

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 09-01-2018, and ending 08-31-2019

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

C Name of organization
Baptist Healthcare System Inc

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
2701 Eastpoint Parkway

City or town, state or province, country, and ZIP or foreign postal code
Louisville, KY 40223

D Employer identification number
61-0444707

E Telephone number
(502) 896-5000

G Gross receipts \$ 2,299,934,365

F Name and address of principal officer
Stephen R Oglesby
2701 Eastpoint Pkwy
Louisville, KY 40223

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

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www.baptisthealth.com

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1918

M State of legal domicile KY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Provide quality healthcare services & enhance the health of the people & communities we serve

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) | 15 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 11 |
| 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 16,819 |
| 6 Total number of volunteers (estimate if necessary) | 1,000 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7,652,560 |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 1,428,764 |

| | Prior Year | Current Year |
|---|---------------|---------------|
| 8 Contributions and grants (Part VIII, line 1h) | 2,091,222 | 1,680,671 |
| 9 Program service revenue (Part VIII, line 2g) | 2,044,654,309 | 2,226,421,275 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 36,699,531 | 38,858,032 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 32,814,648 | 32,974,387 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,116,259,710 | 2,299,934,365 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,764,591 | 2,353,104 |
| 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) | 906,723,723 | 947,936,049 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶0 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 951,779,008 | 1,047,611,246 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,860,267,322 | 1,997,900,399 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 255,992,388 | 302,033,966 |

| | Beginning of Current Year | End of Year |
|---|---------------------------|---------------|
| 20 Total assets (Part X, line 16) | 2,890,128,218 | 3,059,532,712 |
| 21 Total liabilities (Part X, line 26) | 1,260,158,552 | 1,256,700,355 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 1,629,969,666 | 1,802,832,357 |

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: 2020-07-15

Stephen R Oglesby VP, Treasurer, CFO
Type or print name and title

Paid Preparer Use Only

| | | | | |
|--|----------------------|------|---|----------------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN P01236691 |
| Firm's name ▶ Ernst & Young US LLP | | | Firm's EIN ▶ 34-6565596 | |
| Firm's address ▶ 155 N Wacker Drive Chicago, IL 60606 | | | Phone no (312) 879-2183 | |

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

See Schedule O The mission of Baptist Healthcare System, Inc , (BHS), is to exemplify our Christian heritage of providing quality healthcare services by enhancing the health of the people and the communities we serve The vision of BHS is to be nationally recognized as the healthcare leader in Kentucky and Indiana BHS will live out its Christ-centered mission and achieve its vision guided by integrity, respect, stewardship, excellence and collaboration

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 \$ 1,757,982,345 including grants of \$ 2,353,104) (Revenue \$ 2,241,693,441)
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 ▶ 1,757,982,345

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Answer (Yes/No). Rows include questions 1 through 22 regarding organizational requirements, lobbying, political activities, and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | Yes | No | |
|-----------|--|-----|-------|--------------------------|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 1,301 | <input type="checkbox"/> |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | <input type="checkbox"/> |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | <input type="checkbox"/> |

| | | | | | |
|--|------------|--------|----|--|--|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 16,819 | | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . | 3a | Yes | | | |
| b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . .</i> | 3b | Yes | | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . | 4a | | No | | |
| b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . | 5a | | No | | |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No | | |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . | 6a | | No | | |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | No | | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No | | |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No | | |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . | 7f | | No | | |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | |
| 8 Sponsoring organizations maintaining donor advised funds. | | | | | |
| Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | | | |
| 9a Did the sponsoring organization make any taxable distributions under section 4966? . . . | 9a | | | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . | 9b | | | | |
| 10 Section 501(c)(7) organizations. Enter | | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 Section 501(c)(12) organizations. Enter | | | | | |
| a Gross income from members or shareholders | 11a | | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | 13a | | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | | |
| c Enter the amount of reserves on hand | 13c | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No | | |
| b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . .</i> | 14b | | | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N | 15 | | No | | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O | 16 | | No | | |

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



Section A. Governing Body and Management

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 (15); 1b Enter the number of voting members included in line 1a, above, who are independent (11); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 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? (Yes); 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 (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (KY, IN); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: Stephen R Oglesby, 2701 Eastpoint Parkway, Louisville, KY 40223 (502) 896-5000.

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 | | | |
| | d Related organizations | 1d | 1,190,226 | | |
| | e Government grants (contributions) | 1e | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 490,445 | | |
| | g Noncash contributions included in lines 1a - 1f \$ _____ | | | | |
| h Total. Add lines 1a-1f | | 1,680,671 | | | |

| Program Service Revenue | | | Business Code | | | | |
|--|----------------------------------|--------|---------------|---------------|---------------|-----------|--|
| | 2a Insurance & Patient Pa | | 621300 | 1,206,024,945 | 1,199,571,019 | 6,453,926 | |
| b Medicare & Medicaid Pa | | 621300 | 884,852,059 | 884,852,059 | | | |
| c Management Fees-Exempt | | 561000 | 74,232,648 | 74,232,648 | | | |
| d Other Program Service | | 900099 | 41,790,874 | 41,790,874 | | | |
| e Exempt & MOB Rent | | 900099 | 15,676,241 | 15,676,241 | | | |
| f All other program service revenue | | | 3,844,508 | 3,844,508 | | | |
| g Total. Add lines 2a-2f | | | 2,226,421,275 | | | | |

| | | | | | | | |
|--|---|----------------|---------------|---------------|-----------|------------|------------|
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 24,015,657 | | | 24,015,657 |
| | 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) | | | 14,842,375 | | | 14,842,375 |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | | |
| | b Less direct expenses | b | | | | | |
| | c Net income or (loss) from fundraising events | | | | | | |
| | 9a Gross income from gaming activities See Part IV, line 19 | a | | | | | |
| b Less direct expenses | b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | | |
| b Less cost of goods sold | b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a Cafe & Coffee Shops | | 722514 | 9,456,229 | | | 9,456,229 | |
| b Purchasing Partnership | | 900099 | 3,406,742 | 3,236,510 | 170,232 | | |
| c Day Care Centers | | 624410 | 3,404,016 | | 1,026,323 | 2,377,693 | |
| d All other revenue | | | 16,707,400 | 12,035,656 | 2,079 | 4,669,665 | |
| e Total. Add lines 11a-11d | | | 32,974,387 | | | | |
| 12 Total revenue. See Instructions | | | 2,299,934,365 | 2,235,239,515 | 7,652,560 | 55,361,619 | |

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. | 2,353,104 | 2,353,104 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | | | | |
| 4 Benefits paid to or for members. | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees. | 5,144,406 | | 5,144,406 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | 352,310 | 352,310 | | |
| 7 Other salaries and wages. | 760,554,370 | 641,836,702 | 118,717,668 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions). | 19,806,992 | 16,882,264 | 2,924,728 | |
| 9 Other employee benefits. | 95,170,784 | 82,016,833 | 13,153,951 | |
| 10 Payroll taxes. | 66,907,187 | 56,760,682 | 10,146,505 | |
| 11 Fees for services (non-employees) | | | | |
| a Management. | 3,353,289 | 3,117,477 | 235,812 | |
| b Legal. | 3,160,871 | 460,536 | 2,700,335 | |
| c Accounting. | 971,766 | | 971,766 | |
| d Lobbying. | 162,234 | | 162,234 | |
| e Professional fundraising services. See Part IV, line 17. | | | | |
| f Investment management fees. | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 50,034,820 | 40,087,551 | 9,947,269 | |
| 12 Advertising and promotion. | 9,078,484 | 63,852 | 9,014,632 | |
| 13 Office expenses. | 82,912,583 | 66,282,074 | 16,630,509 | |
| 14 Information technology. | 59,013,911 | 52,007,205 | 7,006,706 | |
| 15 Royalties. | | | | |
| 16 Occupancy. | 33,066,483 | 29,548,242 | 3,518,241 | |
| 17 Travel. | 4,330,755 | 1,806,636 | 2,524,119 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 Conferences, conventions, and meetings. | 229,187 | 117,290 | 111,897 | |
| 20 Interest. | 37,772,320 | 37,772,320 | | |
| 21 Payments to affiliates. | | | | |
| 22 Depreciation, depletion, and amortization. | 113,000,074 | 108,222,086 | 4,777,988 | |
| 23 Insurance. | 19,968,075 | 9,643,659 | 10,324,416 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a Medical Supplies. | 487,374,995 | 485,940,654 | 1,434,341 | |
| b Purchased Svcs-Non-Med. | 70,302,347 | 59,928,448 | 10,373,899 | |
| c Provider Tax. | 43,579,185 | 43,579,185 | | |
| d Administrative Expenses. | 20,740,115 | 12,393,644 | 8,346,471 | |
| e All other expenses. | 8,559,752 | 6,809,591 | 1,750,161 | |
| 25 Total functional expenses. Add lines 1 through 24e. | 1,997,900,399 | 1,757,982,345 | 239,918,054 | 0 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance 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 | 36,744 | 1 | 34,151 |
| | 2 Savings and temporary cash investments | 287,956,258 | 2 | 318,899,077 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 298,732,409 | 4 | 322,068,514 |
| | 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 | 39,408,535 | 8 | 42,442,396 |
| | 9 Prepaid expenses and deferred charges | 18,949,637 | 9 | 17,952,237 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 2,323,151,543 | | |
| | b Less accumulated depreciation | 1,234,016,927 | | |
| | 11 Investments—publicly traded securities | 911,372,726 | 11 | 990,536,487 |
| | 12 Investments—other securities See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related See Part IV, line 11 | 14,014,221 | 13 | 18,089,420 |
| | 14 Intangible assets | 17,360,947 | 14 | 19,532,948 |
| | 15 Other assets See Part IV, line 11 | 204,734,089 | 15 | 240,842,866 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 2,890,128,218 | 16 | 3,059,532,712 | |
| Liabilities | 17 Accounts payable and accrued expenses | 249,407,566 | 17 | 265,790,376 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | 978,079,063 | 20 | 967,609,657 |
| | 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 | 32,671,923 | 25 | 23,300,322 |
| | 26 Total liabilities. Add lines 17 through 25 | 1,260,158,552 | 26 | 1,256,700,355 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 1,628,248,928 | 27 | 1,800,858,515 |
| | 28 Temporarily restricted net assets | 1,720,738 | 28 | 1,973,842 |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 1,629,969,666 | 33 | 1,802,832,357 | |
| 34 Total liabilities and net assets/fund balances | 2,890,128,218 | 34 | 3,059,532,712 | |

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 | 2,299,934,365 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,997,900,399 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 302,033,966 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,629,969,666 |
| 5 | Net unrealized gains (losses) on investments | 5 | 5,923,633 |
| 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 | -135,094,908 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 1,802,832,357 |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 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?
- 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

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | Yes | |
| 3b | Yes | |

Additional Data

Software ID:

Software Version:

EIN: 61-0444707

Name: Baptist Healthcare System Inc

Form 990 (2018)

Form 990, Part III, Line 4a:

See Schedule O

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Gerard J Colman CEO & Director | 40 00 0 00 | X | | X | | | | 2,278,911 | 0 | 247,615 |
| Aaron Thompson PHD Director | 1 00 0 00 | X | | | | | | 3,000 | 0 | 0 |
| Allen Rudd Director | 1 00 0 00 | X | | | | | | 3,000 | 0 | 0 |
| Brent Cooper Director | 1 00 0 00 | X | | | | | | 3,000 | 0 | 0 |
| Dr Terry T Lester Director | 1 00 0 00 | X | | | | | | 3,000 | 0 | 0 |
| Glenn Leveridge Director | 1 00 0 00 | X | | | | | | 3,000 | 0 | 0 |
| Kerry M Stemler Director | 1 00 0 00 | X | | | | | | 3,000 | 0 | 0 |
| Marcia Milby Ridings Director | 1 00 0 00 | X | | | | | | 3,000 | 0 | 0 |
| Ramsey Nassar MD Director | 1 00 0 00 | X | | | | | | 3,000 | 0 | 0 |
| Randy Owen MD Director | 1 00 0 00 | X | | | | | | 3,000 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Robert L Hook Jr Director | 1 00 0 00 | X | | | | | | 3,000 | 0 | 0 |
| Tammy Zimmerman Director | 1 00 0 00 | X | | | | | | 3,000 | 0 | 0 |
| Thomas O Davis Director | 1 00 0 00 | X | | | | | | 3,000 | 0 | 0 |
| Victoria Buster Director | 1 00 0 00 | X | | | | | | 3,000 | 0 | 0 |
| Dwain Morris Director (Effective 1/1/19) | 1 00 0 00 | X | | | | | | 0 | 0 | 0 |
| Judge Eugene Siler Jr Director (Through 12/31/18) | 1 00 0 00 | X | | | | | | 0 | 0 | 0 |
| Stephen R Oglesby CFO, Treasurer, VP | 40 00 0 00 | | | X | | | | 585,001 | 0 | 111,375 |
| Janet Norton Secretary & Vice President | 40 00 0 00 | | | X | | | | 640,187 | 0 | 36,511 |
| Timothy Jahn MD Chief Clinical Officer | 40 00 0 00 | | | | | X | | 998,118 | 0 | 20,014 |
| Isaac Myers MD Chief Health Integration Officer | 40 00 0 00 | | | | | X | | 704,528 | 0 | 135,417 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Christopher Roty Hospital President | 40 00 0 00 | | | | | X | | 523,484 | 0 | 10,260 |
| Dennis Johnson Hospital President | 40 00 0 00 | | | | | X | | 587,723 | 0 | 37,562 |
| Kenneth Anderson MD VP & Chief Medical Officer | 40 00 0 00 | | | | | X | | 720,833 | 0 | 31,028 |
| Stephen C Hanson President & CEO (Through 3/21/17) | 0 00 0 00 | | | | | | X | 823,224 | 0 | 3,924 |
| David Gray Vice President (Through 12/31/17) | 40 00 0 00 | | | | | | X | 1,274,600 | 0 | 35,965 |
| William G Sisson Vice President (Through 12/31/17) | 40 00 0 00 | | | | | | X | 692,517 | 0 | 39,213 |
| William A Brown Vice President (Through 8/8/17) | 0 00 0 00 | | | | | | X | 954,607 | 0 | 18,744 |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Baptist Healthcare System Inc

Employer identification number

61-0444707

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 _____
 - 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 | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|---|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|--|----------|----------|----------|----------|-----------|-----------|
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc (see instructions) | | | | | 12 | |

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 14 | Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 | Public support percentage for 2017 Schedule A, Part II, line 14 | 15 | |

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 15 | Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

| | | Yes | No |
|-----------|---|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| 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> | | |

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> | | |

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> | | |

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> | | |

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> | Yes | No |
| 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> | | |

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

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

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

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

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2018 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013. | | | |
| b From 2014. | | | |
| c From 2015. | | | |
| d From 2016. | | | |
| e From 2017. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2018 from Section D, line 7 \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a Excess from 2014. | | | |
| b Excess from 2015. | | | |
| c Excess from 2016. | | | |
| d Excess from 2017. | | | |
| e Excess from 2018. | | | |

Additional Data

Software ID:

Software Version:

EIN: 61-0444707

Name: Baptist Healthcare System Inc

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No 1545-0047

2018
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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

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

| | |
|---|---|
| Name of the organization Baptist Healthcare System Inc | Employer identification number 61-0444707 |
|---|---|

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

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

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

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

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

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

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

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

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

| | (a) | | (b) |
|---|-----|----|---------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a Volunteers? | | No | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c Media advertisements? | | No | |
| d Mailings to members, legislators, or the public? | | No | |
| e Publications, or published or broadcast statements? | | No | |
| f Grants to other organizations for lobbying purposes? | | No | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 51,000 |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i Other activities? | Yes | | 111,234 |
| j Total Add lines 1c through 1i | | | 162,234 |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

Part IV Supplemental Information

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

| Return Reference | Explanation |
|-------------------|---|
| Part II-B, Line 1 | Fees and related expenses paid for lobbyist Part II-B, Line 1i Lobbying portion of Kentucky Hospital Association and American Hospital Association dues, and an allocation of the expenses of BHS staff |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
Baptist Healthcare System Inc

Employer identification number
61-0444707

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | 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 | 913,093,464 | 754,058,582 | 799,870,635 | 808,699,955 | 857,141,112 |
| b Contributions | 120,059,496 | 132,278,360 | 61,040,747 | 33,990,776 | 22,188,064 |
| c Net investment earnings, gains, and losses | 37,696,832 | 68,237,615 | 59,495,543 | 56,256,745 | -704,296 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 76,030,460 | 39,440,329 | 164,068,546 | 96,524,337 | 67,115,064 |
| f Administrative expenses | 2,309,005 | 2,040,764 | 2,279,797 | 2,552,504 | 2,809,861 |
| g End of year balance | 992,510,327 | 913,093,464 | 754,058,582 | 799,870,635 | 808,699,955 |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 99 800 %
 - b** Permanent endowment ▶ 0 %
 - c** Temporarily restricted endowment ▶ 0 200 %
- 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 | No | No |
| (ii) related organizations | No | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 143,037,644 | | 143,037,644 |
| b Buildings | | 935,087,141 | 443,857,873 | 491,229,268 |
| c Leasehold improvements | | | | |
| d Equipment | | 1,197,688,709 | 790,159,054 | 407,529,655 |
| e Other | | 47,338,049 | | 47,338,049 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 1,089,134,616 |

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) Other Current Assets | 50,529,020 |
| (2) Due From Affiliate | 18,074,843 |
| (3) Trustee Funds-Malpractice | 92,792,206 |
| (4) Trustee Funds-Workers Comp | 24,230,684 |
| (5) Trustee Funds-Under Bond Indenture | 186 |
| (6) Unamortized Issue Costs | 7,374,869 |
| (7) Other Investments | 22,385,687 |
| (8) Other Assets | 25,455,371 |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) | 240,842,866 |

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

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| Malpractice Liability | 139,638,296 |
| Workers Comp Liability | 21,620,958 |
| Post-Retirement/Miscellaneous | 31,292,296 |
| Third Party Payable | 1,161,018 |
| Intercompany | -170,412,246 |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 23,300,322 |

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

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

Part XIII Supplemental Information *(continued)*

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

Additional Data

Software ID:

Software Version:

EIN: 61-0444707

Name: Baptist Healthcare System Inc

Form 990, Schedule D, Part IX, - Other Assets

| (a) Description | (b) Book value |
|--|----------------|
| (1) Other Current Assets | 50,529,020 |
| (1) Due From Affiliate | 18,074,843 |
| (2) Trustee Funds-Malpractice | 92,792,206 |
| (3) Trustee Funds-Workers Comp | 24,230,684 |
| (4) Trustee Funds-Under Bond Indenture | 186 |
| (5) Unamortized Issue Costs | 7,374,869 |
| (6) Other Investments | 22,385,687 |
| (7) Other Assets | 25,455,371 |

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| Part V, Line 4 | The endowment funds are used to support and enhance patient care at the hospitals, finance capital improvements and provide educational and financial assistance to hospital employees |

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| Part X, Line 2 | Baptist evaluates its uncertain tax positions on an annual basis. A tax benefit from an uncertain position may be recognized when it is more likely than not that the position will be sustained upon examination, including the resolution of any related appeals or litigation processes, based on the technical merit of the position. Baptist has determined that it has no uncertain tax positions that are required to be recorded as of August 31, 2019. Tax years that are open include the years from 2015 to 2018. |

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

OMB No 1545-0047
2018
 Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

Name of the organization
 Baptist Healthcare System Inc

Employer identification number
 61-0444707

Part I Financial Assistance and Certain Other Community Benefits at Cost

| | | Yes | No |
|---|-----------|-----|----|
| 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | 1a | Yes | |
| b If "Yes," was it a written policy? | 1b | Yes | |
| 2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities | | | |
| 3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year | | | |
| a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % | 3a | Yes | |
| b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % | 3b | Yes | |
| c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care | | | |
| 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? | 4 | Yes | |
| 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | 5a | Yes | |
| b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | 5b | | No |
| c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | 5c | | |
| 6a Did the organization prepare a community benefit report during the tax year? | 6a | Yes | |
| b If "Yes," did the organization make it available to the public? | 6b | Yes | |

7 Financial Assistance and Certain Other Community Benefits at Cost

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| Financial Assistance and Means-Tested Government Programs | | | | | | |
| a Financial Assistance at cost (from Worksheet 1) | | 17,282 | 46,431,266 | 11,432,482 | 34,998,784 | 1 750 % |
| b Medicaid (from Worksheet 3, column a) | | 287,790 | 277,194,203 | 244,533,182 | 32,661,021 | 1 630 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Financial Assistance and Means-Tested Government Programs | | 305,072 | 323,625,469 | 255,965,664 | 67,659,805 | 3 380 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | 269,550 | 4,560,000 | 32,500 | 4,527,500 | 0 230 % |
| f Health professions education (from Worksheet 5) | | | 75,000 | | 75,000 | 0 % |
| g Subsidized health services (from Worksheet 6) | | 7,626 | 35,492,232 | 26,170,424 | 9,321,808 | 0 470 % |
| h Research (from Worksheet 7) | | | 1,075,000 | | 1,075,000 | 0 050 % |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 1,113,836 | | 1,113,836 | 0 060 % |
| j Total. Other Benefits | | 277,176 | 42,316,068 | 26,202,924 | 16,113,144 | 0 810 % |
| k Total. Add lines 7d and 7j | | 582,248 | 365,941,537 | 282,168,588 | 83,772,949 | 4 190 % |

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

| | | Yes | No |
|---|---|-------|------------|
| 1 | Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | 1 Yes | |
| 2 | Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. | 2 | 13,564,358 |
| 3 | Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. | 3 | |
| 4 | Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements. | | |

Section B. Medicare

| | | | |
|---|---|---|-------------|
| 5 | Enter total revenue received from Medicare (including DSH and IME). | 5 | 554,384,464 |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5. | 6 | 610,604,028 |
| 7 | Subtract line 6 from line 5. This is the surplus (or shortfall). | 7 | -56,219,564 |
| 8 | Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other | | |

Section C. Collection Practices

| | | | |
|----|--|----|-----|
| 9a | Did the organization have a written debt collection policy during the tax year? | 9a | Yes |
| 9b | If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI. | 9b | Yes |

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

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|--------------------|---|--|--|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

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

6

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

| | See Additional Data Table | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (describe) | Facility reporting group |
|--|---------------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 Facility Reporting Group - A

Name of hospital facility or letter of facility reporting group _____

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

| | | Yes | No |
|--|---|-----|----|
| Community Health Needs Assessment | | | |
| 1 | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | | No |
| 2 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | | No |
| 3 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) | Yes | |
| a | <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b | <input checked="" type="checkbox"/> Demographics of the community | | |
| c | <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d | <input checked="" type="checkbox"/> How data was obtained | | |
| e | <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f | <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g | <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h | <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i | <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |
| 4 | Indicate the tax year the hospital facility last conducted a CHNA 20 <u>17</u> | | |
| 5 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | Yes | |
| 6a | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | | No |
| 6b | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | | No |
| 7 | Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) | Yes | |
| a | <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https //www baptisthealth com</u> | | |
| b | <input type="checkbox"/> Other website (list url) _____ | | |
| c | <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d | <input type="checkbox"/> Other (describe in Section C) | | |
| 8 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | Yes | |
| 9 | Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>17</u> | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>https //www baptisthealth com</u> | Yes | |
| a | | | |
| b | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | | |
| 11 | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed | | |
| 12a | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | | No |
| 12b | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | | |
| c | If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Facility Reporting Group - A

Name of hospital facility or letter of facility reporting group _____

| | | Yes | No |
|-----------|---|-----|----|
| | Did the hospital facility have in place during the tax year a written financial assistance policy that | | |
| 13 | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP | Yes | |
| a | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> % | | |
| b | <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C) | | |
| c | <input checked="" type="checkbox"/> Asset level | | |
| d | <input checked="" type="checkbox"/> Medical indigency | | |
| e | <input checked="" type="checkbox"/> Insurance status | | |
| f | <input checked="" type="checkbox"/> Underinsurance discount | | |
| g | <input type="checkbox"/> Residency | | |
| h | <input type="checkbox"/> Other (describe in Section C) | | |
| 14 | Explained the basis for calculating amounts charged to patients? | Yes | |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) | Yes | |
| a | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | |
| b | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | |
| c | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | |
| d | <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | |
| 16 | Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) | Yes | |
| a | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>www baptisthealth com</u> | | |
| b | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>www baptisthealth com</u> | | |
| c | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>www baptisthealth com</u> | | |
| d | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| e | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| f | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| g | <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | |
| h | <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | |
| i | <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |

Part V Facility Information (continued)**Billing and Collections**

Facility Reporting Group - A

Name of hospital facility or letter of facility reporting group _____

| | | Yes | No | |
|-----------|--|-----|-----|----|
| 17 | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? | 17 | Yes | |
| 18 | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP | | | |
| a | <input type="checkbox"/> Reporting to credit agency(ies) | | | |
| b | <input type="checkbox"/> Selling an individual's debt to another party | | | |
| c | <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP | | | |
| d | <input type="checkbox"/> Actions that require a legal or judicial process | | | |
| e | <input type="checkbox"/> Other similar actions (describe in Section C) | | | |
| f | <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted | | | |
| 19 | Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged | 19 | | No |
| a | <input type="checkbox"/> Reporting to credit agency(ies) | | | |
| b | <input type="checkbox"/> Selling an individual's debt to another party | | | |
| c | <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP | | | |
| d | <input type="checkbox"/> Actions that require a legal or judicial process | | | |
| e | <input type="checkbox"/> Other similar actions (describe in Section C) | | | |
| 20 | Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) | | | |
| a | <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs | | | |
| b | <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process | | | |
| c | <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications | | | |
| d | <input checked="" type="checkbox"/> Made presumptive eligibility determinations | | | |
| e | <input checked="" type="checkbox"/> Other (describe in Section C) | | | |
| f | <input type="checkbox"/> None of these efforts were made | | | |

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Facility Reporting Group - A

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

| | Yes | No |
|-----------|-----|----|
| 23 | | No |
| 24 | | No |

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

| Name and address | Type of Facility (describe) |
|------------------|-----------------------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| Part I, Line 7 | <p>COSTING METHODOLOGY BHS utilizes a sophisticated cost accounting system that identifies the cost of delivering care at the individual procedure and item (supply) level for direct costs and a detailed step-down methodology to allocate overhead costs as accurately as possible. Costs are determined for each patient based upon the specific procedures performed and items used for each patient. Patients are also categorized by 1 Patient type (inpatient and outpatient), 2 Payer plan (42 unique categories of payer plans. Charity, state-sponsored charity and the uninsured are among the uniquely identified payer plans), and 3 Clinical service (53 unique clinical services). The cost of care for uninsured patients who qualify for "full" charity care (under a State-sponsored or BHS sponsored charity program) is determined by calculating the cost of each uninsured charity patient (at the procedure and item level) and accumulating the cost of each patient. For insured patients who also qualify for partial charity under the BHS sponsored charity program, costs are allocated to each portion (insurance, partial charity, patient payments and bad debt) using the patient's payer plan cost-to-charge ratio (CCR). For example, this CCR is multiplied by the charges covered by insurance to determine the cost of insurance, multiplied by charges covered by partial charity to determine the cost of partial charity, multiplied by patient payments to determine the cost of paid services and multiplied by unpaid charges to determine the cost of bad debt. The cost of care for uninsured patients who do NOT qualify for charity care (full or partial bad debt accounts) are allocated to each portion (patient paid portion and unpaid portion) using the patient's uninsured payer plan CCR. For example, this CCR is multiplied by patient payments to determine the cost of paid services and multiplied by unpaid charges to determine the cost of bad debt. Much care is taken to ensure that costs used for community benefit reporting are directly related to exempt-purpose patient care (excluding physician-related costs) and that costs are reported accurately. For example, the cost of charity and Medicaid are removed from the calculation of the loss on subsidized services.</p> |
| Part I, Line 7g | No physician clinic costs are included in the costs of subsidized health services |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|---|
| Form 990, Part I, Line 6A | Each hospital within Baptist Healthcare System, Inc (BHS), (61-0444707), prepares a Community Benefit Report In addition, a summary Community Benefit Report is prepared on a consolidated basis for all entities |
| Part II, Community Building Activities | <p>COMMUNITY CARE To help Baptist Health accomplish its mission to transform the health of our communities, the entire organization is embracing a new way of thinking Our providers remain focused on helping people get well and stay well, and the system is investing in new ways to provide quality, personalized care that is both efficient and proactive, preventing individuals from becoming sick in the first place WELLNESS Baptist Health's Wellness team is constantly seeking creative new opportunities to change the health of our communities for the better, one individual at a time The team strives to create a culture of health and accountability, effectively engaging participants to help them reach their health and wellness goals Baptist's innovative, award-winning wellness programs include smoking-cessation classes, weight-management programs, diabetes prevention, nutritional health, stress management and fitness/physical activity Partnerships with other like-minded organizations within the community further enhance, support and promote these successful initiatives and programs COLLABORATIONS Improving the health of those in the communities we serve at the grassroots level takes partnerships In Paducah and Corbin, a Congregational Health Network links those just released from the hospital to trained fellow church members willing to help with their care needs Physically fit youngsters is the goal of the Project Fit America partnership, bringing funding, equipment, teacher training and a curriculum to 33 elementary and middle schools in 21 communities Baptist Health is among 10 health systems that founded the Kentucky Health Collaborative to share best practices for improving the health of the Commonwealth's citizens ADVOCACY Baptist Health is working with community and state leaders, local schools, health departments and other partners to improve the health of our communities Our efforts focus on the passage of smoke-free legislation to help children breathe clean air, tort reform, which can lower the cost of healthcare, telehealth to make healthcare more accessible, and opportunities to combat substance abuse and addiction RESEARCH Baptist Healthcare System's leadership in clinical research is directly linked to our organizational mission of serving the healthcare needs of patients and communities across Kentucky and Southern Indiana Clinicians in Baptist Health facilities are currently engaged in more than 300 clinical studies, addressing a variety of medical conditions that include --Cancer --Heart disease --Bone and muscle deformities --Neurological disorders --Communicable diseases --Diabetes Cancer research at Baptist Health has grown tremendously in the last 20 years with continued growth expected through the collaboration of the Baptist Health Cancer Research Network, (BHCRN) The BHCRN is a joint effort among physicians, nurses, patients, caregivers and administrators to improve cancer care at Baptist Health through research Our program is unique among community research sites because it has always been hospital-based and has improved our ability to provide patients with NCI-sponsored, cooperative-group studies, culminating in our recent designation as a Main Member for NRG and GRN Our clinicians are also involved in state and national-level research organizations, such as the NCI's National Clinical Trials Network, and the Guardian Research Network (GRN) These organizations bring together leading medical investigators to pool resources, share data and coordinate clinical trials The Guardian Research Network is a nationwide consortium of high-performing community health systems, including Baptist Health, which created a breakthrough platform for accelerating cures for cancer The network's objectives are to identify and place patients into clinical trials as fast as possible, cutting weeks and sometimes months off of enrollment timelines Its searchable database houses hundreds of thousands of cancer patients' medical records The Grail Study is the first trial launched by GRN and is designed to determine if a blood test can be created to enable the early detection of cancer Participating hospitals include Baptist Health Lexington, Baptist Health Louisville and Baptist Health Paducah Clinical research expands our knowledge of diseases allowing us to better understand and more effectively treat the diseases and conditions that affect the human body Medical advancements hinge upon vigorous research programs and the commitment of healthcare organizations like Baptist Health</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|---|
| Part III, Line 2 | <p>As a result of certain changes required by Accounting Standards Update(ASU) 2014-09, the majority of Baptist's provision for uncollectible accounts is recorded as a direct reduction to net patient service revenue instead of being presented as a separate line on the consolidated statements of operations. The core principle of the guidance in ASU No. 2014-09 is that an entity should recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. For Baptist's health care operations, the adoption of ASU No. 2014-09 resulted in changes to the presentation for and disclosure of revenue related to uninsured and underinsured patients. Under ASU No. 2014-09, the estimated uncollectible amounts due from these patients are generally considered an implicit price concession and are a direct reduction to patient service revenue. For the year ended August 31, 2019, Baptist recorded approximately \$87,454 of implicit price concessions as a direct reduction of patient service revenue that would have been recorded as provision for bad debts prior to the adoption of ASU No. 2014-09.</p> |
| Part III, Line 3 | <p>Rationale for including other bad debt amount in community benefit. No other bad debt amounts have been included as community benefit. The hospital educates patients with limited ability to pay regarding financial assistance and for this reason, the organization believes it accurately captures all charity care deductions provided according to the financial assistance policy, and the amount of bad debt expense attributable to patients eligible under the organization's charity care policy is negligible.</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|---|
| Part III, Line 4 | BAD DEBT EXPENSE FOOTNOTE A separate footnote for bad debt expense is not included in the audited financial statements. However, beginning in 2012 BHS reported the provision for uncollectible accounts related to patient service revenue as a deduction from patient service revenue. The costing methodology of bad debt is outlined in Schedule H, Part VI, Line 1. |
| Part III, Line 8 | MEDICARE COSTING METHODOLOGY Medicare revenues and allowable costs were taken from the "as filed" Medicare cost report. Much care is taken to ensure that all adjustments to remove non-allowable costs are taken. Due to the fact that Medicare rates are non-negotiable and are established by the government, all of the shortfall for Medicare should be included as a community benefit. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|---|
| Part III, Line 9b | <p>COLLECTION PRACTICES Patients and guarantors who qualify for a "full" charity discount will not be billed once the charity determination is made Patients and guarantors who qualify for a "partial" charity discount will be billed only for the non-discounted portion of their account Guarantors who have an ability to pay for services will be billed based on the following guidelines - Patients or guarantors may be asked to pay an estimated patient liability at point of service - BHS facilities will accept and file claims for all insurances assigned to the organization with adequate proof of coverage This assignment does not relieve the guarantor of responsibility for payment if the insurer fails to pay as prescribed by regulation, statute or patient-insurance contract Deductibles, co-payments and non-covered services will be the responsibility of guarantors - Statements will be sent to guarantors once patient liability is determined for insured or uninsured patients and necessary billing follow-up calls will be made by BHS Patient Financial Services and/or a designated external early out vendor over a period of time averaging from 90 to 120 days All statements will contain information regarding the availability of financial assistance If applicable, effort will be made to assist uninsured patients to secure coverage through any governmental or other assistance programs - Patients requesting detailed charge information will be provided an itemized bill - BHS Patient Financial Services will provide all patients the same information concerning services and charges - Patient accounts not resolved at the end of this cycle will be considered for placement with external collection agencies Collection agencies will continue to pursue patient balances while maintaining compliance with the Fair Debt Collection Practices Act and the ACA International's Code of Ethics and Professional Responsibility</p> |
| Part VI, Line 2 | <p>NEEDS ASSESSMENT BHS conducts a tri-annual planning process that is driven by the strategic vision to be the health care leader in Kentucky Key industry and community issues (such as prominent health conditions present within each community, underserved areas and underprovided clinical services) are considered and analyzed for their impact on BHS and the six hospitals Frequently, outside experts reaffirm the assessment and assist in the development of plans to address the community need A course of action, including key strategies and goals, is shared with and approved by the BHS Board and the Hospital's administrative boards</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| Part VI, Line 3 | <p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE The following is a list of various methods/processes used to inform/educate patients on the availability of financial assistance - Financial counselors advise and/or screen uninsured patients before or during hospital services, - A third party vendor advises and/or screens uninsured patients during hospital services, - Financial counselors provide follow-up contact for patients missed during services, - The State-sponsored DSH form is provided to all ED uninsured patients, - Telephone calls and in-person visits are handled by staff trained to discuss financial assistance, - Information regarding financial assistance is included in patient statements - The BHS sponsored charity care program policy is posted in key areas of each hospital - The BHS sponsored charity care program policy is posted on the website of each hospital and the System</p> |
| Part VI, Line 4 | <p>COMMUNITY INFORMATION BHS is comprised of six regional hospitals Each one serves a unique and separate geographic area within Kentucky and Indiana Baptist Health Louisville (BHLOU) opened in 1975 and is located in St Matthews, approximately five miles east of downtown Louisville BHLOU is strategically located near Interstate 64, a main access to downtown, and Interstate 264, a main beltway around Louisville The primary geographic service area for BHLOU consists of Jefferson, Oldham, Shelby, Spencer and Bullitt counties in Kentucky BHLOU serves as a general acute care facility, specializing in services such as cardiovascular services, cancer care and comprehensive rehabilitation services that are much needed in the area In addition, BHLOU operates one of the busiest emergency departments in the state of Kentucky Approximately 14 5% of the population of the local area surrounding the hospital is over 65 and the unemployment rate is 3 9%, matching the national average of 3 9% Baptist Health Corbin (BHCOR) opened in 1986 in Corbin, Kentucky It is located one-half mile off of Interstate 75, approximately three miles from downtown Corbin and near U S Highway 25, which is a main access to several of the surrounding communities The primary geographic service area for BHCOR consists of the counties of Knox, Laurel, Whitley, Bell, McCreary and Clay in Kentucky BHCOR serves as a general acute care facility, specializing in services such as psychiatric, substance abuse, comprehensive rehabilitation and emergency care services Approximately 18 4% of the population of the local area surrounding the hospital is over 65 and the unemployment rate is 6 5%, as compared to the national average of 3 9% Baptist Health Lexington (BHLEX) opened in 1954 in Lexington, the second largest city in Kentucky It is located approximately five miles from Interstate 75 and Interstate 64 which provide access for the immediate Lexington metro area patients as well as patients from other areas of central and eastern Kentucky which the hospital serves The primary geographic service area for BHLEX consists of the Kentucky counties of Bourbon, Clark, Fayette, Franklin, Jessamine, Madison, Scott and Woodford In addition, BHLEX serves as a regional referral center with approximately 35% of its discharges coming from Kentucky counties outside of the primary service area As such, BHLEX provides tertiary care services not offered by many hospitals in the surrounding areas including specialty cardiovascular, orthopedic and intensive care services Approximately 12 6% of the population of the local area surrounding the hospital is over 65 and the unemployment rate is 3 7%, as compared to the national average of 3 9% Baptist Health Paducah (BHPAD) was opened in 1953 in Paducah, Kentucky, the largest city in BHPAD's service area The hospital is located approximately one and one-half miles from Interstate 64 BHPAD is one of only two hospitals located in Paducah The primary geographic service area for BHPAD consists of Ballard, Caldwell, Carlisle, Graves, Livingston, Lyon, Marshall and McCracken counties in Kentucky and Massac County in Illinois BHPAD draws nearly 72% of its discharges from the primary service area BHPAD serves as a general acute care facility, specializing in services such as cardiovascular services, cancer care and skilled nursing that are much needed in the area Approximately 19 9% of the population of the local area surrounding the hospital is over 65 and the unemployment rate is 5 5%, as compared to the national average of 3 9% Baptist Health LaGrange, (BHLAG) became part of the BHS system in 1992 Baptist Health LaGrange can serve all of the primary healthcare needs of its service area BHLAG defines its service area by looking at where the majority of its inpatients reside Approximately 82% of BHLAG's inpatients come from Oldham, Henry, Trimble, and Carroll counties Oldham County is a shared service area between Baptist Health Louisville and BHLAG Approximately 13 2% of the population of the local area surrounding the hospital is over 65 and the unemployment rate is 3 9%, matching the national average of 3 9% Baptist Health Floyd, (BHF) became a member of the Baptist Health system after its acquisition in October of 2016 Since its inception in 1953, Baptist Health Floyd has grown to be an outstanding regional healthcare provider serving the needs of a seven county region, including Floyd, Clark, Crawford, Harrison, Orange, Scott and Washington counties in southern Indiana Over 41% of the patients served come directly from Floyd County BHF serves as a general acute care facility, specializing in services such as cardiovascular services, cancer care and comprehensive rehabilitation services Approximately 16 1% of the population of the local area surrounding the hospital is over 65 and the unemployment rate is 5 7%, as compared to the national average of 3 9%</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| Part VI, Line 5 | <p>PROMOTION OF COMMUNITY HEALTH The BHS Board of Directors is comprised of local representatives who, along with the hospital's management and employees, understand that they are responsible for providing high quality health care services to the communities they serve Operating healthcare facilities in today's environment requires a delicate balance between producing a sufficient margin to allow for adequate staffing and investment in new technologies, while also providing enough resources to absorb the cost of care for those patients who do not have the ability to pay for the services In 2019, Baptist was able to re-invest over \$113 million into the communities in new technology, construction, renovation and systems improvement BHS hospitals reach out to the community in many ways through - Conducting health fairs for local schools, businesses and churches - Participating in fund-raising and other events to help local agencies such as the American Heart Association, Metro United Way, American Cancer Society, Big Brothers and Big Sisters and the American Red Cross - Donating hospital space for community group meetings - Participating on community health assessment teams that are dedicated to identifying and addressing local health needs in each of the counties we serve - Hosting educational programs, including our pre-natal classes, CPR, smoking cessation, AED training and safe sitter programs - Maintaining necessary, but unprofitable services that meet community needs - Helping to recruit physicians to underserved areas and extending medical staff privileges to all qualified physicians in our community for some or all of our departments and specialties - Helping patients coordinate services with other healthcare providers - Providing resources for support groups, such as cancer recovery groups - Promoting and providing preventive care services - Monitoring clinical outcomes in order to ensure quality care - Committing resources to improving safety and processes of care - Providing services conveniently accessible by patients In addition, BHS employees volunteer thousands of hours in community services and leadership BHS's support for community activities underscores its commitment to improving the lives of those served Because BHS and its employees contribute so much of their time, talent and resources to serve others, communities served by BHS are better places to live and work Quantification of many of the community benefits is detailed elsewhere in this schedule However, what the quantifiable amount doesn't measure is the economic benefit derived by the community from BHS being one of the major employers in the area The economic impact of the wages paid to BHS employees is significant considering the dollars they spend on food, housing, services, and other products The Internal Revenue Service Revenue Ruling 69-545 provides that a hospital can demonstrate it has met the community benefit standard by having a full-time emergency room open to the public regardless of ability to pay for services received BHS hospitals operate emergency departments that are open 24 hours a day, 365 days a year and treated over 304,000 emergency patients during fiscal year 2019 BHS and its emergency departments post policies stating that patients will be treated regardless of their ability to pay Depending on the severity of a patient's condition, as a service to the patient BHS may verify insurance prior to rendering services in the emergency department Under no circumstances is emergency care delayed by discussions regarding insurance coverage or ability to pay for services In addition, BHS does not convey or intimate in any way to any emergency medical transportation service an unwillingness to treat any particular patient in need of medical attention</p> |
| Part VI, Line 6 | <p>AFFILIATED HEALTH CARE SYSTEM Baptist Healthcare System, Inc , (BHS), is a nonprofit, tax-exempt organization that owns and operates six hospitals Baptist Health Richmond, Inc is a nonprofit, tax-exempt affiliate that owns and operates a hospital in Richmond, KY Baptist Health Madisonville, Inc is a nonprofit, tax-exempt affiliate that owns and operates a hospital in Madisonville, KY Baptist Health Medical Group, Inc is a nonprofit, tax-exempt affiliate that owns and operates physician practices and other healthcare facilities Baptist Healthcare Foundation, Inc , Baptist Health Foundation of Greater Louisville, Inc , Baptist Health Foundation Corbin, Inc , Baptist Health Foundation Richmond, Inc , Baptist Health Foundation Madisonville, Inc , Baptist Health Foundation Lexington, Inc , and Baptist Health Foundation Paducah, Inc are nonprofit, tax-exempt affiliate corporations Baptist Physicians' Surgery Center is a limited liability corporation, of which Baptist Community Health Services, Inc owns 55% Baptist Eastpoint Surgery Center, LLC is a limited liability company of which Baptist Community Health Services, Inc owns 84% Baptist Health Network Partners, LLC (BHNP), (formerly known as Purchase Health Quality Collaborative, LLC "PHQC"), formed in 2011, is a non-profit limited liability company whose sole member is BHS BHNP was formed to support a physician/hospital network established by PHP, working with BHPAD to engage in clinical integration activities Baptist Health Care Partners, LLC (BHCP), formed in 2015, is a non-profit limited liability company whose sole member is BHS BHCP was formed to participate in the CMS Medicare Shared Savings Program, (MSSP), as an Accountable Care Organization (ACO) Mercy Regional Emergency Medical System, LLC ("MREMS"), formed in 1996, is a non-profit taxable corporation, which owns and operates an ambulance service in McCracken County, Kentucky in the service area of BH Paducah BHS owns a 50% interest in MREMS and the remaining 50% interest is owned by Mercy Health System, Inc D B A Lourdes Hospital All related entities are located in the Commonwealth of Kentucky or the state of Indiana All entities described in Schedule H, Part VI, Line 6 contributed a combined community benefit amount as follows Charity Care at Cost \$32,536,000 Unreimbursed Medicaid 33,093,000 Community Health Improvement 4,528,000 Health Professions Education 75,000 Subsidized Health Services 5,784,000 Research 832,000 Cash and In-Kind Contributions 1,114,000 Total Community Benefit \$77,962,000</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|-------------|
| Part VI, Line 7, Reports Filed With States | KY,IN |

Additional Data

Software ID:
Software Version:
EIN: 61-0444707
Name: Baptist Healthcare System Inc

Form 990 Schedule H, Part V Section A. Hospital Facilities

| Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 6 | | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER—24 hours | ER—other | Other (Describe) | Facility reporting group |
|--|---|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| 1 | Baptist Health Louisville 4000 Kresge Way Louisville, KY 40207 www BaptistHealth.com 100451 | X | X | | | | | X | | | A |
| 2 | Baptist Health Lexington 1740 Nicholasville Road Lexington, KY 40503 www BaptistHealth.com 100101 | X | X | | | | | X | | | A |
| 3 | Baptist Health Paducah 2501 Kentucky Avenue Paducah, KY 42003 www BaptistHealth.com 100313 | X | X | | | | | X | | | A |
| 4 | Baptist Health Corbin 1 Trillium Way Corbin, KY 40701 www BaptistHealth.com 100417 | X | X | | | | | X | | | A |
| 5 | Baptist Health LaGrange 1025 New Moody Lane LaGrange, KY 40031 www BaptistHealth.com 100575 | X | X | | | | | X | | | A |

Form 990 Schedule H, Part V Section A. Hospital Facilities

| Section A. Hospital Facilities | | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe) | Facility reporting group |
|---|---|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 6 | | | | | | | | | | | |
| Name, address, primary website address, and state license number | | | | | | | | | | | |
| 6 | Baptist Health Floyd 1850 State Street New Albany, IN 47150 www.BaptistHealth.com 17-005040-1 | X | X | | | | | X | | | A |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|-------------------------|----------------------------|
| Part V, Section B | Facility Reporting Group A |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--|---|
| Facility Reporting Group A consists of | - Facility 1 Baptist Health Louisville, - Facility 2 Baptist Health Lexington, - Facility 3 Baptist Health Paducah, - Facility 4 Baptist Health Corbin, - Facility 5 Baptist Health LaGrange, - Facility 6 Baptist Health Floyd |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| Group A-Facility 1 -- Baptist Health Louisville Part V, Section B, line 5 | Contact was made with the health departments responsible for the counties in the service area. There are four health departments responsible for the counties BHLOU serves: Louisville Metro Public Health & Wellness (Jefferson County), the Bullitt County Health Department, the Oldham County Public Health Department and the North Central District Health Department, which serves both Shelby and Spencer counties. Through these contacts, the public meetings that were held, and public surveys conducted in Jefferson and Oldham counties, BHLOU solicited primary feedback on the health issues confronting its service area. Louisville Metro Public Health & Wellness also brought all of the Louisville-based hospitals, hospital systems & the Kentucky Hospital Association (KHA) together for joint meetings to assist them in the update of the public survey included in the CHNA. Secondary data from demographic & socioeconomic sources, Kentucky vital statistics, disease prevalence records, health indicators & statistics were updated. National, state, & local resources were also used. |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|--|
| <p>Group A-Facility 1 -- Baptist Health Louisville Part V, Section B, line 11</p> | <p>Based upon the data collected and analyzed through this assessment, the committee identified the following as the primary health issues that the hospital will focus on over the next three years: obesity, opioid abuse and cancer. Obesity and the related health effects on individuals and families was the consensus among the committee as the most pressing community need. Obesity has a significant impact on overall health and well-being, and can contribute to other health issues such as cardiovascular disease, diabetes, pulmonary disease, & joint deterioration. Through the combined efforts of medical professionals, schools, churches & government agencies, we will be successful in educating & engaging individuals to better care for themselves. Kentucky has some of the highest rates in the nation for preventable health conditions & for behaviors that have been identified as unhealthy. The committee ranked opioid abuse as their second priority in terms of public health issues. Opioid abuse has become an epidemic across the country and locally we are seeing a similar surge of opioid usage admissions & emergency room visits. Similar to obesity, opioid abuse has an impact on overall health & can lead to other co-morbidities. In addition, the service area is seeing a greater presence of drug-addicted newborns who must be sent to neonatal intensive care units to treat withdrawal symptoms. Cancer continues to be a leading cause of death in this service area, leading the committee to rank it as the third priority in terms of public health issues. Mortality levels in our service area are slightly lower than the state & national averages but still claim too many in our communities. The committee acknowledged the continued need for board-certified oncologists & easier access to cancer-related services, such as preventive screenings, chemotherapy & radiation therapy. Three additional issues identified were health literacy, cardiovascular disease & early intervention. The consensus of the team is that many of these issues are related, & efforts to combat one will result in improvements in one or more of the others. It is not within the scope of Baptist Health Louisville's services, expertise or resources to be able to address all of the risk factors that have been identified as influencers of our community's health status. However, it is through networking, partnerships & collaboration with other community stakeholder organizations & agencies that these issues are being addressed. Baptist Health Louisville works collaboratively with other community resources to provide support & to serve as a referral source to address the additional identified health needs that fall below the significant prevalence level for our service area. Impact issues such as unemployment & uninsured populations are being managed by economic development groups, the Kentucky Chamber of Commerce, city & county governments & county health departments. The consensus of the team conducting the assessment</p> |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| <p>Group A-Facility 1 -- Baptist Health Louisville Part V, Section B, line 11</p> | <p>ent is that many of these issues are related & efforts to combat one will result in improvements in one or more of the others Health literacy was defined as an increased awareness of the public to their overall healthcare environment, including knowledge of how & when to access care, understanding their personal health status, & the necessity of compliance with medicine & lifestyle regimens assigned by their physicians Only through the combined efforts of medical professionals, schools, churches & government agencies will we be successful in educating & engaging individuals in caring for themselves Kentucky has some of the highest rates in the nation for preventable health conditions & for behaviors that have been identified as unhealthy The committee felt that continued focus on health literacy & personal responsibility would improve the general health of the population more than any other activity As cancer continues to be a leading cause of death in this service area, the committee ranked it as their second priority in terms of public health issues Although Jefferson County mortality levels are better than the state average they are still higher than the national average The committee acknowledged the continued need for board certified oncologists & easy access to cancer related services such as chemotherapy & radiation therapy Cardiovascular disease ranked as the committee's third priority & encompasses coronary artery disease, heart attack, arrhythmias, heart failure, cardiomyopathy & vascular disease The discussion focused on education, prevention & treatment The goal is to expand public awareness of disease root causes & common associated conditions to increase compliance with standard of care protocols It is not within the scope of BHLOU's services, expertise or resources to be able to address all of the risk factors that have been identified as influencers of our community's health status But it is through networking & partnerships with other community stakeholder organizations & agencies that these issues are being addressed BHLOU works collaboratively with other community resources to provide support & serve as a referral source to address the additional identified health needs that fall below the significant prevalence level for our service area Impact issues such as unemployment & uninsured populations are being dealt with by economic development groups, the Kentucky Chamber of Commerce, city & county governments, & county health departments</p> |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--|---|
| Group A-Facility 1 -- Baptist Health Louisville Part V, Section B, line 13b | Based on the information provided in the FAP application and/or through the presumptive eligibility process, a patient or guarantor whose income is less than 200% of the current Federal Poverty Guideline for his or her family size is eligible for a full discount under the FAP after all other healthcare resources have been utilized and exhausted. A patient or guarantor whose income is greater than 200% but less than 400% of the current Federal Poverty Guideline for his or her family size is eligible for a sliding scale discount after all other healthcare resources have been utilized and exhausted. |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| Group A-Facility 1 -- Baptist Health Louisville Part V, Section B, line 20e | Billing and Collections Prior to referring individuals to a collection agency, BHS processes all self-pay accounts through an external scoring application to determine additional eligibility for financial assistance |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--|---|
| Group A-Facility 2 -- Baptist Health Lexington Part V, Section B, line 5 | A wide variety of community resources were consulted during the CHNA process, as this is a community-driven plan of action which engages the public and develops partnerships There are numerous health departments in the Baptist Health Lexington service area responsible for the counties Baptist Health Lexington serves Each health department's community improvement plan was evaluated by the committee and those initiatives were considered throughout the process of determining the goals for the Baptist Health Lexington Community Health Needs Assessment Baptist Health Lexington also solicited public opinion on community health needs using a survey distributed via social media, the Baptist Health Lexington website and in paper form Survey responses, coupled with the information from the respective health departments, were considered as primary data Secondary data obtained from national, state and local demographic and socioeconomic sources was used, including Kentucky vital statistics, disease prevalence studies and health indicators and statistics |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|--|
| Group A-Facility 2 -- Baptist Health Lexington Part V, Section B, line 11 | <p>Opioid abuse, cancer, (including breast, colorectal & lung) and cardiovascular disease were the health needs of the community with the highest priorities. The committee agreed that these health issues are creating additional stress on agencies throughout the community, including the hospital. Opioid abuse has become an epidemic across the country and in our community. The committee ranked it as their first priority. Locally we are seeing a surge of opioid usage admissions and emergency room visits similar to those nationwide. Opioid abuse has a negative impact on overall health and can lead to other co-morbidities. In addition, the service area is seeing a greater presence of drug-addicted newborns that must be sent to neonatal intensive care units to treat withdrawal symptoms. As cancer continues to be a leading cause of death in this service area, the committee ranked it as their second priority in terms of public health issues. The committee acknowledged the continued need for board-certified oncologists and easier patient access to cancer-related services such as preventive screenings, chemotherapy and radiation therapy. Cardiovascular disease is the committee's third priority and includes related health issues such as coronary artery disease, heart attack, arrhythmia, heart failure, cardiomyopathy and vascular disease. A focus on education, prevention and treatment will be a priority as the goal is to expand public awareness of disease root causes and common associated conditions to increase compliance with standard-of-care protocols and to decrease the occurrence of these health issues. It is not within the scope of Baptist Health Lexington's services, expertise or resources to be able to address all of the risk factors that have been identified as influencers of our community's health status. However, it is through networking, partnerships & collaboration with other community stakeholder organizations & agencies that these issues are being addressed. Baptist Health Lexington works collaboratively with other community resources to provide support & to serve as a referral source to address the additional identified health needs that fall below the significant prevalence level for our service area. Impact issues such as unemployment & uninsured populations are being managed by economic development groups, the Kentucky Chamber of Commerce, city & county governments & county health departments.</p> |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--|---|
| Group A-Facility 2 -- Baptist Health Lexington Part V, Section B, line 13b | Based on the information provided in the FAP application and/or through the presumptive eligibility process, a patient or guarantor whose income is less than 200% of the current Federal Poverty Guideline for his or her family size is eligible for a full discount under the FAP after all other healthcare resources have been utilized and exhausted. A patient or guarantor whose income is greater than 200% but less than 400% of the current Federal Poverty Guideline for his or her family size is eligible for a sliding scale discount after all other healthcare resources have been utilized and exhausted. |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--|---|
| Group A-Facility 2 -- Baptist Health Lexington Part V, Section B, line 20e | Billing and Collections Prior to referring individuals to a collection agency, BHS processes all self-pay accounts through an external scoring application to determine additional eligibility for financial assistance |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| Group A-Facility 3 -- Baptist Health Paducah Part V, Section B, line 5 | The Purchase District Coalition for Health is a group comprised of representatives from the Purchase District Health Department, which serves Ballard, Carlisle, Fulton, Hickman, and McCracken counties in the Purchase Area Development District, the City of Paducah, the University of Kentucky County Extension offices, United Way of Paducah-McCracken County, Lourdes Hospital and Baptist Health Paducah. Bringing these groups together helps avoid duplication of efforts in data collection and resource allocation. Through these contacts and public surveys, BHPAD collected primary data and feedback on the health issues confronting its service area. Secondary data from demographic and socioeconomic sources, Kentucky vital statistics, disease prevalence and health indicators and statistics were collected from national, state and local sources. |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--|---|
| <p>Group A-Facility 3 -- Baptist Health Paducah Part V, Section B, line 11</p> | <p>After studying the primary & secondary data, the committee prioritized the three most prevalent community health issues based on their severity & on the ability of Baptist Health Paducah & its partners to help improve them. Obesity prevention & the illnesses related to obesity are the primary health concerns in our community. To increase the awareness of obesity as a health threat to our service area residents & to encourage healthier living through diet, exercise & other means is the top priority. Failing to diminish obesity in the community will lead to higher mortality rates, increased healthcare costs & a decrease in the quality of life for families in our community. The second priority identified was ample access to health care. The ability of individuals in a community to access healthcare resources to preserve & improve health is essential. Access to healthcare has an immediate impact on overall health status, the prevention of disease, quality of life & life expectancy. To ensure service area residents have sufficient access to health care services through primary care & specialist physician planning & office locations, ambulatory care facilities, new services, school clinics, the hospital's call center & education & healthcare screenings will be a primary focus of the hospital. Smoking & lung disease are common problems in our community. The reduction of the number of smokers in the service area will ultimately reduce the incidence of heart disease, cancer, respiratory illnesses & stroke. Baptist Health Paducah supports a statewide smoking ban in public places, offers numerous early screenings tests for cancer & provides a free smoking cessation program. In spite of not having the resources other agencies have to address substance abuse directly, Baptist Health Paducah works to meet the needs of the community in ways that support the efforts of the other agencies. The annual Addiction Symposium focuses on training clinicians on the issues surrounding addiction & care. The educational program has been a catalyst to educate the community as to the circumstances of addiction & the care available for those suffering from this disease. The hospital sponsored a high-level training course for physicians & other prescribers of opiates, & experts were brought in to address questions & prescribing practices to help clinicians better care for their patients. It is not within the scope of Baptist Health Paducah's services, expertise or resources to be able to address all of the risk factors that have been identified as influencers of our community's health status. However, it is through networking, partnerships & collaboration with other community stakeholder organizations & agencies that these issues are being addressed. Baptist Health Paducah works collaboratively with other community resources to provide support & to serve as a referral source to address the additional identified health needs that fall below the significant prevalence level for our s</p> |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| Group A-Facility 3 -- Baptist Health Paducah Part V, Section B, line 11 | ervice area Impact issues such as unemployment & uninsured populations are being managed by economic development groups, the Kentucky Chamber of Commerce, city & county government s & county health departments |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| Group A-Facility 3 -- Baptist Health Paducah Part V, Section B, line 13b | Based on the information provided in the FAP application and/or through the presumptive eligibility process, a patient or guarantor whose income is less than 200% of the current Federal Poverty Guideline for his or her family size is eligible for a full discount under the FAP after all other healthcare resources have been utilized and exhausted. A patient or guarantor whose income is greater than 200% but less than 400% of the current Federal Poverty Guideline for his or her family size is eligible for a sliding scale discount after all other healthcare resources have been utilized and exhausted. |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| Group A-Facility 3 -- Baptist Health Paducah Part V, Section B, line 20e | Billing and Collections Prior to referring individuals to a collection agency, BHS processes all self-pay accounts through an external scoring application to determine additional eligibility for financial assistance |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--|--|
| Group A-Facility 4 -- Baptist Health Corbin Part V, Section B, line 5 | To determine the goals and focus of the CHNA, the committee evaluated the Whitley & Laurel County Health Departments' community improvement plans & initiatives and solicited public opinion on community health issues using a survey distributed via social media, the hospital website & in paper form. Survey responses, coupled with the information from the respective health departments, were considered as primary data. Secondary data was obtained and evaluated from demographic & socioeconomic sources, Kentucky vital statistics records, disease prevalence reports, health indicators & statistics, as well as other national, state and local data. |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| <p>Group A-Facility 4 -- Baptist Health Corbin Part V, Section B, line 11</p> | <p>After studying the primary & secondary data, the committee identified the top five health concerns that the hospital will focus on over the next three years. They are obesity, cancer, cardiovascular disease, mental health & substance abuse and patient transportation. Obesity was determined to be the top priority as it has a significant impact on other health issues, including cardiovascular disease, diabetes, pulmonary disease & joint deterioration. Through the combined efforts of medical professionals, schools, churches & government agencies, we will be successful in educating & engaging individuals to better care for themselves. Kentucky has some of the highest rates in the nation for preventable health conditions & for behaviors that have been identified as unhealthy. Cancer continues to be a leading cause of death in this service area, and a main priority in terms of public health issues. The committee acknowledged the continued need for board-certified oncologists & easy access to cancer-related services, such as preventive screenings, chemotherapy & radiation therapy. Cardiovascular disease ranked as the committee's third priority & encompasses coronary artery disease, heart attack, arrhythmias, heart failure, cardiomyopathy & vascular disease. The efforts to combat these health issues will focus on education, prevention & treatment. The goal is to increase public awareness of the disease, its root causes & commonly associated conditions to increase compliance with standard-of-care protocols. Opioid abuse has become an epidemic across the country. Locally, we are seeing a similar surge of opioid usage admissions & emergency room visits. This health issue is creating additional stress on agencies throughout the community. Similar to obesity, opioid abuse has an impact on overall health & can lead to other co-morbidities. In addition, the service area is seeing a greater presence of drug-addicted newborns who must be sent to neonatal intensive care units to treat withdrawal symptoms. Patient transportation is a major issue in the Baptist Health Corbin service area. Many patients do not own automobiles, & there are very limited resources for public transportation. The committee agreed it was important to explore the possibility of the hospital providing transportation services to patients. It is not within the scope of Baptist Health Corbin's services, expertise or resources to be able to address all of the risk factors that have been identified as influencers of our community's health status. However, it is through networking, partnerships & collaboration with other community stakeholder organizations & agencies that these issues are being addressed. Baptist Health Corbin works collaboratively with other community resources to provide support & to serve as a referral source to address the additional identified health needs that fall below the significant prevalence level for our service area. Impact issues such as unemployment & uninsured population.</p> |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| Group A-Facility 4 -- Baptist Health Corbin Part V, Section B, line 11 | lations are being managed by economic development groups, the Kentucky Chamber of Commerce , city & county governments & county health departments |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--|---|
| Group A-Facility 4 -- Baptist Health Corbin Part V, Section B, line 13b | Based on the information provided in the FAP application and/or through the presumptive eligibility process, a patient or guarantor whose income is less than 200% of the current Federal Poverty Guideline for his or her family size is eligible for a full discount under the FAP after all other healthcare resources have been utilized and exhausted. A patient or guarantor whose income is greater than 200% but less than 400% of the current Federal Poverty Guideline for his or her family size is eligible for a sliding scale discount after all other healthcare resources have been utilized and exhausted. |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--|---|
| Group A-Facility 4 -- Baptist Health Corbin Part V, Section B, line 20e | Billing and Collections Prior to referring individuals to a collection agency, BHS processes all self-pay accounts through an external scoring application to determine additional eligibility for financial assistance |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| Group A-Facility 5 -- Baptist Health LaGrange Part V, Section B, line 5 | A wide variety of community resources were consulted during this process. There are three health departments responsible for the counties Baptist Health La Grange serves: the Oldham County Public Health Department (OCHD), the North Central District Health Department (NCDHD), which serves both Henry & Trimble counties & the Three Rivers District Health Department (TRDHD), which serves Carroll County. Increasing communication between community service providers, enhancing the public's awareness of the agencies & services available & promoting services provided by community partners is a common goal. Baptist Health La Grange also solicited public opinion on community health needs using a survey distributed via social media, the Baptist Health La Grange website & in paper form. Survey responses, coupled with the information from the respective health departments, were considered as primary data. Secondary data, obtained from national, state and local demographic & socioeconomic sources, Kentucky vital statistics, disease prevalence studies & health indicators & statistics was collected. |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--|---|
| Group A-Facility 5 -- Baptist Health LaGrange Part V, Section B, line 11 | <p>The committee identified six community health issues, the top three are obesity, opioid abuse and cancer. Obesity was the top community need according to the assessment committee. Obesity has a significant impact on other health issues such as cardiovascular disease, diabetes, pulmonary disease & joint deterioration. Through the combined efforts of medical professionals, schools, churches, & government agencies, we will be successful in educating & engaging individuals to live healthier lifestyles. Opioid abuse has become an epidemic across the country. The committee ranked it as their second priority. Locally we are seeing a surge of opioid usage admissions & emergency room visits similar to those nationwide. Similar to obesity, opioid abuse has an impact on overall health & can lead to other co-morbidities. In addition, the service area is seeing a greater presence of drug-addicted newborns who need to be cared for in neonatal intensive care units to treat withdrawal symptoms. As cancer continues to be a leading cause of death in this service area, the committee ranked it as its third priority in terms of public health issues. Oldham County mortality levels are better than the state & national averages but are still a significant threat. The committee acknowledged the continued need for board-certified oncologists & easy access to cancer-related services, such as preventive screenings, chemotherapy & radiation therapy. The other three issues identified are health literacy, cardiovascular disease & early intervention. The consensus of the team is many of these issues are related & efforts to combat one will result in improvements in one or more of the others. It is not within the scope of Baptist Health LaGrange's services, expertise or resources to be able to address all of the risk factors that have been identified as influencers of our community's health status. However, it is through networking, partnerships & collaboration with other community stakeholder organizations & agencies that these issues are being addressed. Baptist Health LaGrange works collaboratively with other community resources to provide support & to serve as a referral source to address the additional identified health needs that fall below the significant prevalence level for our service area. Impact issues such as unemployment & uninsured populations are being managed by economic development groups, the Kentucky Chamber of Commerce, city & county governments & county health departments.</p> |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| Group A-Facility 5 -- Baptist Health LaGrange Part V, Section B, line 13b | Based on the information provided in the FAP application and/or through the presumptive eligibility process, a patient or guarantor whose income is less than 200% of the current Federal Poverty Guideline for his or her family size is eligible for a full discount under the FAP after all other healthcare resources have been utilized and exhausted. A patient or guarantor whose income is greater than 200% but less than 400% of the current Federal Poverty Guideline for his or her family size is eligible for a sliding scale discount after all other healthcare resources have been utilized and exhausted. |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| Group A-Facility 5 -- Baptist Health LaGrange Part V, Section B, line 20e | Billing and Collections Prior to referring individuals to a collection agency, BHS processes all self-pay accounts through an external scoring application to determine additional eligibility for financial assistance |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| Group A-Facility 6 -- Baptist Health Floyd Part V, Section B, line 5 | A wide variety of community resources were consulted during the CHNA process, including the six health departments responsible for the counties Baptist Health Floyd serves the Clark County Health Department, the Crawford County Health Department, the Floyd County Health Department, the Harrison County Health Department, the Scott County Health Department & the Washington County Health Department Through these contacts, as well as other public agencies, public surveys & focus groups, Baptist Health Floyd solicited primary feedback on the health issues confronting its service area Secondary data was obtained from national, state & local demographic & socioeconomic sources, Indiana vital statistics, disease prevalence studies & health indicators & statistics |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--|---|
| Group A-Facility 6 -- Baptist Health Floyd Part V, Section B, line 11 | <p>Community discussions and survey responses identified multiple community needs that were ranked based on the following criteria magnitude, severity, opportunity to intervene at a prevention level, degree of success in affecting the problem and resources available. The four community health priorities that were identified are as follows social determinants of health, (food security, transportation and housing), cardiovascular disease, obesity and substance abuse and addiction. The ability of individuals in a community to access health care resources to preserve and improve health is essential. The goal is to help improve Floyd County residents' access to healthy food and nutrition and to increase health education. Screening tools used to identify food insecurity for Baptist Health Floyd patients and community nutrition and cooking classes will help to promote healthier lifestyles. Reducing the number of patients that do not receive care due to a lack of reliable transportation will help reduce the spread of illness throughout the community. Strategies to address the prevention of cardiovascular disease include the promotion of positive behaviors and an active lifestyle, community-wide screenings and sufficient access to healthcare providers. The reduction of the risk of chronic diseases and the promotion of a healthy and active lifestyle will help reduce the effects of obesity and substance abuse in our communities. It is not within the scope of Baptist Health Floyd's services, expertise or resources to be able to address all of the risk factors that have been identified as influencers of our community's health status. However, it is through networking, partnerships & collaboration with other community stakeholder organizations & agencies that these issues are being addressed. Baptist Health Floyd works collaboratively with other community resources to provide support & to serve as a referral source to address the additional identified health needs that fall below the significant prevalence level for our service area. Impact issues such as unemployment & uninsured populations are being managed by economic development groups, the Kentucky Chamber of Commerce, city & county governments & county health departments.</p> |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| Group A-Facility 6 -- Baptist Health Floyd Part V, Section B, line 13b | Based on the information provided in the FAP application and/or through the presumptive eligibility process, a patient or guarantor whose income is less than 200% of the current Federal Poverty Guideline for his or her family size is eligible for a full discount under the FAP after all other healthcare resources have been utilized and exhausted. A patient or guarantor whose income is greater than 200% but less than 400% of the current Federal Poverty Guideline for his or her family size is eligible for a sliding scale discount after all other healthcare resources have been utilized and exhausted. |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| Group A-Facility 6 -- Baptist Health Floyd Part V, Section B, line 20e | Billing and Collections Prior to referring individuals to a collection agency, BHS processes all self-pay accounts through an external scoring application to determine additional eligibility for financial assistance |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|----------------------------|--|
| Part V, Section B, Line 3e | Each hospital facility did include a prioritized list of the community's significant health needs in its CHNA report |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|-----------------------------------|---|
| Part V, Section B, Lines 16 a,b,c | https://www.baptisthealth.com/Pages/patients-and-visitors/billing-information/financial-assistance.aspx |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--|---|
| Part V, Section B, Lines 7 a,b and 10a | https://www.baptisthealth.com/pages/news/community-health-needs-assessment.aspx |

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

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization
Baptist Healthcare System Inc

Employer identification number
61-0444707

Part I General Information on Grants and Assistance

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

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

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

| | | | |
|---|---|---|----|
| 2 | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | ▶ | 36 |
| 3 | Enter total number of other organizations listed in the line 1 table | ▶ | 5 |

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

Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

| Return Reference | Explanation |
|------------------|---|
| Part I, Line 2 | Baptist Healthcare System provides only direct contributions and other general support, therefore, no monitoring of charitable contributions is performed |

Additional Data

Software ID:
Software Version:
EIN: 61-0444707
Name: Baptist Healthcare System 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Alzheimer's Association 6100 Dutchmans Lane Suite 401 Louisville, KY 40205 | 13-3039601 | 501 (c)(3) | 5,100 | | | | General Support |
| American Cancer Society 1504 College Way Lexington, KY 40502 | 13-1788491 | 501 (c)(3) | 30,000 | | | | General Support |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| American Diabetes Association 2451 Crystal Drive Suite 900 Arlington, VA 22202 | 13-1623888 | 501 (c)(3) | 5,000 | | | | General Support |
| American Heart Association 240 Whittington Parkway Louisville, KY 40222 | 13-5613797 | 501 (c)(3) | 64,500 | | | | General Support |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| American Red Cross 431 18th Street NW Washington, DC 20006 | 53-0196605 | 501 (c)(3) | 5,250 | | | | General Support |
| Arthritis Foundation 2908 Brownsboro Road Suite 117 Louisville, KY 40206 | 04-2113261 | 501 (c)(3) | 5,000 | | | | General Support |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Bluegrass Care Navigators (fka Hospice of the Bluegrass) 2312 Alexandria Drive Lexington, KY 40504 | 61-0978097 | 501 (c)(3) | 5,023 | | | | General Support |
| Center for Women and Families PO Box 2048 927 South Second St Louisville, KY 40201 | 61-0444846 | 501 (c)(3) | 5,500 | | | | General Support |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Childrens Charity Fund of the Bluegrass 230 Lexington Green Circle Lexington, KY 40503 | 31-1078176 | 501 (c)(3) | 87,500 | | | | General Support |
| Commerce Lexington Inc 3300 E Main Street Lexington, KY 40507 | 61-0258800 | 501 (c)(3) | 8,322 | | | | General Support |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Foundation for a Healthy Kentucky Inc 1640 Lyndon Farm Court Louisville, KY 40223 | 31-1784753 | 501 (c)(3) | 5,000 | | | | General Support |
| Greater Paducah Economic Development Center Inc PO Box 1155 Paducah, KY 42002 | 61-1181577 | 501 (c)(6) | 40,000 | | | | General Support |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Hope Center Inc PO Box 6 Lexington, KY 40588 | 61-1107296 | 501 (c)(3) | 61,500 | | | | General Support |
| Ironcology 1185 Indian Mound Road Lexington, KY 40502 | 82-5111678 | 501 (c)(3) | 20,000 | | | | General Support |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Kentucky and Southern Indiana Stroke Association 3425 Stony Brook Circle Louisville, KY 40220 | 61-1335267 | 501 (c)(3) | 7,000 | | | | General Support |
| Kentucky CancerLink 2425 Regency Road Lexington, KY 40503 | 26-2704188 | 501 (c)(3) | 5,000 | | | | General Support |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Kentucky Chamber Foundation Inc 464 Chenault Road Frankfort, KY 40601 | 61-1284992 | 501 (c)(3) | 9,999 | | | | General Support |
| Kentucky Nurses Association 305 Townepark Circle Suite 100 Louisville, KY 40243 | 61-0444713 | 501 (c)(3) | 6,000 | | | | General Support |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Kentucky-Southeast Indiana MS Society 1201 Story Avenue Suite 200 Louisville, KY 40206 | 13-5661935 | 501 (c)(3) | 7,000 | | | | General Support |
| KY Baptist Convention 13420 Eastpoint Center Drive Louisville, KY 40223 | 61-0549873 | 501 (c)(3) | 90,436 | | | | General Support |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Leukemia and Lymphoma Society 3 International Drive Rye Brook, NY 10573 | 13-5644916 | 501 (c)(3) | 6,770 | | | | General Support |
| Lexington Cancer Foundation 1504 College Way Lexington, KY 40502 | 56-2472701 | 501 (c)(3) | 10,000 | | | | General Support |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Lexington Rotary Club Endowment Fund 401 W Main Street Lexington, KY 40507 | 31-0942139 | 501 (c)(3) | 5,000 | | | | General Support |
| Lexington Strides Ahead Foundation 330 E Main Street Suite 205 Lexington, KY 40507 | 61-1322448 | 501 (c)(6) | 25,000 | | | | General Support |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| March of Dimes 196 W Lowry Lane Lexington, KY 40503 | 13-1846366 | 501 (c)(3) | 38,000 | | | | General Support |
| Mark Lehmann Spirit of Service Award Foundation 215 Breckinridge Lane Louisville, KY 40207 | 47-4511676 | 501 (c)(3) | 6,750 | | | | General Support |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| McCracken County High School 6530 Old Highway 60 Paducah, KY 42001 | 46-3183133 | Government | 15,100 | | | | General Support |
| Mission Lexington 230 S MLK Boulevard Lexington, KY 40508 | 20-2824933 | 501 (c)(3) | 25,000 | | | | General Support |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| National Multiple Sclerosis Society 1201 Story Avenue Suite 200 Louisville, KY 40206 | 13-5661935 | 501 (c)(3) | 7,000 | | | | General Support |
| Oldham County Chamber and Economic Development 112 S First Avenue LaGrange, KY 40031 | 61-1243293 | 501 (c)(6) | 6,465 | | | | General Support |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| One Southern Indiana 4100 Charlestown Road New Albany, IN 47150 | 20-4176026 | 501 (c)(6) | 15,600 | | | | General Support |
| Paducah Area Chamber of Commerce 300 South 3rd Street Paducah, KY 42002 | 61-0210420 | 501 (c)(6) | 5,425 | | | | General Support |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Paducah Junior College PO Box 7380 Paducah, KY 42002 | 61-6001156 | 501 (c)(3) | 50,000 | | | | General Support |
| Paducah Symphony Orchestra 222 Kentucky Avenue Paducah, KY 42003 | 61-0965156 | 501 (c)(3) | 30,591 | | | | General Support |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Refuge Clinic 2349 Richmond Road 220 Lexington, KY 40502 | 37-1547506 | 501 (c)(3) | 75,000 | | | | General Support |
| Southern KY Chamber of Commerce PO Box 1566 Corbin, KY 40702 | 27-0825308 | 501 (c)(3) | 7,500 | | | | General Support |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Start the Heart Foundation 7611 Wolfpen Ridge Court Prospect, KY 40059 | 46-3998988 | 501 (c)(3) | 10,000 | | | | General Support |
| The Carson Center 100 Kentucky Avenue Paducah, KY 42001 | 61-1293428 | 501 (c)(3) | 52,500 | | | | General Support |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Twisted Pink Inc 8016 Vinecrest Avenue 2 Louisville, KY 40222 | 47-1140389 | 501 (c)(3) | 5,000 | | | | General Support |
| Women Leading Kentucky 620 Euclid Avenue 105 Lexington, KY 40502 | 86-1120254 | 501 (c)(3) | 10,000 | | | | General Support |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| YMCA of Greater Louisville 545 South 2nd Street Louisville, KY 40202 | 61-0444843 | 501 (c)(3) | 39,590 | | | | General Support |

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.**

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

2018

Open to Public Inspection

Name of the organization
Baptist Healthcare System Inc

Employer identification number
61-0444707

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 indemnification 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 indemnification 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 indemnification 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) | | | | | | | | | |
| <p>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.</p> | 1b | | | | | | | | | |
| <p>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?</p> | 2 | | | | | | | | | |
| <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 checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract | <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | |
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract | | | | | | | | | |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | | | | | | | | |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | |
| <p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4a | Yes | | | | | | | | |
| | 4b | Yes | | | | | | | | |
| | 4c | No | | | | | | | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p> | 5a | No | | | | | | | | |
| | 5b | No | | | | | | | | |
| <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p> | 6a | No | | | | | | | | |
| | 6b | No | | | | | | | | |
| <p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p> | 7 | No | | | | | | | | |
| <p>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.</p> | 8 | No | | | | | | | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | | | | | | | |

Part III Supplemental Information

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

| Return Reference | Explanation |
|--------------------|--|
| Part I, Lines 4a-b | <p>Line 4a Three former officers received severance payments in 2018: William Brown \$535,806; Stephen Hanson \$818,004; David Gray \$259,477. Line 4b Three officers and executives who participated in the Supplemental Executive Retirement Plan accrued amounts for 2018 which is a portion of the amount reported as deferred compensation in Schedule J, Column C. Other retirement and deferred compensation reported in Schedule J, Column C include amounts for the Retirement Accumulation Plan and Thrift Plan. The following individuals participate in and accrued amounts from the Supplemental Executive Retirement Plan: Gerard J. Colman \$219,085; Isaac Myers, MD \$104,783; Stephen R. Oglesby \$74,914. The following individuals received a payout from the Supplemental Executive Retirement Plan, a nonqualified deferred compensation plan, as they are fully vested in the plan: David Gray \$489,212; Timothy Jahn \$350,560.</p> |

| Return Reference | Explanation |
|-------------------------|---|
| Schedule J | Certain executives receive a cell phone stipend |



Additional Data

Software ID:
Software Version:
EIN: 61-0444707
Name: Baptist Healthcare System Inc

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| Gerard J Colman CEO & Director | (i) | 1,223,114 | 956,264 | 99,533 | 219,085 | 28,530 | 2,526,526 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Stephen R Oglesby CFO, Treasurer, VP | (i) | 487,929 | 83,170 | 13,902 | 83,164 | 28,211 | 696,376 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Janet Norton Secretary & Vice President | (i) | 530,104 | 93,559 | 16,524 | 8,250 | 28,261 | 676,698 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Timothy Jahn MD Chief Clinical Officer | (i) | 170,543 | 0 | 827,575 | 2,962 | 17,052 | 1,018,132 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Isaac Myers MD Chief Health Integration Officer | (i) | 585,123 | 102,881 | 16,524 | 113,033 | 22,384 | 839,945 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Christopher Roty Hospital President | (i) | 453,304 | 58,558 | 11,622 | 8,250 | 2,010 | 533,744 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dennis Johnson Hospital President | (i) | 439,406 | 136,695 | 11,622 | 8,250 | 29,312 | 625,285 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Kenneth Anderson MD VP & Chief Medical Officer | (i) | 401,598 | 313,692 | 5,543 | 8,250 | 22,778 | 751,861 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Stephen C Hanson President & CEO (Through 3/21/17) | (i) | 0 | 0 | 823,224 | 0 | 3,924 | 827,148 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| David Gray Vice President (Through 12/31/17) | (i) | 518,516 | 0 | 756,084 | 8,250 | 27,715 | 1,310,565 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| William G Sisson Vice President (Through 12/31/17) | (i) | 583,461 | 85,579 | 23,477 | 8,250 | 30,963 | 731,730 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| William A Brown Vice President (Through 8/8/17) | (i) | 0 | 424,628 | 529,979 | 0 | 18,744 | 973,351 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Baptist Healthcare System Inc

Employer identification number

61-0444707

Part I Bond Issues

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pool financing | |
|----------|---|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|--------------------|----|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | KY Economic Development Finance Authority | 61-0600439 | 49126KFM8 | 02-09-2009 | 502,227,848 | See Part VI | | X | | X | | X |
| B | KY Economic Development Finance Authority | 61-0600439 | 49126KHR5 | 12-14-2011 | 136,101,238 | See Part VI | | X | | X | | X |
| C | KY Economic Development Finance Authority | 61-0600439 | | 12-15-2015 | 18,682,500 | See Part VI | | X | | X | | X |
| D | KY Economic Development Finance Authority | 61-0600439 | 49126KLD1 | 05-31-2017 | 234,927,003 | See Part VI | | X | | X | | X |

Part II Proceeds

| | | A | | B | | C | | D | |
|-----------|--|-------------|----|-------------|----|------------|----|-------------|----|
| 1 | Amount of bonds retired | | | | | | | | |
| 2 | Amount of bonds legally defeased | | | | | | | | |
| 3 | Total proceeds of issue | 502,247,678 | | 136,716,070 | | 18,682,500 | | 234,927,003 | |
| 4 | Gross proceeds in reserve funds | | | | | | | | |
| 5 | Capitalized interest from proceeds | | | 13,542,795 | | | | | |
| 6 | Proceeds in refunding escrows | | | | | | | | |
| 7 | Issuance costs from proceeds | 4,753,545 | | 1,482,800 | | | | 2,108,234 | |
| 8 | Credit enhancement from proceeds | 661,234 | | | | | | | |
| 9 | Working capital expenditures from proceeds | | | | | | | | |
| 10 | Capital expenditures from proceeds | 99,994,925 | | 121,712,708 | | | | 212,763,739 | |
| 11 | Other spent proceeds | 396,837,974 | | 1,617 | | 18,682,500 | | 212,769,739 | |
| 12 | Other unspent proceeds | | | | | | | | |
| 13 | Year of substantial completion | 2010 | | 2015 | | | | 2017 | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? | X | | | X | X | | | X |
| 15 | Were the bonds issued as part of an advance refunding issue? | | X | | X | | X | | X |
| 16 | Has the final allocation of proceeds been made? | X | | X | | X | | | X |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | | X |

Part III Private Business Use

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

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|---------|----|-----|----|---------|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | X | | | X | X | | X | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | X | | | | | X | X | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | X | | X | | X |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | 0 100 % | | | | 2 190 % | | | |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ | | | | | | | | |
| 6 Total of lines 4 and 5 | 0 100 % | | | | 2 190 % | | | |
| 7 Does the bond issue meet the private security or payment test? | | X | | X | | X | | X |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | | X | | X |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | | | | | | | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | X | | X | | X | |

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

| Return Reference | Explanation |
|----------------------------|---|
| Schedule K, Part I, Line A | Description of Purpose Series 2009A and 2009B Revenue Bonds were issued to redeem the 1/99, 1/05, and 12/05 bonds, and for the costs of acquiring and constructing hospital facilities, and for the purchase of equipment |

| Return Reference | Explanation |
|----------------------------|---|
| Schedule K, Part I, Line B | Description of Purpose Series 2011 fixed rate Hospital Revenue Bonds were issued for the costs of certain hospital projects, including a portion of the costs of constructing and equipping a new medical structure connected to the existing hospital building at Baptist Health Lexington, (fka Central Baptist Hospital) |

| Return Reference | Explanation |
|----------------------------|--|
| Schedule K, Part I, Line C | Description of Purpose The series 2015a Bonds were issued to refinance the Series 2010 Variable Rate Demand Hospital Revenue Bonds issued by Baptist Health Madisonville |

| Return Reference | Explanation |
|----------------------------|---|
| Schedule K, Part I, Line D | The Series 2017A Bond was issued primarily for the purpose of refinancing a portion of the bridge loan used as a component of the financing of the Baptist Health Floyd acquisition and to pay all or a portion of the cost of issuance The Series 2017B Bond was issued primarily for the purpose of paying and reimbursing the costs of construction, acquisition, installation, renovation and equipping health care and health related properties and facilities, and to pay all or a portion of the costs of issuance |

| Return Reference | Explanation |
|--|---|
| Schedule K, Part II, Line 3, Column A | The difference between Part I, Column (E), and Part II, Line 3, is due to investment earnings of \$19,830 |

| Return Reference | Explanation |
|--|--|
| Schedule K, Part II, Line 3, Column B | The difference between Part I, Column (E), and Part II, Line 3, is due to investment earnings of \$614,833 |

| Return Reference | Explanation |
|--|---|
| Schedule K, Part II, Line 7-8, Column A | The amounts reported on the 8038 represented estimates of the issuance costs and the credit enhancement fees The amounts reported here are actual amounts paid from the proceeds |

| Return Reference | Explanation |
|--|---|
| Schedule K, Part II, Line 7-8, Column B | The amounts reported on the 8038 represented estimates of the issuance costs and the credit enhancement fees The amounts reported here are actual amounts paid from the proceeds |

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

| | |
|---|--|
| Name of the organization Baptist Healthcare System Inc | Employer identification number 61-0444707 |
|---|--|

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|---|---------------------------------|---|--------------------------------|----------------|----|
| | | | | Yes | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Total | | | | | | ▶ | \$ | | | | | |

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) Cary Lester | Family of Director | 110,707 | Wages | | No |
| (2) Susan D White | Family of Director | 135,594 | Wages | | No |
| (3) Jacob Archibald | Family of Director | 63,941 | Wages | | No |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

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

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

SCHEDULE O
(Form 990 or 990-
EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

2018

**Open to Public
Inspection**

Department of the Treasury

Name of the organization
Baptist Healthcare System Inc

Employer identification number

61-0444707

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|---|
| Form 990, Part III, Line 4a | <p>Since its inception in 1924, Baptist Healthcare System, Inc ("Baptist") has been dedicated to providing accessible, quality healthcare to all patients regardless of their ability to pay. The hospitals owned and operated by Baptist under tax identification number 61-044 4707 include Baptist Health Louisville, located in Louisville, Kentucky, Baptist Health Corbin, located in Corbin, Kentucky, Baptist Health Lexington, located in Lexington, Kentucky, Baptist Health Paducah, located in Paducah, Kentucky, Baptist Health LaGrange, located in LaGrange, Kentucky, and Baptist Health Floyd, located in New Albany, Indiana. VISION The vision of Baptist is to be the healthcare leader in Kentucky and Indiana. Having earned a reputation of providing high quality patient care and utilizing the latest in medical technology, patients seek out Baptist facilities for their care. According to state statistics in 2018, Baptist is one of the largest healthcare providers in the state of Kentucky. KENTUCKY 2019 HOSPITAL STATISTICS LICENSED BEDS 2,759 beds - the second largest number of beds of any health system in Kentucky. EMPLOYEES 16,819 employees at end of the fiscal year - one of the top employers in Kentucky. INPATIENT CARE 88,934 admissions/414,446 days - the largest number of admissions in Kentucky at a system-owned or managed hospital. One out of every seven inpatients receiving care in Kentucky received care at a system-owned or managed hospital. OBSTETRIC (DELIVERIES) 11,793 babies - the largest number of babies delivered in Kentucky at a system-owned or managed hospital. Almost one in five babies in Kentucky was delivered at a Baptist owned or managed hospital. EMERGENCY VISITS 304,777 registrations - the second largest number of emergency visits in Kentucky at a system-owned or managed hospital. One in eight ER patients was treated at a system-owned or managed hospital. OUTPATIENT VISITS 1,771,522 hospital visits - one in eleven outpatients in Kentucky receiving care in an acute-care setting was seen at a system-owned or managed hospital. MISSION As indicated by its mission statement, Baptist strives to continue its "Christian heritage of service and to enhance the health of the people and the communities we serve." Baptist is organized and operated exclusively for the benefit of each community and each hospital is considered a valuable community asset. The Baptist Boards of Directors are comprised of local representatives who, along with the hospitals' management and employees, understand that they are responsible to the communities for providing high quality healthcare services. Over the years, Baptist has gained a reputation for providing compassionate, high quality, cost efficient, patient friendly care. RESPONSIVE TO COMMUNITY NEEDS Operating healthcare facilities in today's environment requires a delicate balance between producing a sufficient margin to allow for adequate staffing and investment in new technologies, while also providing en</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|--|
| Form 990, Part III, Line 4a | <p>ough resources to absorb the cost of care for those patients who do not have the ability to pay for the services. During the 2019 fiscal year, Baptist was able to re-invest over \$1.13 billion into the communities in new technology, construction, renovation and systems improvement. Because of the need to generate a modest margin while caring for all patients, Baptist strives to fulfill its community responsibility of collecting appropriate reimbursement from all patients who have the necessary resources while providing a generous, yet accountable charity care policy to assist those patients who do not have the means to pay for the services rendered. (See "Charity Care Policy" later in this section for further discussion.) From a broad perspective, Baptist hospitals consistently provide a high level of quality care to every patient and enhance the health of the people it serves through health promotions, health screenings, medical research, and training of health professionals.</p> <p>OTHER COMMUNITY BENEFITS INCLUDE - Maintaining necessary, but unprofitable services that meet community needs - Helping to recruit physicians to underserved areas - Helping patients coordinate services with other healthcare providers - Providing resources for support groups - Promoting and providing preventive care services - Monitoring clinical outcomes in order to ensure quality care - Committing resources to improving safety and processes of care - Providing services conveniently accessible by patients. In addition, Baptist employees volunteer thousands of hours in community services and leadership. Baptist's support for community activities underscores its commitment to improving the lives of those served. Because Baptist and its employees contribute so much of their time, talent and resources to serve others, communities served by Baptist are better places to live and work. Quantification of many of the community benefits is detailed later in this section. However, what the Statement of Program Service Accomplishments doesn't measure is the economic benefit derived by each community from Baptist being one of the largest employers in the state. The economic impact of the wages paid to Baptist employees is significant considering the dollars they spend on food, housing, services, and other products.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| Continued | <p>CHARITY CARE POLICY To further the mission of enhancing the health of the people and communities it serves, Baptist provides medically necessary inpatient and outpatient care to patients regardless of race, religion, sex, national origin, disability, age or their ability to pay. Recognizing that not all patients have the ability to pay, Baptist has a charity care policy to accurately evaluate a patient's ability to pay for services received. Baptist relies solely on the physician order to determine whether treatment is medically necessary and whether the patient is treated on an inpatient or outpatient basis. Neither the patient's financial condition nor their ability to pay for services has any bearing upon whether, or how, the patient is treated in a Baptist facility. Patients are transferred only when Baptist does not provide the specialized service that is required, or by specific request of the patient. Baptist has notices posted throughout the hospital that clearly communicate Baptist's charity care policy. Baptist employees are instructed in the application of the charity care policy and are trained to recognize situations that indicate the financial resources of a patient may be inadequate. These employees freely and willingly volunteer information regarding the charity care policy to any patient who may express a concern regarding the ability to pay for services. The policy provides that:</p> <ol style="list-style-type: none"> 1 Patients/guarantors with resources of less than 200% of the Poverty Guideline for their family size will receive full charity. 2 Patients/guarantors with resources of 200% but less than 400% of the Poverty Guideline for their family size will qualify for partial charity. The ratio of resources up to 400% of the Poverty Guideline determines the percentage of the bill that will be the responsibility of the applicant. However, the liability is capped at 10% of the resources. 3 Patients/guarantors with resources of 400% of the Poverty Guideline for their family size but no more than 1200% of the Poverty Guideline for their family of one will qualify for partial charity if the liability exceeds 20% of their resources. In these situations, the patient/guarantor will be responsible for an amount not to exceed 20% of their resources. 4 If eligible for a charity discount, a patient will receive the discount regardless of whether they pay the balance on the bill. If necessary, payment arrangements may be made on the balance of the patient's bill in accordance with hospital procedures. In accordance with the provisions of Section 501(r), if charity care eligibility cannot be determined, good stewardship requires that the hospital initially begin the collection process. However, immediately upon determining that the guarantor is eligible for charity care, collection efforts on the balance eligible for charity will cease and the appropriate balance will be designated as charity. <p>TAX-EXEMPT STATUS REQUIREMENTS The Internal Revenue Service Revenue Ruling 69-54</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------|---|
| Continued | <p>5 provides that a hospital can demonstrate it has met the community benefit standard by having a full-time emergency room open to the public regardless of ability to pay for services received Baptist operates Emergency Departments that are open 24 hours a day, 365 days a year and treated 304,777 emergency patients during fiscal year 2019 Baptist facilities and emergency departments post policies stating that patients will be treated regardless of their ability to pay Depending on the severity of a patient's condition, as a service to the patient, Baptist may verify insurance prior to rendering services in the emergency department Under no circumstances is emergency care delayed by discussions regarding insurance coverage or ability to pay for services In addition, Baptist does not convey or intimate in any way to any emergency medical transportation service an unwillingness to treat any particular patient in need of medical attention</p> <p>ACCOUNTABILITY TO THE BROADER COMMUNITY</p> <p>As previously noted, the Baptist Board of Directors embraces its responsibility to represent the broader community in guiding Baptist in its provision of healthcare services The Board meets periodically to provide oversight as to how best to continue to serve each community Regularly scheduled meetings of the full Board and its Committees are described below Board of Directors Quarterly Audit Committee Quarterly Executive Committee As needed Compensation Committee As needed Finance Committee Monthly Governance Effectiveness Committee Quarterly Enterprise Risk Committee Quarterly Quality and Mission Effectiveness Committee Quarterly</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-------------|--------|------------------------------------|--|-----------------------------------|---------------|-------------------------------|------------|--|---------------|------------------------------------|--|--|--------------|---------------------------------------|-----------|------------------------------|--------|----------|-----------|-----------------------------------|-----------|--|---------------|--|---------------|
| Continued | <p>One of the key functions of the Board is to ensure Baptist not only utilizes sound financial management, but also embraces a culture of compliance that permeates throughout the healthcare system. This is best demonstrated by Baptist's commitment of resources for compliance activities including the designation of a Compliance Officer. The compliance function reports to the Audit Committee (established in 1994) which is comprised of three independent members of the Board who are not members of either the Executive or Finance Committees. Additionally, at least one member has the expertise to be considered a financial expert in the public sector. Another key function of the Board is to ensure that compensation paid to executives is reasonable and meets the guidelines set forth by the Internal Revenue Service. Through the Compensation Committee, (CC), the Board ensures that 1) members of the CC do not have any conflicts of interest, i.e., they are not employed or receive compensation subject to approval by the executives, 2) the compensation is approved in advance by the CC, 3) the CC obtains and relies upon appropriate comparability data in making decisions, 4) every form of compensation and benefit is included in the comparisons, 5) the CC documents the basis for its decision concurrently with making the decision, and 6) based upon the data, the compensation is reasonable. The following is a summary of Baptist's community service for the year ended August 31, 2019, in terms of services to the poor and indigent and the benefits provided to the communities it serves.</p> <p>QUANTIFIABLE COMMUNITY BENEFIT Baptist is fully committed to its responsibility as a charitable organization and commits extensive resources to fulfill that obligation to the community. To the extent possible, Baptist has quantified the benefits provided to the communities it serves.</p> <table border="0"> <tr> <td>Description</td> <td>Amount</td> </tr> <tr> <td>Benefits for the Poor and Indigent</td> <td></td> </tr> <tr> <td>Unreimbursed Cost of Charity Care</td> <td>\$ 34,999,000</td> </tr> <tr> <td>Unreimbursed Cost of Medicaid</td> <td>32,661,000</td> </tr> <tr> <td>----- Total Benefits for the Poor and Indigent</td> <td>\$ 67,660,000</td> </tr> <tr> <td>Benefits for the Broader Community</td> <td></td> </tr> <tr> <td>Net Loss on Subsidized Health Services</td> <td>\$ 9,322,000</td> </tr> <tr> <td>Community Health Improvement Services</td> <td>4,527,000</td> </tr> <tr> <td>Health Professions Education</td> <td>75,000</td> </tr> <tr> <td>Research</td> <td>1,075,000</td> </tr> <tr> <td>Financial & In-Kind Contributions</td> <td>1,114,000</td> </tr> <tr> <td>----- Total Benefits for the Community</td> <td>\$ 16,113,000</td> </tr> <tr> <td>----- Total Quantifiable Community Benefit</td> <td>\$ 83,773,000</td> </tr> </table> <p>GLOSSARY OF COMMUNITY BENEFIT TERMS</p> <p>BENEFITS FOR THE POOR AND INDIGENT Describes services provided to persons who cannot afford healthcare because of inadequate resources and/or who are uninsured or underinsured. This includes those patients that qualify for Charity, Medicaid, Kentucky's Children Health Insurance Program (KCHIP), Kentucky Hospital Care Program (KHCP) and other citizens whose income is inadequate (based on each patient's individual circumstances).</p> <p>1 Unreimbursed cost of charity care describes the services provided to persons</p> | Description | Amount | Benefits for the Poor and Indigent | | Unreimbursed Cost of Charity Care | \$ 34,999,000 | Unreimbursed Cost of Medicaid | 32,661,000 | ----- Total Benefits for the Poor and Indigent | \$ 67,660,000 | Benefits for the Broader Community | | Net Loss on Subsidized Health Services | \$ 9,322,000 | Community Health Improvement Services | 4,527,000 | Health Professions Education | 75,000 | Research | 1,075,000 | Financial & In-Kind Contributions | 1,114,000 | ----- Total Benefits for the Community | \$ 16,113,000 | ----- Total Quantifiable Community Benefit | \$ 83,773,000 |
| Description | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Benefits for the Poor and Indigent | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unreimbursed Cost of Charity Care | \$ 34,999,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unreimbursed Cost of Medicaid | 32,661,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ----- Total Benefits for the Poor and Indigent | \$ 67,660,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Benefits for the Broader Community | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Net Loss on Subsidized Health Services | \$ 9,322,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Community Health Improvement Services | 4,527,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Health Professions Education | 75,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Research | 1,075,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Financial & In-Kind Contributions | 1,114,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ----- Total Benefits for the Community | \$ 16,113,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ----- Total Quantifiable Community Benefit | \$ 83,773,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------|---|
| Continued | <p>who cannot afford to pay It also includes the Health Care Provider Tax (Kentucky Revised Statutes 142 303) that is assessed on all hospital patient revenues received for the purpose of funding state Medicaid, KHCP and KCHIP programs The amounts reflect the net cost of these services after reducing the costs for contributions and other revenues received by Baptist as direct assistance for the provision of care 2 Unreimbursed cost of Medicaid reflects costs of treating Medicaid beneficiaries not reimbursed by government programs B ENEFITS FOR THE BROADER COMMUNITY Describes services provided to other needy populations that may not qualify as indigent but that need special services and support The benefits include the cost of health promotion and education, health clinics and screenings, and medical research that benefits the community 1 Net loss on subsidized health services reflects the loss from services that would be discontinued if the decision were based on profit motives only 2 Other community benefit includes costs incurred by Baptist in providing support and coordination of health education and awareness events as well as the cost of employees paid time to attend, staff, and coordinate these activities 3 Baptist makes cash and in-kind donations on behalf of the poor and needy to community agencies and to special funds used for charitable purposes</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|---|
| Form 990, Part VI, Section A, line 2 | The Board of Directors is made up of executives from related organizations. The following individuals have a business relationship in that they serve on the Board of Directors of the organization and are officers and/or directors of a related organization: Gerard Colman, Janet Norton, Stephen Oglesby, and Victoria Buster. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Section B, line 11b | The internally prepared Form 990 is reviewed by an outside accounting firm. A copy of the IRS Form 990 is provided to the Board of Directors prior to the filing of the return. Any questions or comments are addressed by explanation or a change to the form. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Section B, line 12c | DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST Annually the Secretary of BHS sends out a Conflict of Interest questionnaire to each of the directors and officers serving on the Board of BHS After completion, they are returned to the Secretary and reviewed by the Board or the Governance Effectiveness Committee for any potential conflicts A conflict of interest is any circumstance, relationship (financial or otherwise), activity or decision (made in the course of governance, management or professional responsibilities or otherwise) that adversely influences or appears to adversely influence the ability of a covered person to 1) make objective decisions on behalf of BHS and/or 2) act in the best interests of BHS in a manner consistent with the tax-exempt purposes of BHS The Board or Committee will determine by a majority vote of disinterested directors whether the disclosed financial or special interest may result in a conflict of interest |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|--|
| Form 990, Part VI, Section B, line 15 | <p>COMPENSATION DETERMINATION PROCESS Annually in September, the BHS Compensation Committee reviews the compensation, including base compensation and incentive compensation, for the CEO and all officers and key employees of BHS. The BHS Compensation Committee is comprised of independent Board Members. The Committee retains a Compensation Consultant to advise the Committee and who provides data as to comparable compensation for similarly qualified persons in functionally comparable positions at similarly situated healthcare organizations. The Committee reviews this information in approving annual base and incentive compensation and other items of reportable compensation described on Schedule J of the IRS Form 990. The decisions of the Committee regarding compensation are contemporaneously documented in the minutes of the Committee. Annually, the Committee Chairperson and the Compensation Consultant provide a report on executive compensation to the full Board of Directors of BHS.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|---|
| Form 990, Part VI, Section C, line 19 | AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, & FINANCIAL STATEMENTS TO GENERAL PUBLIC In adherence to the Master Trust Indenture among BHS and U S Bank National Association, as Master Trustee, dated as of February 1, 2009, BHS reports its financial results on a quarterly basis to the Master Trustee who in turn makes them available through Electronic Municipal Market Access Additionally, the organization will provide any documents open to public inspection upon request |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------|--|
| Form 990, Part VII | HOURS WORKED FOR RELATED ORGANIZATION Officers for BHS provide services to BHS and its subsidiaries Hours worked are not tracked on an entity by entity basis Therefore, all officers' hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week for all entities |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------|--|
| Form 990, Part XI, line 9 | MIS Funding 15,805,464 Capitalized Interest -12,301 Transfer JV Fund 1,574,939 Physician Entity Funding -143,975,587 Other Changes -2,732,800 IS Depreciation -8,445,333 Post Retirement Change -6,209,852 Balance Sheet Transfer 6,071,526 Capital Released 2,829,036 |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Baptist Healthcare System Inc

Employer identification number

61-0444707

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) Baptist Health Network Partners LLC 2501 Kentucky Avenue Paducah, KY 42001 45-4290974 | Physician Network | KY | 1,334,714 | 0 | BHSI |
| (2) Baptist Health Care Partners LLC 2701 Eastpoint Parkway Louisville, KY 40223 47-4067700 | ACO | KY | 0 | 0 | BHSI |
| | | | | | |
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| | | | | | |

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

See Additional Data Table

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

| (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 East Milestone Fitness Center 750 Cypress Station Road Louisville, KY 40207 61-1355065 | Fitness Center | KY | BHSI | Excluded | 350,039 | 3,526,646 | | No | | | No | 50 230 % |
| (2) Baptist Physicicans Surgery Center 1720 Nicholasville Road Lexington, KY 40503 04-3665929 | Ambulatory Surgery Center | KY | BHSI | Related | 1,070,102 | 2,874,199 | | No | | | No | 53 380 % |
| (3) Baptist Eastpoint Surgery Center 2400 Eastpoint Parkway Louisville, KY 40223 26-0834852 | Ambulatory Surgery Center | KY | BHSI | Related | 20,030 | 581,959 | | No | | | No | 84 000 % |
| (4) Medical Associates of Middletown 4000 Kresge Way Louisville, KY 40207 20-0399400 | Medical Office Building | KY | BHSI | Related | 7,174 | 791,031 | | No | | | No | 35 000 % |
| (5) Baptist Health Performance Training 2701 Eastpoint Parkway Louisville, KY 40223 47-3567887 | Sports Training | KY | BHSI | Related | -28,795 | | | No | | Yes | | |
| (6) Cumberland Valley Surgical Center LLC PO Box 1620 Corbin, KY 40701 61-1348280 | Ambulatory Surgery Center | IN | BHSI | Related | 471,890 | 4,062,397 | | No | | | No | 51 000 % |
| (7) 1931 West Street 2701 Eastpoint Parkway Louisville, KY 40223 83-1709486 | Real Estate | KY | BHSI | Related | | | | No | | | No | 100 000 % |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512(b) (13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| (1) Baptist Ventures Inc 2701 Eastpoint Parkway Louisville, KY 40223 61-1217018 | Management | KY | BHSI | C | 91,712 | | | Yes | |
| (2) Baptist Health Plan Inc 651 Perimeter Park Lexington, KY 40517 61-1241101 | Insurance | KY | BHSI | C | -5,417,534 | | 100 000 % | Yes | |
| (3) MS Community Health Inc 2701 Eastpoint Parkway Louisville, KY 40223 61-1303514 | Health Clinic | KY | BHMG | C | | | 100 000 % | Yes | |
| | | | | | | | | | |
| | | | | | | | | | |
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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 | | No |
| b Gift, grant, or capital contribution to related organization(s) | Yes | |
| c Gift, grant, or capital contribution from related organization(s) | Yes | |
| d Loans or loan guarantees to or for related organization(s) | | No |
| e Loans or loan guarantees by related organization(s) | | No |
| f Dividends from related organization(s) | | No |
| g Sale of assets to related organization(s) | | No |
| h Purchase of assets from related organization(s) | | No |
| i Exchange of assets with related organization(s) | | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | Yes | |
| k Lease of facilities, equipment, or other assets from related organization(s) | | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | No |
| o Sharing of paid employees with related organization(s) | Yes | |
| p Reimbursement paid to related organization(s) for expenses | Yes | |
| q Reimbursement paid by related organization(s) for expenses | Yes | |
| r Other transfer of cash or property to related organization(s) | Yes | |
| s Other transfer of cash or property from related organization(s) | Yes | |

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

See Additional Data Table

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

Part VII **Supplemental Information**

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

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

Additional Data

Software ID:
Software Version:
EIN: 61-0444707
Name: Baptist Healthcare System 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 |
| 2701 Eastpoint Parkway Louisville, KY 40223 20-5497203 | Physician Services | KY | 501(c)(3) | Line 3 | BHSI | Yes | |
| PO Box 1600 Richmond, KY 40476 61-0461940 | Hospital | KY | 501(c)(3) | Line 3 | BHSI | Yes | |
| 900 Hospital Drive Madisonville, KY 42431 61-0654587 | Hospital | KY | 501(c)(3) | Line 3 | BHSI | Yes | |
| 126 Lone Oak Road Paducah, KY 42001 61-1310466 | Ambulance Service | KY | 501(c)(3) | Line 12a, I | BHSI | Yes | |
| 629 Lafoon Street Madisonville, KY 42431 61-0946210 | Ambulance Service | KY | 501(c)(3) | Line 10 | N/A | Yes | |
| 2701 Eastpoint Parkway Louisville, KY 40223 31-1506378 | Fundraising | KY | 501(c)(3) | Line 12a, I | BHSI | Yes | |
| 2701 Eastpoint Parkway Louisville, KY 40223 47-2893430 | Fundraising | KY | 501(c)(3) | Line 12a, I | BHSI | Yes | |
| 2701 Eastpoint Parkway Louisville, KY 40223 47-3033550 | Fundraising | KY | 501(c)(3) | Line 12a, I | BHSI | Yes | |
| 1740 Nicholasville Road Lexington, KY 40503 61-1480774 | Fundraising | KY | 501(c)(3) | Line 12a, I | BHSI | Yes | |
| 2501 Kentucky Avenue Paducah, KY 42003 26-4057759 | Fundraising | KY | 501(c)(3) | Line 12a, I | BHSI | Yes | |
| 4000 Kresge Way Louisville, KY 40207 20-0292291 | Fundraising | KY | 501(c)(3) | Line 12a, I | BHSI | Yes | |
| 2701 Eastpoint Parkway Louisville, KY 40223 31-1122867 | Fundraising | KY | 501(c)(3) | Line 12a, I | BHSI | Yes | |
| PO Box 1600 Richmond, KY 40476 51-0172717 | Hospital Support | KY | 501(c)(3) | Line 12a, I | BHSI | | No |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of- year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) | (j) General or Managing Partner? | | (k) Percentage ownership |
|---|------------------------------|---|--|---|---------------------------------|--|---|----|---|--|-----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) Baptist East Milestone Fitness Center 750 Cypress Station Road Louisville, KY 40207 61-1355065 | Fitness Center | KY | BHSI | Excluded | 350,039 | 3,526,646 | | No | | | No | 50.230 % |
| (1) Baptist Physicicans Surgery Center 1720 Nicholasville Road Lexington, KY 40503 04-3665929 | Ambulatory Surgery Center | KY | BHSI | Related | 1,070,102 | 2,874,199 | | No | | | No | 53.380 % |
| (2) Baptist Eastpoint Surgery Center 2400 Eastpoint Parkway Louisville, KY 40223 26-0834852 | Ambulatory Surgery Center | KY | BHSI | Related | 20,030 | 581,959 | | No | | | No | 84.000 % |
| (3) Medical Associates of Middletown 4000 Kresge Way Louisville, KY 40207 20-0399400 | Medical Office Building | KY | BHSI | Related | 7,174 | 791,031 | | No | | | No | 35.000 % |
| (4) Baptist Health Performance Training 2701 Eastpoint Parkway Louisville, KY 40223 47-3567887 | Sports Training | KY | BHSI | Related | -28,795 | | | No | | | Yes | |
| (5) Cumberland Valley Surgical Center LLC PO Box 1620 Corbin, KY 40701 61-1348280 | Ambulatory Surgery Center | IN | BHSI | Related | 471,890 | 4,062,397 | | No | | | No | 51.000 % |
| (6) 1931 West Street 2701 Eastpoint Parkway Louisville, KY 40223 83-1709486 | Real Estate | KY | BHSI | Related | | | | No | | | No | 100.000 % |

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 Community Health Services Inc | J | 1,897,434 | Cost |
| (1) | Baptist Community Health Services Inc | O | 120,418 | Cost |
| (2) | Baptist Community Health Services Inc | Q | 193,459 | Cost |
| (3) | Baptist Community Health Services Inc | R | 143,105 | Cost |
| (4) | Baptist Health Care Partners Inc | Q | 197,007 | Cost |
| (5) | Baptist Health Employer Solutions Inc | Q | 60,000 | Cost |
| (6) | Baptist Health Foundation Corbin Inc | B | 88,340 | Cost |
| (7) | Baptist Health Foundation Lexington Inc | C | 270,395 | Cost |
| (8) | Baptist Health Foundation Madisonville Inc | R | 282,792 | Cost |
| (9) | Baptist Health Foundation of Greater Louisville Inc | C | 390,074 | Cost |
| (10) | Baptist Health Foundation of Greater Louisville Inc | B | 588,213 | Cost |
| (11) | Baptist Health Foundation Paducah Inc | C | 383,477 | Cost |
| (12) | Baptist Health Foundation Paducah Inc | B | 319,862 | Cost |
| (13) | Baptist Health Foundation Richmond Inc | R | 60,004 | Cost |
| (14) | Baptist Health Madisonville Inc | S | 1,090,673 | Cost |
| (15) | Baptist Health Madisonville Inc | Q | 26,891,260 | Cost |
| (16) | Baptist Health Madisonville Inc | P | 76,195 | Cost |
| (17) | Baptist Health Medical Group Inc | J | 7,477,571 | Cost |
| (18) | Baptist Health Medical Group Inc | Q | 30,441,109 | Cost |
| (19) | Baptist Health Medical Group Inc | R | 36,496,184 | Cost |
| (20) | Baptist Health Medical Group Inc | O | 583,671 | Cost |
| (21) | Baptist Health Medical Group Inc | P | 26,891,043 | Cost |
| (22) | Baptist Health Plan Inc | S | 211,593 | Cost |
| (23) | Baptist Health Richmond Inc | Q | 16,937,602 | Cost |
| (24) | Baptist Health Richmond Inc | S | 6,087,308 | Cost |

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

| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|--|-------------------------------------|-------------------------------|---|
| (26) Baptist Healthcare Foundation Inc | B | 497,844 | Cost |
| (1) Baptist Ventures Inc | R | 850,088 | Cost |
| (2) Cumberland Valley Surgical Center LLC | S | 200,719 | Cost |