

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 10-01-2016, and ending 09-30-2017

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
 BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 350 N HUMPHREYS BLVD

City or town, state or province, country, and ZIP or foreign postal code
 MEMPHIS, TN 381202177

D Employer identification number
 58-1544781

E Telephone number
 (901) 227-7142

G Gross receipts \$ 171,329,266

F Name and address of principal officer
 JAMES S FOUNTAIN
 350 N HUMPHREYS BLVD
 MEMPHIS, TN 381202177

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)

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

J Website: ▶ www.BMHGIVING.ORG

H(c) Group exemption number ▶

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1983

M State of legal domicile TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
 THE ORGANIZATION'S PRIMARY MISSION IS TO SOLICIT & RECEIVE CONTRIBUTIONS (SEE SCHEDULE O,pg 67)GIFTS, GRANTS, DEVISES, OR REQUESTS OF REAL AND/OR PERSONAL PROPERTY FROM INDIVIDUALS, FOUNDATIONS, PARTNERSHIPS, ASSOCIATIONS, GOVERNMENTAL BODIES, PUBLIC AND/OR PRIVATE CORPORATIONS AND TO MAINTAIN, USE, AND APPLY, DIRECTLY OR INDIRECTLY, THE WHOLE OR ANY PART OF THE INCOME THEREFROM AND THE PRINCIPAL THEREOF EXCLUSIVELY FOR THE BENEFIT OF, OR TO CARRY OUT THE PURPOSES OF THE BAPTIST MEMORIAL HEALTH CARE SYSTEM

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	13
6 Total number of volunteers (estimate if necessary)	6	27
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	9,800,747	6,466,826
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,152,916	37,346,523
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-318,826	-214,774
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,634,837	43,598,575
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,287,322	10,630,870
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,588,844	1,733,167
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 521,530		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,311,926	1,378,113
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	16,188,092	13,742,150
19 Revenue less expenses Subtract line 18 from line 12	15,446,745	29,856,425
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	439,867,601	487,568,375
21 Total liabilities (Part X, line 26)	14,077,666	16,741,668
22 Net assets or fund balances Subtract line 21 from line 20	425,789,935	470,826,707

Part II Signature Block

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

Sign Here

Signature of officer _____ Date 2018-04-04

JAMES S FOUNTAIN SR V P /CHIEF DEV OFFICER
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name FRANCIS J BEDARD Preparer's signature FRANCIS J BEDARD Date _____

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

BAPTIST MEMORIAL HEALTH CARE FOUNDATION, THE FUNDRAISING ARM OF BAPTIST MEMORIAL HEALTH CARE CORPORATION, RAISES MONEY TO BENEFIT VARIOUS BAPTIST MEMORIAL HEALTH CARE CORPORATION PROGRAMS AND SERVICES (SEE SCHEDULE O, page 67 FOR CONTINUATION) FUNDS RAISED BY BAPTIST MEMORIAL HEALTH CARE FOUNDATION HELP ACCOMPLISH BAPTIST MEMORIAL HEALTH CARE CORPORATION'S CHARITABLE CARE OBJECTIVES AND PROVIDE RESOURCES FOR ENHANCED PATIENT CARE, EDUCATION, AND GROUNDBREAKING CLINICAL RESEARCH THE BAPTIST MEMORIAL HEALTH CARE FOUNDATION SOLICITS, RECEIVES, AND MANAGES CONTRIBUTIONS, GIFTS, GRANTS, AND BEQUESTS

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 11,870,479 including grants of \$ 10,630,870) (Revenue \$ 25,719,136)
See Additional Data

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

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

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

4e Total program service expenses ▶ 11,870,479

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
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>	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>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		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>		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>		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>		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>		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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		No
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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>	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>	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>		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (17); 1b Enter the number of voting members included in line 1a, above, who are independent (15); 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? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (Yes); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 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); 11b 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? 15a The organization's CEO, Executive Director, or top management official (No); 15b Other officers or key employees of the organization (No); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 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?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (TN, AR, MS); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (SHAN ARNOLD 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 (901) 227-4300)

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JASON M LITTLE PRESIDENT	1 33 38 67	X		X				0	1,470,615	58,636
(2) STEPHEN C REYNOLDS DIRECTOR	0 20 0 00	X						0	90,002	0
(3) JOHNNIE D AMONETTE DIRECTOR	0 20 0 00	X						0	0	0
(4) ROBERT F FOGELMAN DIRECTOR	0 20 0 00	X						0	0	0
(5) HENRY W MORGAN SR DIRECTOR	0 20 0 00	X						0	0	0
(6) KEMMONS WILSON JR DIRECTOR	0 20 0 00	X						0	0	0
(7) PAMELA ARRINDELL DIRECTOR	0 20 0 00	X						0	0	0
(8) RODNEY Y WOLF MD DIRECTOR	0 20 0 00	X						0	0	0
(9) JOSEPH WELLER DIRECTOR	0 20 0 00	X						0	0	0
(10) DOUGLAS EDWARDS DIRECTOR	0 20 0 00	X						0	0	0
(11) LAUREN WILSON YOUNG DIRECTOR	0 20 0 00	X						0	0	0
(12) KATHLEEN BLAIR DIRECTOR	0 20 0 00	X						0	0	0
(13) MAURY BRONSTEIN MD DIRECTOR	0 20 0 00	X						0	0	0
(14) MILTON MAGEE DIRECTOR (THRU 11/9/16)	0 20 0 00	X						0	0	0
(15) ANN DUNCAN DIRECTOR (AS OF 11/9/16)	0 20 0 00	X						0	0	0
(16) PACE COOPER DIRECTOR	0 20 0 00	X						0	0	0
(17) BJ LOSCH III DIRECTOR	0 20 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DONALD L JORDAN SR DIRECTOR	0 20 0 00	X						0	0	0
(19) GREGORY M DUCKETT SECRETARY	0 20 39 80			X				0	707,234	63,288
(20) JAMES S FOUNTAIN SVP/CHIEF DEVELOPMENT OFF	20 00 20 00			X				0	659,818	77,337
(21) JENNIFER S NEVELS EXEC DIR OF DEVELOPMENT	40 00 0 00				X			166,679	0	38,048
(22) ROBBIE JOHNSON DIR OF DEVELOPMENT	40 00 0 00					X		104,589	0	26,078
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								271,268	2,927,669	263,387

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)		271,268	2,927,669

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 2**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEMME MURPHEY CLINIC 6325 HUMPHREYS BLVD MEMPHIS, TN 38120	PHYSICIAN SERVICES	165,587

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 **▶ 1**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c	679,832				
	d Related organizations	1d	145,569				
	e Government grants (contributions)	1e	721,703				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,919,722				
	g Noncash contributions included in lines 1a-1f \$ _____		1,292,273				
	h Total. Add lines 1a-1f		6,466,826				
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		11,627,387			11,627,387	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)		25,719,136	25,719,136		
	8a Gross income from fundraising events (not including \$ 679,832 of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b	52,887			
		c Net income or (loss) from fundraising events		-214,774			-214,774
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			43,598,575	25,719,136	0	11,412,613	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	10,479,444	10,479,444		
2 Grants and other assistance to domestic individuals See Part IV, line 22	151,426	151,426		
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	207,742	126,725	20,774	60,243
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,258,431	767,641	125,843	364,947
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	63,048	37,085	6,305	19,658
9 Other employee benefits	127,793	75,168	12,779	39,846
10 Payroll taxes	76,153	44,793	7,615	23,745
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	972,034		972,034	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	65,167	59,378	5,789	
12 Advertising and promotion				
13 Office expenses	32,589	29,330	3,259	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	9,527			9,527
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,320		18,320	
20 Interest	177,142		177,142	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES & SUBSCRIPTIONS	99,489	99,489		
b PUBLIC RELATIONS	3,564			3,564
c EMPLOYEE RELATIONS	228		228	
d TAX & LICENSE	53		53	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	13,742,150	11,870,479	1,350,141	521,530
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 Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	350	1	350
	2 Savings and temporary cash investments	22,124,164	2	48,344,872
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	57,698	9	33,000
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	15,182		
	b Less accumulated depreciation	15,182		
		0	10c	0
	11 Investments—publicly traded securities	388,342,713	11	406,517,172
	12 Investments—other securities See Part IV, line 11	581,798	12	581,798
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	28,760,878	15	32,091,183	
16 Total assets. Add lines 1 through 15 (must equal line 34)	439,867,601	16	487,568,375	
Liabilities	17 Accounts payable and accrued expenses	88,739	17	77,837
	18 Grants payable	10,318,315	18	10,185,424
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	3,670,612	25	6,478,407
	26 Total liabilities. Add lines 17 through 25	14,077,666	26	16,741,668
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	337,041,359	27	367,053,733
	28 Temporarily restricted net assets	41,075,312	28	47,102,374
	29 Permanently restricted net assets	47,673,264	29	56,670,600
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	425,789,935	33	470,826,707
	34 Total liabilities and net assets/fund balances	439,867,601	34	487,568,375

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	43,598,575
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,742,150
3	Revenue less expenses Subtract line 2 from line 1	3	29,856,425
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	425,789,935
5	Net unrealized gains (losses) on investments	5	15,180,347
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	470,826,707

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>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?</p>	3a		No
<p>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</p>	3b		

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

Form 990 (2016)

Form 990, Part III, Line 4a:

BAPTIST MEMORIAL HEALTH CARE FOUNDATION, ESTABLISHED IN 1983, IS THE FUNDRAISING ARM OF THE BAPTIST MEMORIAL HEALTH CARE SYSTEM, WHICH RAISES MONEY TO BENEFIT VARIOUS BAPTIST MEMORIAL HEALTH CARE CORPORATION PROGRAMS AND SERVICES. FUNDS RAISED BY BAPTIST MEMORIAL HEALTH CARE FOUNDATION HELP ACCOMPLISH BAPTIST MEMORIAL HEALTH CARE CORPORATION'S CHARITABLE CARE OBJECTIVES AND PROVIDE RESOURCES FOR ENHANCED PATIENT CARE, EDUCATION, AND GROUNDBREAKING CLINICAL RESEARCH. THE BAPTIST MEMORIAL HEALTH CARE FOUNDATION SOLICITS, RECEIVES, AND MANAGES CONTRIBUTIONS, GIFTS, GRANTS, AND BEQUESTS CONTINUED ON SCHEDULE O, PAGE 67. FUNDS RAISED BY BAPTIST MEMORIAL HEALTH CARE FOUNDATION PLAY A KEY ROLE IN FULFILLING THE MISSION OF HEALING, PREACHING, AND TEACHING FOR THE AFFILIATES OF BAPTIST MEMORIAL HEALTH CARE CORPORATION. BAPTIST MEMORIAL HEALTH CARE FOUNDATION ADMINISTERS CONTRIBUTED DOLLARS THROUGH NUMEROUS DONOR RESTRICTED FUNDS WHICH SUPPORT THE CONTINUUM OF CARE OFFERED BY BAPTIST MEMORIAL HEALTH CARE CORPORATION FACILITIES INCLUDING ONCOLOGY, CARDIOVASCULAR, PEDIATRIC, AND REHABILITATIVE SERVICES, JUST TO NAME A FEW. BAPTIST MEMORIAL HEALTH CARE FOUNDATION ALSO ALLOCATES A PORTION OF UNRESTRICTED CONTRIBUTED DOLLARS AND PORTFOLIO EARNINGS FOR THE BENEFIT OF ITS VARIOUS GRANT PROGRAMS. BOARD OF DIRECTORS GRANT PROGRAM BAPTIST MEMORIAL HEALTH CARE FOUNDATION BOARD OF DIRECTORS GRANT PROGRAM HAS MADE AVAILABLE THE NECESSARY FUNDS TO EXPAND EXISTING SERVICES AND PROGRAMS THROUGHOUT THE SYSTEM CREATING A NUMBER OF NEW AND EXCITING INITIATIVES. THE FUNDS MADE AVAILABLE FOR THE BOARD OF DIRECTORS GRANT PROGRAM HAVE COME THROUGH UNRESTRICTED CONTRIBUTIONS, AS WELL AS, CAREFUL INVESTMENT OF THE BAPTIST MEMORIAL HEALTH CARE FOUNDATION ENDOWMENT. THE FOLLOWING PROGRAMS RECEIVED NEW FUNDING DURING THE 2017 FISCAL YEAR: SPINE CENTER OF EXCELLENCE. THE PURPOSE OF THE GRANT IS TO CREATE A COMPREHENSIVE SPINE CENTER OF EXCELLENCE. MIDSOUTH COMPREHENSIVE STROKE PROGRAM LEADERSHIP GRANT. THE PURPOSE OF THIS GRANT IS TO CREATE A COMPREHENSIVE STROKE PROGRAM. NURSE NAVIGATION FOR CANCER CENTER NEW ALBANY. THE PURPOSE OF THIS GRANT IS TO SUPPORT THE INCREASED DEMAND FOR NAVIGATION OF CANCER CARE PATIENTS. MEDICATION CARE COORDINATION. THE PURPOSE OF THIS GRANT IS TO IMPROVE PATIENT HEALTH OUTCOMES THROUGH THE IMPROVEMENT OF THE MEDICATION RECONCILIATION PROCESS. THIS PROCESS WILL ALSO PROMOTE EDUCATION AND SAFETY. KEMMONS WILSON FAMILY FOR GOOD GRIEF THERAPEUTIC TOYS FOR MILLA'S HOUSE. DURING FISCAL YEAR 2017, THE GRIEF COUNSELING SERVICES EXPANDED. THE OPENING OF MILLA'S HOUSE WILL PROVIDE AN ADDITIONAL LOCATION FOR THE KEMMONS WILSON FAMILY FOR GOOD GRIEF SERVICES TO BE PROVIDED. THE PURPOSE OF THE GRANT WAS TO PURCHASE APPROPRIATE MATERIALS AND TO OFFER COMPREHENSIVE COUNSELING SERVICES FOR CHILDREN AND ADOLESCENTS WHO ARE LEARNING TO PROCESS THE LOSS OF A LOVED ONE. OFFICER GRANTS. THE BAPTIST MEMORIAL HEALTH CARE FOUNDATION'S OFFICER GRANT PROGRAM ALLOWS OFFICERS AND BOARD MEMBERS OF BAPTIST MEMORIAL HEALTH CARE FOUNDATION TO FACILITATE SMALLER GRANT REQUESTS (\$100,000 AND LESS) WITH A HEALTH-RELATED FOCUS. SOME OF THE INITIATIVES AND ORGANIZATIONS ASSISTED THROUGH THESE GRANT PROGRAMS INCLUDE BAPTIST COLLEGE OF HEALTH SCIENCES AND BAPTIST MEMORIAL HEALTH CARE SUMMER INTERNS. ANNUALLY, BAPTIST MEMORIAL HEALTH CARE HOSTS YOUNG PEOPLE RANGING FROM UNDERGRADUATES TO HIGH SCHOOL STUDENTS. STUDENTS WORK WITH VARIOUS PERSONNEL DEPENDING ON THEIR INTERESTS. THESE GRANT DOLLARS WERE USED TO SUPPORT BAPTIST COLLEGE OF HEALTH SCIENCES UNDERGRADUATE AND RHODES COLLEGE STUDENTS WHO ARE STUDYING TO BECOME NURSES, OTHER CLINICIANS, HEALTH CARE ADMINISTRATORS, AND PHYSICIANS. OTHER SUPPORT IN 2013, THE BAPTIST MEMORIAL HEALTH CARE FOUNDATION BOARD APPROVED THE RESTRICTION OF A PORTION OF THE FOUNDATION'S PORTFOLIO OF ASSETS TO PROVIDE AN ENDOWMENT FOR THE BENEFIT OF THE BAPTIST COLLEGE OF HEALTH SCIENCES. THE INCOME FROM THESE RESTRICTED FUNDS IS TO FUND A TUITION ASSISTANCE PROGRAM FOR THE STUDENTS OF THE COLLEGE. DURING 2017, APPROXIMATELY \$360,240 WAS SPENT FROM ENDOWMENT EARNINGS TO SUPPORT THE TUITION ASSISTANCE PROGRAM. AT THE END OF 2017, IN EXCESS OF \$27 MILLION WAS RESTRICTED IN THE ENDOWMENT FOR THE BENEFIT OF THE COLLEGE AND ITS STUDENTS. DONOR-RESTRICTED FUNDS. BAPTIST MEMORIAL HEALTH CARE FOUNDATION ADMINISTERS A NUMBER OF DONOR-RESTRICTED FUNDS WHICH PROVIDE BENEFITS TO PATIENTS OF THE AFFILIATE HOSPITALS, AS WELL AS, THE COMMUNITY AT LARGE. BAPTIST MEMORIAL HEALTH CARE FOUNDATION PROVIDES SUPPORT FOR BOTH THE CHARITY NEEDS OF PATIENTS AND EMPLOYEES THROUGH CHARITABLE CARE AND EMPLOYEE EMERGENCY ASSISTANCE FUNDS. BAPTIST MEMORIAL HEALTH CARE FOUNDATION ROUTINELY MAKES PURCHASES TO BENEFIT CHARITY CARE PATIENTS AND THEIR FAMILY MEMBERS WHEN THERE ARE HARDSHIP CIRCUMSTANCES. EXAMPLES OF SUCH PURCHASES INCLUDE BUS TICKETS FOR TRAVEL FROM THE HOSPITAL, MINOR EQUIPMENT AND PRESCRIPTION DRUGS NEEDED UPON DISCHARGE. THESE EXPENDITURES WERE PAID DIRECTLY TO THE SERVICE PROVIDER OR TO A VENDOR. BAPTIST MEMORIAL HEALTH CARE FOUNDATION ALSO MADE DISBURSEMENTS ON BEHALF OF EMPLOYEES WHO SUFFERED CATASTROPHIC OR UNFORESEEN LOSSES DURING THE YEAR. A COMMITTEE MADE UP OF PASTORAL CARE, BAPTIST MEMORIAL HEALTH CARE FOUNDATION AND BMCC EMPLOYEE CAMPAIGN VOLUNTEERS APPROVES EXPENDITURE APPLICATIONS FOR FUNDING FROM THE EMPLOYEE EMERGENCY ASSISTANCE FUND. DISTRIBUTIONS OF ASSISTANCE ARE GENERALLY LIMITED TO \$500 PER OCCURRENCE. DURING FISCAL YEAR 2017, BAPTIST MEMORIAL HEALTH CARE FOUNDATION MADE DISBURSEMENTS IN EXCESS OF \$140,000 ON BEHALF OF INDIGENT PATIENTS AND THE UNINSURED AND ON BEHALF OF EMPLOYEES FOR THESE UNFORESEEN LOSSES AND EMERGENCIES. IN TOTAL, BAPTIST MEMORIAL HEALTH CARE FOUNDATION SPENT OVER \$13 MILLION FROM DONOR-RESTRICTED FUNDS TO SUPPORT SERVICE AREAS SUCH AS PEDIATRIC CARE, STROKE SERVICES, HOSPICE, MEDICAL RESEARCH, CHARITY CARE, CLINICAL SCHOLARSHIPS, CARDIOLOGY, CANCER CARE AND NURSING EDUCATION. THE FOUNDATION SPONSORS SEVERAL FUNDRAISING EVENTS THROUGHOUT THE YEAR. THE ART OF CARING IS AN ANNUAL FUNDRAISER AND SILENT AUCTION FEATURING ART DONATED BY LOCAL ARTISTS TO BENEFIT BAPTIST REYNOLDS HOSPICE HOUSE AND KEMMONS WILSON FAMILY CENTER FOR GOOD GRIEF. SERVICES PROVIDED BY THE KEMMONS WILSON FAMILY CENTER FOR GOOD GRIEF ARE OFFERED FREE OF CHARGE TO THOSE WHO HAVE LOST LOVED ONES, AND INCLUDE THE CAMP GOOD GRIEF PROGRAMS. HOSPICE CARE AND BEREAVEMENT PROGRAMS ARE MADE POSSIBLE BY CONTRIBUTIONS FROM THE COMMUNITY, THE SUPPORT OF BAPTIST MEMORIAL HEALTH CARE FOUNDATION AND FUND RAISING EFFORTS, SUCH AS THE ANNUAL ART OF CARING ANOTHER FUND RAISING EVENT IS THE CARDIAC CLASSIC. THIS GOLF TOURNAMENT IS AN ANNUAL EVENT THAT IS SUPPORTED BY NUMEROUS COMPANIES. THE EVENT RAISES MONEY TO HELP SUPPORT BAPTIST MEMORIAL HEALTH CARE SYSTEM HOSPITALS TREAT CARDIAC PATIENTS, CONDUCT EDUCATIONAL PROGRAMS AND PERFORM RESEARCH. NORTHEAST ARKANSAS BAPTIST CHARITABLE FOUNDATION, THE ARKANSAS DIVISION OF BAPTIST MEMORIAL HEALTH CARE FOUNDATION, SPONSORS SEVERAL EVENTS IN THE NORTHEAST ARKANSAS AREA. ONE OF THESE IS THE DUCK CLASSIC. THE DUCK CLASSIC IS AN ANNUAL EVENT. CORPORATE SPONSORS AND INDIVIDUALS DONATE MANY ITEMS FOR THE LIVE AND SILENT AUCTIONS. THERE ARE RAFFLES FOR GUNS, HUNTING EQUIPMENT, GUIDED HUNTS, ETC. EACH YEAR OVER 1,000 MEN AND WOMEN COME FROM A TEN-STATE AREA TO PARTICIPATE. ESPN OUTDOORS AND THE OUTDOORS CHANNEL PROVIDE NATIONAL COVERAGE. THIS SPECIAL EVENT RAISES MONEY TO HELP SUPPORT THE MANY PROGRAMS SPONSORED BY THE NEA BAPTIST CHARITABLE FOUNDATION SUCH AS THE MEDICINE ASSISTANCE PROGRAM, CENTER FOR HEALTHY CHILDREN, HOPE CIRCLE AND MORE. IF YOU WOULD LIKE MORE INFORMATION ON THE BAPTIST MEMORIAL HEALTH CARE FOUNDATION OR NEA BAPTIST CHARITABLE FOUNDATION, PLEASE VISIT OUR WEBSITES AT WWW.BMHGIVING.ORG OR WWW.NEACFOUNDATION.ORG

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
BAPTIST MEMORIAL HEALTH CARE
FOUNDATION INC

Employer identification number

58-1544781

Part I 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 30
 - 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	30				8,878,528	0

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI Supplemental Information.

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION A, LINE 6	BAPTIST MEMORIAL HEALTH CARE FOUNDATION PROVIDES LIMITED SUPPORT TO PUBLIC CHARITIES ON BE HALF 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 HOME LESS, MEDICAL EDUCATION, SERVICES PROVIDED TO THE NEEDY, WOMEN AND CHILDREN'S SERVICES, TH E ELDERLY, AND HOME CARE AND HOSPICE FUNDS ARE COLLECTED BY THE BAPTIST HEALTH CARE FOUND ATION FOR ALL OF ITS RELATED ENTITIES AND THEN INVESTED AND DISPERSED AS DIRECTED BY THE S UPPORTED ORGANIZATIONS PLEASE SEE SCHEDULE I, PART II FOR DONATIONS TO PUBLIC CHARITIES T HAT FURTHER THE MISSION OF THE SUPPORTED ORGANIZATIONS

Schedule A Form 990 or 990-E 2016

Additional Data**Software ID:****Software Version:****EIN:** 58-1544781**Name:** BAPTIST MEMORIAL HEALTH CARE
FOUNDATION INC**Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) BAPTIST MEMORIAL HOSPITAL INC	620123940	3		No	1,603,335	0
(A) BAPTIST MEMORIAL HOSPITAL INC	620123940	3		No	1,603,335	0
(A) BAPTIST MEMORIAL HOSPITAL-BOONEVILLE INC	640663760	3		No	6,614	0
(A) BAPTIST MEMORIAL HOSPITAL-BOONEVILLE INC	640663760	3		No	6,614	0
(B) BAPTIST MEMORIAL HOSPITAL-DESOTO INC	640682111	3		No	114,475	0
(B) BAPTIST MEMORIAL HOSPITAL-DESOTO INC	640682111	3		No	114,475	0
(C) BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC	621519754	3		No	345,848	0
(C) BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC	621519754	3		No	345,848	0
(D) BAPTIST MEMORIAL HOSPITAL-HUNTINGDON INC	621166050	3		No	42,199	0
(D) BAPTIST MEMORIAL HOSPITAL-HUNTINGDON INC	621166050	3		No	42,199	0
(E) BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC	640772726	3		No	72,733	0
(E) BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC	640772726	3		No	72,733	0
(F) BAPTIST MEMORIAL HOSPITAL-TIPTON INC	621113167	3		No	1,000	0
(F) BAPTIST MEMORIAL HOSPITAL-TIPTON INC	621113167	3		No	1,000	0
(G) THE STERN CARDIOVASCULAR FOUNDATION INC	274396698	3		No	0	0
(G) THE STERN CARDIOVASCULAR FOUNDATION INC	274396698	3		No	0	0
(H) BAPTIST MEMORIAL HOSPITAL-UNION CITY INC	621138045	3		No	2,525	0
(H) BAPTIST MEMORIAL HOSPITAL-UNION CITY INC	621138045	3		No	2,525	0
(I) BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC	630997281	3		No	216,478	0
(I) BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC	630997281	3		No	216,478	0
(J) BAPTIST MEMORIAL HOSPITAL-JONESBORO INC	261214372	3		No	800,485	0
(J) BAPTIST MEMORIAL HOSPITAL-JONESBORO INC	261214372	3		No	800,485	0
(K) BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC	581645396	3		No	0	0
(K) BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC	581645396	3		No	0	0
(L) BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC	621599670	2		No	1,861,062	0
(L) BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC	621599670	2		No	1,861,062	0
(M) NEA CLINIC CHARITABLE FOUNDATION INC	710850123	3		No	84,438	0
(M) NEA CLINIC CHARITABLE FOUNDATION INC	710850123	3		No	84,438	0
(N) BAPTIST MEMORIAL HEALTH CARE CORPORATION & AFFILIATES	581521475	3		No	1,714,616	0
(N) BAPTIST MEMORIAL HEALTH CARE CORPORATION & AFFILIATES	581521475	3		No	1,714,616	0

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(P) BAPTIST MEMORIAL HOME CARE INC	581562973	10		No	1,894,058	0
(P) BAPTIST MEMORIAL HOME CARE INC	581562973	10		No	1,894,058	0
(A) BAPTIST MEMORIAL HEALTH SERVICES INC	621509127	3		No	14,390	0
(A) BAPTIST MEMORIAL HEALTH SERVICES INC	621509127	3		No	14,390	0
(B) BAPTIST MINOR MEDICAL CENTERS INC	621538114	3		No	0	0
(B) BAPTIST MINOR MEDICAL CENTERS INC	621538114	3		No	0	0
(C) MEMPHIS LUNG PHYSICIANS FOUNDATION INC	452832975	3		No	0	0
(C) MEMPHIS LUNG PHYSICIANS FOUNDATION INC	452832975	3		No	0	0
(D) BAPTIST MEMORIAL MEDICAL GROUP INC	621545731	3		No	21,382	0
(D) BAPTIST MEMORIAL MEDICAL GROUP INC	621545731	3		No	21,382	0
(E) BAPTIST CLINICAL RESEARCH INSTITUTE INC	453032246	4		No	82,890	0
(E) BAPTIST CLINICAL RESEARCH INSTITUTE INC	453032246	4		No	82,890	0
(F) BAPTIST MEMORIAL HEALTH CARE SYSTEM INC	581456556	3		No	0	0
(F) BAPTIST MEMORIAL HEALTH CARE SYSTEM INC	581456556	3		No	0	0
(G) MEDICAL FINANCIAL SERVICES INC	621112364	3		No	0	0
(G) MEDICAL FINANCIAL SERVICES INC	621112364	3		No	0	0
(H) BAPTIST PATIENT SAFETY ORGANIZATION INC	453032372	3		No	0	0
(H) BAPTIST PATIENT SAFETY ORGANIZATION INC	453032372	3		No	0	0
(I) NEA BAPTIST HEALTH SYSTEM INC	271799652	3		No	0	0
(I) NEA BAPTIST HEALTH SYSTEM INC	271799652	3		No	0	0
(J) BAPTIST CANCER CENTER PHYSICIANS FOUNDATION INC	452842963	3		No	0	0
(J) BAPTIST CANCER CENTER PHYSICIANS FOUNDATION INC	452842963	3		No	0	0
(K) INTEGRITY ONCOLOGY FOUNDATION INC	453303687	3		No	0	0
(K) INTEGRITY ONCOLOGY FOUNDATION INC	453303687	3		No	0	0
(L) BOSTON BASKIN CANCER FOUNDATION INC	453303607	3		No	0	0
(L) BOSTON BASKIN CANCER FOUNDATION INC	453303607	3		No	0	0
(M) GASTROINTESTINAL SPECIALISTS FOUNDATION INC	352461541	3		No	0	0
(M) GASTROINTESTINAL SPECIALISTS FOUNDATION INC	352461541	3		No	0	0
(N) BMG FAMILY PHYSICIANS FOUNDATION INC	461953140	3		No	0	0
(N) BMG FAMILY PHYSICIANS FOUNDATION INC	461953140	3		No	0	0

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
BAPTIST MEMORIAL HEALTH CARE
FOUNDATION INC

Employer identification number
58-1544781

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

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

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

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

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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	67,220,225	58,870,066	48,863,650	35,042,237	28,812,551
b Contributions	2,876,824	1,562,092	6,922,656	3,744,498	4,376,642
c Net investment earnings, gains, and losses	7,733,114	6,788,067	3,083,760	10,076,915	1,853,044
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	77,830,163	67,220,225	58,870,066	48,863,650	35,042,237

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 28 810 %
 - b** Permanent endowment ▶ 71 190 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

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

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

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

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

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

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

(a) Description	(b) Book value
(1) INTEREST AND DIVIDENDS RECEIVABLE	1,519,833
(2) ASSETS WHOSE USE IS LIMITED	30,559,350
(3) OTHER CURRENT ASSETS	12,000
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	32,091,183

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
L/T PORTION OF ANNUITIES PAYABLE	602,758
CURRENT PORTION OF ANNUITIES PAYABLE	82,134
NURSING EDUCATIONAL ASSISTANCE	303,342
DUE TO AFFILIATES	5,490,173
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	6,478,407

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	43,866,236
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	43,866,236
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		-267,661
c	Add lines 4a and 4b		4c	-267,661
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	43,598,575

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	14,009,811
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	0
3	Subtract line 2e from line 1		3	14,009,811
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		-267,661
c	Add lines 4a and 4b		4c	-267,661
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	13,742,150

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
Part X, Line 2	AS OF SEPTEMBER 30, 2017 AND 2016, THE FOUNDATION HAD NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS UNDER FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, INCOME TAXES, REQUIRING ADJUSTMENTS TO ITS FINANCIAL STATEMENTS IN THE EVENT THE FOUNDATION WERE TO RECOGNIZE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, THEY WOULD BE RECOGNIZED IN THE FINANCIAL STATEMENTS AS INTEREST EXPENSE FOR INTEREST AND PURCHASED SERVICES AND OTHER FOR PENALTIES GENERALLY, TAX YEARS 2014 THROUGH 2017 ARE OPEN TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES THERE ARE NO INCOME TAX EXAMINATIONS CURRENTLY IN PROCESS

Supplemental Information

Return Reference	Explanation
Part XI, Line 4b - Other Adjustments	SPECIAL EVENTS -267,661

Supplemental Information

Return Reference	Explanation
Part XII, Line 4b - Other Adjustments	SPECIAL EVENTS -267,661

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2016

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
BAPTIST MEMORIAL HEALTH CARE
FOUNDATION INC

Employer identification number

58-1544781

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

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

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		DUCK CLASSIC (event type)	CARDIAC CLASSIC (event type)	2 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	513,793	138,280	77,315	729,388
2	Less Contributions	494,377	106,460	75,664	676,501
3	Gross income (line 1 minus line 2)	19,416	31,820	1,651	52,887
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	19,947	10,571		30,518
	6 Rent/facility costs	128	25,240	11,076	36,444
	7 Food and beverages	22,304	6,603	15,070	43,977
	8 Entertainment				
	9 Other direct expenses	76,122	1,397	11,559	89,078
10	Direct expense summary Add lines 4 through 9 in column (d) ▶				200,017
11	Net income summary Subtract line 10 from line 3, column (d) ▶				-147,130

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | | |
|----------|-----------------------------|------------|---|
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Return Reference

Explanation

Schedule I (Form 990)

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

OMB No 1545-0047

2016

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC

Employer identification number

58-1544781

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Includes rows for data entry and a 'See Additional Data Table' header.

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

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) ASSISTANCE WAS PROVIDED FOR PATIENTS FOR SUCH THINGS AS CAB FARE, MEDICATION, UTILITY BILLS, ETC THE FUNDS WERE NOT PAID DIRECTLY TO THE INDIVIDUALS, BUT FOR THE PATIENTS	364	48,367			
(2) ASSISTANCE WAS PROVIDED FOR EMPLOYEES THROUGH THE EMPLOYEE ASSISTANCE FUND EMPLOYEES CONTRIBUTE TO THE FUND ON BEHALF OF EMPLOYEES WHO MAY HAVE SUFFERED A DISASTER OR OTHER FINANCIAL PROBLEM PAYMENTS ARE MADE ON BEHALF OF THE EMPLOYEES FOR SUCH THINGS AS UTILITY BILLS, RENT, FUNERAL EXPENSES, ETC	278	103,059			
(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	THE OFFICER GRANTS, MARKET LEADER GRANTS AND BOARD OF DIRECTOR GRANTS REQUIRE A WRITTEN GRANT UPDATE AND ARE REQUIRED TO BE COMPLETED EACH QUARTER BY EACH GRANTEE THE GRANT UPDATE AND SUMMARIES REPORT ARE REVIEWED BY THE BAPTIST MEMORIAL HEALTH CARE FOUNDATION BOARD OF DIRECTORS GRANT ADMINISTRATION COMMITTEE THE GRANT SUMMARIES REPORT IS DISTRIBUTED TO EACH BOARD MEMBER AND REDISTRIBUTED DURING THE BOARD MEETING, THUS BECOMING A PERMANENT RECORD WITHIN THE BOARD FILES THERE IS AN ELECTRONIC FILE FOR EACH QUARTERLY UPDATE ALONG WITH THE GRANT SUMMARIES REPORT

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST MEMORIAL HOSPITAL-DESOTO INC 7601 SOUTHCREST PKY SOUTHAVEN, MS 38671	64-0682111	501(c)(3)	114,475				SUSAN G KOMEN GRANT AND OTHER COMMUNITY PROGRAMS
BAPTIST MEMORIAL HOSPITAL INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177	62-0123940	501(c)(3)	1,603,335				VARIOUS MEDICAL AND COMMUNITY PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST MEMORIAL HOSPITAL-BOONEVILLE INC 100 HOSPITAL ST BOONEVILLE, MS 38829	64-0663760	501(c)(3)	6,614				COMMUNITY DIABETES PROGRAM, OTHER COMMUNITY PROGRAMS, SPECIFIC ASSISTANCE
BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC 2520 FIFTH ST N COLUMBUS, MS 39705	62-1519754	501(c)(3)	345,848				CANCER RESEARCH & TESTING, HOSPICE, COMMUNITY PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC PO BOX 946 OXFORD, MS 38655	64-0772726	501(c)(3)	72,733				CANCER RESEARCH AND TESTING, COMMUNITY DIABETES PROGRAM, OTHER COMMUNITY PROGRAMS
BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC 200 HWY 30 WEST NEW ALBANY, MS 38652	63-0997281	501(c)(3)	216,478				DIABETES PROGRAM, EMPLOYEE ASSISTANCE, OTHER COMMUNITY PROGRAMS, SUSAN G KOMEN GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST MEMORIAL HOME CARE INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177	58-1562973	501(c)(3)	1,894,058				CAMP GOOD GRIEF, HOSPICE HOUSE & BEREAVEMENT CENTER, EMPLOYEE ASSISTANCE
BAPTIST MEMORIAL HEALTH CARE CORPORATION 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177	58-1521475	501(c)(3)	1,714,616				ADMINISTRATIVE FELLOWS, OPERATION OUTREACH, LEADERSHIP DEVELOPMENT, BAPTIST ONECARE, OTHER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC 1003 MONROE MEMPHIS, TN 38104	62-1599670	501(c)(3)	1,861,062				SCHOLARSHIPS, TUITION DEFERMENT PROGRAM
NINETY DEGREES WEST RACING 3169 PROFESSIONAL PLAZA STE 1 GERMANTOWN, TN 38138	47-5377275	501(c)(3)	5,000				SPONSOR CAMP GOOD GRIEF

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST MEMORIAL HOSPITAL-JONESBORO INC 4800 E JOHNSON AVE JONESBORO, AR 72401	26-1214372	501(c)(3)	800,485				NEA BAPTIST CANCER CENTER, CHAPLAIN FUNDS, EMPLOYEE ASSISTANCE
NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION INC 4802 E JOHNSON AVE JONESBORO, AR 72401	71-0850123	501(c)(3)	84,438				VARIOUS COMMUNITY PROGRAMS, PATIENT ASSISTANCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMPBELL CLINIC FOUNDATION 1400 S GERMANTOWN RD GERMANTOWN, TN 38138	62-0548038	501(c)(3)	20,000				EDUCATIONAL DONATION
BREAST CANCER ERADICATION INITIATIVE PO BOX 382886 GERMANTOWN, TN 381832886	62-1609633	501(c)(3)	6,500				GENERAL DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST MEMORIAL MEDICAL GROUP INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177	62-1545731	501(c)(3)	21,382				SUSAN G KOMEN, EMPLOYEE ASSISTANCE
BAPTIST CLINICAL RESEARCH INSTITUTE INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177	45-3032246	501(c)(3)	82,890				DONATIONS IN SUPPORT OF VARIOUS MEDICAL RESEARCH STUDIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST MEMORIAL HEALTH SERVICES INC 350 N HUMPRHEYS BLVD MEMPHIS, TN 381202177	62-1509127	501(c)(3)	14,390				PATIENT ASSISTANCE
SEMMES-MURPHEY FOUNDATION 6325 HUMPHREYS BLVD MEMPHIS, TN 38120	38-3790195	501(c)(3)	165,086				ENDOVASCULAR FELLOWSHIPS

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
SUSAN G KOMEN RACE FOR THE CURE 5005 LBJ FREEWAY DALLAS, TX 752446125	75-2462834	501(c)(3)	5,000				GENERAL DONATION
SHELBY FARMS PARK CONSERVANCY 6489 MULLINS STATION RD MEMPHIS, TN 38134	26-0350397	501(c)(3)	1,000,000				DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TABERNACLE CHRISTIAN SCHOOL 301 MARKET STREET CLARKSVILLE, TN 37042	62-1791243	501(c)(3)	5,000				DONATION
EAST TENNESSEE FOUNDATION (PAT SUMMITT FOUNDATION) 520 W SUMMITT HILL DR STE 1101 KNOXVILLE, TN 37902	62-0807696	501(c)(3)	5,000				DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST MEMORIAL HOSPITAL-HUNTINGDON INC 631 RB WILSON DR HUNTINGDON, TN 383441727	62-1166050	501(c)(3)	42,199				DIABETES PROGRAM, EMPLOYEE ASSISTANCE, OTHER COMMUNITY PROGRAMS
UNIVERSITY OF MEMPHIS 635 NORMAL ST MEMPHIS, TN 38152	62-6048540	501(c)(3)	10,000				SPONSORSHIP

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
 ▶ **Attach to Form 990.**

2015
Open to Public Inspection

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

Name of the organization BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	Employer identification number 58-1544781
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Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input 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 type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input 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 type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input 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	Yes								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input 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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No								
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	No								
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No								
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	No								
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No								
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes								
8 Were any amounts reported on Form 990, Part VII, paid or 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									

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JASON M LITTLE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	851,732	493,430	125,453	31,250	27,386	1,529,251	0
2 GREGORY M DUCKETT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	417,673	199,147	90,414	33,125	30,163	770,522	0
3 JAMES S FOUNTAIN SVP/CHIEF DEVELOPMENT OFF	(i)	0	0	0	0	0	0	0
	(ii)	397,367	193,466	68,985	43,875	33,462	737,155	0
4 JENNIFER S NEVELS EXEC DIR OF DEVELOPMENT	(i)	152,388	14,271	20	25,980	12,068	204,727	0
	(ii)	0	0	0	0	0	0	0

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
See Additional Data	

Additional Data

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

Part III, Supplemental Information

Return Reference	Explanation
Part I, Line 1a	THE OFFICERS RECEIVE A PERQUISITE ALLOWANCE WHICH IS INCLUDED IN THEIR SALARIES

Part III, Supplemental Information

Return Reference	Explanation
Part I, Line 1b	THE PRESIDENT, VICE PRESIDENTS, AND ADMINISTRATORS RECEIVE A PERQUISITE ALLOWANCE THE ALLOWANCE IS INCLUDED IN THEIR SALARIES AND IS TAXABLE TO THEM AS ADDITIONAL INCOME THE ORGANIZATION ALSO HAS AN ACCOUNTABLE PLAN, BUT A DISCRETIONARY SPENDING ACCOUNT IS NOT PART OF AN ACCOUNTABLE PLAN IF ANY OF THE OTHER ITEMS LISTED ON SCHEDULE J, PART I, LINE 1a WERE APPLICABLE, THE RECIPIENTS WOULD BE REQUIRED TO FOLLOW THE ORGANIZATION'S WRITTEN POLICY REGARDING PAYMENT OR REIMBURSEMENT

Part III, Supplemental Information

Return Reference	Explanation
Part I, Line 3	BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER, HAS A GOVERNANCE COMMITTEE MADE UP OF THE BOARD OF DIRECTORS, WHO ALONG WITH THE HUMAN RESOURCE DEPARTMENT, UTILIZES INDEPENDENT COMPENSATION CONSULTANTS, COMPENSATION STUDIES, AND APPROVAL BY THE COMPENSATION COMMITTEE TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR AND OTHER KEY PERSONNEL

Part III, Supplemental Information

Return Reference	Explanation
Part I, Line 4b	LINE 4b ELIGIBLE EXECUTIVES PARTICIPATE IN VARIOUS NON-QUALIFIED DEFERRED COMPENSATION PLANS ORGANIZED UNDER CODE SECTION 457(F) THE EXACT PURPOSE OF EACH PLAN VARIES BUT THEY INCLUDE COMPENSATION LIMITATION MAKE-UP PLANS, VOLUNTARY DEFERRAL PLANS, DEFERRAL OF A PORTION OF INCENTIVE BONUS TYPE PLANS, ETC ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EXECUTIVE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID NO PAYMENTS WERE MADE TO LISTED INDIVIDUALS IN PART VII UNDER THE VARIOUS NON-QUALIFIED DEFERRED COMPENSATION PLANS DURING THE YEAR

Part III, Supplemental Information

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2016

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
BAPTIST MEMORIAL HEALTH CARE
FOUNDATION INC

Employer identification number
58-1544781

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	3	1,067,638	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (OTHER)	X	148	199,635	FMV
26 Other ▶ (EQUIPMENT)	X	2	25,000	FMV
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a** No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31** No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		No
31		No
32a		No

Part II Supplemental Information.

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

Return Reference	Explanation
Part I, Column (b)	THE VALUE OF THE CONTRIBUTIONS IS BASED UPON MARKET VALUE EACH CONTRIBUTION IS COUNTED IN THE NUMBER OF CONTRIBUTIONS

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

2016

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization
BAPTIST MEMORIAL HEALTH CARE
FOUNDATION INC

Employer identification number

58-1544781

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	BAPTIST MEMORIAL HEALTH CARE FOUNDATION IS A NON-STOCK CORPORATION WHOSE SOLE MEMBER IS BAPTIST MEMORIAL HEALTH CARE CORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	BAPTIST MEMORIAL HEALTH CARE CORPORATION AS THE SOLE MEMBER OF BAPTIST MEMORIAL HEALTH CARE FOUNDATION ELECTS ITS BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	THE FORM 990 IS REVIEWED BY BAPTIST MEMORIAL HEALTH CARE CORPORATION'S SR V P /CFO AND THE FOUNDATION'S CONTROLLER IN ADDITION, THE FORM 990 IS REVIEWED BY AN OUTSIDE INDEPENDENT ACCOUNTING AND TAX FIRM THE FORM 990 HAS NOT BEEN REVIEWED BY THE BOARD OF DIRECTORS HOWEVER, BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER, HAS A GOVERNANCE COMMITTEE THAT IS APPOINTED BY ITS BOARD OF DIRECTORS THE BAPTIST MEMORIAL HEALTH CARE CORPORATION GOVERNANCE COMMITTEE CONSISTS OF THREE OR MORE MEMBERS ALL OF WHICH MAY OR MAY NOT BE MEMBERS OF THE BOARD OF DIRECTORS THE BAPTIST MEMORIAL HEALTH CARE CORPORATION GOVERNANCE COMMITTEE WILL REVIEW THE FORM 990 OF ALL OF THE BAPTIST ENTITIES AFTER SUBMITTING TO THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	BAPTIST MEMORIAL HEALTH CARE FOUNDATION REQUIRES THAT ALL EMPLOYEES, INCLUDING OFFICERS AND KEY EMPLOYEES, PERIODICALLY COMPLETE A CERTIFICATION AND ACKNOWLEDGEMENT OF THE BAPTIST MEMORIAL HEALTH CARE CORPORATION STANDARDS OF CONDUCT, WHICH INCORPORATES THE CONFLICT OF INTEREST POLICY BOARD MEMBERS DISCLOSE AND SIGN A CONFLICT OF INTEREST STATEMENT EACH DECEMBER IN THE EVENT THAT AN EMPLOYEE OR BOARD MEMBER BECOMES AWARE OF A POTENTIAL CONFLICT OF INTEREST, HE/SHE IS REQUIRED TO REPORT IT TO THEIR CHIEF EXECUTIVE OFFICER BEFORE TAKING ANY ACTION IF HE/SHE IS THE CHIEF EXECUTIVE OFFICER, THEN HE/SHE IS TO REPORT TO THE CHAIRMAN OF THE BOARD OF DIRECTORS THE SIGNED CONFLICT OF INTEREST STATEMENTS ARE REVIEWED BY THE SENIOR V P AND CORPORATE COUNSEL, AND ARE MAINTAINED IN THE BAPTIST MEMORIAL HEALTH CARE CORPORATION LEGAL DEPARTMENT IF A CONFLICT OF INTEREST IS FOUND TO EXIST, IT WILL BE THE RESPONSIBILITY OF THE CEO, WITH THE INVOLVEMENT OF THE BAPTIST MEMORIAL HEALTH CARE CORPORATION LEGAL DEPARTMENT, TO RESOLVE THE ISSUE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	BAPTIST MEMORIAL HEALTH CARE CORPORATION'S HUMAN RESOURCE DEPARTMENT, THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS, AND AN INDEPENDENT COMPENSATION CONSULTING FIRM PERFORM ANNUAL REVIEWS EACH DECEMBER AND APPROVE COMPENSATION OF THE CEO AND OTHER TOP MANAGEMENT PERSONNEL. THEY USE COMPARABILITY DATA AND OTHER SOURCES AS NEEDED. THE CEO AND OTHER TOP MANAGEMENT USE THE SAME TYPE OF INFORMATION TO APPROVE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES. ON DECEMBER 14, 2015 THE COMPENSATION WAS REVIEWED AND APPROVED FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2016 FOR THE PRESIDENT, THE VICE PRESIDENTS, AND THE BAPTIST HEALTH CARE SYSTEM CEOS/ADMINISTRATORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 18	BAPTIST MEMORIAL HEALTH CARE FOUNDATION MAKES COPIES OF ITS FORMS 1023 AND 990 AVAILABLE FOR PUBLIC INSPECTION TO ANYONE WHO REQUESTS THEM AS REQUIRED BY THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	BAPTIST MEMORIAL HEALTH CARE FOUNDATION 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
PART XII, LINE 2c FINANCIAL STATEMENTS AND REPORTING	BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER, HAS AN AUDIT COMMITTEE THAT CHOOSES THE AUDIT FIRM, OVERSEES AND REVIEWS THE AUDIT REPORTS, AND THEN FOLLOWS UP ON ANY NECESSARY CHANGES AND RECOMMENDATIONS THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
BAPTIST MEMORIAL HEALTH CARE
FOUNDATION INC

Employer identification number

58-1544781

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

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

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) HEALTH TECH AFFILIATES INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1278576	BUYING AND LEASING REAL & PERSONAL PROPERTY	TN	N/A	C				Yes	
(2) BAPTIST MEMORIAL HEALTH SERVICES GROUP OF THE MIDSOUTH INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1534210	HEALTH INSURANCE CONTRACTING	TN	N/A	C				Yes	
(3) SOUTHCREST PROPERTY OWNERS ASSOCIATION 7601 SOUTHCREST PKWY SOUTHAVEN, MS 38671 64-0768703	BOOKKEEPING & DATA PROCESSING FOR THE SOUTHCREST DEVELOPMENT	MS	N/A	C				Yes	
(4) GERMANTOWN BUSINESS PARK OWNERS ASSOCIATION 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 20-1158216	BOOKKEEPING & DATA PROCESSING FOR THE GERMANTOWN BUSINESS PARK DEVELOPMENT	TN	N/A	C				Yes	
(5) MS BAPTIST MEDICAL ENTERPRISES INC 1225 NORTH STATE STREET JACKSON, MS 39202 64-0776164	INVESTMENTS	MS	N/A	C				Yes	
(6) MEDICAL PRACTICE SOLUTIONS 1225 NORTH STATE STREET JACKSON, MS 39202 64-0833731	MEDICAL CONSULTING	MS	N/A	C				Yes	
(7) REAL ESTATE ENTERPRISES INC 1225 NORTH STATE STREET JACKSON, MS 39202 64-0746856	INVESTMENTS	MS	N/A	C				Yes	

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
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	No
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	No
r Other transfer of cash or property to related organization(s)	1r Yes	
s Other transfer of cash or property from related organization(s)	1s	No

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

See Additional Data Table

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		Yes	No	

Part VII **Supplemental Information**

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

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1521475	MANAGEMENT, ADMINISTRATIVE & FINANCIAL SERVICES FOR ITS AFFILIATES	TN	501(c)(3)	509(a)(3)	N/A		No
(1) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1456556	CARRY OUT THE HEALTH CARE MISSIONS OF THE BAPTIST CONVENTIONS OF AR, MS, TN	TN	501(c)(3)	509(a)(3)	N/A	Yes	
(2) 1003 MONROE MEMPHIS, TN 38104 62-1599670	EDUCATION OF HEALTH CARE PROFESSIONALS	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HOSPITAL INC	Yes	
(3) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1509127	PROVISION OF HEALTH CARE PROVIDERS & HOME MEDICAL EQUIPMENT/SERVICES	TN	501(c)(3)	509(a)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(4) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-0123940	HEALTH CARE FACILITY/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(5) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1112364	COLLECTION AGENCY FOR BAPTIST ENTITIES	TN	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(6) 100 HOSPITAL ST BOONEVILLE, MS 38829 64-0663760	HEALTH CARE FACILITY/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(7) 7601 SOUTHCREST PKWY SOUTHAVEN, MS 38671 64-0682111	HEALTH CARE FACILITY/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(8) 2520 FIFTH ST COLUMBUS, MS 39703 62-1519754	HEALTH CARE FACILITY/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(9) 631 RB WILSON DR HUNTINGDON, TN 38344 62-1166050	HEALTH CARE FACILITY/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(10) 2301 S LAMAR OXFORD, MS 38655 64-0772726	HEALTH CARE FACILITY/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(11) 1995 HWY 51 SOUTH COVINGTON, TN 38019 62-1113167	HEALTH CARE FACILITY/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(12) 1201 BISHOP ST UNION CITY, TN 38261 62-1138045	HEALTH CARE FACILITY/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(13) 200 HWY 30 WEST NEW ALBANY, MS 38652 63-0997281	HEALTH CARE FACILITY/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(14) 2100 EXETER RD GERMANTOWN, TN 38138 58-1645396	HEALTH CARE FACILITY/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(15) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1562973	HOME HEALTH CARE & HOSPICE SERVICES	TN	501(c)(3)	509(a)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(16) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1545731	PROVISION OF HEALTH CARE PROVIDERS FOR BAPTIST FACILITIES	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(17) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1407946	BAPTIST EMPLOYEE HEALTH PLAN	TN	501(c)(9)		BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(18) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1538114	NON-EMERGENCY MEDICAL CLINICS	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
(19) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 26-1214372	HEALTH CARE FACILITY/HOSPITAL	AR	501(c)(3)	509(a)(1)	NEA BAPTIST HEALTH SYSTEM INC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) 4802 E JOHNSON AVE JONESBORO, AR 72401 71-0850123	MEDICAL CLINICS	AR	501(c)(3)	509(a)(1)	NEA BAPTIST HEALTH SYSTEM INC	Yes	
(1) 4800 E JOHNSON AVE JONESBORO, AR 72401 27-1799652	HEALTH CARE SERVICE PROVIDER	AR	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(2) 8060 WOLF RIVER BLVD GERMANTOWN, TN 38138 27-4396698	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
(3) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-2842963	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
(4) 6286 BRIARCREST AVE SUITE 308 MEMPHIS, TN 38120 45-3303687	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
(5) 6025 WALNUT GROVE RD MEMPHIS, TN 38120 45-2832975	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
(6) 6029 WALNUT GROVE RD MEMPHIS, TN 38120 45-3303607	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
(7) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3032372	ESTABLISHING, MAINTAINING & MANAGING A PATIENT SAFETY ORGANIZATION	TN	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(8) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3032246	FACILITATE MEDICAL & SCIENTIFIC RESEARCH	TN	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
(9) 80 HUMPHREYS CENTER MEMPHIS, TN 38120 35-2461541	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3)	170(b)(1)(A)(iii)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
(10) 2859 VAN LEER DR BARTLETT, TN 38134 46-1953140	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3)	170(b)(1)(A)(iii)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
(11) 1225 NORTH STATE STREET JACKSON, MS 39202 64-0833383	HEALTH CARE FACILITY/HOSPITAL	MS	501(c)(3)	170(b)(1)(A)(iii)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
(12) 1225 NORTH STATE STREET JACKSON, MS 39202 75-3068151	MEDICAL CLINICS	MS	501(c)(3)	170(b)(1)(A)(iii)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
(13) 1225 NORTH STATE STREET JACKSON, MS 39202 64-0881013	HEALTH CARE FACILITY/HOSPITAL	MS	501(c)(3)	170(b)(1)(A)(iii)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
(14) 1225 NORTH STATE STREET JACKSON, MS 39202 45-2896080	HEALTH CARE FACILITY/HOSPITAL	MS	501(c)(3)	170(b)(1)(A)(iii)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
(15) 1225 NORTH STATE STREET JACKSON, MS 39202 64-0844470	HEALTH CARE FACILITY/HOSPITAL	MS	501(c)(3)	170(b)(1)(A)(iii)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
(16) 1225 NORTH STATE STREET JACKSON, MS 39202 80-0812322	HOLDING COMPANY	MS	501(c)(3)	170(b)(1)(A)(iii)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
(17) 1225 NORTH STATE STREET JACKSON, MS 39202 64-0306253	HOLDING COMPANY	MS	501(c)(3)	170(b)(1)(A)(iii)	N/A	Yes	
(18) 1225 NORTH STATE STREET JACKSON, MS 39202 47-3403762	SOLICIT, RAISE, MANAGE, APPLY & INVEST FUNDS IN SUPPORT OF MS BAPT SYSTEMS	MS	501(c)(3)	509(a)(3)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
(19) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 81-3257997	HEALTH CARE FACILITY/HOSPITAL	MS	501(c)(3)	509(a)(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
(41) 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 81-3655778	HEALTH CARE FACILITY	MS	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	

(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	
(1) BAPTIST-DESOTO SURGERY CENTER 40 BURTON HILLS BLVD STE 500 NASHVILLE, TN 37215 20-0804946	AMBULATORY SURGERY	MS	N/A	N/A				No			No	
(1) BAPTIST-EAST MEMPHIS SURGERY CENTER 80 HUMPHREYS CENTER 101 MEMPHIS, TN 38120 62-1846584	AMBULATORY SURGERY	TN	N/A	N/A				No			No	
(2) BAPTIST-GERMANTOWN SURGERY CENTER LP 40 BURTON HILLS BLVD STE 500 NASHVILLE, TN 37215 62-1829424	AMBULATORY SURGERY	TN	N/A	N/A				No			No	
(3) BAPTIST & PHYSICIANS OP SURGERY CENTER OF N MS 40 BURTON HILLS BLVD STE 500 NASHVILLE, TN 37215 62-0925692	AMBULATORY SURGERY	MS	N/A	N/A				No			No	
(4) BAPTIST N MS IMAGING SERVICES LLC 504 AZALEA DR OXFORD, MS 38655 26-2641267	DIAGNOSTIC SERVICES	MS	N/A	N/A				No			No	
(5) EAST MEMPHIS UROLOGY CENTER LP 40 BURTON HILLS BLVD STE 500 NASHVILLE, TN 37215 62-1810940	AMBULATORY UROLOGICAL SERVICES	TN	N/A	N/A				No			No	
(6) MEDICAL ALTERNATIVES 4565 SHELBY RD MEMPHIS, TN 38083 62-1488427	HOME INFUSION PRODUCTS & SERVICES TO PATIENTS	TN	N/A	N/A				No			No	
(7) MIDTOWN SURGERY CENTER LP 40 BURTON HILLS BLVD STE 500 NASHVILLE, TN 37215 62-1619344	AMBULATORY SURGERY	TN	N/A	N/A				No			No	
(8) NORTHWEST TENNESSEE SURGERY CENTER LLC 1722 E REELFOOT UNION CITY, TN 38261 62-1685508	AMBULATORY SURGERY	TN	N/A	N/A				No			No	
(9) SM-B BUILDING LLC 5900 POPLAR AVE STE 100 MEMPHIS, TN 38119 62-1834236	PHYSICIAN OFFICES	TN	N/A	N/A				No			No	
(10) WOLF RIVER MEDICAL CENTER LP 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1510287	MEDICAL OFFICE BLDG	TN	N/A	N/A				No			No	
(11) CANCER CARE CENTER OF UNION CITY LP 322 HOSPITAL BLVD JACKSON, TN 38305 26-3425045	CANCER CARE SERVICES	TN	N/A	N/A				No			No	
(12) MAYS & SCHNAPP PAIN CENTER 55 HUMPHREYS BLVD MEMPHIS, TN 38120 62-1512849	PAIN MANAGEMENT SERVICES	TN	N/A	N/A				No			No	
(13) CONVENIENT CARE DIAGNOSTIC CENTER PLLC 555 HWY 6 EAST BATESVILLE, MS 38606 64-0914382	RADIOLOGY & DIAGNOSTIC SERVICES	MS	N/A	N/A				No			No	
(14) BAPTIST MEMORIAL REHABILITATION HOSPITAL GP 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 46-1613457	HEALTH CARE FACILITY	TN	N/A	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) HEALTH TECH AFFILIATES INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1278576	BUYING AND LEASING REAL & PERSONAL PROPERTY	TN	N/A	C				Yes	
(1) BAPTIST MEMORIAL HEALTH SERVICES GROUP OF THE MIDSOUTH INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1534210	HEALTH INSURANCE CONTRACTING	TN	N/A	C				Yes	
(2) SOUTHCREST PROPERTY OWNERS ASSOCIATION 7601 SOUTHCREST PKWY SOUTHAVEN, MS 38671 64-0768703	BOOKKEEPING & DATA PROCESSING FOR THE SOUTHCREST DEVELOPMENT	MS	N/A	C				Yes	
(3) GERMANTOWN BUSINESS PARK OWNERS ASSOCIATION 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 20-1158216	BOOKKEEPING & DATA PROCESSING FOR THE GERMANTOWN BUSINESS PARK DEVELOPMENT	TN	N/A	C				Yes	
(4) MS BAPTIST MEDICAL ENTERPRISES INC 1225 NORTH STATE STREET JACKSON, MS 39202 64-0776164	INVESTMENTS	MS	N/A	C				Yes	
(5) MEDICAL PRACTICE SOLUTIONS 1225 NORTH STATE STREET JACKSON, MS 39202 64-0833731	MEDICAL CONSULTING	MS	N/A	C				Yes	
(6) REAL ESTATE ENTERPRISES INC 1225 NORTH STATE STREET JACKSON, MS 39202 64-0746856	INVESTMENTS	MS	N/A	C				Yes	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	BAPTIST MEMORIAL HOSPITAL-INC	B	1,603,335	CASH
(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	B	1,550,373	CASH
(2)	BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC	B	72,733	CASH
(3)	BAPTIST CLINICAL RESEARCH INSTITUTE INC	B	82,890	CASH
(4)	BAPTIST MEMORIAL HOSPITAL-JONESBORO INC	B	800,485	CASH
(5)	BAPTIST MEMORIAL HOME CARE INC	B	1,894,058	CASH
(6)	NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION INC	B	84,438	CASH
(7)	BAPTIST MEMORIAL HOSPITAL-DESOTO INC	B	114,475	CASH
(8)	BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC	B	345,848	CASH
(9)	BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC	B	216,478	CASH
(10)	BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC	B	1,861,062	CASH
(11)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	C	3,087,481	CASH
(12)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	N	80,102	CASH
(13)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	O	423,278	CASH
(14)	BAPTIST MEMORIAL MEDICAL MINISTRIES EMPLOYEE HTL AND WELFARE TRUST	R	123,141	CASH
(15)	BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC	C	68,550	CASH