOR	0 75 1 32	X						0	0	0
DR JOHN STANFORD DIRECTOR	0 75 0 66	X						0	0	0
JASON M LITTLE PRESIDENT & CEO	32 70 7 30	X		X				1,248,199	0	73,929
JOHNNIE D AMONETTE DIRECTOR (THRU 12/18)	0 75 0 23	X						0	0	0
KARLEN TURBEVILLE DIRECTOR	0 75 1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LARRY MCCLENDON DIRECTOR	0 23 0 00	X						0	0	0
MICHAEL CARY DIRECTOR	0 75 0 23	X						0	0	0
MILTON MAGEE DIRECTOR	0 75 0 20	X						0	0	0
MURRAY BENTON DIRECTOR (THRU 12/18)	0 75 1 58	X						0	0	0
RHODES THOMPSON DIRECTOR (AS OF 1/19)	0 75 0 00	X						0	0	0
ROBERT M GATHINGS JR DIRECTOR	0 75 2 00	X						0	0	0
STEPHEN C REYNOLDS PRESIDENT - EMERITUS	39 80 0 20	X		X				90,002	0	12
WATSON BELL CHAIRMAN	0 23 0 23	X						0	0	0
BARRY BONDURANT CEO BMH-UNION CITY	0 00 40 00			X				234,961	0	52,349
BETTY SUE MCGARVEY COLLEGE PRESIDENT	0 00 40 00			X				353,191	0	67,002

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BEVERLY D JORDAN VP/CHIEF INFORMATION OFFICER	40 00 0 00			X				781,589	0	65,251
BOBBIE K WARE CEO MS BAPTIST MEDICAL CENTER	0 00 40 00			X				489,835	0	48,619
BRAD H PARSONS CEO BMH-JONESBORO	0 00 40 00			X				343,592	0	53,008
BRIAN WELTON CEO BMH-CRITTENDEN	0 00 40 00			X				112,504	0	41,052
COLLIN R CHEEK CEO CALHOUN	0 00 40 00			X				72,632	11,120	25,611
DANA B DYE VP & CEO BMH	0 00 40 00			X				448,021	0	57,474
DARYL WEAVER CEO BMC-LEAKE	0 00 40 00			X				193,374	6,756	49,138
DAVID R ELLIOTT VP MANAGED CARE	40 00 0 00			X				406,500	0	65,266
DAVID W BARHAM VP OPERATIONS CFO	38 85 1 15			X				622,954	0	73,251
DERICK B ZIEGLER VP W TN OPERATIONS	40 00 0 00			X				478,740	0	63,189

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EDWIN P CADE CEO BMH-GOLDEN TRIANGLE	0 00 40 00			X				324,006	0	88,025
GARY C ANDERSON VP MS MKT OPERATIONS	26 08 13 92			X				853,428	0	71,762
GREGORY M DUCKETT SR VP, CHIEF LEGAL OFF & SEC	32 21 7 79			X				576,210	0	74,991
HENRY P SULLIVANT MD VP/CHIEF MEDICAL OFFICER	39 90 0 10			X				529,778	0	53,313
JAMES A GRANTHAM CEO BMH-BOONEVILLE	0 00 40 00			X				186,247	0	45,092
JAMES R HUFFMAN CEO BMH-DESOTO	0 00 40 00			X				323,638	0	66,316
JAMES S FOUNTAIN SR VP & CHIEF DEV OFFICER	20 00 20 00			X				543,998	0	82,842
KEITH NORMAN VP GOV AFFAIRS	40 00 0 00			X				289,518	0	51,210
KEVIN HAMMERAN CEO WOMEN'S HOSPITAL	0 00 40 00			X				435,578	0	51,328
MARK E SWANSON MD VICE PRESIDENT	19 57 20 43			X				725,046	0	18,635

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NANCY AVERWATER VP HUMAN RESOURCES	39 80 0 20			X				421,928	0	65,335
PARKER HARRIS CEO BMH-TIPTON (AS OF 12/18)	0 00 40 00			X				76,840	0	25,031
PAUL D DEPRIEST MD EXECUTIVE VP & COO	34 64 5 36			X				955,671	0	64,212
RANDY J KING VICE PRESIDENT OF METRO OPS	37 01 2 99			X				728,910	0	71,003
ROBERT COLEMAN CEO BMC-ATTALA AND YAZOO	0 00 40 00			X				95,475	83,960	7,546
RONALD WACHSMAN VP REVENUE CYCLE/CORP FINANCE	40 00 0 00			X				225,141	0	27,402
SAMUEL S LYND COO BMH-MEMPHIS (AS OF 12/18)	0 00 40 00			X				204,613	0	22,070
SHERRILL S HOLMES CONTROLLER	33 80 6 20			X				121,844	0	48,258
SKIPPER STEWARD VP/CHIEF IMPROVEMENT OFFICER	39 54 0 46			X				164,009	0	38,323
SUSAN M BREEDEN CEO BMH-HUNTINGDON	0 00 40 00			X				224,357	0	44,749

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN P FERGUSON VP & CNO	40 00 0 00			X				394,247	0	63,190
WALTER J GRACE CEO BMH-UNION COUNTY	0 00 40 00			X				263,371	0	36,655
WILLIAM A GRIFFIN EXECUTIVE VP & CFO	38 62 1 38			X				635,654	0	66,237
WILLIAM A TUTTLE VICE PRESIDENT OF PLANNING	38 62 1 38			X				391,272	0	41,281
WILLIAM C HENNING CEO BMH-NORTH MISSISSIPPI	0 00 40 00			X				426,497	0	48,959
ZACHARY R CHANDLER EXECUTIVE VICE PRESIDENT	39 77 0 23			X				675,664	0	46,509
ANNA K BISHOP SYSTEM ADMINISTRATOR ONCOLOGY	40 00 0 00				X			216,818	0	45,072
JILL TRUITT CHIEF INFORMATION OFFICER	40 00 0 00				X			222,650	0	62,007
JILLIAN FOSTER SYSTEM PHARMACY DIRECTOR	40 00 0 00				X			214,851	0	42,788
DAVID G HARRIS SR DIR NETWORK ADMIN	40 00 0 00					X		196,782	0	41,914

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DONNA L BANTA CHIEF HUMAN RESOURCES-CORP	39 77 0 23					X		211,159	0	11,635
MARGARET C MASSEY SYSTEM DIR. OF FINANCE	40 00 0 00					X		196,765	0	52,319
STEPHANIE M CLARK CHIEF LEARNING OFFICER	38 53 1 47					X		214,043	8,164	34,989
WAID RAY ASSOC. CORPORATE COUNSEL	40 00 0 00					X		203,290	0	38,316

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HEALTH CARE CORPORATION

Employer identification number
58-1521475

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 ☐ An agricultural research organization described in **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 42
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total	42				0	746,324,328

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f))					14
15	Public support percentage for 2017 Schedule A, Part II, line 14					15
16a	33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI		
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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div>1</div> <div><input type="checkbox"/></div> <div>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.</div>			
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	<div><input type="checkbox"/></div> 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART I, LINE 12G, COLUMN (III)	BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER OF THE SUPPORTED ENTITIES, PROVIDES CERTAIN LEGAL, FINANCE, QUALITY, AND PERSONNEL SERVICES PURSUANT TO A SHARED SERVICES AGREEMENT

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION A, LINE 5A	<p>BAPTIST MEMORIAL HEALTH CARE CORPORATION ADDED THE FOLLOWING SUPPORTED ORGANIZATIONS DURING TAX YEAR 2018 BAPTIST BESTHEALTH, INC - 83-1651534 BAPTIST MEMORIAL HOSPITAL-CRITTENDEN, INC - 82-3844150 THE BAPTIST HEALTHPLEX, INC - 64-0900902 BAPTIST MEMORIAL HOSPITAL-CRITTENDEN, INC , BAPTIST BESTHEALTH, INC , AND THE BAPTIST HEALTHPLEX, INC , NOT-FOR-PROFIT HEALTH CARE ORGANIZATIONS, BECAME PART OF BAPTIST MEMORIAL HEALTH CARE CORPORATION DURING THE TAX YEAR ENDED SEPTEMBER 30, 2019 THE ORGANIZATIONS FALL WITHIN THE CLASS DESCRIBED IN THE ORGANIZATION'S GOVERNING DOCUMENTS, THEREFORE, NO AMENDMENT WAS MADE</p>

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

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

Additional Data

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

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

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) BAPTIST BESTHEALTH INC	831651534	3		No	0	13,651
(A) BAPTIST CANCER CENTER PHYSICIANS FOUNDATION INC	452842963	3		No	0	415,473
(B) BAPTIST CLINICAL RESEARCH INSTITUTE INC	453032246	4		No	0	3,064
(C) BAPTIST HEALTH FOUNDATION INC	473403762	3		No	0	11,648
(D) BAPTIST MEDICAL CENTER - LEAKE INC	452896080	3		No	0	21,504,785
(E) BAPTIST MEDICAL CENTER - YAZOO INC	640844470	3		No	0	18,874,888
(F) BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC	621599670	2		No	0	18,171
(G) BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	581544781	3		No	0	15,248,755
(H) BAPTIST MEMORIAL HEALTH SERVICES INC	621509127	3		No	0	8,809
(I) BAPTIST MEMORIAL HOME CARE INC	581562973	10		No	0	9,138
(J) BAPTIST MEMORIAL HOSPITAL	620123940	3		No	0	57,121,329
(K) BAPTIST MEMORIAL HOSPITAL-BOONEVILLE INC	640663760	3		No	0	4,530,469
(L) BAPTIST MEMORIAL HOSPITAL-CALHOUN INC	813257997	3		No	0	2,668,053
(M) BAPTIST MEMORIAL HOSPITAL- CRITTENDEN INC	823844150	3		No	0	1,503,534
(N) BAPTIST MEMORIAL HOSPITAL-DESOTO INC	640682111	3		No	0	22,790,301

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-GOLDEN TRIANGLE INC	621519754	3		No	0	13,998,855
(A) BAPTIST MEMORIAL HOSPITAL- HUNTINGDON INC	621166050	3		No	0	1,485,296
(B) BAPTIST MEMORIAL HOSPITAL-JONESBORO INC	261214372	3		No	0	23,469,510
(C) BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC	640772726	3		No	0	16,277,705
(D) BAPTIST MEMORIAL HOSPITAL-TIPTON INC	621113167	3		No	0	6,833,385
(E) BAPTIST MEMORIAL HOSPITAL-UNION CITY INC	621138045	3		No	0	4,023,113
(F) BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC	630997281	3		No	0	4,868,537
(G) BAPTIST MEMORIAL MEDICAL GROUP INC	621545731	3		No	0	9,670,709
(H) BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICESINC	581645396	3		No	0	5,349,991
(I) BAPTIST MINOR MEDICAL CENTERS INC	621538114	3		No	0	336,246
(J) BAPTIST NURSING HOME - CALHOUN INC	813655778	3		No	0	2,364,999
(K) BAPTIST PATIENT SAFETY SYSTEM INC	453032372	3		No	0	9,469
(L) BMG FAMILY PHYSICIANS GROUP FOUNDATION INC	461953140	3		No	0	5,506,237
(M) BOSTON BASKIN CANCER FOUNDATION INC	453303607	3		No	0	96,138
(N) GASTROINTESTINAL SPECIALISTS FOUNDATION INC	352461541	3		No	0	690,365

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) INTEGRITY ONCOLOGY FOUNDATION INC	453303687	3		No	0	49,696
(A) MEDICAL FINANCIAL SERVICES INC	621112364	3		No	0	5,046,977
(B) MEDICAL FOUNDATION OF CENTRAL MISSISSIPPI INC	753068151	3		No	0	12,252,595
(C) MEMPHIS LUNG PHYSICIANS FOUNDATION INC	452832975	3		No	0	652,914
(D) MISSISSIPPI BAPTIST HEALTH SYSTEM INC	640306253	3		No	0	230,929,139
(E) MISSISSIPPI BAPTIST MEDICAL CENTER INC	640881013	3		No	0	221,467,829
(F) MISSISSIPPI HOSPITAL FOR RESTORATIVE CARE INC	640833383	3		No	0	3,701
(G) MJMH IMPROVEMENT CORPORATION	800812322	3		No	0	5,083
(H) NEA BAPTIST HEALTH SYSTEM INC	271799652	3		No	0	23,109
(I) NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION INC	710850123	3		No	0	6,132,807
(J) THE BAPTIST HEALTHPLEX INC	640900902	10		No	0	0
(K) THE STERN CARDIOVASCULAR FOUNDATION INC	274396698	3		No	0	30,057,855

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

g Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)****(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)****Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		80,286
j	Total. Add lines 1c through 1i			80,286
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HEALTH CARE CORPORATION

Employer identification number
58-1521475

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

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

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

► \$

(ii) Assets included in Form 990, Part X

► \$

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

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	46,029,068		46,029,068
b	Buildings	36,494,981	22,878,187	13,616,794
c	Leasehold improvements	233,982	90,351	143,631
d	Equipment	410,277,324	348,758,509	61,518,815
e	Other	2,222,231	380,013	1,842,218
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))			123,150,526

Part VII

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

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

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) LONG-TERM INVESTMENTS	24,661,210	F
(2) SHORT-TERM INVESTMENTS	215,002,977	F
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶	239,664,187	

Part IX

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	980,082,020
(2) CASH SURRENDER VALUE OF OFFICERS' LIFE INSURANCE	1,113,994
(3) CONSTRUCTION IN PROCESS	1,703,634
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	982,899,648

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
POST RETIREMENT BENEFIT OBLIGATION	2,183,315
RESERVE FOR SELF-INSURANCE	81,601,068
OTHER CURRENT LIABILITIES	362,095
DUE TO AFFILIATES	23,003,050
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	107,149,528

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	FROM THE COMBINED AUDITED FINANCIAL STATEMENTS OF BAPTIST MEMORIAL HEALTH CARE CORPORATION AND AFFILIATES AS OF SEPTEMBER 30, 2019, BAPTIST MEMORIAL HEALTH CARE CORPORATION (BMHCC) HAD NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS UNDER FASB ASC TOPIC 740, INCOME TAXES, R EQUIRING ADJUSTMENTS TO ITS COMBINED FINANCIAL STATEMENTS IN THE EVENT BMHCC WERE TO RECO GNIZE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IT WOULD BE RECOGNIZED IN THE COMBINED FINANCIAL STATEMENTS AS INTEREST EXPENSE GENERALLY, BMHCC IS NO LONGER SUBJ ECT TO INCOME TAX EXAMINATIONS FOR TAX YEARS PRIOR TO 2014 (FISCAL YEAR ENDED SEPTEMBER 30 , 2015)

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service
Name of the organization

BAPTIST MEMORIAL HEALTH CARE CORPORATION

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Employer identification number

58-1521475

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of 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 9

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

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)					
(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: 58-1521475
Name: BAPTIST MEMORIAL HEALTH CARE CORPORATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METHODIST LE BONHEUR HEALTHCARE 1211 UNION AVE STE 700 MEMPHIS, TN 38104	58-1454711	501(C)(3)	111,902				CHARITY PATIENT PAYMENTS
CHRIST COMMUNITY HEALTH SERVICES INC 2595 CENTRAL AVE MEMPHIS, TN 38104	62-1583270	501(C)(3)	70,000	32,578	FMV	MEDICAL SERVICES	OUTREACH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEMPHIS SHELBY CRIME COMMISSION 600 JEFFERSON AVE STE 400 MEMPHIS, TN 38105	62-1693848	501(C)(3)	55,000				MEMPHIS POLICE DEPARTMENT RECRUIT/RETAIN INITIATIVE
UNITED WAY OF THE MID-SOUTH 1005 TILLMAN ST MEMPHIS, TN 38112	56-1010742	501(C)(3)	35,000				95TH ANNIVERSARY SPONSORHIP

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
THE UNIVERSITY OF MEMPHIS FOUNDATION 635 NORMAL ST ALUMNI CENTER NO 108 MEMPHIS, TN 38152	62-6048540	501(C)(3)	20,000				DONATION
COMMON TABLE HEALTH ALLIANCE 6027 WALNUT GROVE RD STE 215 MEMPHIS, TN 38120	62-1820264	501(C)(3)	25,000				2019 CTHA SPONSORSHIP - DIAMOND LEVEL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELBY FARMS PARK CONSERVANCY 6903 GREAT VIEW DRIVE NORTH MEMPHIS, TN 38134	26-0350397	501(C)(3)	13,000				GET OUTSIDE FITNESS SPONSORSHIP
MEMPHIS AREA CHAMBER OF COMMERCE PO BOX 224 MEMPHIS, TN 38101	62-0291250	501(C)(6)	10,000				ANNUAL CHAIRMAN'S BALL

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
KINDRED PLACE INC 2180 UNION AVENUE MEMPHIS, TN 38104	58-1502697	501(C)(3)	7,500				GRANT FOR CHILDREN'S DOMESTIC VIOLENCE PROGRAM
GIRLS INCORPORATED OF MEMPHIS 910 VANCE AVENUE MEMPHIS, TN 38126	62-0512078	501(C)(3)	5,500				DONATION

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div>	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization BAPTIST MEMORIAL HEALTH CARE CORPORATION	Employer identification number 58-1521475
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Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		1b	No
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	No
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any 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 1A	THE OFFICERS HAVE A LIFE INSURANCE PLAN WHERE THE CASH VALUE OF THE PLAN IS INCLUDED IN THE OFFICERS' WAGES EACH YEAR. THE AMOUNT IS GROSSED UP SO THAT THE OFFICER DOES NOT HAVE A TAX BURDEN. ALSO, THE OFFICERS RECEIVE A PERQUISITE ALLOWANCE WHICH IS INCLUDED IN THEIR SALARIES.

Return Reference	Explanation
PART I, LINE 1B	THE PRESIDENT, VICE PRESIDENTS, AND ADMINISTRATORS RECEIVE A PERQUISITE ALLOWANCE THAT IS TAXABLE TO THEM AS ADDITIONAL INCOME THE MAJORITY OF OFFICERS (33) RECEIVE A DISCRETIONARY SPENDING ACCOUNT THAT IS TAXABLE TO THEM AS ADDITIONAL INCOME RONALD WACHSMAN RECEIVES A HOUSING ALLOWANCE THAT IS TAXABLE TO HIM AS ADDITIONAL INCOME

Return Reference	Explanation
PART I, LINE 4B	<p>ELIGIBLE EXECUTIVES PARTICIPATE IN VARIOUS NON-QUALIFIED DEFERRED COMPENSATION PLANS ORGANIZED UNDER CODE SECTION 457(F) THE EXACT PURPOSE OF EACH PLAN VARIES BUT THEY INCLUDE COMPENSATION LIMITATION MAKE-UP PLANS, VOLUNTARY DEFERRAL PLANS, DEFERRAL OF A PORTION OF INCENTIVE BONUS TYPE PLANS, ETC ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EXECUTIVE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID THE FOLLOWING INDIVIDUALS LISTED ON PART VII RECEIVED SUPPLEMENTAL NON-QUALIFIED PLAN PAYMENTS DURING THE CALENDAR YEAR BEVERLY D JORDAN - \$248,627 BOBBIE K WARE - \$44,049 DAVID W BARHAM - \$212,110 RANDY J KING - \$226,703 WILLIAM A TUTTLE - \$147,845</p>

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



Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JASON M LITTLE PRESIDENT & CEO	(i)	972,994	162,516	112,689	39,125	34,804	1,322,128	0
	(ii)	0	0	0	0	0	0	0
BARRY BONDURANT CEO BMH-UNION CITY	(i)	170,749	40,357	23,855	28,214	24,135	287,310	0
	(ii)	0	0	0	0	0	0	0
BETTY SUE MCGARVEY COLLEGE PRESIDENT	(i)	269,496	32,185	51,510	44,875	22,127	420,193	0
	(ii)	0	0	0	0	0	0	0
BEVERLY D JORDAN VP/CHIEF INFORMATION OFFICER	(i)	388,357	56,362	336,870	43,021	22,230	846,840	0
	(ii)	0	0	0	0	0	0	0
BOBBIE K WARE CEO MS BAPTIST MEDICAL CENTER	(i)	337,977	46,521	105,337	34,375	14,244	538,454	0
	(ii)	0	0	0	0	0	0	0
BRAD H PARSONS CEO BMH-JONESBORO	(i)	283,206	27,433	32,953	28,773	24,235	396,600	0
	(ii)	0	0	0	0	0	0	0
BRIAN WELTON CEO BMH-CRITTENDEN	(i)	112,404	0	100	11,487	29,565	153,556	0
	(ii)	0	0	0	0	0	0	0
DANA B DYE VP & CEO BMH	(i)	334,051	43,746	70,224	38,250	19,224	505,495	0
	(ii)	0	0	0	0	0	0	0
DARYL WEAVER CEO BMC-LEAKE	(i)	169,147	24,077	150	18,991	28,215	240,580	0
	(ii)	6,756	0	0	760	1,172	8,688	0
DAVID R ELLIOTT VP MANAGED CARE	(i)	317,768	43,349	45,383	45,125	20,141	471,766	0
	(ii)	0	0	0	0	0	0	0
DAVID W BARHAM VP OPERATIONS CFO	(i)	299,298	41,073	282,583	41,875	31,376	696,205	0
	(ii)	0	0	0	0	0	0	0
DERICK B ZIEGLER VP W TN OPERATIONS	(i)	377,851	52,027	48,862	53,312	9,877	541,929	0
	(ii)	0	0	0	0	0	0	0
EDWIN P CADE CEO BMH-GOLDEN TRIANGLE	(i)	242,493	36,397	45,116	63,625	24,400	412,031	0
	(ii)	0	0	0	0	0	0	0
GARY C ANDERSON VP MS MKT OPERATIONS	(i)	646,966	95,447	111,015	48,452	23,310	925,190	0
	(ii)	0	0	0	0	0	0	0
GREGORY M DUCKETT SR VP, CHIEF LEGAL OFF & SEC	(i)	423,227	64,208	88,775	43,089	31,902	651,201	0
	(ii)	0	0	0	0	0	0	0
HENRY P SULLIVANT MD VP/CHIEF MEDICAL OFFICER	(i)	417,268	55,658	56,852	31,375	21,938	583,091	0
	(ii)	0	0	0	0	0	0	0
JAMES A GRANTHAM CEO BMH-BOONEVILLE	(i)	136,293	21,094	28,860	23,242	21,850	231,339	0
	(ii)	0	0	0	0	0	0	0
JAMES R HUFFMAN CEO BMH-DESOTO	(i)	254,740	32,817	36,081	44,399	21,917	389,954	0
	(ii)	0	0	0	0	0	0	0
JAMES S FOUNTAIN SR VP & CHIEF DEV OFFICER	(i)	413,720	62,685	67,593	45,125	37,717	626,840	0
	(ii)	0	0	0	0	0	0	0
KEITH NORMAN VP GOV AFFAIRS	(i)	215,450	29,821	44,247	30,694	20,516	340,728	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
KEVIN HAMMERAN CEO WOMEN'S HOSPITAL	(i)	323,823	48,458	63,297	28,752	22,576	486,906	0
	(ii)	0	0	0	0	0	0	0
MARK E SWANSON MD VICE PRESIDENT	(i)	542,575	76,512	105,959	0	18,635	743,681	0
	(ii)	0	0	0	0	0	0	0
NANCY AVERWATER VP HUMAN RESOURCES	(i)	321,438	44,943	55,547	41,135	24,200	487,263	0
	(ii)	0	0	0	0	0	0	0
PAUL D DEPRIEST MD EXECUTIVE VP & COO	(i)	699,411	113,318	142,942	34,812	29,400	1,019,883	0
	(ii)	0	0	0	0	0	0	0
RANDY J KING VICE PRESIDENT OF METRO OPS	(i)	394,955	60,912	273,043	45,125	25,878	799,913	0
	(ii)	0	0	0	0	0	0	0
ROBERT COLEMAN CEO BMC-ATTALA AND YAZOO	(i)	89,642	0	5,833	4,462	336	100,273	0
	(ii)	68,875	10,317	4,768	2,084	664	86,708	0
RONALD WACHSMAN VP REVENUE CYCLE/CORP FINANCE	(i)	175,254	0	49,887	9,461	17,941	252,543	0
	(ii)	0	0	0	0	0	0	0
SAMUEL S LYND COO BMH-MEMPHIS (AS OF 12/18)	(i)	146,729	31,228	26,656	13,681	8,389	226,683	0
	(ii)	0	0	0	0	0	0	0
SHERRILL S HOLMES CONTROLLER	(i)	115,637	6,132	75	32,273	15,985	170,102	0
	(ii)	0	0	0	0	0	0	0
SKIPPER STEWARD VP/CHIEF IMPROVEMENT OFFICER	(i)	148,608	6,188	9,213	16,856	21,467	202,332	0
	(ii)	0	0	0	0	0	0	0
SUSAN M BREEDEN CEO BMH-HUNTINGDON	(i)	169,562	25,466	29,329	33,762	10,987	269,106	0
	(ii)	0	0	0	0	0	0	0
SUSAN P FERGUSON VP & CNO	(i)	278,849	42,436	72,962	44,775	18,415	457,437	0
	(ii)	0	0	0	0	0	0	0
WALTER J GRACE CEO BMH-UNION COUNTY	(i)	185,268	27,182	50,921	24,931	11,724	300,026	0
	(ii)	0	0	0	0	0	0	0
WILLIAM A GRIFFIN EXECUTIVE VP & CFO	(i)	487,832	75,779	72,043	45,125	21,112	701,891	0
	(ii)	0	0	0	0	0	0	0
WILLIAM A TUTTLE VICE PRESIDENT OF PLANNING	(i)	187,098	21,439	182,735	25,026	16,255	432,553	0
	(ii)	0	0	0	0	0	0	0
WILLIAM C HENNING CEO BMH-NORTH MISSISSIPPI	(i)	295,732	71,851	58,914	29,681	19,278	475,456	0
	(ii)	0	0	0	0	0	0	0
ZACHARY R CHANDLER EXECUTIVE VICE PRESIDENT	(i)	538,089	85,047	52,528	24,063	22,446	722,173	0
	(ii)	0	0	0	0	0	0	0
ANNA K BISHOP SYSTEM ADMINISTRATOR ONCOLOGY	(i)	207,974	8,669	175	28,010	17,062	261,890	0
	(ii)	0	0	0	0	0	0	0
JILL TRUITT CHIEF INFORMATION OFFICER	(i)	213,236	9,289	125	33,025	28,982	284,657	0
	(ii)	0	0	0	0	0	0	0
JILLIAN FOSTER SYSTEM PHARMACY DIRECTOR	(i)	204,147	8,550	2,154	26,321	16,467	257,639	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DAVID G HARRIS SR DIR NETWORK ADMIN	(i)	188,933	7,674	175	18,768	23,146	238,696	0
	(ii)	0	0	0	0	0	0	0
DONNA L BANTA CHIEF HUMAN RESOURCES-CORP	(i)	200,462	7,654	3,043	0	11,635	222,794	0
	(ii)	0	0	0	0	0	0	0
MARGARET C MASSEY SYSTEM DIR OF FINANCE	(i)	186,774	0	9,991	25,405	26,914	249,084	0
	(ii)	0	0	0	0	0	0	0
STEPHANIE M CLARK CHIEF LEARNING OFFICER	(i)	204,758	8,363	922	0	33,839	247,882	0
	(ii)	8,164	0	0	0	1,150	9,314	0
WAID RAY ASSOC CORPORATE COUNSEL	(i)	190,549	7,701	5,040	28,054	10,262	241,606	0
	(ii)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493227008310
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.		OMB No 1545-0047
			2018
Department of the Treasury			Open to Public Inspection
Name of the organization BAPTIST MEMORIAL HEALTH CARE CORPORATION		Employer identification number 58-1521475	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	<p>IN JULY 2012, BAPTIST MEMORIAL HEALTH CARE CORPORATION SIGNED A CONTRACT WITH EPIC, A SOFTWARE VENDOR BASED OUT OF VERONA, WISCONSIN, PAVING THE WAY FOR BAPTIST MEMORIAL HEALTH CARE CORPORATION'S TRANSITION TO A NEW ELECTRONIC HEALTH RECORD (EHR). THE PROJECT INVOLVES ALL 18 BAPTIST-AFFILIATED HOSPITALS ALONG WITH ITS CLINICS AND FINANCIAL SYSTEMS. ALL 13,000 PLUS BAPTIST EMPLOYEES AND MORE THAN 3,000 AFFILIATED PHYSICIANS WILL BE AFFECTED BY THE PROJECT. BAPTIST MEMORIAL HEALTH CARE CORPORATION CHOSE EPIC AFTER CONDUCTING A GREAT DEAL OF RESEARCH AND INVOLVING COLLEAGUES IN NUMEROUS DEMONSTRATIONS, WHICH MORE THAN 2,500 ATTENDED. BAPTIST MEMORIAL HEALTH CARE CORPORATION TOOK COLLEAGUES' FEEDBACK INTO DEEP CONSIDERATION BEFORE MAKING A DECISION. BAPTIST MEMORIAL HEALTH CARE CORPORATION COLLEAGUES PLAYED A ROLE IN BRANDING THE EPIC-POWERED SOFTWARE AS "BAPTIST ONECARE." "BAPTIST ONECARE CREATES A SINGLE PATIENT RECORD THAT BOTH CAREGIVERS AND PATIENTS ARE ABLE TO ACCESS. THE EHR AIMS TO MAXIMIZE EFFICIENCY BY REDUCING THE NEED FOR DUPLICATE TESTS AND PATIENTS HAVING TO GIVE THE SAME INFORMATION TO MULTIPLE CAREGIVERS. PATIENT PRIVACY IS PROTECTED THE SAME WAY IT IS WITH A WRITTEN RECORD. THE BIGGEST CONVENIENCE FOR PATIENTS WITHIN THE SYSTEM IS CALLED MYCHART, A FREE APPLICATION ACCESSIBLE VIA SMARTPHONE OR COMPUTER THAT ALLOWS PATIENTS TO SCHEDULE APPOINTMENTS, REFILL PRESCRIPTIONS, DIRECT MESSAGE THEIR CARE PROVIDERS WITH THE OPTION OF INCLUDING PHOTOS, ACCESS LAB RESULTS, AND MUCH MORE. BAPTIST MEMORIAL HEALTH CARE CORPORATION AND VANDERBILT UNIVERSITY MEDICAL CENTER BEGAN AN ACADEMIC AFFILIATION IN OCTOBER 2012. THIS ACADEMIC AFFILIATION PROVIDES FOR NEW CLINICAL RESEARCH AND ACADEMIC EDUCATION OPPORTUNITIES THAT ARE DESIGNED TO ENHANCE CANCER PROGRAMS. THE AFFILIATION ESTABLISHES A FRAMEWORK FOR COLLABORATIVE ONCOLOGY INITIATIVES BETWEEN BAPTIST CANCER CENTER AND VANDERBILT-INGRAM CANCER CENTER. BAPTIST CANCER CENTER PATIENTS HAVE INCREASED ACCESS TO VANDERBILT-INGRAM CANCER CENTER CLINICAL RESEARCH TRIALS AND GENETIC DIAGNOSTIC TOOLS. MANY OF THESE SERVICES ARE AVAILABLE IN LOCAL COMMUNITIES THROUGHOUT BAPTIST'S 18 HOSPITALS IN WEST TENNESSEE, NORTH MISSISSIPPI, AND EAST ARKANSAS. BAPTIST MEMORIAL HEALTH CARE CORPORATION EMPHASIZES CUSTOMER SERVICE. CUSTOMER SERVICE IS A KEY PART OF BAPTIST MEMORIAL HEALTH CARE CORPORATION'S CULTURE CALLED "SERVICE FIRST". BAPTIST MEMORIAL HEALTH CARE CORPORATION AND ITS AFFILIATED ENTITIES THROUGHOUT THE MID-SOUTH ARE FINDING BETTER WAYS TO SERVE OUR CUSTOMERS AND EXCEED THEIR EXPECTATIONS. BAPTIST MEMORIAL HEALTH CARE CORPORATION'S COMMITMENT TO CARE BEYOND THE WALLS OF THE HOSPITALS IS SINCERE AND LONG-STANDING. OUR GIVING IS FOCUSED ON TWO PRIMARY AREAS, HEALTH CARE DELIVERY AND PREVENTIVE SERVICES AND EDUCATION. WE ARE DEDICATED TO BUILDING A HEALTHY COMMUNITY BY ANTICIPATING AND RESPONDING TO OUR COMMUNITIES' HEALTH NEEDS, IMPROVING THE WELL-BEING OF THE PEOPLE WE SERVE, AND BEING A NEIGHBOR OF CHOICE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	<p>NOT ONLY DO WE PROVIDE FINANCIAL SUPPORT THROUGH OUR SUSTAINABLE AND ONGOING PARTNERSHIPS WITH LOCAL COMMUNITY GROUPS AND ORGANIZATIONS, BUT WE ALSO OFFER IN-KIND DONATIONS AND VOLUNTEERS. IN APRIL 2015, BAPTIST MEMORIAL HEALTH CARE CORPORATION INTRODUCED A "BAPTIST HEALTHY COMMUNITIES" PROGRAM TO FAITH LEADERS. "BAPTIST HEALTHY COMMUNITIES" IS DESIGNED TO IMPROVE THE OVERALL WELLNESS OF LOCAL COMMUNITIES BY ADDRESSING SOME OF THEIR MOST PRESSING HEALTH NEEDS. THE PROGRAM PROVIDES BETTER HEALTH CARE RESOURCES TO CONGREGATIONS AND FAITH PROGRAMS THAT HAVE A SHARED INTEREST IN ACHIEVING A HEALTHIER COMMUNITY. TO LEARN MORE ABOUT THE PROGRAM OR TO REGISTER ONLINE, PLEASE VISIT WWW.BAPTISTCOMMUNITIES.ORG. BAPTIST MEMORIAL HEALTH CARE CORPORATION ALSO PROVIDES A NUMBER OF OTHER SERVICES TO THE COMMUNITY. IT RECOGNIZES THAT ITS PEOPLE ARE ITS MOST VALUABLE ASSET. TO SHARE THIS ASSET WITH THE COMMUNITY AT LARGE, ALL COLLEAGUES ARE ENCOURAGED TO GET INVOLVED BY VOLUNTEERING. BELOW IS A PARTIAL LISTING OF THE ORGANIZATIONS AND ACTIVITIES BAPTIST MEMORIAL HEALTH CARE CORPORATION SUPPORTED DURING THE FISCAL YEAR ENDED 9/30/19: - AMERICAN CANCER SOCIETY, INC. - AMERICAN DIABETES ASSOCIATION, INC. - AMERICAN HEART ASSOCIATION, INC. - ARCADE - BELLEVUE FOUNDATION, INC. - BOSTON COLLEGE TRUSTEES - BRIDGES USA - CATHOLIC CHARITIES OF WEST TENNESSEE, INC. - CENTER FOR TRANSFORMING COMMUNITIES, INC. - CHICKASAW COUNCIL BOY SCOUTS OF AMERICA CHARITABLE TRUST - CHRIST COMMUNITY HEALTH SERVICES, INC. - CITYCURRENT, LLC - COMMON TABLE HEALTH ALLIANCE - DELTA SIGMA THETA SORORITY, INC. - DIOCESE OF MEMPHIS ROMAN CATHOLIC CHURCH - GIRL SCOUTS OF THE UNITED STATES OF AMERICA - GIRLS INCORPORATED OF MEMPHIS - HEALING HEARTS CHILD ADVOCACY CENTER - JACKSON STATE UNIVERSITY DEVELOPMENT FOUNDATION, INC. - JUNIOR LEAGUE OF MEMPHIS, INC. - LEADERSHIP MEMPHIS - LEMOYNE-OWEN COLLEGE NATIONAL ALUMNI ASSOCIATION - LINKS, INC. - MEMPHIS AREA CHAMBER OF COMMERCE - MEMPHIS CHALLENGE, INC. - MEMPHIS CRISIS CENTER - MEMPHIS-SHELBY CRIME COMMISSION - METHODIST LE BONHEUR HEALTH CARE - MID-SOUTH MINORITY BUSINESS COUNCIL CONTINUUM, INC. - NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE - NATIONAL CIVIL RIGHTS MUSEUM - NEW MEMPHIS INSTITUTE - NEXUS LEADERS, INC. - OVERTON PARK CONSERVANCY - MEMPHIS MUSEUMS, INC. - PORTER-LEATH - SCHOOLSEED FOUNDATION - SHELBY FARMS PARK CONSERVANCY - SOUTHWEST TENNESSEE COMMUNITY COLLEGE FOUNDATION - THE REGIONAL MEDICAL CENTER AT MEMPHIS FOUNDATION - THE SALVATION ARMY - SOUTHERN TERRITORY - UNIVERSITY OF MEMPHIS FOUNDATION. ONE OF THE LARGEST NOT-FOR-PROFIT HEALTH CARE SYSTEMS IN THE UNITED STATES, BAPTIST MEMORIAL HEALTH CARE CORPORATION OFFERS A FULL CONTINUUM OF CARE TO COMMUNITIES THROUGHOUT THE MID-SOUTH. THE HEALTH SYSTEM, WHICH CONSISTENTLY RANKS AMONG THE TOP INTEGRATED HEALTH CARE NETWORKS IN THE NATION, COMPRISES 18 AFFILIATE HOSPITALS IN THE MID-SOUTH WITH MORE THAN 3,000 AFFILIATED PHYSICIANS, BAPTIST MEMORIAL MEDICAL GROUP, INC.,</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	A MULTI-SPECIALTY PHYSICIAN GROUP WITH MORE THAN 500 PHYSICIANS, HOME, HOSPICE AND PSYCHI ATRIC CARE, A NETWORK OF SURGERY, REHABILITATION, AND OTHER OUTPATIENT CENTERS, AND, AN ED UCATION SYSTEM HIGHLIGHTED BY BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES, INC BAPTIST EM PLOYS MORE THAN 14,000 HEALTH CARE PROFESSIONALS, HAS MORE THAN 2,300 LICENSED BEDS SYSTEM -WIDE, AND HAS APPROXIMATELY 85,000 ADMISSIONS, ANNUALLY FOR MORE INFORMATION ON BAPTIST MEMORIAL HEALTH CARE CORPORATION'S COMMUNITY OUTREACH AND COMMITMENT, PLEASE VISIT OUR WEB SITE AT WWW BAPTISTONLINE ORG

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 BARRY BONDURANT BOBBIE K WARE DANA B DYE DAVID R ELLIOTT DAVID W BARHAM DERICK B ZIEGLER GARY C ANDERSON GREGORY M DUCKETT HENRY P SULLIVANT, MD JAMES A GRANTHAM JAMES S HUFFMAN JASON M LITTLE KEVIN HAMMERAN MARK E SWANSON, MD PAUL D DEPRIEST, MD RANDY J KING WILLIAM A GRIFFIN WILLIAM A TUTTLE WILLIAM C HENNING ZACHARY R CHANDLER

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 VICE-PRESIDENT/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 HAS A FINANCE, AUDIT AND COMPLIANCE COMMITTEE THAT IS APPOINTED BY ITS BOARD OF DIRECTORS THE FINANCE, AUDIT AND COMPLIANCE COMMITTEE WILL REVIEW THE FORM 990 AFTER SUBMITTING IT TO THE IRS THE COMMITTEE REPORTS THE COMPLETION OF THE REVIEW TO THE CORPORATE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	BAPTIST MEMORIAL HEALTH CARE CORPORATION REQUIRES THAT ALL EMPLOYEES, INCLUDING OFFICERS AND KEY EMPLOYEES, PERIODICALLY COMPLETE A CERTIFICATION AND ACKNOWLEDGEMENT OF THE BAPTIST MEMORIAL HEALTH CARE CORPORATION STANDARDS OF CONDUCT, WHICH INCORPORATES THE CONFLICT OF INTEREST POLICY BOARD MEMBERS DISCLOSE AND SIGN A CONFLICT OF INTEREST STATEMENT EACH DECEMBER IN THE EVENT THAT AN EMPLOYEE OR BOARD MEMBER BECOMES AWARE OF A POTENTIAL CONFLICT OF INTEREST, HE/SHE IS REQUIRED TO REPORT IT TO THEIR CHIEF EXECUTIVE OFFICER BEFORE TAKING ANY ACTION IF HE/SHE IS THE CHIEF EXECUTIVE OFFICER, THEN HE/SHE IS TO REPORT TO THE CHAIRMAN OF THE BOARD OF DIRECTORS THE SIGNED CONFLICT OF INTEREST STATEMENTS ARE REVIEWED BY THE SENIOR 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	BAPTIST MEMORIAL HEALTH CARE CORPORATION'S HUMAN RESOURCE DEPARTMENT, THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS, AND AN INDEPENDENT COMPENSATION CONSULTING FIRM PERFORM ANNUAL REVIEWS EACH DECEMBER AND APPROVE COMPENSATION OF THE CEO AND OTHER TOP MANAGEMENT PERSONNEL. THEY USE COMPARABILITY DATA AND OTHER SOURCES AS NEEDED. THE CEO AND OTHER TOP MANAGEMENT USE THE SAME TYPE OF INFORMATION TO APPROVE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES. ON DECEMBER 11, 2017, THE COMPENSATION WAS REVIEWED AND APPROVED FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2018 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 CORPORATION MAKES COPIES OF ITS FORM 1023, FORM 990, AND FORM 990-T AVAILABLE FOR PUBLIC INSPECTION TO ANYONE WHO REQUESTS THEM AS REQUIRED BY THE INTERNAL REVENUE SERVICE

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER PURCHASED SERVICES PROGRAM SERVICE EXPENSES 40,303,712 MANAGEMENT AND GENERAL EXPENSES 252,490 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 40,556,202

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ADJUSTMENT TO INVESTMENT IN MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC -14,069,821

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	BAPTIST MEMORIAL HEALTH CARE CORPORATION HAS AN AUDIT COMMITTEE THAT CHOOSES THE AUDIT FIRM, OVERSEES AND REVIEWS THE AUDIT REPORTS, AND THEN FOLLOWS UP ON ANY NECESSARY CHANGES AND RECOMMENDATIONS THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HEALTH CARE CORPORATION

Employer identification number
58-1521475

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SELECT HEALTH ALLIANCE LLC 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 46-1145983	CLINICAL INTEGRATION	TN	-439,158	-167,804	BAPTIST MEMORIAL HEALTH CARE CORPORATION

Part II Identification of Related Tax-Exempt Organizations

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

See Additional Data Table

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

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) BAPTIST HEALTH SERVICES GROUP OF THE MID-SOUTH INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1534210	HEALTH INSURANCE CONTRACTING	TN	BAPTIST MEMORIAL HEALTH CARE CORPORATION	C		83,717	100 000 %	Yes	
(2) GERMANTOWN BUSINESS PARK OWNERS ASSOCIATION 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 20-1158216	BOOKKEEPING & DATA PROCESSING GERMANTOWN BUS PARK	TN	N/A	C				Yes	
(3) HEALTH TECH AFFILIATES INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1278576	BUYING & LEASING REAL & PERSONAL PROPERTY	TN	BAPTIST MEMORIAL HEALTH CARE CORPORATION	C	22,357,093	7,730,695	100 000 %	Yes	
(4) MISSISSIPPI BAPTIST MEDICAL ENTERPRISES INC AND SUBS 1225 NORTH STATE STREET JACKSON, MS 39202 64-0776164	INVESTMENTS	MS	BAPTIST MEMORIAL HEALTH CARE CORPORATION	C	2,488,607	5,083,486	100 000 %	Yes	
(5) SOUTHCREST PROPERTY OWNERS ASSOCIATION INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 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

No

c Gift, grant, or capital contribution from related organization(s)

1c

Yes

d Loans or loan guarantees to or for related organization(s)

1d

Yes

e Loans or loan guarantees by related organization(s)

1e

Yes

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

j Lease of facilities, equipment, or other assets to related organization(s)

1j

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

No

q Reimbursement paid by related organization(s) for expenses

1q

Yes

r Other transfer of cash or property to related organization(s)

1r

Yes

s Other transfer of cash or property from related organization(s)

1s

Yes

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

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

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)

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 83-1651534	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	12 TYPE I	BAPTIST MEMORIAL HEALTH SERVICES INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-2842963	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	3	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3032246	FACILITATE MEDICAL & SCIENTIFIC RESEARCH	TN	501(C)(3)	4	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)	12 TYPE I	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
1225 NORTH STATE STREET JACKSON, MS 39202 45-2896080	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	3	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
823 GRAND AVENUE YAZOO CITY, MS 39194 64-0844470	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	3	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
1003 MONROE AVE MEMPHIS, TN 381043110 62-1599670	EDUCATION OF HEALTH CARE PROFESSIONALS	TN	501(C)(3)	2	BAPTIST MEMORIAL HOSPITAL	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1544781	SOLICIT, RAISE, MANAGE, APPLY & INVEST FUNDS IN SUPPORT OF BAPTIST ENTITIES	TN	501(C)(3)	12 TYPE I	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1456556	CARRY OUT THE HEALTH CARE MISSIONS OF THE BAPTIST CONVENTIONS OF AR, MS, TN	TN	501(C)(3)	12 TYPE I	N/A	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1509127	PROVISIONS OF HEALTH CARE PROVIDERS & HOME MEDICAL EQUIPMENT/SERVICES	TN	501(C)(3)	12 TYPE I	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1562973	HOME HEALTH CARE & HOSPICE SERVICES	TN	501(C)(3)	10	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-0123940	HEALTH CARE FACILITY/HOSPITAL	TN	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
100 HOSPITAL STREET BOONEVILLE, MS 38829 64-0663760	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 81-3257997	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 82-3844150	HEALTH CARE FACILITY/HOSPITAL	AR	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
7601 SOUTHCREST PARKWAY SOUTHAVEN, MS 38671 64-0682111	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
2520 5TH STREET NORTH COLUMBUS, MS 39701 62-1519754	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
631 RB WILSON DR HUNTINGDON, TN 38344 62-1166050	HEALTH CARE FACILITY/HOSPITAL	TN	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 26-1214372	HEALTH CARE FACILITY/HOSPITAL	AR	501(C)(3)	3	NEA BAPTIST HEALTH SYSTEM INC	Yes	
1100 BELK BOULEVARD OXFORD, MS 38655 64-0772726	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	3	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
1995 HIGHWAY 51 SOUTH COVINGTON, TN 38019 62-1113167	HEALTH CARE FACILITY/HOSPITAL	TN	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
1201 BISHOP ST UNION CITY, TN 382615403 62-1138045	HEALTH CARE FACILITY/HOSPITAL	TN	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
200 HIGHWAY 30 WEST NEW ALBANY, MS 38652 63-0997281	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1545731	PROVISION OF HEALTH CARE PROVIDERS FOR BAPTIST ENTITIES	TN	501(C)(3)	12 TYPE I	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1407946	BAPTIST EMPLOYEE HEALTH PLAN	TN	501(C)(9)		BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1645396	HEALTH CARE FACILITY/HOSPITAL	TN	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1538114	NON-EMERGENCY CLINICS	TN	501(C)(3)	3	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 81-3655778	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	12 TYPE I	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3032372	ESTABLISH, MAINTAIN & MANAGE A PATIENT SAFETY ORGANIZATION	TN	501(C)(3)	11	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 46-1953140	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	3	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3303607	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	3	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
80 HUMPHREYS CENTER MEMPHIS, TN 381202177 35-2461541	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	3	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3303687	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	3	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1112364	COLLECTION AGENCY FOR BAPTIST ENTITIES	TN	501(C)(3)	12 TYPE II	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
1225 NORTH STATE STREET JACKSON, MS 39202 75-3068151	CLINICS	MS	501(C)(3)	3	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-2832975	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	3	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
1225 NORTH STATE STREET JACKSON, MS 39202 64-0306253	HOLDING COMPANY	MS	501(C)(3)	12 TYPE II	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
1225 NORTH STATE STREET JACKSON, MS 39202 64-0881013	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	3	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
1225 NORTH STATE STREET JACKSON, MS 39202 64-0833383	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	3	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
1225 NORTH STATE STREET JACKSON, MS 39202 80-0812322	HOLDING COMPANY	MS	501(C)(3)	12 TYPE I	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	

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

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						Yes	No
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 27-1799652	HEALTH CARE SERVICE PROVIDER	AR	501(C)(3)	12 TYPE II	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
4802 EAST JOHNSON AVE JONESBORO, AR 72401 71-0850123	HEALTH CARE SERVICE PROVIDER	AR	501(C)(3)	3	NEA BAPTIST HEALTH SYSTEM INC	Yes	
102 CLINTON PARKWAY CLINTON, MS 39056 64-0900902	PROMOTION OF HEALTH & FITNESS	MS	501(C)(3)	10	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
8060 WOLF RIVER BLVD GERMANTOWN, TN 38138 27-4396698	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	3	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	C	99,347	CASH
(1)	BAPTIST BESTHEALTH INC	D	2,713,591	CASH
(2)	BAPTIST CANCER CENTER PHYSICIANS FOUNDATION INC	D	178,774	CASH
(3)	BAPTIST CLINICAL RESEARCH INSTITUTE INC	D	1,359,574	CASH
(4)	BAPTIST HEALTH FOUNDATION INC	D	1,856,883	CASH
(5)	BAPTIST MEDICAL CENTER - LEAKE INC	D	78,327	CASH
(6)	BAPTIST MEDICAL CENTER - YAZOO INC	D	2,136,483	CASH
(7)	BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC	D	1,878,147	CASH
(8)	BAPTIST MEMORIAL HEALTH SERVICES INC	D	1,201,237	CASH
(9)	BAPTIST MEMORIAL HOME CARE INC	D	2,627,916	CASH
(10)	BAPTIST MEMORIAL HOSPITAL	D	42,707,605	CASH
(11)	BAPTIST MEMORIAL HOSPITAL - CRITTENDEN INC	D	18,364,475	CASH
(12)	BAPTIST MEMORIAL HOSPITAL-BOONEVILLE INC	D	1,883,174	CASH
(13)	BAPTIST MEMORIAL HOSPITAL-CALHOUN INC	D	1,492,705	CASH
(14)	BAPTIST MEMORIAL HOSPITAL-DESOTO INC	D	1,249,053	CASH
(15)	BAPTIST MEMORIAL HOSPITAL-HUNTINGDON INC	D	5,804,972	CASH
(16)	BAPTIST MEMORIAL HOSPITAL-JONESBORO INC	D	4,866,095	CASH
(17)	BAPTIST MEMORIAL HOSPITAL-UNION CITY INC	D	1,274,811	CASH
(18)	BAPTIST MEMORIAL MEDICAL GROUP INC	D	57,208,517	CASH
(19)	BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC	D	3,867,002	CASH
(20)	BAPTIST MINOR MEDICAL CENTERS INC	D	2,271,062	CASH
(21)	BAPTIST NURSING HOME - CALHOUN INC	D	155,051	CASH
(22)	BAPTIST PATIENT SAFETY SYSTEM INC	D	524,165	CASH
(23)	GASTROINTESTINAL SPECIALISTS FOUNDATION INC	D	2,297,973	CASH
(24)	MEDICAL FOUNDATION OF CENTRAL MISSISSIPPI INC	D	58,295,233	CASH

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	MEMPHIS LUNG PHYSICIANS FOUNDATION INC	D	452,613	CASH
(1)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	D	14,924,177	CASH
(2)	MISSISSIPPI BAPTIST MEDICAL CENTER INC	D	569,920,313	CASH
(3)	MJMH IMPROVEMENT CORPORATION INC	D	10,541,527	CASH
(4)	NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION INC	D	22,058,098	CASH
(5)	THE STERN CARDIOVASCULAR FOUNDATION INC	D	27,913,577	CASH
(6)	BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC	E	15,700,296	CASH
(7)	BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC	E	42,144,640	CASH
(8)	BAPTIST MEMORIAL HOSPITAL-TIPTON INC	E	5,538,773	CASH
(9)	BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC	E	8,054,892	CASH
(10)	BAPTIST MEMORIAL MEDICAL MINISTRIES EMPLOYEE HEALTH AND WELFARE TRUST	E	9,706,472	CASH
(11)	BOSTON BASKIN CANCER FOUNDATION INC	E	792,258	CASH
(12)	MEDICAL FINANCIAL SERVICES INC	E	94,292	CASH
(13)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	E	727,931,807	CASH
(14)	BAPTIST MEDICAL CENTER - LEAKE INC	L	1,810,200	CASH
(15)	BAPTIST MEDICAL CENTER - YAZOO INC	L	1,506,408	CASH
(16)	BAPTIST MEMORIAL HOSPITAL	L	55,845,516	CASH
(17)	BAPTIST MEMORIAL HOSPITAL - CRITTENDEN INC	L	1,489,776	CASH
(18)	BAPTIST MEMORIAL HOSPITAL-BOONEVILLE INC	L	1,635,960	CASH
(19)	BAPTIST MEMORIAL HOSPITAL-CALHOUN INC	L	1,003,764	CASH
(20)	BAPTIST MEMORIAL HOSPITAL-DESOTO INC	L	22,341,816	CASH
(21)	BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC	L	13,632,828	CASH
(22)	BAPTIST MEMORIAL HOSPITAL-HUNTINGDON INC	L	2,067,744	CASH
(23)	BAPTIST MEMORIAL HOSPITAL-JONESBORO INC	L	16,861,644	CASH
(24)	BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC	L	16,923,936	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
(51)	BAPTIST MEMORIAL HOSPITAL-TIPTON INC	L	8,570,520	CASH
(1)	BAPTIST MEMORIAL HOSPITAL-UNION CITY INC	L	3,405,444	CASH
(2)	BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC	L	4,714,656	CASH
(3)	BAPTIST MEMORIAL MEDICAL GROUP INC	L	9,747,708	CASH
(4)	BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC	L	1,012,668	CASH
(5)	BAPTIST MINOR MEDICAL CENTERS INC	L	290,172	CASH
(6)	BAPTIST NURSING HOME - CALHOUN INC	L	656,400	CASH
(7)	BMG FAMILY PHYSICIANS GROUP FOUNDATION INC	L	2,469,625	CASH
(8)	GASTROINTESTINAL SPECIALISTS FOUNDATION INC	L	507,936	CASH
(9)	MEDICAL FOUNDATION OF CENTRAL MISSISSIPPI INC	L	2,530,512	CASH
(10)	MEMPHIS LUNG PHYSICIANS FOUNDATION INC	L	586,032	CASH
(11)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	L	1,345,980	CASH
(12)	MISSISSIPPI BAPTIST MEDICAL CENTER INC	L	34,274,148	CASH
(13)	NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION INC	L	4,896,408	CASH
(14)	THE STERN CARDIOVASCULAR FOUNDATION INC	L	3,174,756	CASH
(15)	BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	N	80,102	CASH
(16)	BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	O	317,972	CASH
(17)	BAPTIST MEMORIAL HOSPITAL-JONESBORO INC	O	90,670	CASH
(18)	BAPTIST MEMORIAL MEDICAL GROUP INC	O	370,925	CASH
(19)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	O	270,404	CASH
(20)	BAPTIST NURSING HOME - CALHOUN INC	Q	1,204,680	CASH
(21)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	S	473,000,000	CASH
(22)	BAPTIST MEMORIAL MEDICAL MINISTRIES EMPLOYEE HEALTH AND WELFARE TRUST	R	12,625,876	CASH
(23)	MEDICAL FINANCIAL SERVICES INC	R	4,515,374	CASH