

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

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

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

C Name of organization: BAPTIST MEMORIAL HOSPITAL
 Doing business as: _____
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 350 N HUMPHREYS BLVD
 City or town, state or province, country, and ZIP or foreign postal code: MEMPHIS, TN 38120

D Employer identification number: 62-0123940
E Telephone number: (901) 227-5117
G Gross receipts \$ 740,791,154

F Name and address of principal officer: JASON M LITTLE, 350 N HUMPHREYS BLVD, MEMPHIS, TN 38120

H(a) Is this a group return for subordinates? 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: ▶ [HTTPS //WWW BAPTISTONLINE ORG/](https://www.baptistonline.org/)

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: 1954 **M** State of legal domicile: TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 BAPTIST MEMORIAL HOSPITAL PROVIDES QUALITY MEDICAL HEALTH CARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE

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)	8
4 Number of independent voting members of the governing body (Part VI, line 1b)	4
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5,182
6 Total number of volunteers (estimate if necessary)	326
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	403,467	1,422,097
9 Program service revenue (Part VIII, line 2g)	667,942,655	721,943,792
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-13,969	-33,364
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,192,368	11,305,786
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	671,524,521	734,638,311
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	366,446	264,268
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)	277,763,103	287,508,908
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	394,941,196	409,759,717
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	673,070,745	697,532,893
19 Revenue less expenses Subtract line 18 from line 12	-1,546,224	37,105,418

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	438,411,980	501,145,100
21 Total liabilities (Part X, line 26)	262,377,055	288,249,839
22 Net assets or fund balances Subtract line 21 from line 20	176,034,925	212,895,261

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: 2020-08-12
 JASON M LITTLE PRESIDENT
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: P00752421
 Firm's name ▶ DELOITTE TAX LLP Firm's EIN ▶ 86-1065772
 Firm's address ▶ 1033 DEMONBREUN STREET SUITE 400 Phone no (615) 259-1800
 NASHVILLE, TN 37203

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

BAPTIST MEMORIAL HOSPITAL PROVIDES QUALITY MEDICAL HEALTH CARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE

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 \$ 658,535,795 including grants of \$ 264,268) (Revenue \$ 730,434,490)
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 ▶ 658,535,795

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

<p>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</p>	<p>2a</p>	<p>5,182</p>			
<p>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)</p>	<p>2b</p>	<p>Yes</p>			
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>	<p>3a</p>				<p>No</p>
<p>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</p>	<p>3b</p>				
<p>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)? . . .</p>	<p>4a</p>				<p>No</p>
<p>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)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>	<p>5a</p>				<p>No</p>
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	<p>5b</p>				<p>No</p>
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>	<p>5c</p>				
<p>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?</p>	<p>6a</p>				<p>No</p>
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>	<p>6b</p>				
<p>7 Organizations that may receive deductible contributions under section 170(c).</p>					
<p>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?</p>	<p>7a</p>				<p>No</p>
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>	<p>7b</p>				
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>	<p>7c</p>				<p>No</p>
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	<p>7d</p>				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	<p>7e</p>				<p>No</p>
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>	<p>7f</p>				<p>No</p>
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>	<p>7g</p>				
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>	<p>7h</p>				
<p>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?</p>					
<p>8</p>					
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>	<p>9a</p>				
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>	<p>9b</p>				
<p>10 Section 501(c)(7) organizations. Enter</p>					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	<p>10a</p>				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<p>10b</p>				
<p>11 Section 501(c)(12) organizations. Enter</p>					
<p>a Gross income from members or shareholders</p>	<p>11a</p>				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	<p>11b</p>				
<p>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</p>					
<p>12a</p>					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	<p>12b</p>				
<p>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</p>					
<p>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</p>	<p>13a</p>				
<p>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</p>	<p>13b</p>				
<p>c Enter the amount of reserves on hand</p>	<p>13c</p>				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>	<p>14a</p>				<p>No</p>
<p>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</p>	<p>14b</p>				
<p>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</p>	<p>15</p>				<p>No</p>
<p>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</p>	<p>16</p>				<p>No</p>

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (No); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (No); 15b Other officers or key employees of the organization (No); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request (checked), 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: CYNDI S PITTMAN 6019 WALNUT GROVE MEMPHIS, TN 38120 (901) 226-0508

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)		1,979,208	917,239

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 138

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MORRISON MANAGEMENT SPECIALISTS INC PO BOX 102289 ATLANTA, GA 30368	MANAGEMENT SERVICES	4,851,227
UNIVERSITY OF TENNESSEE 62 S DUNLAP ST STE 103 MEMPHIS, TN 38163	PHYSICIAN SERVICES	4,769,927
FRESENIUS MEDICAL CARE 16343 COLLECTIONS CENTER DR CHICAGO, IL 60693	PROFESSIONAL SERVICES	4,322,128
CONNECT SUPPLIES LLC 5118 PARK AVE STE 316 MEMPHIS, TN 38117	MANAGEMENT SERVICES	3,302,068
TEAM HEALTH PO BOX 740023 CINCINNATI, OH 45274	PHYSICIAN SERVICES	3,174,474

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 65

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	1,422,097		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f \$ _____				
	h Total. Add lines 1a-1f		1,422,097		

Program Service Revenue			Business Code				
	2a NET PATIENT REVENUES		622110	721,915,504	721,915,504		
b RENT FROM AFFILIATES		900099	28,288	28,288			
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f			721,943,792				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			21,868			21,868	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real	(ii) Personal					
		4,433,764						
		b Less rental expenses	6,097,611					
		c Rental income or (loss)	-1,663,847					
	d Net rental income or (loss)			-1,663,847			-1,663,847	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less cost or other basis and sales expenses		55,232				
		c Gain or (loss)		-55,232				
	d Net gain or (loss)			-55,232			-55,232	
	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 CAFETERIA REVENUE	722514	4,097,870				4,097,870		
b PATIENT CONVENIENCE	900099	381,065				381,065		
c NON-OPERATING REVENUE	900099	18,145	18,145					
d All other revenue		8,472,553	8,472,553					
e Total. Add lines 11a-11d		12,969,633						
12 Total revenue. See Instructions		734,638,311	730,434,490	0		2,781,724		

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	264,268	264,268		
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	1,650,492	1,567,967	82,525	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	232,336,839	220,719,997	11,616,842	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,889,347	5,594,880	294,467	
9 Other employee benefits	31,995,334	30,395,567	1,599,767	
10 Payroll taxes	15,636,896	14,855,051	781,845	
11 Fees for services (non-employees)				
a Management				
b Legal	2,918	2,568	350	
c Accounting				
d Lobbying	29,153		29,153	
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)	67,478,414	62,800,198	4,678,216	
12 Advertising and promotion	102,918	90,568	12,350	
13 Office expenses	13,516,011	11,894,090	1,621,921	
14 Information technology				
15 Royalties				
16 Occupancy	5,798,933	5,103,061	695,872	
17 Travel	235,695	94,278	141,417	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	305,877	122,351	183,526	
20 Interest	557,894	490,947	66,947	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,662,315	19,942,837	2,719,478	
23 Insurance	7,000,207	6,160,182	840,025	
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	178,466,146	178,466,146	0	
b CORPORATE MGMT FEE	75,626,384	66,551,218	9,075,166	
c MEDICAID ASSESSMENT	18,234,466	16,046,330	2,188,136	
d REPAIRS AND MAINTENANCE	17,382,099	15,296,247	2,085,852	
e All other expenses	2,360,287	2,077,044	283,243	
25 Total functional expenses. Add lines 1 through 24e	697,532,893	658,535,795	38,997,098	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	4,408	1	4,606
	2 Savings and temporary cash investments	59,474,020	2	123,742,895
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	105,716,194	4	113,124,921
	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	14,400,470	8	15,613,858
	9 Prepaid expenses and deferred charges	5,817,830	9	4,996,206
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 775,669,448		
	b Less accumulated depreciation	10b 535,862,994	242,421,282	10c 239,806,454
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	1,018,663	12	774,857
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	9,559,113	15	3,081,303
16 Total assets. Add lines 1 through 15 (must equal line 34)	438,411,980	16	501,145,100	
Liabilities	17 Accounts payable and accrued expenses	53,371,208	17	42,106,090
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	1,603,502	20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	207,402,345	25	246,143,749
	26 Total liabilities. Add lines 17 through 25	262,377,055	26	288,249,839
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	176,034,882	27	212,895,218
	28 Temporarily restricted net assets	43	28	43
	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	176,034,925	33	212,895,261	
34 Total liabilities and net assets/fund balances	438,411,980	34	501,145,100	

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	734,638,311
2	Total expenses (must equal Part IX, column (A), line 25)	2	697,532,893
3	Revenue less expenses Subtract line 2 from line 1	3	37,105,418
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	176,034,925
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-245,082
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	212,895,261

Part XII Financial Statements and Reporting

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

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

Software ID:**Software Version:****EIN:** 62-0123940**Name:** BAPTIST MEMORIAL HOSPITAL

Form 990 (2018)

Form 990, Part III, Line 4a:

BAPTIST MEMORIAL HOSPITAL PROVIDES QUALITY MEDICAL HEALTH CARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE PATIENTS OF EVERY RACE, CREED, AND SOCIOECONOMIC GROUP COME TO BAPTIST MEMORIAL HOSPITAL FROM MANY STATES AND COUNTRIES WITH ILLNESSES THAT ARE OFTEN VERY SERIOUS ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE OPERATION AND STABILITY OF BAPTIST MEMORIAL HOSPITAL, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES, AND FURTHER, THAT OUR MISSION IS TO SERVE THE COMMUNITY WITH RESPECT TO PROVIDING HEALTH CARE SERVICES AND HEALTH CARE EDUCATION THEREFORE, IN KEEPING WITH ITS COMMITMENT TO SERVE ALL MEMBERS OF ITS COMMUNITY, BAPTIST MEMORIAL HOSPITAL PROVIDES THE FOLLOWING - FREE CARE AND/OR SUBSIDIZED CARE WHERE THE NEED AND/OR AN INDIVIDUAL'S INABILITY TO PAY COEXIST; - CARE PROVIDED TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST, AND- HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITY THESE ACTIVITIES INCLUDE WELLNESS PROGRAMS, COMMUNITY EDUCATION PROGRAMS, AND PROGRAMS FOR THE ELDERLY, HANDICAPPED, MEDICALLY UNDERSERVED, AND A VARIETY OF BROAD COMMUNITY SUPPORT ACTIVITIES BAPTIST MEMORIAL HOSPITAL INCLUDES THREE MEMPHIS AREA HOSPITALS BAPTIST MEMORIAL HOSPITAL-MEMPHIS, BAPTIST MEMORIAL HOSPITAL-COLLIERSVILLE, AND BAPTIST MEMORIAL HOSPITAL FOR WOMEN THE COMBINED LOCATIONS OF BAPTIST MEMORIAL HOSPITAL SERVICED 39,033 PATIENT DISCHARGES AND PROVIDED MORE THAN 247,213 OUTPATIENT SERVICES DURING FISCAL YEAR ENDED SEPTEMBER 30, 2019 EMPHASIS IS NOW ON OUTPATIENT SERVICES BAPTIST MEMORIAL HOSPITAL PROVIDES MANY OUTPATIENT SERVICES, WHICH WILL CONTINUE TO CUT HOSPITAL COSTS AND STAYS MOST PATIENTS PREFER TO RECUPERATE AT HOME, AND WITH THE OUTPATIENT SERVICES PROVIDED AT BAPTIST MEMORIAL HOSPITAL, PATIENTS NOW HAVE THAT OPTION DURING THE YEAR ENDED SEPTEMBER 30, 2019, BAPTIST MEMORIAL HOSPITAL PROGRAM SERVICES PRODUCED THE FOLLOWING RESULTS - THE SURGERY DEPARTMENT PERFORMED 55,382 PROCEDURES AT A COST OF \$102,193,927 - THE PHARMACY DEPARTMENT DISPENSED 4,975,165 UNIT DOSES OF MEDICATION AT A COST OF \$56,893,262 - THE CARDIOVASCULAR SERVICES DEPARTMENT PERFORMED 148,379 PROCEDURES AT A COST OF \$45,417,870 - THE PATHOLOGY DEPARTMENT PERFORMED 1,929,017 PROCEDURES AT A COST OF \$29,000,032 CHARITY CARE IS PROVIDED THROUGH INPATIENT, OUTPATIENT, AND COMMUNITY-BASED PROGRAMS INPATIENT SERVICES ARE PROVIDED TO PATIENTS WHO ARE MEDICALLY INDIGENT RESIDENTS OF THE STATES OF ARKANSAS, MISSISSIPPI, TENNESSEE, AND OTHER STATES BAPTIST MEMORIAL HOSPITAL ALSO MAINTAINS A CLINIC TO SERVE THIS POPULATION ON AN OUTPATIENT BASIS STAFF PHYSICIANS AT BAPTIST MEMORIAL HOSPITAL, AS WELL AS PHYSICIANS IN THE MEDICAL RESIDENCY PROGRAMS, GIVE COUNTLESS HOURS OF THEIR TIME TREATING PATIENTS WHO CANNOT PAY THE AMOUNT OF CHARITY CARE PROVIDED THAT WAS UNREIMBURSED WAS \$136,039,035 THE UNREIMBURSED AMOUNT OF CHARITY AND CONTRACTUAL ALLOWANCES FOR ALL PATIENTS WAS \$2,853,250,330 BAPTIST MEMORIAL HOSPITAL-MEMPHIS THE BAPTIST HEART INSTITUTE, LOCATED WITHIN BAPTIST MEMORIAL HOSPITAL-MEMPHIS, IS DEDICATED TO PROVIDING LEADING-EDGE CARDIOVASCULAR RESEARCH AND TREATMENT FOR HEART PATIENTS THE HEART INSTITUTE, WHICH MEASURES 165,000 SQUARE FEET, INCLUDES AREAS FOR CARDIOVASCULAR PROCEDURES, CARDIOVASCULAR SURGICAL SUITES, HEART CATHETERIZATION LABS, CARDIOVASCULAR INTENSIVE CARE BEDS, A CARDIAC INTERVENTION UNIT, CARDIAC MEDICINE UNITS, A PRE/POST CATH LAB UNIT, ELECTROPHYSIOLOGY LABS, A HEART TRANSPLANT UNIT, AND A CARDIOVASCULAR STEP-DOWN UNIT FUNDING FROM THE FORD-GOLTMAN CARDIAC RESEARCH ENDOWMENT SUPPORTS THE ADVANCEMENT OF CARDIAC RESEARCH AT BAPTIST HEART INSTITUTE BAPTIST MEMORIAL HOSPITAL-MEMPHIS IS THE FIRST HOSPITAL IN THE MID-SOUTH TO - HAVE IMAGE GUIDED RADIATION THERAPY (IGRT) - HAVE A GENETICS COUNSELING PROGRAM - PERFORM CORONARY ARTERY BYPASS SURGERY - PERFORM CARDIOMYOPLASTY - SUCCESSFULLY IMPLANT THE HEARTMATE VENTED ELECTRIC VENTRICULAR ASSIST DEVICE (HEARTMATE) - PERFORM THE RADIAL BRACHYTHERAPY PROCEDURE - PERFORM THE STEREOTAXIS ELECTROPHYSIOLOGY PROCEDURE - OFFER MAGNETIC NAVIGATION SYSTEM - PROVIDE INTENSITY MODULATED RADIATION THERAPY (IMRT) IN MEMPHIS AND THE SURROUNDING AREA - PERFORM A TOTAL JOINT REPLACEMENT USING CERAMIC-ON-CERAMIC PROSTHESIS - PERFORM THE WATCHMAN PROCEDURE - PERFORM THE MITRACLIP PROCEDURE - PROVIDE FUNDING FOR 12-LEAD EKGs TO BE PERFORMED IN AMBULANCES BY EMERGENCY MEDICAL TECHNICIANS - PERFORM THE CARDIOMYOPLASTY PROCEDURE, DURING WHICH SKELETAL MUSCLES ARE TAKEN FROM A PATIENT'S BACK OR ABDOMEN AND WRAPPED AROUND AN AILING HEART THE ADDED MUSCLE, AIDED BY ONGOING STIMULATION FROM A DEVICE SIMILAR TO A PACEMAKER, MAY BOOST THE HEART'S PUMPING MOTION - PROVIDE ABIOMED, A DEVICE USED TO ASSIST THE HEART SO THAT IT CAN REST, HEAL, AND RECOVER ITS FUNCTION - OFFER REVO MRI SURESCAN PACING SYSTEM - PERFORM THE MEDTRONIC CONVERGENT MAZE PROCEDURE, PUTTING BAPTIST MEMORIAL HOSPITAL AT THE CUTTING-EDGE OF ATRIAL FIBRILLATION (AFIB) TECHNOLOGY AND TREATMENT, AS THE FIRST IN THE NATION TO PERFORM THIS PROCEDURE BAPTIST MEMORIAL HOSPITAL-MEMPHIS IS THE FIRST HOSPITAL IN TENNESSEE TO - DISCHARGE A PATIENT HOME WITH THE HEARTMATE, A DEVICE THAT DOES THE WORK OF THE HEART WHEN PATIENTS' HEARTS ARE TOO WEAK TO FUNCTION PROPERLY - EARN AMERICAN ASSOCIATION OF BLOOD BANKS (AABB) IMMUNOHEMATOLOGY REFERENCE LABORATORY ACCREDITATION BAPTIST MEMORIAL HOSPITAL-MEMPHIS IS THE ONLY HOSPITAL IN TENNESSEE AND ONE OF ONLY 58 IN THE WORLD TO RECEIVE THIS ACCREDITATION - PROVIDE FUNDING FOR 12-LEAD EKGs TO BE PERFORMED IN AMBULANCES BY EMERGENCY MEDICAL TECHNICIANS TWELVE-LEAD EKGs ALLOW DOCTORS TO OBSERVE THE HEART'S ELECTRICAL ACTIVITY FROM 12 DIFFERENT ANGLES, PROVIDING THEM WITH MORE INFORMATION ABOUT HEART ATTACK PATIENTS BEFORE THEY ARRIVE AT THE HOSPITAL - DISCHARGE A PATIENT HOME ON A THORATEC VENTRICULAR ASSIST DEVICE BAPTIST MEMORIAL HOSPITAL-MEMPHIS IS THE FIRST HOSPITAL IN THE MEMPHIS AREA TO - OPEN A DEDICATED HEART INSTITUTE - HAVE PHYSICIANS PERFORM THE AREA'S FIRST SURGERY WITH THE EDWARDS SAPIEN TRANSCATHETER HEART VALVE TECHNOLOGY THAT WAS APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION IN NOVEMBER 2011 FOR INOPERABLE PATIENTS WITH AORTIC STENOSIS - HAVE A CARDIOLOGIST PERFORM THE CITY'S FIRST CRYOBALLOON PROCEDURE WITH A NEW TECHNOLOGY CALLED ARCTIC FRONT CARDIAC CRYOABLATION - PERFORM THE PERCUTANEOUS VALVE PROCEDURE - OFFER CYBERKNIFE ROBOTIC RADIOSURGERY, A TECHNIQUE FOR TREATING CANCEROUS AND NON-CANCEROUS TUMORS - PROVIDE INTENSITY MODULATED RADIATION THERAPY - HAVE A FREESTANDING RADIATION ONCOLOGY CENTER - PROVIDE A CANCER NAVIGATOR TO ASSIST CANCER PATIENTS - PROVIDE A DEDICATED RESUSCITATION FOCUS, PAIRING EARLY INTERVENTION WITH A RESPONSE TEAM IN A UNIFORM DEFIBRILLATOR OPERATING SYSTEM (MEDICAL RESPONSE TEAM) - PROVIDE PROSTATE BRACHYTHERAPY, A NONSURGICAL WAY TO TREAT PROSTATE CANCER BAPTIST MEMORIAL HOSPITAL-MEMPHIS USES THE SPYGLASS DS TECHNOLOGY TO DIAGNOSE AND TREAT DISEASES AND CONDITIONS OF THE LIVER, GALLBLADDER, PANCREAS AND BILE DUCTS "THE VISUALIZATION IS FAR SUPERIOR AND INTERPRETATION IS MUCH EASIER THAN THE ORIGINAL SPYGLASS," SAID DR EDWARD CATTAU, GASTROENTEROLOGIST AT BAPTIST MEMORIAL HOSPITAL-MEMPHIS "IT GIVES ME INCREASED CONFIDENCE IN DIAGNOSIS, NOT TO MENTION IT'S COST-EFFECTIVE AND CAN BE LESS RISKY COMPARED TO TRADITIONAL SURGICAL APPROACHES "SPYGLASS IS USED IN CONJUNCTION WITH ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), AN ESTABLISHED ENDOSCOPY PROCEDURE TO OBTAIN RADIOGRAPHIC IMAGES OF THE BILE DUCTS AND PANCREAS AND TO PERFORM DIAGNOSTIC AND THERAPEUTIC PROCEDURES SPYGLASS DS ALLOWS FOR HIGH-RESOLUTION IMAGING DURING THE ERCP PROCEDURE TO BETTER TARGET BIOPSIES AND MORE SAFELY FRAGMENT STONES THE NEW SYSTEM USES A SMALL, UNIQUE VIDEO SCOPE THAT IS PASSED THROUGH THE WORKING CANAL OF THE STANDARD ERCP SCOPE AND INSERTED DIRECTLY INTO THE BILIARY AND PANCREATIC DUCTS, GIVING PHYSICIANS THE ABILITY TO HAVE DIRECT VISUALIZATION INSIDE THESE STRUCTURES SPYGLASS DS TYPICALLY RESULTS IN MORE EFFICIENT EVALUATIONS AND HELPS REDUCE THE NEED FOR ADDITIONAL TESTING AND REPEAT PROCEDURES COMPARED TO TRADITIONAL ERCP, ENABLING PATIENTS TO RECEIVE A DEFINITIVE DIAGNOSIS AND TREATMENT SOONER DR CATTAU IS EXTREMELY FAMILIAR WITH THIS TECHNOLOGY, HAVING FIRST BEEN INVOLVED IN RESEARCH WITH PROTOTYPES FROM OTHER MANUFACTURERS MORE THAN 25 YEARS AGO IN 2010, HE PERFORMED THE CITY'S FIRST ELECTROHYDRAULIC LITHOTRIPSY, THE REMOVAL OF LARGE STONES FROM THE BILE DUCT WITHOUT OPEN SURGERY, WITH SPYGLASS DS

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			
ARIE SZATKOWSKI MD DIRECTOR (AS OF 1/19)	0 23 39 77	X						0	1,292,395	48,384
CARY FINN MD DIRECTOR	0 23 39 77	X						0	480,779	54,344
DANA KELLY CHAIRMAN	0 23 3 10	X						0	0	0
DR DALE MORRIS DIRECTOR	0 23 1 84	X						0	0	0
DR RIAD HOMSI MD DIRECTOR (AS OF 1/19)	0 23 0 92	X						0	57,625	0
JUDI CARNEY MD DIRECTOR (THRU 12/18)	0 23 0 66	X						0	0	0
MARTHA P BEARD DIRECTOR	0 23 1 12	X						0	0	0
RANDY J KING DIRECTOR	0 23 39 77	X						0	728,910	71,003
SPENCE WILSON DIRECTOR	0 23 0 89	X						0	0	0
STANLEY THOMPSON MD DIRECTOR (THRU 12/18)	0 23 0 69	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CYNDI S PITTMAN CFO	40 00 0 00			X				221,825	0	55,221
DANA B DYE CEO	39 77 0 23			X				0	448,021	57,474
GREGORY M DUCKETT SECRETARY	0 23 39 77			X				0	576,210	74,991
JASON M LITTLE PRESIDENT	0 23 39 77			X				0	1,248,199	73,929
KEVIN HAMMERAN CEO WOMEN'S HOSPITAL	40 00 0 00			X				0	435,578	51,328
LINDSAY R STENCEL CHIEF ADMINISTRATIVE OFFIER	40 00 0 00			X				206,838	0	53,655
MARGARET H WILLIAMS CFO	40 00 0 00			X				112,272	0	29,224
PAUL D DEPRIEST MD VICE PRESIDENT	0 23 39 77			X				0	955,671	64,212
CHRISTIAN C PATRICK CMAO (THRU 4/19)	40 00 0 00				X			435,058	0	66,671
MICHELLE M SMITH CHIEF NURSING OFFICER (THRU 8/18)	40 00 0 00				X			170,517	0	28,569

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			
DARLA G BELT ADMINISTRATIVE NURSING DIRECTOR	40 00 0 00					X		161,087	0	14,084
DENNIS E ROBERTS PHARMACY DIRECTOR	40 00 0 00					X		159,676	0	31,105
JOSEPH PICKETT PHARMACIST	40 00 0 00					X		154,308	0	12,132
KEVIN L BRONSON CHIEF PHYSICIST	36 00 4 00					X		182,435	20,257	42,237
RENIN LUKOSE PHYSICIST	40 00 0 00					X		175,192	0	25,487
DERICK B ZIEGLER FORMER BAPTIST HOSPITAL CEO	0 00 40 00						X	0	478,740	63,189

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 MEMORIAL HOSPITAL

Employer identification number
62-0123940

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: 62-0123940

Name: BAPTIST MEMORIAL HOSPITAL

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
Open to Public Inspection

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

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

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

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

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

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

Name of the organization BAPTIST MEMORIAL HOSPITAL	Employer identification number 62-0123940
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

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

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		29,153
j Total Add lines 1c through 1i			29,153
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).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HOSPITAL

Employer identification number
62-0123940

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

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

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| 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		27,080,384		27,080,384
b Buildings		474,414,639	304,481,496	169,933,143
c Leasehold improvements		3,467,133	3,460,584	6,549
d Equipment		236,539,633	194,918,992	41,620,641
e Other		34,167,659	33,001,922	1,165,737
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) . . . ▶				239,806,454

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ESTIMATED SETTLEMENTS WITH THIRD PARTIES	6,439,652
DUE TO AFFILIATES	210,131,062
CAPITAL LEASE OBLIGATIONS	2,135,011
POST RETIREMENT BENEFIT OBLIGATION	25,563,117
OTHER LONG TERM LIABILITIES	1,874,907
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	246,143,749

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: 62-0123940

Name: BAPTIST MEMORIAL HOSPITAL

Supplemental Information

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

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

Hospitals

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

Name of the organization
 BAPTIST MEMORIAL HOSPITAL

Employer identification number
 62-0123940

OMB No 1545-0047
2018
 Open to Public Inspection

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	Yes	
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		No
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	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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)			32,683,471	0	32,683,471	4 690 %
b Medicaid (from Worksheet 3, column a)			102,421,428	64,147,570	38,273,858	5 490 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			6,036,503	3,028,154	3,008,349	0 430 %
d Total Financial Assistance and Means-Tested Government Programs			141,141,402	67,175,724	73,965,678	10 610 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			65,540	0	65,540	0 010 %
f Health professions education (from Worksheet 5)			16,080,035	5,584,604	10,495,431	1 500 %
g Subsidized health services (from Worksheet 6)			305,412,943	271,046,301	34,366,642	4 930 %
h Research (from Worksheet 7)			703,172	611,759	91,413	0 010 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			6,658	0	6,658	0 %
j Total. Other Benefits			322,268,348	277,242,664	45,025,684	6 450 %
k Total. Add lines 7d and 7j			463,409,750	344,418,388	118,991,362	17 060 %

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			81,905		81,905	0.010 %
9 Other						
10 Total			81,905		81,905	0.010 %

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?	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.		
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.		
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).	145,761,508
6	Enter Medicare allowable costs of care relating to payments on line 5.	138,209,569
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	7,551,939
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 checked="" type="checkbox"/> Cost accounting system <input 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?	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.	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?

3

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>18</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	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		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 BAPTISTONLINE ORG/ABOUT/CHNA</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>18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>HTTPS //WWW BAPTISTONLINE ORG/ABOUT/CHNA</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
b	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	13 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 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 checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 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)	15 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 checked="" 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)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</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 type="checkbox"/> Made presumptive eligibility determinations			
e	<input 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 C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

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 3C	BAPTIST MEMORIAL HOSPITAL USES FEDERAL POVERTY GUIDELINES (FPG) TO DETERMINE ELIGIBILITY FOR FREE OR REDUCED CARE FOR LOW INCOME AND MEDICALLY INDIGENT INDIVIDUALS IN ADDITION TO THE FEDERAL POVERTY GUIDELINES, BAPTIST MEMORIAL HOSPITAL USES MEDICAL INDIGENCY, INSURANCE STATUS, UNDERINSURANCE STATUS, AND RESIDENCY TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE
PART I, LINE 6A	THE COMMUNITY BENEFIT REPORT IS PREPARED BY BAPTIST MEMORIAL HEALTH CARE CORPORATION (EIN 58-1521475), THE SOLE MEMBER OF BAPTIST MEMORIAL HOSPITAL THE COMMUNITY BENEFIT REPORT IS MADE AVAILABLE TO THE PUBLIC BY MAIL AND AVAILABLE AT EACH AFFILIATE OF BAPTIST MEMORIAL HEALTH CARE CORPORATION

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	OUR COST ACCOUNTING PROCESS REFLECTS FULLY LOADED COST FOR ALL OF OUR PATIENT POPULATIONS FULLY LOADED COST INCLUDES DIRECT, CAPITAL, AND INDIRECT COST AFTER WORKING WITH OUR DEPARTMENT DIRECTORS AND CFOS TO MAKE SURE THE DOLLARS IN THE GENERAL LEDGER ARE IN THE CORRECT PLACE TO REFLECT OUR TIME AND EFFORT SPENT THROUGHOUT THE YEAR, WE DEVELOP RELATIVE VALUE UNITS TO ALLOCATE THE ACTUAL GENERAL LEDGER COST DOWN TO THE PROCEDURE CHARGE CODES FROM OUR PATIENT ACCOUNTING SYSTEM ALL OVERHEAD IS ALLOCATED DOWN TO THE REVENUE PRODUCING DEPARTMENTS BASED ON VARIOUS STATISTICS ONCE EVERY CHARGE CODE HAS GONE THROUGH THE COST AND AUDIT PROCESS, WE CAN RUN THE PATIENT LEVEL REPORTS USED FOR THE FORM 990 TO GET TO THE COST INFORMATION NEEDED
PART I, LINE 7G	SUBSIDIZED HEALTH SERVICES DO NOT INCLUDE ANY COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	BAPTIST MEMORIAL HOSPITAL CONDUCTS SEVERAL HEALTH FAIRS, SEMINARS AND CLASSES THROUGHOUT THE YEAR FOR THE COMMUNITIES IT SERVES BAPTIST MEMORIAL HOSPITAL ALSO IS INVOLVED IN LOCAL COMMUNITY AND NON-PROFIT ORGANIZATIONS SUCH AS THE AMERICAN CANCER SOCIETY, RACE FOR THE CURE, WALK AMERICA, ST JUDE CHILDREN'S RESEARCH HOSPITAL, INC , AND MANY OTHERS NOT ONLY DO WE PROVIDE MONETARY DONATIONS, BUT OUR EMPLOYEES ARE ACTIVE VOLUNTEERS IN THESE WORTHY CAUSES
PART III, LINE 2	BAPTIST MEMORIAL HOSPITAL'S BAD DEBT EXPENSE WAS DETERMINED AS FOLLOWS A BAD DEBT REPORT IS RUN TO PULL ALL PATIENTS THAT HAVE BEEN MOVED TO A BAD DEBT ACCOUNT LOCATION WE THEN TAKE THE TOTAL ACCOUNT BALANCE OF ALL THE PATIENTS IN THE BAD DEBT LOCATION AND DIVIDE IT BY THE TOTAL CHARGES OF THE SAME PATIENT LOCATION WE MULTIPLY THE RESULTING RATIO BY THE TOTAL COST OF THE SAME PATIENT POPULATION WHICH PROVIDES US WITH THE COST ASSOCIATED WITH THE TOTAL AMOUNT OF THE ACCOUNT BALANCE MOVED TO BAD DEBT STATUS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3	BAPTIST MEMORIAL HOSPITAL'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE BAPTIST MEMORIAL HEALTH CARE CORPORATION'S FINANCIAL ASSISTANCE POLICY WAS DETERMINED AS FOLLOWS WE IDENTIFY THE PATIENTS ELIGIBLE FOR FREE OR DISCOUNTED CARE UNDER BAPTIST MEMORIAL HEALTH CARE CORPORATION'S FINANCIAL ASSISTANCE POLICY THIS INFORMATION IS INCLUDED IN THE PATIENT'S RECORD WE ALSO INCLUDE PATIENTS WHO REFUSE TO COMPLETE THE FINANCIAL ASSISTANCE PAPERWORK IF A PATIENT IS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE, IF INFORMATION PROVIDED BY THE PATIENT IS INCOMPLETE, OR WHEN A SELF-PAY MINIMUM DISCOUNT NOTE IS ENTERED IN THE PATIENT RECORD, WE RUN A REPORT WHICH PROVIDES US THE COST ASSOCIATED WITH THE TOTAL AMOUNT OF BAD DEBT ATTRIBUTABLE TO THOSE PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE
PART III, LINE 4	BAPTIST MEMORIAL HEALTH CARE CORPORATION, THE SOLE MEMBER OF BAPTIST MEMORIAL HOSPITAL, HAS ADOPTED HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO 15, VALUATION AND FINANCIAL STATEMENT PRESENTATION OF CHARITY CARE AND BAD DEBTS BY INSTITUTIONAL PROVIDERS THERE IS NOT A SEPARATE BAD DEBT EXPENSE FOOTNOTE IN BAPTIST MEMORIAL HEALTH CARE CORPORATION'S COMBINED AUDITED FINANCIAL STATEMENTS BAD DEBTS ARE DISCUSSED BEGINNING ON PAGE 8 OF THE AUDITED FINANCIAL STATEMENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	THE SHORTFALL, IF ANY, IS NOT TREATED AS COMMUNITY BENEFIT WE CANNOT GET THE PAYMENT AND MEDICARE ALLOWABLE COST INFORMATION FROM THE COST REPORT IN THE FORMAT WE NEED THEREFORE, WE TAKE THE FOLLOWING STEPS FOR LINE 5, WE TAKE THE TOTAL PAYMENTS FOR MEDICARE PATIENTS FROM SCHEDULE 6 PATIENT POPULATION AND DIVIDE THAT BY THE TOTAL HOSPITAL MEDICARE PAYMENTS WE MULTIPLY THE RESULTING RATIO BY THE REVENUE NUMBERS THAT COME FROM THE COST REPORT FOR LINE 6, WE USE THE SAME CONCEPT TO GET THE COST INFORMATION WE GET THE TOTAL COST OF MEDICARE PATIENTS FROM SCHEDULE 6 AND DIVIDE THAT NUMBER BY THE TOTAL COST OF THE TOTAL MEDICARE PATIENT POPULATION OF THE HOSPITAL WE THEN MULTIPLY THIS RATIO BY THE COST INFORMATION FROM THE COST REPORT
PART III, LINE 9B	THE HOSPITAL'S COLLECTION AGENCY WILL DETERMINE IF THE PATIENT HAS A FINANCIAL ASSISTANCE APPLICATION ON FILE AND WAS DEEMED TO QUALIFY FOR FINANCIAL ASSISTANCE BY THE HOSPITAL IF IT WAS DETERMINED THAT THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, THEN THE COLLECTION AGENCY WILL REVIEW THE REMAINING UNPAID BALANCE AFTER THE APPLICATION OF THE FINANCIAL ASSISTANCE DISCOUNT, AND PURSUE APPROPRIATE COLLECTION EFFORTS DEPENDING UPON THE CIRCUMSTANCES AT THE TIME, THE ENTIRE AMOUNT OWED MAY BE WRITTEN OFF

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	<p>BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER OF BAPTIST MEMORIAL HOSPITAL, PROVIDES NEEDS ASSESSMENTS THROUGH THE HEALTH SERVICES RESEARCH DEPARTMENT IN ADDITION, LOCAL ADVISORY BOARDS PROVIDE FEEDBACK TO THE LOCAL HOSPITAL ADMINISTRATORS THE HEALTH SERVICES RESEARCH DEPARTMENT USES VARIOUS TOOLS TO ASSIST THEM IN THE ASSESSMENTS ONE OF THE TOOLS USED BY THE HEALTH SERVICES RESEARCH DEPARTMENT IS YACCOUBIAN RESEARCH, INC 'S COMMUNITY OPINION SURVEY THIS IS A QUARTERLY RANDOM-DIGIT DIALING TELEPHONE SURVEY SURVEYS INCLUDE QUESTIONS ASKING RESPONDENTS TO GRADE THE QUALITY OF HEALTH CARE SERVICES IN THEIR COMMUNITY THE SERVICES ARE GRADED FROM A-F IF A SERVICE IS GIVEN A RATING OF C OR BELOW, THE RESPONDENTS ARE ASKED FOR IDEAS FOR IMPROVEMENT THESE CAN BE REVIEWED BY AREA, COUNTY, TOWN, ZIP CODE, AGE, GENDER, AND RACE THE IMPROVEMENTS REQUESTED GENERALLY INVOLVE REQUESTS FOR MORE AND BETTER DOCTORS AND STAFF, AND LESS WAIT TIME MEDICAL STAFF SURVEYS ARE ALSO USED TO ASSESS NEEDS THESE ARE CONDUCTED BY MAIL OR INTERNET (WHICHEVER IS PREFERRED BY THE RESPONDENT) BY PRESS-GANEY, A NATIONALLY KNOWN RESEARCH COMPANY FOR BOTH PATIENT SATISFACTION AND PHYSICIAN SATISFACTION IN THIS SURVEY, CONDUCTED EVERY OTHER YEAR, RESPONDENTS ARE QUESTIONED ABOUT THE NEED FOR NEW SERVICES OR PHYSICIAN SPECIALTIES IN THE HOSPITAL OR COMMUNITY THERE ARE USUALLY MULTI-PHYSICIAN RECOMMENDATIONS FOR ADDITIONAL EQUIPMENT AND CERTAIN TYPES OF PHYSICIAN SPECIALISTS THIS IS USED AS A STARTING POINT FOR DETERMINING POTENTIAL PRIORITIES FOR PHYSICIAN RECRUITING COMMUNITY NEEDS ASSESSMENT FOR ADDITIONAL PHYSICIANS IN THE COMMUNITY IS ALSO CONDUCTED POPULATION-BASED DEMAND ESTIMATES ARE OBTAINED FROM THE MEDSTAT INFORUM MEDI-EDGE SOFTWARE, AND TAKES INTO ACCOUNT THE AGE AND GENDER OF THE POPULATION THIS IS THEN COMPARED TO THE SUPPLY OF PHYSICIANS AS DETERMINED THROUGH SEVERAL DIFFERENT SOURCES-INCLUDING OUR OWN CALLING OF OFFICES TO DETERMINE THE FULL TIME EQUIVALENT OF PHYSICIANS AVAILABLE IN THE SPECIALTY OF INTEREST THE DEMAND MINUS THE SUPPLY GIVES THE "NET NEED" CURRENTLY, AND IN 5 YEARS THE REQUEST FOR THESE ANALYSES ARE MADE BY THE HOSPITAL'S CHIEF EXECUTIVE OFFICERS BASED ON THE PRIORITIES GIVEN BY THE MEDICAL STAFF AND ACCORDING TO KNOWLEDGE OF CERTAIN PHYSICIANS THAT ARE LIKELY TO BE LEAVING THE AREA IN THE NEXT YEAR OR TWO GENERALLY THE DEMAND AND SUPPLY ESTIMATES ARE FOR A GEOGRAPHIC AREA DEFINED BY THE HALF-WAY MARK BETWEEN OUR FACILITY AND THE COMMUNITY HAVING A SIMILAR SIZED MEDICAL FACILITY OF A COMPETITOR IN LARGER MARKET AREAS, THE PHYSICIAN NEEDS ARE GENERALLY CONCENTRATED AROUND HIGHLY SPECIALIZED PHYSICIANS WHO MAY BE LEAVING OR RETIRING THE SOFTWARE PACKAGE HAS MODULES THAT ARE USED TO DETERMINE THE NEED FOR NEW FACILITIES, SUCH AS HOSPITALS, URGENT CARE CENTERS, EXPANDED EMERGENCY ROOMS, ETC THIS IS REVIEWED IF THERE IS AN INCREASE IN POPULATION GROWTH PATIENT SATISFACTION SURVEYS ARE ANOTHER TOOL USED TO ASSESS NEED PRESS-GANEY MAELS SURVEYS EVERY TWO WEEKS TO A RANDOM SAMPLE OF DISCHARGED PATIENTS THE GOAL IS TO GET APPROXIMATELY 350 COMPLETED SURVEYS PER YEAR IN EACH OF THE VARIOUS CARE SETTINGS PER FACILITY THESE CARE SETTINGS INCLUDE INPATIENT, OUTPATIENT, EMERGENCY ROOMS, OUTPATIENT SURGERY, OUTPATIENT DIAGNOSTICS, HOME HEALTH CARE, URGENT CARE CENTERS, ETC BASED ON THESE SURVEYS, THE NEED FOR SPECIFIC CHANGES IN PROCESSES OR TYPES OF PERSONNEL ARE ASSESSED TO MEET THE NEEDS OF THE COMMUNITIES WE SERVE NATIONAL RESEARCH CORPORATION IS A RESEARCH COMPANY THAT INTERVIEWS 600 PEOPLE IN OUR COMMUNITY SERVICE AREA EACH YEAR VIA THE INTERNET THESE PEOPLE ARE A PART OF A PANEL SELECTED TO REPRESENT THE CHARACTERISTICS OF THE COMMUNITY THIS SURVEY PROVIDES AN ONLINE TOOL FOR DETERMINING SELF-REPORTED PERCENTAGES WITH CHRONIC CONDITIONS AND USE OF PREVENTIVE SERVICES IN AREAS OF SIMILAR SIZE AND CHARACTERISTICS AROUND THE COUNTRY</p>
PART VI, LINE 3	<p>PATIENTS ARE INFORMED OF THEIR ELIGIBILITY FOR ASSISTANCE IN PERSON UPON ENTERING THE HOSPITAL FACILITY EACH PATIENT IS ASSIGNED AN ADMISSIONS PERSON WHO PROVIDES WRITTEN INFORMATION AS WELL AS VERBAL INFORMATION IN ADDITION, THE PATIENT MAY OBTAIN INFORMATION AS FOLLOWS (A) A COPY IS GIVEN TO THE PATIENT DURING THE ADMISSIONS AND/OR DISCHARGE PROCESS FOR EACH VISIT FOR MEDICAL TREATMENT (B) A COPY IS SENT WITH THE FIRST POST-DISCHARGE BILLING STATEMENT (C) COPIES ARE POSTED AND AVAILABLE UPON REQUEST AT ALL ADMISSIONS, EMERGENCY AND BUSINESS OFFICE DEPARTMENT AREAS AT ALL BAPTIST MEMORIAL HEALTH CARE CORPORATION FACILITIES (D) COPIES ARE ALSO AVAILABLE FOR DOWNLOAD AND PRINTING ONLINE ON THE BAPTIST MEMORIAL HEALTH CARE CORPORATION WEBSITE UNDER "FINANCIAL ASSISTANCE OR BY CONTACTING THE FACILITY WHERE SERVICES WERE RECEIVED AND REQUESTING A COPY BY MAIL OR EMAIL AT FAP@BMHCC ORG (E) COPIES OF ALL FINANCIAL ASSISTANCE POLICY DOCUMENTS WILL BE PROVIDED ELECTRONICALLY TO ANY INDIVIDUAL WHO INDICATES THAT IS THEIR PREFERENCE</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	BAPTIST MEMORIAL HOSPITAL, WHICH INCLUDES BAPTIST MEMORIAL HOSPITAL-MEMPHIS, BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE, AND BAPTIST MEMORIAL HOSPITAL FOR WOMEN, SERVES THE MEMPHIS METRO AREA PATIENTS COME FROM ARKANSAS, MISSISSIPPI, MISSOURI, AND COUNTIES SURROUNDING THE MEMPHIS AREA THE AFRICAN AMERICAN COMMUNITY COMPRISES ABOUT 39.3% OF OUR PRIMARY SERVICE AREA HISPANICS MAKE UP ABOUT 4.8%, AND CAUCASIANS ARE ABOUT 52.5% DEMOGRAPHIC SNAPSHOTS ARE PROVIDED BY THE INDEPENDENT OUTSIDE FIRM OF CLARITAS, INC OUR OWN HEALTH SERVICES RESEARCH DEPARTMENT AT BAPTIST MEMORIAL HEALTH CARE CORPORATION (OUR PARENT) CALCULATES THE DISTRIBUTION OF INPATIENT DISCHARGES (EXCLUDING NEWBORNS) BY COUNTY THIS IS SORTED IN DESCENDING NUMBER PER COUNTY AND DETERMINES THOSE COUNTIES WITH UP TO 75-77% OF THE DISCHARGES AND THESE CONTIGUOUS COUNTIES COMPRISE THE PRIMARY MARKET AREA COUNTIES COMPRISING 78-95% OF THE DISCHARGES ARE DESIGNATED THE SECONDARY MARKET, WHILE THE REMAINING 5% IS THE TERTIARY MARKET THE MEMPHIS PRIMARY MARKET SERVICE AREA HAS 1,220,205 PERSONS WITH THE COMBINED PRIMARY AND SECONDARY AREAS HAVING 2,477,170 PERSONS OTHER ITEMS SUCH AS AGE, HOUSEHOLD INCOME, AND RACE/ETHNICITY PERCENTAGES, AS COMPARED TO THE NATION AS A WHOLE, ARE ALSO USED IN THE MIX DUNN AND BRADSTREET DATA IS ALSO USED TO DETERMINE THE COMMUNITIES' LARGEST EMPLOYERS
PART VI, LINE 5	THE HOSPITALS HAVE OPEN MEDICAL STAFFS, COMMUNITY BOARD INVOLVEMENT, SUPPORT SERVICES, FREE AND/OR REDUCED MAMMOGRAMS, HEALTH FAIRS, DONATION OF SUPPLIES AND MONEY, AND MANY OTHER THINGS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	BAPTIST MEMORIAL HOSPITAL IS AN AFFILIATE OF BAPTIST MEMORIAL HEALTH CARE CORPORATION BAPTIST MEMORIAL HEALTH CARE CORPORATION IS THE SOLE MEMBER OF A NUMBER OF HOSPITALS, MINOR MEDICAL CENTERS, HOME CARE AND HOSPICE SERVICES, AND PHYSICIAN SERVICES IN WEST TENNESSEE, NORTH MISSISSIPPI, AND EAST ARKANSAS EACH FACILITY PROVIDES HEALTH CARE SERVICES TO MEET THE NEEDS OF THE COMMUNITIES SERVED

Additional Data

Software ID:

Software Version:

EIN: 62-0123940

Name: BAPTIST MEMORIAL HOSPITAL

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? 3		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 MEMORIAL HOSPITAL-MEMPHIS 6019 WALNUT GROVE RD MEMPHIS, TN 38120 WWW.BAPTISTONLINE.ORG/MEMPHIS 0000000104	X	X					X			A
2	BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE 1500 POPLAR AVE COLLIERVILLE, TN 39017 WWW.BAPTISTONLINE.ORG/COLLIERVILLE 0000000104	X	X					X			A
3	BAPTIST MEMORIAL HOSPITAL FOR WOMEN 6225 HUMPHREYS BLVD MEMPHIS, TN 38120 WWW.BAPTISTONLINE.ORG/WOMENS 0000000104	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 MEMORIAL HOSPITAL-MEMPHIS, - FACILITY 2 BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE, - FACILITY 3 BAPTIST MEMORIAL HOSPITAL FOR WOMEN

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 MEMORIAL HOSPITAL-MEMPHIS PART V, SECTION B, LINE 5	<p>THE 2018 CHNA FOR BAPTIST'S MEMPHIS METRO SERVICE AREA WAS CONDUCTED FROM AUGUST 2018 TO A UGUST 2019 QUANTITATIVE AND QUALITATIVE METHODS, REPRESENTING BOTH PRIMARY AND SECONDARY RESEARCH, WERE USED TO ILLUSTRATE AND COMPARE HEALTH TRENDS AND DISPARITIES ACROSS EACH HO SPITAL'S SERVICE AREA THE FOLLOWING RESEARCH METHODS WERE USED TO DETERMINE COMMUNITY HEA LTH NEEDS - A REVIEW OF PUBLIC HEALTH AND DEMOGRAPHIC DATA PORTRAYING THE HEALTH AND SOCIO ECONOMIC STATUS OF THE COMMUNITY - A KEY INFORMANT SURVEY OF 80 COMMUNITY REPRESENTATIVES SERVING THE MEMPHIS METRO SERVICE AREA TO IDENTIFY COMMUNITY HEALTH PRIORITIES, UNDERSERV ED POPULATIONS, PARTNERSHIP OPPORTUNITIES AND OTHER INSIGHTS - FOCUS GROUPS WITH 98 CANCER SURVIVORS OR CAREGIVERS TO COLLECT PERSPECTIVES ABOUT THEIR EXPERIENCES, PREFERENCES AND ATTITUDES RELATED TO CANCER DIAGNOSIS AND CARE - CRITERIA-BASED PRIORITIZATION OF HEALTH ISSUES TO DETERMINE THE MOST PRESSING HEALTH NEEDS AFFECTING THE HEALTH STATUS OF MEMPHIS METRO RESIDENTS COMMUNITY ENGAGEMENT COMMUNITY ENGAGEMENT WAS AN INTEGRAL PART OF THE CHNA RESEARCH IN ASSESSING THE HEALTH NEEDS OF THE COMMUNITY, BAPTIST SOLICITED AND RECEIVED INPUT FROM COMMUNITY LEADERS AND RESIDENTS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING THOSE WITH EXPERTISE IN PUBLIC HEALTH AND MEMBERS OR REPRESENTATIVES OF ME DICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS THESE INDIVIDUALS PROVIDED VALUA BLE INFORMATION ABOUT HEALTH TRENDS, INSIGHTS ABOUT EXISTING RESOURCES AND GAPS IN SERVICE S AND PERSPECTIVES ABOUT FACTORS THAT CONTRIBUTE TO HEALTH DISPARITIES CHNA LEADERSHIP A B APTIST MEMORIAL HEALTH CARE STEERING COMMITTEE, ALONG WITH COMMUNITY REPRESENTATIVES AND P ARTNERS, OVERSAW THE 2018 CHNA COMMUNITY HEALTH CONSULTANTS ASSISTED IN ALL PHASES OF THE CHNA, INCLUDING PROJECT MANAGEMENT, DATA COLLECTION AND ANALYSIS, REPORT WRITING AND DEVE LOPMENT OF IMPLEMENTATION PLANS THE FOLLOWING CONTRIBUTED TO THE CHNA PROCESS AS COMMUNITY PARTNERS ABUNDANT GRACE FELLOWSHIPACADEMY FOR YOUTH EMPOWERMENTALLIANCE FOR A HEALTHIER G ENERATIONARKANSAS BLUE CROSSARKANSAS STATE UNIVERSITYARTSMEMPHISATOKA POLICE DEPARTMENTBAN CORPSOUTHBIG BROTHERS BIG SISTERSBOYS & GIRLS CLUB OF GREATER MEMPHISCHURCH HEALTH CENTER OF MEMPHISCITADEL CHURCH OF GOD IN CHRISTCITY OF BARTLETTCITY OF COVINGTONCITY OF HERNANDO CITY OF MILLINGTONCITY OF MUNFORDCOLLIERVILLE CHAMBER OF COMMERCECOLLIERVILLE SCHOOLSCOMM O N TABLE HEALTH ALLIANCESOTO BAPTIST PATIENT FAMILY ADVISORY COUNCILDESOTO COUNTY ECONOMIC DEVELOPMENT COUNCILDESOTO COUNTY SCHOOLSDEXON GALLERY AND GARDENSEVOLVE BANK & TRUSTFAMILY CRISIS SERVICES OF NORTHWEST MISSISSIPPI, INC FIRST BAPTIST CHURCH HORN LAKEGOVERNOR'S FOUNDATION FOR HEALTH AND WELLNESSGRACE HOUSE OF MEMPHISHOME INSTEAD SENIOR CAREKROC CENTE R OF MEMPHISLEADERSHIP MEMPHISMARCH OF DIMESMEMPHIS CATHOLIC MIDDLE & HIGH SCHOOLMEMPHIS C ITY BEAUTIFULMEMPHIS JEWISH COMMUNITY CENTERMEMPHIS LIBRARY FOUNDATIONMETHODIST LE BONHEUR HEALTHCARENEW MEMPHISNORTHWES</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 1 -- BAPTIST MEMORIAL HOSPITAL-MEMPHIS PART V, SECTION B, LINE 5	T MISSISSIPPI COMMUNITY COLLEGE OMEGA MINISTRIES/OMEGA HEALTHY PRACTICES OPTUS, INC PROMATU RARE REGIONAL ONE HEALTHRISE FOUNDATION, INC SHELBY COUNTY COMMISSIONS SHELBY COUNTY GOVERNMENT SHELBY COUNTY HEALTH DEPARTMENT SHELBY COUNTY SCHOOLS SHELBY FARMS PARK CONSERVANCY SOUTH TIP TON COUNTY CHAMBER OF COMMERCE STARTING ALL OVER OUTREACH MINISTRY SUSAN G KOMEN MEMPHIS - MID-SOUTH MISSISSIPPI TENNESSEE GENERAL ASSEMBLY TENNESSEE MEDICAL FOUNDATION THARP CONSULTING SERVICE THE MARKETING SPECTRUM THE NEIGHBORHOOD CHRISTIAN CENTER, INC TOWN OF WALLSUNIVER CITY OF MEMPHIS UNIVERSITY OF MISSISSIPPI-DESOTO VITALANT YOUNG LIFE

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 MEMORIAL HOSPITAL-MEMPHIS PART V, SECTION B, LINE 6A	BAPTIST MEMORIAL HOSPITAL-MEMPHIS CONDUCTED ITS CHNA WITH THE FOLLOWING OTHER HOSPITAL FACILITIES BAPTIST MEMORIAL HOSPITAL-COLLIERVILLEBAPTIST MEMORIAL HOSPITAL-DESOTOBAPTIST MEMORIAL HOSPITAL-TIPTONBAPTIST MEMORIAL HOSPITAL FOR WOMENBAPTIST MEMORIAL RESTORATIVE CARE HOSPITAL

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 MEMORIAL HOSPITAL-MEMPHIS PART V, SECTION B, LINE 11</p>	<p>BAPTIST MEMORIAL HEALTH CARE DEVELOPED A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) TO GUIDE COMMUNITY BENEFIT AND POPULATION HEALTH IMPROVEMENT ACTIVITIES ACROSS THE MEMPHIS METRO SERVICE AREA. BAPTIST'S CHIP BUILDS UPON PREVIOUS HEALTH IMPROVEMENT ACTIVITIES, WHILE RECOGNIZING NEW HEALTH ISSUES AND CONCERNS AND THE CHANGING HEALTH CARE DELIVERY ENVIRONMENT, TO ADDRESS THE REGION'S MOST PRESSING COMMUNITY HEALTH NEEDS. WHILE THE MAJORITY OF THESE ACTIVITIES WILL BE JOINTLY SUPPORTED BY BAPTIST MEMORIAL HOSPITALS IN THE MEMPHIS AREA, BELOW ARE SPECIFIC ACTIVITIES THAT BAPTIST MEMORIAL HOSPITAL-MEMPHIS WILL CARRY OUT IN SUPPORT OF THIS SYSTEMWIDE PLAN.</p> <p>1. BEHAVIORAL HEALTH THE GOAL IS TO INCREASE BEHAVIORAL HEALTH SCREENINGS TO INITIATE EARLY TREATMENT AND IMPROVED OUTCOMES FOR RESIDENTS AT ALL STAGES OF LIFE. BAPTIST MEMORIAL HOSPITAL-MEMPHIS HAS OUTLINED THE FOLLOWING OBJECTIVES:</p> <ol style="list-style-type: none"> 1) INCREASE THE NUMBER OF RESIDENTS WHO ARE SCREENED FOR BEHAVIORAL HEALTH CONDITIONS 2) DEVELOP OR CONTINUE COLLABORATION WITH COMMUNITY AGENCIES THAT PROVIDE MENTAL HEALTH AND SUBSTANCE ABUSE SUPPORT SERVICES TO REDUCE SUICIDE AND DRUG-INDUCED DEATH RATES 3) INCREASE AVAILABILITY OF SERVICES FOR PATIENTS WITH ALZHEIMER'S DISEASE AND THEIR CAREGIVERS 4) EDUCATE RESIDENTS ON THE SIGNS AND SYMPTOMS OF MENTAL HEALTH CONDITIONS AND SUBSTANCE ABUSE AND WHERE TO GET HELP <p>BAPTIST MEMORIAL HOSPITAL-MEMPHIS WILL IMPLEMENT THE FOLLOWING STRATEGIES:</p> <ol style="list-style-type: none"> 1) SUPPORT INITIATIVES TO SCREEN INDIVIDUALS FOR DEPRESSION AND MENTAL HEALTH CONDITIONS 2) HOST EDUCATIONAL FORUMS THROUGH PARTNERSHIP WITH THE ALZHEIMER'S ASSOCIATION 3) PARTNER WITH INTEGRATED ADDICTION CARE ASSOCIATES TO PROVIDE TREATMENT OPTIONS TO ADULTS WITH DRUG AND ALCOHOL ADDICTIONS <p>2. CANCER THE GOAL IS TO PROVIDE EARLY DETECTION AND TREATMENT TO REDUCE DEATH FROM BREAST, COLORECTAL AND LUNG CANCERS, AND IMPROVE QUALITY OF LIFE FOR PATIENTS. BAPTIST MEMORIAL HOSPITAL-MEMPHIS HAS OUTLINED THE FOLLOWING OBJECTIVES:</p> <ol style="list-style-type: none"> 1) INCREASE AWARENESS OF BENEFITS OF GENETIC TESTING AND EARLY SCREENING FOR IMPROVED OUTCOMES 2) INCREASE PHYSICIANS' PARTICIPATION IN SECONDARY SCREENING PROTOCOLS FOR LUNG CANCER TO INCREASE EARLY DIAGNOSIS OF THE DISEASE 3) INCREASE ACCESS TO SCREENINGS IN RURAL AREAS TO REDUCE DISPARITIES AMONG LOW-INCOME, AT-RISK AND MINORITY POPULATIONS 4) INCREASE ACCESS TO CARE CLOSE TO HOME FOR RURAL RESIDENTS 5) IMPROVE CARE COORDINATION AND CAREGIVER SUPPORT <p>BAPTIST MEMORIAL HOSPITAL-MEMPHIS WILL IMPLEMENT THE FOLLOWING STRATEGIES:</p> <ol style="list-style-type: none"> 1) PARTNER WITH COMMUNITY ORGANIZATIONS TO INCREASE PUBLIC AWARENESS OF CANCER RISK, PREVENTION AND SCREENING 2) PARTICIPATE IN AND HOST EDUCATIONAL FORUMS AND HEALTH FAIRS TO INCREASE AWARENESS OF RISK FACTORS AND PREVENTION ACTIVITIES 3) PARTNER WITH THE AMERICAN CANCER SOCIETY TO REDUCE ACCESS TO CARE BARRIERS FOR INDIVIDUALS WITH CANCER 4) ENCOURAGE PHYSICIAN COLLABORATION DURING GRAND ROUNDS TO ENHANCED USE OF LUNG DISEASE SCREENING PROTOCOLS 5) PARTNER WITH THE AMERICAN

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 MEMORIAL HOSPITAL-MEMPHIS PART V, SECTION B, LINE 11</p>	<p>CANCER SOCIETY TO PROVIDE TRANSPORTATION AND LODGING TO PATIENTS TRAVELING FROM RURAL AREA S 6) HOST CAREGIVER CONFERENCES TO PROVIDE EDUCATION AND SUPPORT 3 CHRONIC DISEASE MANAGEMENT AND PREVENTION THE GOAL IS TO PROMOTE HEALTH AS A COMMUNITY PRIORITY AND INCREASE HEALTHY LIFESTYLE CHOICES BAPTIST MEMORIAL HOSPITAL-MEMPHIS HAS OUTLINED THE FOLLOWING OBJECTIVES 1) INCREASE RESIDENTS' KNOWLEDGE OF THEIR RISK FACTORS FOR DISEASE 2) COLLABORATE WITH COMMUNITY PARTNERS TO ENCOURAGE PHYSICAL ACTIVITY AMONG RESIDENTS 3) ADVOCATE FOR PLANNING AND POLICIES THAT PROMOTE HEALTH AS A COMMUNITY PRIORITY 4) REDUCE FOOD INSECURITY AND INCREASE COMMUNITY OPTIONS FOR HEALTHY FOODS BAPTIST MEMORIAL HOSPITAL-MEMPHIS WILL IMPLEMENT THE FOLLOWING STRATEGIES 1) PARTICIPATE IN HEALTH FAIRS AND COMMUNITY EVENTS TO PROVIDE EDUCATION FOR HEALTHY LIFESTYLES AND PREVENTION OF CHRONIC DISEASE 2) PROVIDE FREE SCREENINGS FOR HEALTH RISK FACTORS RELATED TO CHRONIC DISEASE 3) COLLABORATE WITH COMMUNITY PARTNERS TO SPONSOR EVENTS PROMOTING PHYSICAL ACTIVITY 4) USE BAPTIST EXPERTS TO SHARE EDUCATIONAL INFORMATION WITH THE PUBLIC VIA PRINTED DOCUMENTS, TELEVISION AND RADIO 5) HOST EDUCATIONAL FORUMS THROUGH PARTNERSHIPS WITH THE AMERICAN HEART ASSOCIATION AND AMERICAN STROKE ASSOCIATION, AMONG OTHERS 4) MATERNAL AND CHILD HEALTH THE GOAL IS TO IMPROVE BIRTH OUTCOMES FOR WOMEN AND INFANTS BAPTIST MEMORIAL HOSPITAL-MEMPHIS HAS OUTLINED THE FOLLOWING OBJECTIVES 1) INCREASE THE PROPORTION OF PREGNANT WOMEN IN RURAL COMMUNITIES WHO RECEIVE EARLY AND ADEQUATE PRENATAL CARE 2) REDUCE SMOKING AND RELATED RISK BEHAVIORS AMONG PREGNANT WOMEN 3) PROVIDE EARLY INTERVENTION FOR MOTHERS WHO USE SUBSTANCES KNOWN TO CAUSE NEONATAL ABSTINENCE SYNDROME (NAS) 4) INCREASE THE PROPORTION OF INFANTS WHO ARE BREASTFED DURING THEIR FIRST 6 MONTHS 5) REDUCE DISPARITIES IN PRENATAL CARE AND BIRTH OUTCOMES BAPTIST MEMORIAL HOSPITAL-MEMPHIS WILL IMPLEMENT THE FOLLOWING STRATEGIES 1) PARTICIPATE IN COMMUNITY EVENTS TO PROVIDE EDUCATION AND RESOURCES FOR PRENATAL CARE, BREASTFEEDING AND NEW BABY EDUCATION 2) PROVIDE BREASTFEEDING CLASSES AND LACTATION RESOURCES 3) PROVIDE SUPPORT GROUPS AND PARENTING EDUCATION RESOURCES FOR NEW MOTHERS AND THEIR FAMILIES 4) PROVIDE SIBLING CLASSES TO PREPARE CHILDREN FOR THE ARRIVAL OF A NEW BABY 5) COLLABORATE WITH COMMUNITY PARTNERS TO INCREASE ACCESS TO PRENATAL CARE AND REDUCE HEALTH DISPARITIES WE RECOGNIZE THAT OUR HOSPITALS ARE VITAL ORGANIZATIONS WITHIN THE COMMUNITIES WE SERVE, AND WE KNOW THAT WE CANNOT ADDRESS EVERY COMMUNITY NEED BY OURSELVES IN ORDER TO PROMOTE HEALTH AND QUALITY OF LIFE, WE COLLABORATE WITH COMMUNITY PARTNERS WHO HAVE EXPERTISE IN SOCIAL NEEDS, SPECIALTY SERVICES, FAITH LEADERSHIP, ADVOCACY AND ESSENTIAL RESOURCES WE ALSO FOSTER ONGOING RELATIONSHIPS WITH THESE PARTNERS AND PROVIDE FINANCIAL AND IN-KIND GIFTS TO SUPPORT THEIR WORK NO ACTIONS WERE TAKEN DURING THE TAX YEAR RELATED TO THE MOST RECENT CHNA BECAUSE THE CHNA</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 1 -- BAPTIST MEMORIAL HOSPITAL-MEMPHIS PART V, SECTION B, LINE 11	WAS ADOPTED AT THE END OF THE TAX YEAR HOWEVER, THE FOLLOWING ACTIONS WERE TAKEN DURING THE FISCAL YEAR RELATED TO THE PRIOR CHNA - SUPPORTED BAPTIST MEMORIAL HEALTH CARE SYSTEM INITIATIVES TO SCREEN INDIVIDUALS FOR DEPRESSION AND MENTAL HEALTH CONDITIONS - IDENTIFIED OPPORTUNITIES TO COLLABORATE WITH COMMUNITY AGENCIES THAT PROVIDE MENTAL HEALTH AND SUBSTANCE ABUSE SUPPORT - HOSTED EDUCATIONAL FORUMS THROUGH PARTNERSHIPS WITH AMERICAN HEART ASSOCIATION, AMERICAN STROKE ASSOCIATION, AND ALZHEIMER'S ASSOCIATION - USED BAPTIST EXPERTS TO SHARE EDUCATIONAL INFORMATION WITH THE PUBLIC VIA PRINTED DOCUMENTS, TELEVISION, AND RADIO - PARTICIPATED IN FORUMS TO INCREASE AWARENESS OF RISK FACTORS AND PREVENTION ACTIVITIES - PARTICIPATED IN HEALTH FAIRS AND INFORMATIONAL BOOTHS TO PROVIDE HEALTH INFORMATION AND SCREENINGS (BLOOD PRESSURE, BMI, DIABETES, MAMMOGRAPHY, ETC) AND PROMOTE HEALTHY LIFESTYLES - PARTNERED WITH LOCAL SCHOOLS TO PROVIDE EDUCATION AND PROGRAMMING TOOLS FOR STUDENTS TO MAKE HEALTHY LIFESTYLE CHOICES - USED CITYCURRENT SPONSORSHIP TO HOST NATIONAL SPEAKER TO HIGHLIGHT GRIEF AND THE FREE GRIEF SERVICES OFFERED TO THE COMMUNITY FOR MEMPHIS METRO

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 MEMORIAL HOSPITAL-MEMPHIS PART V, SECTION B, LINE 13B	1 MONEY INCOME INCLUDING EARNINGS, UNEMPLOYMENT COMPENSATION, WORKERS' COMPENSATION, SOCIAL SECURITY, SUPPLEMENTAL SECURITY INCOME, DISABILITY PAYMENTS, PUBLIC ASSISTANCE, VETERANS' PAYMENTS, SURVIVOR BENEFITS, PENSION OR RETIREMENT INCOME, INTEREST, DIVIDENDS, RENTS, ROYALTIES, INCOME FROM ESTATES AND/OR TRUSTS, EDUCATIONAL ASSISTANCE, ALIMONY, CHILD SUPPORT, ASSISTANCE FROM OUTSIDE THE HOUSEHOLD, AND OTHER MISCELLANEOUS SOURCES OF INCOME THE GROSS AMOUNT IS USED WHEN CALCULATING INCOME FROM ANY OF THE PRECEDING SOURCES 2 NON-CASH BENEFITS, SUCH AS FOOD STAMPS AND HOUSING SUBSIDIES, DO NOT COUNT AS INCOME 3 IF A PERSON LIVES WITH A FAMILY, THE TOTAL GROSS INCOME OF ALL FAMILY MEMBERS IS CALCULATED WHEN DETERMINING INCOME PLEASE NOTE (A) NON-RELATIVES, INCLUDING HOUSEMATES, DO NOT COUNT, (B) A CHILD WHO IS A FULL-TIME STUDENT AWAY FROM HOME AT AN ACCREDITED COLLEGE MAY BE COUNTED, (3) MINOR CHILDRENS' EARNED WAGES ARE NOT INCLUDED IN DETERMINING INCOME, AND (D) COURT-ORDERED OR STATE/FEDERAL ISSUED ASSISTANCE RELATED TO A MINOR SHOULD BE INCLUDED IN DETERMINING INCOME 4 PRIMARY RESIDENCE OF INDIVIDUALS CLAIMED IN A FAMILY UNIT SHOULD BE VERIFIED USING TAX RETURNS OR FEDERAL, STATE OR GOVERNMENTAL COURT DOCUMENTS INDICATING RESIDENCY

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 MEMORIAL HOSPITAL-COLLIERVILLE PART V, SECTION B, LINE 5	<p>THE 2018 CHNA FOR BAPTIST'S MEMPHIS METRO SERVICE AREA WAS CONDUCTED FROM AUGUST 2018 TO A UGUST 2019 QUANTITATIVE AND QUALITATIVE METHODS, REPRESENTING BOTH PRIMARY AND SECONDARY RESEARCH, WERE USED TO ILLUSTRATE AND COMPARE HEALTH TRENDS AND DISPARITIES ACROSS EACH HO SPITAL'S SERVICE AREA THE FOLLOWING RESEARCH METHODS WERE USED TO DETERMINE COMMUNITY HEA LTH NEEDS - A REVIEW OF PUBLIC HEALTH AND DEMOGRAPHIC DATA PORTRAYING THE HEALTH AND SOCIO ECONOMIC STATUS OF THE COMMUNITY - A KEY INFORMANT SURVEY OF 80 COMMUNITY REPRESENTATIVES SERVING THE MEMPHIS METRO SERVICE AREA TO IDENTIFY COMMUNITY HEALTH PRIORITIES, UNDERSERV ED POPULATIONS, PARTNERSHIP OPPORTUNITIES AND OTHER INSIGHTS - FOCUS GROUPS WITH 98 CANCER SURVIVORS OR CAREGIVERS TO COLLECT PERSPECTIVES ABOUT THEIR EXPERIENCES, PREFERENCES AND ATTITUDES RELATED TO CANCER DIAGNOSIS AND CARE - CRITERIA-BASED PRIORITIZATION OF HEALTH ISSUES TO DETERMINE THE MOST PRESSING HEALTH NEEDS AFFECTING THE HEALTH STATUS OF MEMPHIS METRO RESIDENTS COMMUNITY ENGAGEMENT COMMUNITY ENGAGEMENT WAS AN INTEGRAL PART OF THE CHN A RESEARCH IN ASSESSING THE HEALTH NEEDS OF THE COMMUNITY, BAPTIST SOLICITED AND RECEIVED INPUT FROM COMMUNITY LEADERS AND RESIDENTS WHO REPRESENT THE BROAD INTERESTS OF THE COMMU NITY, INCLUDING THOSE WITH EXPERTISE IN PUBLIC HEALTH AND MEMBERS OR REPRESENTATIVES OF ME DICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS THESE INDIVIDUALS PROVIDED VALUA BLE INFORMATION ABOUT HEALTH TRENDS, INSIGHTS ABOUT EXISTING RESOURCES AND GAPS IN SERVICE S AND PERSPECTIVES ABOUT FACTORS THAT CONTRIBUTE TO HEALTH DISPARITIES CHNA LEADERSHIP A B APTIST MEMORIAL HEALTH CARE STEERING COMMITTEE, ALONG WITH COMMUNITY REPRESENTATIVES AND P ARTNERS, OVERSAW THE 2018 CHNA COMMUNITY HEALTH CONSULTANTS ASSISTED IN ALL PHASES OF THE CHNA, INCLUDING PROJECT MANAGEMENT, DATA COLLECTION AND ANALYSIS, REPORT WRITING AND DEVE LOPMENT OF IMPLEMENTATION PLANS THE FOLLOWING CONTRIBUTED TO THE CHNA PROCESS AS COMMUNITY PARTNERS ABUNDANT GRACE FELLOWSHIPACADEMY FOR YOUTH EMPOWERMENTALLIANCE FOR A HEALTHIER G ENERATIONARKANSAS BLUE CROSSARKANSAS STATE UNIVERSITYARTSMEMPHISATOKA POLICE DEPARTMENTBAN CORPSOUTHBIG BROTHERS BIG SISTERSBOYS & GIRLS CLUB OF GREATER MEMPHISCHURCH HEALTH CENTER OF MEMPHISCITADEL CHURCH OF GOD IN CHRISTCITY OF BARTLETTCITY OF COVINGTONCITY OF HERNANDO CITY OF MILLINGTONCITY OF MUNFORDCOLLIERVILLE CHAMBER OF COMMERCECOLLIERVILLE SCHOOLSCOMM ON TABLE HEALTH ALLIANCEDESOTO BAPTIST PATIENT FAMILY ADVISORY COUNCILDESOTO COUNTY ECONOMIC DEVELOPMENT COUNCILDESOTO COUNTY SCHOOLS DIXON GALLERY AND GARDENSEVOLVE BANK & TRUSTFAMI LY CRISIS SERVICES OF NORTHWEST MISSISSIPPI, INC FIRST BAPTIST CHURCH HORN LAKEGOVERNOR'S FOUNDATION FOR HEALTH AND WELLNESSGRACE HOUSE OF MEMPHISHOME INSTEAD SENIOR CAREKROC CENTE R OF MEMPHISLEADERSHIP MEMPHISMARCH OF DIMESMEMPHIS CATHOLIC MIDDLE & HIGH SCHOOLMEMPHIS C ITY BEAUTIFULMEMPHIS JEWISH COMMUNITY CENTERMEMPHIS LIBRARY FOUNDATIONMETHODIST LE BONHEUR HEALTHCARENEW MEMPHISNORTHWES</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 2 -- BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE PART V, SECTION B, LINE 5	T MISSISSIPPI COMMUNITY COLLEGE OMEGA MINISTRIES/OMEGA HEALTHY PRACTICES OPTUS, INC PROMATU RARE REGIONAL ONE HEALTHRISE FOUNDATION, INC SHELBY COUNTY COMMISSIONS SHELBY COUNTY GOVERNMENT SHELBY COUNTY HEALTH DEPARTMENT SHELBY COUNTY SCHOOL SHELBY FARMS PARK CONSERVANCY SOUTH TIP TON COUNTY CHAMBER OF COMMERCE STARTING ALL OVER OUTREACH MINISTRY SUSAN G KOMEN MEMPHIS - MID-SOUTH MISSISSIPPI TENNESSEE GENERAL ASSEMBLY TENNESSEE MEDICAL FOUNDATION THARP CONSULTING SERVICES THE MARKETING SPECTRUM THE NEIGHBORHOOD CHRISTIAN CENTER, INC TOWN OF WALLS UNIVER CITY OF MEMPHIS UNIVERSITY OF MISSISSIPPI-DESOTO VITALANT YOUNG LIFE

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

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Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE PART V, SECTION B, LINE 6A	BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE CONDUCTED ITS CHNA WITH THE FOLLOWING OTHER HOSPITAL FACILITIES BAPTIST MEMORIAL HOSPITAL-DESOTOBAPTIST MEMORIAL HOSPITAL-MEMPHISBAPTIST MEMORIAL HOSPITAL-TIPTONBAPTIST MEMORIAL HOSPITAL FOR WOMENBAPTIST MEMORIAL RESTORATIVE CARE HOSPITAL

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 MEMORIAL HOSPITAL-COLLIERVILLE PART V, SECTION B, LINE 11	<p>BAPTIST MEMORIAL HEALTH CARE DEVELOPED A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) TO GUIDE COMMUNITY BENEFIT AND POPULATION HEALTH IMPROVEMENT ACTIVITIES ACROSS THE MEMPHIS METRO SERVICE AREA. BAPTIST'S CHIP BUILDS UPON PREVIOUS HEALTH IMPROVEMENT ACTIVITIES, WHILE RECOGNIZING NEW HEALTH ISSUES AND CONCERNS AND A CHANGING HEALTH CARE DELIVERY ENVIRONMENT, TO ADDRESS THE REGION'S MOST PRESSING COMMUNITY HEALTH NEEDS. BELOW ARE SPECIFIC ACTIVITIES THAT BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE WILL CARRY OUT IN SUPPORT OF THIS SYSTEMWIDE PLAN 1. BEHAVIORAL HEALTH THE GOAL IS TO INCREASE BEHAVIORAL HEALTH SCREENINGS TO INITIATE EARLY TREATMENT AND IMPROVED OUTCOMES FOR RESIDENTS AT ALL STAGES OF LIFE. BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE HAS OUTLINED THE FOLLOWING OBJECTIVES: 1) INCREASE THE NUMBER OF RESIDENTS WHO ARE SCREENED FOR BEHAVIORAL HEALTH CONDITIONS 2) DEVELOP OR CONTINUE COLLABORATION WITH COMMUNITY AGENCIES THAT PROVIDE MENTAL HEALTH AND SUBSTANCE ABUSE SUPPORT SERVICES TO REDUCE SUICIDE AND DRUG-INDUCED DEATH RATES 3) INCREASE AVAILABILITY OF SERVICES FOR PATIENTS WITH ALZHEIMER'S DISEASE AND THEIR CAREGIVERS 4) EDUCATE RESIDENTS ON THE SIGNS AND SYMPTOMS OF MENTAL HEALTH CONDITIONS AND SUBSTANCE ABUSE AND WHERE TO GET HELP. BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE WILL IMPLEMENT THE FOLLOWING STRATEGIES: 1) SUPPORT INITIATIVES TO SCREEN INDIVIDUALS FOR DEPRESSION AND MENTAL HEALTH CONDITIONS 2) PARTNER WITH INTEGRATED ADDICTION CARE ASSOCIATES TO PROVIDE TREATMENT OPTIONS TO ADULTS WITH DRUG AND ALCOHOL ADDICTIONS 3) PARTICIPATE IN AND HOST EDUCATIONAL FORUMS AND HEALTH FAIRS TO INCREASE AWARENESS OF BEHAVIORAL HEALTH CONDITIONS AND AVAILABLE SERVICES. 2. CANCER THE GOAL IS TO PROVIDE EARLY DETECTION AND TREATMENT TO REDUCE DEATH FROM BREAST, COLORECTAL AND LUNG CANCERS AND IMPROVE QUALITY OF LIFE FOR PATIENTS. BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE HAS OUTLINED THE FOLLOWING OBJECTIVES: 1) INCREASE AWARENESS OF BENEFITS OF GENETIC TESTING AND EARLY SCREENINGS FOR IMPROVED OUTCOMES 2) INCREASE PHYSICIANS' PARTICIPATION IN SECONDARY SCREENING PROTOCOLS FOR LUNG CANCER TO INCREASE EARLY DIAGNOSIS OF THE DISEASE 3) INCREASE ACCESS TO SCREENINGS IN RURAL AREAS TO REDUCE DISPARITIES AMONG LOW-INCOME, AT-RISK AND MINORITY POPULATIONS 4) INCREASE ACCESS TO CARE CLOSE TO HOME FOR RURAL RESIDENTS 5) IMPROVE CARE COORDINATION AND CAREGIVER SUPPORT. BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE WILL IMPLEMENT THE FOLLOWING STRATEGIES: 1) PARTICIPATE IN EDUCATIONAL FORUMS AND COMMUNITY HEALTH FAIRS TO INCREASE AWARENESS OF LUNG, COLORECTAL AND BREAST CANCERS 2) ENCOURAGE PHYSICIAN COLLABORATION DURING GRAND ROUNDS TO ENSURE ENHANCED USE OF LUNG CANCER DISEASE SCREENING PROTOCOLS 3) PARTNER WITH THE AMERICAN CANCER SOCIETY TO PROVIDE TRANSPORTATION AND LODGING TO PATIENTS TRAVELING FROM RURAL AREAS 4) HOST CAREGIVER CONFERENCES TO PROVIDE EDUCATION AND SUPPORT 3. CHRONIC DISEASE MANAGEMENT AND PREVENTION THE GOAL IS TO PROMOTE HEALTH AS A COMMUNITY PRIORITY AND INCREASE</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 2 -- BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE PART V, SECTION B, LINE 11</p>	<p>E HEALTHY LIFESTYLE CHOICES BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE HAS OUTLINED THE FOLLOWING OBJECTIVES 1) INCREASE RESIDENTS' KNOWLEDGE OF THEIR RISK FACTORS FOR DISEASE 2) COLLABORATE WITH COMMUNITY PARTNERS TO ENCOURAGE PHYSICAL ACTIVITY AMONG RESIDENTS 3) ADVOCATE FOR PLANNING AND POLICIES THAT PROMOTE HEALTH AS A COMMUNITY PRIORITY 4) REDUCE FOOD INSECURITY AND INCREASE COMMUNITY OPTIONS FOR HEALTHY FOODS BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE WILL IMPLEMENT THE FOLLOWING STRATEGIES 1) PARTICIPATE IN HEALTH FAIRS AND COMMUNITY EVENTS AT SHELBY FARMS PARK TO PROVIDE EDUCATION FOR HEALTHY LIFESTYLES AND PREVENTION OF CHRONIC DISEASE 2) PARTICIPATE IN AN EDUCATIONAL CAMP FOR YOUTH WITH DIABETES OR WHO ARE AT RISK FOR DEVELOPING DIABETES 3) PROVIDE FLU SHOTS AT COMMUNITY EVENTS, SUCH AS THE COLLIERVILLE CHAMBER OF COMMERCE EXPO AND THE THANKSGIVING DAY HOMELESS EVENT 4) PROVIDE PREVENTION EDUCATION VIA MEDIA OUTLETS 4) MATERNAL AND CHILD HEALTH THE GOAL IS TO IMPROVE BIRTH OUTCOMES FOR WOMEN AND INFANTS BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE HAS OUTLINED THE FOLLOWING OBJECTIVES 1) INCREASE THE PROPORTION OF PREGNANT WOMEN IN RURAL COMMUNITIES WHO RECEIVE EARLY AND ADEQUATE PRENATAL CARE 2) REDUCE SMOKING AND RELATED RISK BEHAVIORS AMONG PREGNANT WOMEN 3) PROVIDE EARLY INTERVENTION FOR MOTHERS WHO USE SUBSTANCES KNOWN TO CAUSE NEONATAL ABSTINENCE SYNDROME (NAS) 4) INCREASE THE PROPORTION OF INFANTS WHO ARE BREASTFED DURING THEIR FIRST 6 MONTHS 5) REDUCE DISPARITIES IN PRENATAL CARE AND BIRTH OUTCOMES BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE WILL IMPLEMENT THE FOLLOWING STRATEGIES 1) IN THE AREA OF MATERNAL AND CHILD HEALTH, BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE WILL SUPPORT INITIATIVES LED BY BAPTIST MEMORIAL HOSPITAL FOR WOMEN, WHICH SHARES THIS SERVICE AREA WE RECOGNIZE THAT OUR HOSPITALS ARE VITAL ORGANIZATIONS WITHIN THE COMMUNITIES WE SERVE, AND WE KNOW THAT WE CANNOT ADDRESS EVERY COMMUNITY NEED BY OURSELVES IN ORDER TO PROMOTE HEALTH AND QUALITY OF LIFE, WE COLLABORATE WITH COMMUNITY PARTNERS WHO HAVE EXPERTISE IN SOCIAL NEEDS, SPECIALTY SERVICES, FAITH LEADERSHIP, ADVOCACY AND ESSENTIAL RESOURCES WE ALSO FOSTER ONGOING RELATIONSHIPS WITH THESE PARTNERS AND PROVIDE FINANCIAL AND IN-KIND GIFTS TO SUPPORT THEIR WORK NO ACTIONS WERE TAKEN DURING THE TAX YEAR RELATED TO THE MOST RECENT CHNA BECAUSE THE CHNA WAS ADOPTED AT THE END OF THE TAX YEAR HOWEVER, THE FOLLOWING ACTIONS WERE TAKEN DURING THE FISCAL YEAR RELATED TO THE PRIOR CHNA - SUPPORTED BAPTIST MEMORIAL HEALTH CARE SYSTEM INITIATIVES TO SCREEN INDIVIDUALS FOR DEPRESSION AND MENTAL HEALTH CONDITIONS - IDENTIFIED OPPORTUNITIES TO COLLABORATE WITH COMMUNITY AGENCIES THAT PROVIDE MENTAL HEALTH AND SUBSTANCE ABUSE SUPPORT - HOSTED EDUCATIONAL FORUMS THROUGH PARTNERSHIPS WITH AMERICAN HEART ASSOCIATION, AMERICAN STROKE ASSOCIATION, AND ALZHEIMER'S ASSOCIATION - USED BAPTIST EXPERTS TO SHARE EDUCATIONAL INFORMATION WITH THE PUBLIC VIA PRINTED DOCUMENTS, TELEVISION, AND RADIO - PARTICIPATE</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 2 -- BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE PART V, SECTION B, LINE 11	ED IN FORUMS TO INCREASE AWARENESS OF RISK FACTORS AND PREVENTION ACTIVITIES - PARTICIPATE D IN HEALTH FAIRS AND INFORMATIONAL BOOTHS TO PROVIDE HEALTH INFORMATION AND SCREENINGS (BLOOD PRESSURE, BMI, DIABETES, MAMMOGRAPHY, ETC) AND PROMOTE HEALTHY LIFESTYLES - PARTNERED WITH LOCAL SCHOOLS TO PROVIDE EDUCATION AND PROGRAMMING TOOLS FOR STUDENTS TO MAKE HEALTHY LIFESTYLE CHOICES - PROVIDED MATERNAL AND CHILD HEALTH CLASSES AND PRESENTATIONS ON TOPICS SUCH AS EXPECTANT PARENTS, CHILD BIRTHING, AND PARENTING - PROVIDED GRANT FUNDED MAMMOGRAPHY SCREENINGS FOR UNINSURED WOMEN

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 MEMORIAL HOSPITAL-COLLIERVILLE PART V, SECTION B, LINE 13B	1 MONEY INCOME INCLUDING EARNINGS, UNEMPLOYMENT COMPENSATION, WORKERS' COMPENSATION, SOCIAL SECURITY, SUPPLEMENTAL SECURITY INCOME, DISABILITY PAYMENTS, PUBLIC ASSISTANCE, VETERANS' PAYMENTS, SURVIVOR BENEFITS, PENSION OR RETIREMENT INCOME, INTEREST, DIVIDENDS, RENTS, ROYALTIES, INCOME FROM ESTATES AND/OR TRUSTS, EDUCATIONAL ASSISTANCE, ALIMONY, CHILD SUPPORT, ASSISTANCE FROM OUTSIDE THE HOUSEHOLD, AND OTHER MISCELLANEOUS SOURCES OF INCOME THE GROSS AMOUNT IS USED WHEN CALCULATING INCOME FROM ANY OF THE PRECEDING SOURCES 2 NON-CASH BENEFITS, SUCH AS FOOD STAMPS AND HOUSING SUBSIDIES, DO NOT COUNT AS INCOME 3 IF A PERSON LIVES WITH A FAMILY, THE TOTAL GROSS INCOME OF ALL FAMILY MEMBERS IS CALCULATED WHEN DETERMINING INCOME PLEASE NOTE (A) NON-RELATIVES, INCLUDING HOUSEMATES, DO NOT COUNT, (B) A CHILD WHO IS A FULL-TIME STUDENT AWAY FROM HOME AT AN ACCREDITED COLLEGE MAY BE COUNTED, (3) MINOR CHILDRENS' EARNED WAGES ARE NOT INCLUDED IN DETERMINING INCOME, AND (D) COURT-ORDERED OR STATE/FEDERAL ISSUED ASSISTANCE RELATED TO A MINOR SHOULD BE INCLUDED IN DETERMINING INCOME 4 PRIMARY RESIDENCE OF INDIVIDUALS CLAIMED IN A FAMILY UNIT SHOULD BE VERIFIED USING TAX RETURNS OR FEDERAL, STATE OR GOVERNMENTAL COURT DOCUMENTS INDICATING RESIDENCY

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 MEMORIAL HOSPITAL FOR WOMEN PART V, SECTION B, LINE 5	<p>THE 2018 CHNA FOR BAPTIST'S MEMPHIS METRO SERVICE AREA WAS CONDUCTED FROM AUGUST 2018 TO A UGUST 2019 QUANTITATIVE AND QUALITATIVE METHODS, REPRESENTING BOTH PRIMARY AND SECONDARY RESEARCH, WERE USED TO ILLUSTRATE AND COMPARE HEALTH TRENDS AND DISPARITIES ACROSS EACH HO SPITAL'S SERVICE AREA THE FOLLOWING RESEARCH METHODS WERE USED TO DETERMINE COMMUNITY HEA LTH NEEDS - A REVIEW OF PUBLIC HEALTH AND DEMOGRAPHIC DATA PORTRAYING THE HEALTH AND SOCIO ECONOMIC STATUS OF THE COMMUNITY - A KEY INFORMANT SURVEY OF 80 COMMUNITY REPRESENTATIVES SERVING THE MEMPHIS METRO SERVICE AREA TO IDENTIFY COMMUNITY HEALTH PRIORITIES, UNDERSERV ED POPULATIONS, PARTNERSHIP OPPORTUNITIES AND OTHER INSIGHTS - FOCUS GROUPS WITH 98 CANCER SURVIVORS OR CAREGIVERS TO COLLECT PERSPECTIVES ABOUT THEIR EXPERIENCES, PREFERENCES AND ATTITUDES RELATED TO CANCER DIAGNOSIS AND CARE - CRITERIA-BASED PRIORITIZATION OF HEALTH ISSUES TO DETERMINE THE MOST PRESSING HEALTH NEEDS AFFECTING THE HEALTH STATUS OF MEMPHIS METRO RESIDENTS COMMUNITY ENGAGEMENT COMMUNITY ENGAGEMENT WAS AN INTEGRAL PART OF THE CHNA RESEARCH IN ASSESSING THE HEALTH NEEDS OF THE COMMUNITY, BAPTIST SOLICITED AND RECEIVED INPUT FROM COMMUNITY LEADERS AND RESIDENTS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING THOSE WITH EXPERTISE IN PUBLIC HEALTH AND MEMBERS OR REPRESENTATIVES OF ME DICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS THESE INDIVIDUALS PROVIDED VALUA BLE INFORMATION ABOUT HEALTH TRENDS, INSIGHTS ABOUT EXISTING RESOURCES AND GAPS IN SERVICE S AND PERSPECTIVES ABOUT FACTORS THAT CONTRIBUTE TO HEALTH DISPARITIES CHNA LEADERSHIP A B APTIST MEMORIAL HEALTH CARE STEERING COMMITTEE, ALONG WITH COMMUNITY REPRESENTATIVES AND P ARTNERS, OVERSAW THE 2018 CHNA COMMUNITY HEALTH CONSULTANTS ASSISTED IN ALL PHASES OF THE CHNA, INCLUDING PROJECT MANAGEMENT, DATA COLLECTION AND ANALYSIS, REPORT WRITING AND DEVE LOPMENT OF IMPLEMENTATION PLANS THE FOLLOWING CONTRIBUTED TO THE CHNA PROCESS AS COMMUNITY PARTNERS ABUNDANT GRACE FELLOWSHIPACADEMY FOR YOUTH EMPOWERMENTALLIANCE FOR A HEALTHIER G ENERATIONARKANSAS BLUE CROSSARKANSAS STATE UNIVERSITYARTSMEMPHISATOKA POLICE DEPARTMENTBAN CORPSOUTHBIG BROTHERS BIG SISTERSBOYS & GIRLS CLUB OF GREATER MEMPHISCHURCH HEALTH CENTER OF MEMPHISCITADEL CHURCH OF GOD IN CHRISTCITY OF BARTLETTCITY OF COVINGTONCITY OF HERNANDO CITY OF MILLINGTONCITY OF MUNFORDCOLLIERVILLE CHAMBER OF COMMERCECOLLIERVILLE SCHOOLSCOMM O N TABLE HEALTH ALLIANCESOTO BAPTIST PATIENT FAMILY ADVISORY COUNCILDESOTO COUNTY ECONOMIC DEVELOPMENT COUNCILDESOTO COUNTY SCHOOLSDEXON GALLERY AND GARDENSEVOLVE BANK & TRUSTFAMILY LY CRISIS SERVICES OF NORTHWEST MISSISSIPPI, INC FIRST BAPTIST CHURCH HORN LAKEGOVERNOR'S FOUNDATION FOR HEALTH AND WELLNESSGRACE HOUSE OF MEMPHISHOME INSTEAD SENIOR CAREKROC CENTE R OF MEMPHISLEADERSHIP MEMPHISMARCH OF DIMESMEMPHIS CATHOLIC MIDDLE & HIGH SCHOOLMEMPHIS C ITY BEAUTIFULMEMPHIS JEWISH COMMUNITY CENTERMEMPHIS LIBRARY FOUNDATIONMETHODIST LE BONHEUR HEALTHCARENEW MEMPHISNORTHWES</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 MEMORIAL HOSPITAL FOR WOMEN PART V, SECTION B, LINE 5	T MISSISSIPPI COMMUNITY COLLEGE OMEGA MINISTRIES/OMEGA HEALTHY PRACTICES OPTUS, INC PROMATU RARE REGIONAL ONE HEALTHRISE FOUNDATION, INC SHELBY COUNTY COMMISSIONS SHELBY COUNTY GOVERNMENT SHELBY COUNTY HEALTH DEPARTMENT SHELBY COUNTY SCHOOLS SHELBY FARMS PARK CONSERVANCY SOUTH TIP TON COUNTY CHAMBER OF COMMERCE STARTING ALL OVER OUTREACH MINISTRY SUSAN G KOMEN MEMPHIS - MID-SOUTH MISSISSIPPI TENNESSEE GENERAL ASSEMBLY TENNESSEE MEDICAL FOUNDATION THARP CONSULTING SERVICE THE MARKETING SPECTRUM THE NEIGHBORHOOD CHRISTIAN CENTER, INC TOWN OF WALLSUNIVER CITY OF MEMPHIS UNIVERSITY OF MISSISSIPPI-DESOTO VITALANT YOUNG LIFE

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 MEMORIAL HOSPITAL FOR WOMEN PART V, SECTION B, LINE 6A	BAPTIST MEMORIAL HOSPITAL FOR WOMEN CONDUCTED ITS CHNA WITH THE FOLLOWING OTHER HOSPITAL FACILITIES BAPTIST MEMORIAL HOSPITAL-COLLIERVILLEBAPTIST MEMORIAL HOSPITAL-DESOTOBAPTIST MEMORIAL HOSPITAL-MEMPHISBAPTIST MEMORIAL HOSPITAL-TIPTONBAPTIST MEMORIAL RESTORATIVE CARE HOSPITAL

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 MEMORIAL HOSPITAL FOR WOMEN PART V, SECTION B, LINE 11</p>	<p>BAPTIST MEMORIAL HEALTH CARE DEVELOPED A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) TO GUIDE COMMUNITY BENEFIT AND POPULATION HEALTH IMPROVEMENT ACTIVITIES ACROSS THE MEMPHIS METRO SERVICE AREA. BAPTIST'S CHIP BUILDS UPON PREVIOUS HEALTH IMPROVEMENT ACTIVITIES, WHILE RECOGNIZING NEW HEALTH ISSUES AND CONCERNS AND THE CHANGING HEALTH CARE DELIVERY ENVIRONMENT, TO ADDRESS THE REGION'S MOST PRESSING COMMUNITY HEALTH NEEDS. WHILE THE MAJORITY OF THESE ACTIVITIES WILL BE JOINTLY SUPPORTED BY BAPTIST MEMORIAL HOSPITALS IN THE MEMPHIS AREA, BELOW ARE SPECIFIC ACTIVITIES THAT BAPTIST MEMORIAL HOSPITAL FOR WOMEN WILL CARRY OUT IN SUPPORT OF THIS SYSTEMWIDE PLAN.</p> <p>BEHAVIORAL HEALTH THE GOAL IS TO INCREASE BEHAVIORAL HEALTH SCREENINGS TO INITIATE EARLY TREATMENT AND IMPROVED OUTCOMES FOR RESIDENTS AT ALL STAGES OF LIFE. BAPTIST MEMORIAL HOSPITAL FOR WOMEN HAS OUTLINED THE FOLLOWING OBJECTIVES:</p> <ol style="list-style-type: none"> 1) INCREASE THE NUMBER OF RESIDENTS WHO ARE SCREENED FOR BEHAVIORAL HEALTH CONDITIONS 2) DEVELOP OR CONTINUE COLLABORATION WITH COMMUNITY AGENCIES THAT PROVIDE MENTAL HEALTH AND SUBSTANCE ABUSE SUPPORT SERVICES TO REDUCE SUICIDE AND DRUG-INDUCED DEATH RATES 3) INCREASE AVAILABILITY OF SERVICES FOR PATIENTS WITH ALZHEIMER'S DISEASE AND THEIR CAREGIVERS 4) EDUCATE RESIDENTS ON THE SIGNS AND SYMPTOMS OF MENTAL HEALTH CONDITIONS AND SUBSTANCE ABUSE AND WHERE TO GET HELP <p>BAPTIST MEMORIAL HOSPITAL FOR WOMEN WILL IMPLEMENT THE FOLLOWING STRATEGIES:</p> <ol style="list-style-type: none"> 1) SUPPORT INITIATIVES TO SCREEN INDIVIDUALS FOR DEPRESSION AND MENTAL HEALTH CONDITIONS 2) SUPPORT THE PARENTING PLACE TO PROVIDE COUNSELING FOR NEW MOTHERS 3) PROVIDE INFORMATION ABOUT POSTPARTUM DEPRESSION AND PROMOTE AWARENESS OF SIGNS, SYMPTOMS AND TREATMENT RESOURCES 4) PROVIDE SUPPORT GROUPS AND RESOURCES TO IMPROVE OUTCOMES FOR NEW MOMS AND SIBLINGS EXPERIENCING DEPRESSION, ANXIETY OR OTHER MENTAL HEALTH ISSUES 5) PROVIDE EDUCATION ABOUT INTEGRATED ADDICTION CARE TO MATERNITY PATIENTS 6) PROVIDE EDUCATION TO EMERGENCY ROOM PHYSICIANS REGARDING BEHAVIORAL HEALTH SCREENINGS <p>CANCER THE GOAL IS TO PROVIDE EARLY DETECTION AND TREATMENT TO REDUCE DEATH FROM BREAST, COLORECTAL AND LUNG CANCERS, AND IMPROVE QUALITY OF LIFE FOR PATIENTS.</p> <p>BAPTIST MEMORIAL HOSPITAL FOR WOMEN HAS OUTLINED THE FOLLOWING OBJECTIVES:</p> <ol style="list-style-type: none"> 1) INCREASE AWARENESS OF BENEFITS OF GENETIC TESTING AND EARLY SCREENING FOR IMPROVED OUTCOMES 2) INCREASE PHYSICIANS' PARTICIPATION IN SECONDARY SCREENING PROTOCOLS FOR LUNG CANCER TO INCREASE EARLY DIAGNOSIS OF THE DISEASE 3) INCREASE ACCESS TO MAMMOGRAPHY SCREENINGS IN RURAL AREAS TO REDUCE DISPARITIES AMONG LOW-INCOME, AT-RISK AND MINORITY POPULATIONS 4) INCREASE ACCESS TO CARE CLOSE TO HOME FOR RURAL RESIDENTS 5) IMPROVE CARE COORDINATION AND CAREGIVER SUPPORT <p>BAPTIST MEMORIAL HOSPITAL FOR WOMEN WILL IMPLEMENT THE FOLLOWING STRATEGIES:</p> <ol style="list-style-type: none"> 1) PARTNER WITH COMMUNITY ORGANIZATIONS TO INCREASE PUBLIC AWARENESS OF CANCER RISK, PREVENTION AND SCREENING 2) PARTICIPATE IN AND HOST EDUCATIONAL FORUMS AND HEALTH FAIRS TO INCREASE AWARENESS

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 MEMORIAL HOSPITAL FOR WOMEN PART V, SECTION B, LINE 11</p>	<p>SS OF RISK FACTORS AND PREVENTION ACTIVITIES 3) PARTNER WITH THE AMERICAN CANCER SOCIETY T O REDUCE ACCESS TO CARE BARRIERS FOR INDIVIDUALS WITH CANCER 4) PARTICIPATE IN COMMUNITY H EALTH EVENTS, INCLUDING HEALTH FAIRS, SCHOOL EVENTS AND LOCAL CHURCH EVENTS TO PROVIDE EDU CATION REGARDING CANCER AND PREVENTION 5) PROVIDE SUPPORT GROUPS AND RESOURCES FOR WOMEN W ITH BREAST CANCER 6) SPONSOR CANCER OUTREACH OF LOCAL NONPROFIT EVENTS TO IMPROVE OUTCOMES FOR PATIENTS WITH BREAST CANCER AND THEIR FAMILIES 7) PROMOTE A MOBILE MAMMOGRAPHY UNIT T O EDUCATE WOMEN ON THE IMPORTANCE OF ANNUAL MAMMOGRAMS AND INCREASE SCREENINGS 8) CREATE A WOMEN'S HEALTH MOBILE APPLICATION TO PROVIDE EDUCATION, TOOLS AND LITERATURE RELATED TO B REAST, OVARIAN, UTERINE AND CERVICAL CANCERS AND HEALTHY LIFESTYLES 3 CHRONIC DISEASE MAN AGEMENT AND PREVENTIONTHE GOAL IS TO PROMOTE HEALTH AS A COMMUNITY PRIORITY AND INCREASE H EALTHY LIFESTYLE CHOICES BAPTIST MEMORIAL HOSPITAL FOR WOMEN HAS OUTLINED THE FOLLOWING OB JECTIVES 1) INCREASE RESIDENTS' KNOWLEDGE OF THEIR RISK FACTORS FOR DISEASE 2) COLLABORATE WITH COMMUNITY PARTNERS TO ENCOURAGE PHYSICAL ACTIVITY AMONG RESIDENTS 3) ADVOCATE FOR PL ANNING AND POLICIES THAT PROMOTE HEALTH AS A COMMUNITY PRIORITY 4) REDUCE FOOD INSECURITY AND INCREASE COMMUNITY OPTIONS FOR HEALTHY FOODS BAPTIST MEMORIAL HOSPITAL FOR WOMEN WILL IMPLEMENT THE FOLLOWING STRATEGIES 1) PARTICIPATE IN HEALTH FAIRS AND COMMUNITY EVENTS TO PROVIDE EDUCATION FOR HEALTHY LIFESTYLES AND PREVENTION OF CHRONIC DISEASE 2) COLLABORATE WITH COMMUNITY PARTNERS TO SPONSOR EVENTS PROMOTING PHYSICAL ACTIVITY 3) USE BAPTIST EXPER TS TO SHARE EDUCATIONAL INFORMATION WITH THE PUBLIC VIA PRINTED DOCUMENTS, TELEVISION AND RADIO 4) HOST EDUCATIONAL FORUMS THROUGH PARTNERSHIPS WITH THE AMERICAN HEART ASSOCIATION AND AMERICAN STROKE ASSOCIATION, AMONG OTHERS 5) PROMOTE THE WOMEN'S HEALTH APP TO EDUCATE WOMEN ON RISKS, PREVENTION AND HEALTHY LIFESTYLE 4 MATERNAL AND CHILD HEALTHTHE GOAL IS TO IMPROVE BIRTH OUTCOMES FOR WOMEN AND INFANTS BAPTIST MEMORIAL HOSPITAL FOR WOMEN HAS OU TLINED THE FOLLOWING OBJECTIVES 1) INCREASE THE PROPORTION OF PREGNANT WOMEN IN RURAL COMM UNITIES WHO RECEIVE EARLY AND ADEQUATE PRENATAL CARE 2) REDUCE SMOKING AND RELATED RISK BE HAVIORS AMONG PREGNANT WOMEN 3) PROVIDE EARLY INTERVENTION FOR MOTHERS WHO USE SUBSTANCES KNOWN TO CAUSE NEONATAL ABSTINENCE SYNDROME (NAS) 4) INCREASE THE PROPORTION OF INFANTS WH O ARE BREASTFED DURING THEIR FIRST 6 MONTHS 5) REDUCE DISPARITIES IN PRENATAL CARE AND BIR TH OUTCOMES BAPTIST MEMORIAL HOSPITAL FOR WOMEN WILL IMPLEMENT THE FOLLOWING STRATEGIES 1) PARTICIPATE IN COMMUNITY EVENTS TO PROVIDE EDUCATION AND RESOURCES FOR PRENATAL CARE, BRE ASTFEEDING AND NEW BABY EDUCATION 2) PROVIDE BREASTFEEDING CLASSES AND LACTATION RESOURCES 3) PROVIDE SUPPORT GROUPS AND PARENTING EDUCATION RESOURCES FOR NEW MOTHERS AND THEIR FAM ILIES 4) PROVIDE SIBLING CLASSES TO PREPARE CHILDREN FOR THE ARRIVAL OF A NEW BABY 5) COLL ABORATE WITH COMMUNITY PARTNER</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 3 -- BAPTIST MEMORIAL HOSPITAL FOR WOMEN PART V, SECTION B, LINE 11</p>	<p>S TO INCREASE ACCESS TO PRENATAL CARE AND REDUCE HEALTH DISPARITIES 6) PROMOTE A MATERNITY MOBILE APPLICATION THAT PROVIDES PRENATAL AND POSTNATAL EDUCATION ON BREASTFEEDING, NEW B ABY EDUCATION AND SAFETY, AMONG OTHER TOPICS 7) PROVIDE EDUCATION ABOUT INTEGRATED ADDICTI ON CARE TO MATERNITY PATIENTS 8) PROVIDE ONLINE EDUCATION TO MOTHERS AND EXPECTANT MOTHERS REGARDING THE BENEFITS OF PRENATAL CARE, NEWBORN HEALTH AND LABOR AND DELIVERY EXPECTATIO NS WE RECOGNIZE THAT OUR HOSPITALS ARE VITAL ORGANIZATIONS WITHIN THE COMMUNITIES WE SERVE , AND WE KNOW THAT WE CANNOT ADDRESS EVERY COMMUNITY NEED BY OURSELVES IN ORDER TO PROMOT E HEALTH AND QUALITY OF LIFE, WE COLLABORATE WITH COMMUNITY PARTNERS WHO HAVE EXPERTISE IN SOCIAL NEEDS, SPECIALTY SERVICES, FAITH LEADERSHIP, ADVOCACY AND ESSENTIAL RESOURCES WE ALSO FOSTER ONGOING RELATIONSHIPS WITH THESE PARTNERS AND PROVIDE FINANCIAL AND IN-KIND GI FTS TO SUPPORT THEIR WORK NO ACTIONS WERE TAKEN DURING THE TAX YEAR RELATED TO THE MOST RE CENT CHNA BECAUSE THE CHNA WAS ADOPTED AT THE END OF THE TAX YEAR HOWEVER, THE FOLLOWING ACTIONS WERE TAKEN DURING THE FISCAL YEAR RELATED TO THE PRIOR CHNA - SUPPORTED BAPTIST ME MORIAL HEALTH CARE SYSTEM INITIATIVES TO SCREEN INDIVIDUALS FOR DEPRESSION AND MENTAL HEAL TH CONDITIONS - IDENTIFIED OPPORTUNITIES TO COLLABORATE WITH COMMUNITY AGENCIES THAT PROVIDE MENTAL HEALTH AND SUBSTANCE ABUSE SUPPORT - USED BAPTIST EXPERTS TO SHARE EDUCATIONAL I NFORMATION WITH THE PUBLIC VIA PRINTED DOCUMENTS, VIDEOS, AND RADIO - PARTICIPATED IN FORU MS TO INCREASE AWARENESS OF RISK FACTORS AND PREVENTION ACTIVITIES - PARTICIPATED IN HEAL TH FAIRS AND INFORMATIONAL BOOTHS TO PROVIDE HEALTH INFORMATION AND SCREENINGS (BLOOD PRES SURE, BMI, DIABETES, MAMMOGRAPHY, ETC) AND PROMOTE HEALTHY LIFESTYLES - PARTNERED WITH LO CAL SCHOOLS TO PROVIDE EDUCATION AND PROGRAMMING TOOLS FOR STUDENTS TO MAKE HEALTHY LIFESTYLE CHOICES -PROMOTED PEDIATRIC PARENTING HEALTHY KIDS APPS TO SCHOOLS, AND COMMUNITIES TO BUILD HEALTHY PRACTICES OF SOCIAL, MENTAL AND PHYSICAL HEALTH</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 3 -- BAPTIST MEMORIAL HOSPITAL FOR WOMEN PART V, SECTION B, LINE 13B	1 MONEY INCOME INCLUDING EARNINGS, UNEMPLOYMENT COMPENSATION, WORKERS' COMPENSATION, SOCIAL SECURITY, SUPPLEMENTAL SECURITY INCOME, DISABILITY PAYMENTS, PUBLIC ASSISTANCE, VETERANS' PAYMENTS, SURVIVOR BENEFITS, PENSION OR RETIREMENT INCOME, INTEREST, DIVIDENDS, RENTS, ROYALTIES, INCOME FROM ESTATES AND/OR TRUSTS, EDUCATIONAL ASSISTANCE, ALIMONY, CHILD SUPPORT, ASSISTANCE FROM OUTSIDE THE HOUSEHOLD, AND OTHER MISCELLANEOUS SOURCES OF INCOME THE GROSS AMOUNT IS USED WHEN CALCULATING INCOME FROM ANY OF THE PRECEDING SOURCES 2 NON-CASH BENEFITS, SUCH AS FOOD STAMPS AND HOUSING SUBSIDIES, DO NOT COUNT AS INCOME 3 IF A PERSON LIVES WITH A FAMILY, THE TOTAL GROSS INCOME OF ALL FAMILY MEMBERS IS CALCULATED WHEN DETERMINING INCOME PLEASE NOTE (A) NON-RELATIVES, INCLUDING HOUSEMATES, DO NOT COUNT, (B) A CHILD WHO IS A FULL-TIME STUDENT AWAY FROM HOME AT AN ACCREDITED COLLEGE MAY BE COUNTED, (3) MINOR CHILDRENS' EARNED WAGES ARE NOT INCLUDED IN DETERMINING INCOME, AND (D) COURT-ORDERED OR STATE/FEDERAL ISSUED ASSISTANCE RELATED TO A MINOR SHOULD BE INCLUDED IN DETERMINING INCOME 4 PRIMARY RESIDENCE OF INDIVIDUALS CLAIMED IN A FAMILY UNIT SHOULD BE VERIFIED USING TAX RETURNS OR FEDERAL, STATE OR GOVERNMENTAL COURT DOCUMENTS INDICATING RESIDENCY

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
BAPTIST MEMORIAL HOSPITAL-MEMPHIS	<p>PART V, SECTION B, LINE 16A THE FAP FOR BAPTIST MEMORIAL HOSPITAL-MEMPHIS CAN BE FOUND AT THE FOLLOWING LINK HTTPS //WWW BAPTISTONLINE ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE</p> <p>BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE PART V, SECTION B, LINE 16A THE FAP FOR BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE CAN BE FOUND AT THE FOLLOWING LINK HTTPS //WWW BAPTISTONLINE ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE</p> <p>BAPTIST MEMORIAL HOSPITAL FOR WOMEN PART V, SECTION B, LINE 16A THE FAP FOR BAPTIST MEMORIAL HOSPITAL FOR WOMEN CAN BE FOUND AT THE FOLLOWING LINK HTTPS //WWW BAPTISTONLINE ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE</p> <p>BAPTIST MEMORIAL HOSPITAL-MEMPHIS PART V, SECTION B, LINE 16B THE FAP APPLICATION FOR BAPTIST MEMORIAL HOSPITAL-MEMPHIS CAN BE FOUND AT THE FOLLOWING LINK HTTPS //WWW BAPTISTONLINE ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE</p> <p>BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE PART V, SECTION B, LINE 16B THE FAP APPLICATION FOR BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE CAN BE FOUND AT THE FOLLOWING LINK HTTPS //WWW BAPTISTONLINE ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE</p> <p>BAPTIST MEMORIAL HOSPITAL FOR WOMEN PART V, SECTION B, LINE 16B THE FAP APPLICATION FOR BAPTIST MEMORIAL HOSPITAL FOR WOMEN CAN BE FOUND AT THE FOLLOWING LINK HTTPS //WWW BAPTISTONLINE ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE</p> <p>BAPTIST MEMORIAL HOSPITAL-MEMPHIS PART V, SECTION B, LINE 16C THE PLAIN LANGUAGE SUMMARY OF THE FAP FOR BAPTIST MEMORIAL HOSPITAL-MEMPHIS CAN BE FOUND AT THE FOLLOWING LINK HTTPS //WWW BAPTISTONLINE ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE</p> <p>BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE PART V, SECTION B, LINE 16C THE PLAIN LANGUAGE SUMMARY OF THE FAP FOR BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE CAN BE FOUND AT THE FOLLOWING LINK HTTPS //WWW BAPTISTONLINE ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE</p> <p>BAPTIST MEMORIAL HOSPITAL FOR WOMEN PART V, SECTION B, LINE 16C THE PLAIN LANGUAGE SUMMARY OF THE FAP FOR BAPTIST MEMORIAL HOSPITAL FOR WOMEN CAN BE FOUND AT THE FOLLOWING LINK HTTPS //WWW BAPTISTONLINE ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE</p>

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
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization BAPTIST MEMORIAL HOSPITAL

Employer identification number 62-0123940

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?
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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Row 1: (1) CROSSLINK MEMPHIS INC, 45-4848118, 501(C)(3), 0, 264,268, BOOK VALUE, SUPPLIES, EYE GLASSES AND MEDICAL SUPPLIES

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

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

Part III can be duplicated if additional space is needed

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

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

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

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 MEMORIAL HOSPITAL

Employer identification number
62-0123940

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 type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<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	No								
	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	Yes								
<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 II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	BAPTIST MEMORIAL HEALTH CARE CORPORATION, A RELATED ORGANIZATION OF BAPTIST MEMORIAL HOSPITAL, USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - COMPENSATION SURVEY OR STUDY - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

Return Reference	Explanation
PART I, LINE 4B	ELIGIBLE EXECUTIVES PARTICIPATE IN VARIOUS NON-QUALIFIED DEFERRED COMPENSATION PLANS ORGANIZED UNDER CODE SECTION 457(F) THE EXACT PURPOSE OF EACH PLAN VARIES BUT THEY INCLUDE COMPENSATION LIMITATION MAKE-UP PLANS, VOLUNTARY DEFERRAL PLANS, DEFERRAL OF A PORTION OF INCENTIVE BONUS TYPE PLANS, ETC ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EXECUTIVE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID THE FOLLOWING INDIVIDUAL LISTED ON PART VII RECEIVED SUPPLEMENTAL NON-QUALIFIED PLAN PAYMENTS DURING THE CALENDAR YEAR RANDY J KING - \$226,703

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



Schedule J (Form 990) 2018

Additional Data

Software ID:
Software Version:
EIN: 62-0123940
Name: BAPTIST MEMORIAL HOSPITAL

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				
ARIE SZATKOWSKI MD DIRECTOR (AS OF 1/19)	(i)	0	0	0	0	0	0	0
	(ii)	1,269,433	0	22,962	18,500	29,884	1,340,779	0
CARY FINN MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	267,215	212,968	596	27,500	26,844	535,123	0
RANDY J KING DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	394,955	60,912	273,043	45,125	25,878	799,913	0
CYNDI S PITTMAN CFO	(i)	210,676	7,438	3,711	28,688	26,533	277,046	0
	(ii)	0	0	0	0	0	0	0
DANA B DYE CEO	(i)	0	0	0	0	0	0	0
	(ii)	334,051	43,746	70,224	38,250	19,224	505,495	0
GREGORY M DUCKETT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	423,227	64,208	88,775	43,089	31,902	651,201	0
JASON M LITTLE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	972,994	162,516	112,689	39,125	34,804	1,322,128	0
KEVIN HAMMERAN CEO WOMEN'S HOSPITAL	(i)	0	0	0	0	0	0	0
	(ii)	323,823	48,458	63,297	28,752	22,576	486,906	0
LINDSAY R STENCEL CHIEF ADMINISTRATIVE OFFIER	(i)	189,021	17,692	125	26,185	27,470	260,493	0
	(ii)	0	0	0	0	0	0	0
PAUL D DEPRIEST MD VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	699,411	113,318	142,942	34,812	29,400	1,019,883	0
CHRISTIAN C PATRICK CMAO (THRU 4/19)	(i)	409,816	24,355	887	34,801	31,870	501,729	0
	(ii)	0	0	0	0	0	0	0
MICHELLE M SMITH CHIEF NURSING OFFICER (THRU 8/18)	(i)	151,841	8,658	10,018	17,640	10,929	199,086	0
	(ii)	0	0	0	0	0	0	0
DARLA G BELT ADMINISTRATIVE NURSING DIRECTOR	(i)	155,709	5,303	75	3,981	10,103	175,171	0
	(ii)	0	0	0	0	0	0	0
DENNIS E ROBERTS PHARMACY DIRECTOR	(i)	159,601	0	75	14,986	16,119	190,781	0
	(ii)	0	0	0	0	0	0	0
JOSEPH PICKETT PHARMACIST	(i)	154,133	0	175	3,119	9,013	166,440	0
	(ii)	0	0	0	0	0	0	0
KEVIN L BRONSON CHIEF PHYSICIST	(i)	182,310	0	125	17,142	20,871	220,448	0
	(ii)	20,257	0	0	1,905	2,319	24,481	0
RENIN LUKOSE PHYSICIST	(i)	174,917	0	275	5,658	19,829	200,679	0
	(ii)	0	0	0	0	0	0	0
DERICK B ZIEGLER FORMER BAPTIST HOSPITAL CEO	(i)	0	0	0	0	0	0	0
	(ii)	377,851	52,027	48,862	53,312	9,877	541,929	0

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 MEMORIAL HOSPITAL

Employer identification number

62-0123940

990 Schedule O, Supplemental Information

Return Reference	Explanation
BAPTIST MEMORIAL HOSPITAL-MEMPHIS AND ITS EMPLOYEES HAVE WON	<p>SEVERAL NATIONAL AWARDS FOR QUALITY AND SERVICE, INCLUDING - RECOGNIZED BY THE AMERICAN HEART ASSOCIATION FOR THEIR STROKE CARE JOINT COMMISSION AWARD - DESIGNATED BY THE JOINT COMMISSION AS A KEY PERFORMER ON KEY QUALITY MEASURES FOR HEART ATTACK, HEART FAILURE, AND PNEUMONIA, AS WELL AS SURGICAL CARE AND PERINATAL CARE AMERICAN HEART ASSOCIATION - RECIPIENT OF THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES TARGET STROKE HONOR ROLL ELITE PLUS SILVER PLUS QUALITY ACHIEVEMENT AWARD TENNESSEE NURSES' ASSOCIATION'S OUTSTANDING EMPLOYER AWARD - EARNED THE TENNESSEE NURSES' ASSOCIATION'S OUTSTANDING EMPLOYER AWARD FOR ITS COMMITMENT TO NURSES AND NURSING EXCELLENCE BAPTIST MEMORIAL HOSPITAL-MEMPHIS' PHARMACY DEPARTMENT RECENTLY WON THE TENNESSEE SOCIETY OF HEALTH-SYSTEM PHARMACISTS' INNOVATIVE HEALTH-SYSTEM PHARMACY PRACTICE AWARD THE AWARD IS GIVEN ANNUALLY TO A PHARMACY DEPARTMENT STAFF IN A HOSPITAL WITH MORE THAN 100 BEDS IN RECOGNITION OF EFFORTS THAT ADVANCED THE LEVEL OF PHARMACY SERVICES WITHIN THE PAST TWO YEARS OVER THE LAST FEW YEARS BAPTIST MEMORIAL HOSPITAL-MEMPHIS HAS MOVED TO A DECENTRALIZED MODEL, ALLOWING MANY OF THE PHARMACISTS TO MOVE FROM THE INPATIENT AREA OUT TO THE FLOORS BY MAKING THIS MOVE, HOSPITAL PHARMACISTS ARE MORE VISIBLE, MORE INVOLVED, AND MORE IMMEDIATELY AVAILABLE TO NURSES AND ANCILLARY STAFF THE INPATIENT STAFF ASSISTS WITH PROVIDING SERVICES TO THE AMBULATORY CARE CENTER, STEM CELL CENTER, CARDIAC SERVICES AS WELL AS OFF-SITE PHYSICIAN PRACTICES THE BAPTIST MEMORIAL HOSPITAL-MEMPHIS CAMPUS OFFERS TWO LIBRARIES THAT PROVIDE JOURNALS, BOOKS, AS WELL AS MEETING AND STUDY SPACE FOR BAPTIST TEAM MEMBERS, PHYSICIANS, PATIENTS, AND THE PUBLIC BOTH FACILITIES WERE MADE POSSIBLE THROUGH GIFTS TO BAPTIST MEMORIAL HEALTH CARE FOUNDATION, INC THE DR MAURY W BRONSTEIN HEALTH SCIENCES LIBRARY, LOCATED ON THE CONCOURSE LEVEL AT BAPTIST MEMORIAL HOSPITAL-MEMPHIS, OPENED IN 1998 IN HONOR OF THE LONGTIME BAPTIST INTERNIST AND CARDIOLOGIST THE LIBRARY SUBSCRIBES TO 35 ONLINE JOURNALS THE LIBRARY ALSO FILLS APPROXIMATELY FIFTEEN THOUSAND REQUESTS FOR ARTICLES FROM PHYSICIANS AND CLINICIANS BAPTIST MEMORIAL HOSPITAL-MEMPHIS DOES NOT LIMIT ITS CONCERN FOR THE COMMUNITY TO PATIENT CARE IT HAS FOUR OTHER AREAS THAT MAKE CONTRIBUTIONS TO IMPROVING THE CONDITION OF INDIVIDUALS IN THE MID-SOUTH THESE AREAS ARE EDUCATION OF HEALTH CARE PROFESSIONALS, COMMUNITY RELATIONS ACTIVITIES, DONATIONS TO THE COMMUNITY, AND VOLUNTEERISM EDUCATION OF HEALTH CARE PROFESSIONALS BAPTIST MEMORIAL HOSPITAL-MEMPHIS HAS A COMMITMENT TO ENSURING THAT AN EDUCATED AND TRAINED WORK FORCE OF HEALTH CARE PROFESSIONALS IS AVAILABLE TO THE MEMPHIS COMMUNITY SIGNIFICANT EXPENSES WERE INCURRED IN CONNECTION WITH PROGRAM COSTS FOR EDUCATION BAPTIST MEMORIAL HOSPITAL-MEMPHIS ALSO SUPPORTS AN INTERN AND RESIDENCY PROGRAM THROUGH THE UNIVERSITY OF TENNESSEE-MEMPHIS COMMUNITY RELATIONS ACTIVITIES BAPTIST MEMOR</p>

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<p>BAPTIST MEMORIAL HOSPITAL-MEMPHIS AND ITS EMPLOYEES HAVE WON</p>	<p>IAL HOSPITAL-MEMPHIS PROVIDED THE FOLLOWING SPECIAL ACTIVITIES THROUGH VARIOUS SERVICES AN D DEPARTMENTS IN THE HOSPITAL OTHER COMMUNITY RELATIONS' ACTIVITIES INCLUDED - CAREER DA Y SPEAKERS - CROSSLINK INTERNATIONAL-MEMPHIS - SUSAN G KOMEN RACE FOR THE CURE - AMERICAN HEART ASSOCIATION - DONATIONS FOR HOMELESS PATIENTS SERVED BY BAPTIST MEMORIAL HEALTH CAR E CORPORATION'S OUTREACH VAN - ANNUAL PICNIC FOR CURRENT AND FORMER HEART TRANSPLANT PATIE NTS AND THEIR FAMILIES - A COMMUNITY-BASED STROKE SUPPORT GROUP - THE USE OF HOSPITAL MEET ING ROOMS FOR VARIOUS COMMUNITY GROUPS AT NO CHARGE FOR NON-PROFIT AGENCIES DONATIONS TO T HE COMMUNITY BAPTIST MEMORIAL HOSPITAL-MEMPHIS DONATES MEDICAL EQUIPMENT THAT HAS BEEN RE TIERED FROM SERVICE CLASSES & SEMINARS BAPTIST MEMORIAL HOSPITAL-MEMPHIS OFFERED VARIOUS CLASSES AND SEMINARS AT NO COST TO PARTICIPANTS VOLUNTEERISM BAPTIST MEMORIAL HOSPITAL-M EMPHIS ENCOURAGES VOLUNTEERISM FROM ITS EMPLOYEES BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE MEDICAL SERVICES AT BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE INCLUDE A SLEEP DISORDERS CENT ER, OUTPATIENT REHABILITATION, INPATIENT AND OUTPATIENT SURGERY, A CRITICAL CARE UNIT, A F ULL-SERVICE EMERGENCY ROOM, INPATIENT AND OUTPATIENT DIAGNOSTICS, FIVE SURGERY SUITES, 58 ACUTE CARE BEDS, SEVEN CRITICAL CARE BEDS, AND A SIX-BED CRITICAL CARE STEP-DOWN UNIT BAP TIST MEMORIAL HOSPITAL-COLLIERVILLE WOMEN'S CENTER OFFERS WOMEN ADVANCED TECHNOLOGY IN THE DETECTION OF BREAST CANCER CLOSE TO HOME CERTIFIED BY THE FOOD AND DRUG ADMINISTRATION A ND ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY, THE CENTER OFFERS SCREENING AND DIAGNO STIC MAMMOGRAMS, BREAST ULTRASOUNDS, CYST ASPIRATIONS, BIOPSIES, WIRE LOCALIZATIONS, AND B ONE DENSITOMETRY TESTING EXPERIENCED BOARD-CERTIFIED FEMALE RADIOLOGISTS AND CERTIFIED MA MMOGRAPHY TECHNOLOGISTS CONCERNED WITH PATIENT COMFORT AND EARLY DETECTION STAFF THE CENTE R BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE ALSO OFFERS THE TECHNICALLY ADVANCED LIFE-SAVING PROCEDURE CALLED HEARTSCORE THE HEARTSCORE SCAN CAN DETECT HEART DISEASE LONG BEFORE ANY SYMPTOMS APPEAR NEW TECHNOLOGICAL ADVANCES EMPLOYED BY BAPTIST MEMORIAL HOSPITAL-COLLIER VILLE ENABLE INTEGRATED INFORMATION SYSTEMS TO HELP MOVE THE HOSPITAL TOWARD A "PAPERLESS" ENVIRONMENT SELF-CONTAINED, 12-BED NURSING WINGS, EACH CONTAINING A DEDICATED NURSING ST ATION, SUPPLY ROOM, AND EQUIPMENT, ALLOW NURSES TO PROVIDE THE HIGHEST LEVEL OF CARE TO PA TIENTS PHYSICIANS' OFFICES, LOCATED ON THE SECOND AND THIRD FLOORS, ARE INTEGRATED INTO T HE HOSPITAL SLEEP DISORDERS CENTER THE BAPTIST SLEEP DISORDERS CENTER AT BAPTIST MEMORIA L HOSPITAL-COLLIERVILLE IS A FACILITY PROVIDING CLINICAL DIAGNOSTIC SERVICES AND TREATMENT S TO PATIENTS WHO HAVE SYMPTOMS OR FEATURES THAT SUGGEST THE PRESENCE OF A SLEEP DISORDER THE CENTER IS LOCATED ON THE THIRD FLOOR OF THE HOSPITAL AND CONSISTS OF EIGHT INDIVIDUAL SLEEP ROOMS WITH ADJACENT BATHROOMS THE CENTER IS STAFFED BY HIGHLY TRAINED AND EXPERIEN CED POLYSOMNOGRAPHY TECHNICIAN</p>

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<p>BAPTIST MEMORIAL HOSPITAL-MEMPHIS AND ITS EMPLOYEES HAVE WON</p>	<p>S DR ROBERT SCHRINER IS MEDICAL DIRECTOR OF THE CENTER THE CENTER FIRST OPENED IN THE F ALL OF 1977, AND MORE THAN 32,000 PATIENTS HAVE BEEN EVALUATED SINCE THEN IN 1978, THE CE NTER WAS ONE OF THE FIRST TO BE ACCREDITED IN THE UNITED STATES FOR MORE INFORMATION ABOU T SLEEP DISORDERS, PLEASE VISIT THE AMERICAN ACADEMY OF SLEEP MEDICINE WEB SITE OR THEIR S LEEP EDUCATION WEBSITE REHABILITATION AND WELLNESS THE WELLNESS CENTER AT BAPTIST MEMORI AL HOSPITAL-COLLIERVILLE HELPS PATIENTS EFFECTIVELY MANAGE THEIR WELLNESS AND REHABILITATI ON FROM CHRONIC DISEASE, PHYSICAL INJURY, OR DETERIORATION USING PREVENTIVE MEASURES, SUCH AS EXERCISE AND STRENGTHENING, HEALTHY EATING, AND LIFESTYLE EDUCATION WE ARE DEDICATED TO CULTIVATING ACTIVE PARTNERSHIPS WITH CLIENTS TO CONTINUALLY IMPROVE THE HEALTH AND WELL NESS OF THE COMMUNITIES WE SERVE THE STAFF COMPRISES PHYSICAL, OCCUPATIONAL, AND SPEECH T HERAPISTS, A CERTIFIED ATHLETIC TRAINER, AND A CERTIFIED PHYSICAL THERAPY ASSISTANT, ALL O F WHOM ARE TRAINED TO MEET AN INDIVIDUAL'S SPECIFIC NEEDS WITH REFERRAL FROM A PHYSICIAN, BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE ALSO OFFERS REHABILITATION FOR WORK-RELATED INJURI ES, SPORTS INJURIES, TENDONITIS, JOINT REPLACEMENT AND STROKE, AS WELL AS MUSCULOSKELETAL PROBLEMS OUTPATIENT REHABILITATION SERVICES INCLUDE - PHYSICAL THERAPY - OCCUPATIONAL TH ERAPY - SPEECH THERAPY BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE'S REHABILITATION DEPARTMENT OFFERS PHYSICAL THERAPY SERVICES AT ITS SATELLITE CLINIC, DESOTO ATHLETIC CLUB, LOCATED AT THE COLLIERVILLE COMMUNITY CENTER DESOTO ATHLETIC CLUB SERVES AS ANOTHER PLACE FOR PATIE NTS TO RECEIVE HIGH-QUALITY PHYSICAL THERAPY CLOSE TO HOME DESOTO ATHLETIC CLUB OFFERS A VARIETY OF PHYSICAL THERAPY SERVICES ON A PHYSICIAN REFERRAL BASIS PATIENTS CAN RECEIVE P HYSICAL THERAPY TO HELP THEM RECOVER FROM AN INJURY, ILLNESS, OR SURGICAL PROCEDURE THERA PY ALSO IS OFFERED TO HELP PATIENTS DEAL WITH PAIN OR RE-LEARN HOW TO PERFORM FUNCTIONS ON THE JOB PHYSICAL THERAPY SERVICES AT THIS LOCATION INCLUDE - NEUROLOGICAL DISORDERS - O RTHOPEDIC DIAGNOSES - SPORTS INJURIES - AMPUTATIONS - ARTHRITIS - CHRONIC PAIN SYNDROMES (COMPLEX REGIONAL PAIN SYNDROME, FIBROMYALGIA) - BALANCE DISORDERS - MULTIPLE TRAUMAS - SPI NAL DISORDERS - HAND INJURIES PHYSICIAN REFERRALS ARE REQUIRED PLEASE CALL BAPTIST MEMORI AL HOSPITAL-COLLIERVILLE AT (901) 861-8926 OR THE COLLIERVILLE COMMUNITY CENTER AT (901) 8 50-2128</p>

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<p>BAPTIST MEMORIAL HOSPITAL FOR WOMEN</p>	<p>DURING THE YEAR ENDED SEPTEMBER 30, 2019, BAPTIST MEMORIAL HOSPITAL FOR WOMEN'S PROGRAM SERVICES PRODUCED THE FOLLOWING RESULTS - THE MOTHER-BABY OBSTETRICS/LABOR AND DELIVERY DEPARTMENT HAD 5,810 PATIENT VISITS AT A COST OF \$8,669,549 - THE NEONATAL-ICU DEPARTMENT HAD 14,432 PATIENT VISITS AT A COST OF \$10,581,545 - THE WOMEN'S HEALTH CENTER PERFORMED 51,858 PROCEDURES AT A COST OF \$4,075,915 BAPTIST MEMORIAL HOSPITAL FOR WOMEN IS ONLY ONE OF FIFTEEN FREESTANDING WOMEN'S HOSPITALS IN AMERICA IT WAS DESIGNED ENTIRELY TO MEET THE NEEDS OF WOMEN THROUGH EVERY STAGE OF LIFE, FROM CHILDBIRTH TO MENOPAUSE RESEARCH SHOWS THAT WOMEN MAKE 80 PERCENT OF THE DECISIONS ON HEALTH CARE AND BAPTIST WANTED TO MEET THEIR NEEDS BAPTIST MEMORIAL HOSPITAL FOR WOMEN INCORPORATES BAPTIST WOMEN'S HEALTH CENTER, A FULL-SERVICE MAMMOGRAPHY AND OSTEOPOROSIS TESTING CENTER FOR WOMEN BAPTIST WOMEN'S HEALTH CENTER, LOCATED AT 50 HUMPRHEYS CENTER, SUITE 23, PERFORMED 51,868 PROCEDURES, OF WHICH 29,620 WERE MAMMOGRAMS THE CENTER WAS AMONG THE FIRST SEVEN IN THE NATION TO HAVE A FULL-FIELD DIGITAL MAMMOGRAPHY MACHINE, WHICH PROVIDES A THREE-DIMENSIONAL IMAGE OF THE BREAST BAPTIST WOMEN'S HEALTH CENTER HAS RADIOLOGISTS WHO SERVE THE WOMEN IN ARKANSAS, MISSISSIPPI, MISSOURI, AND TENNESSEE AT EACH OF BAPTIST MEMORIAL HOSPITAL'S METRO LOCATIONS THE CENTER ALSO OPERATES THE ONLY DIGITAL MOBILE MAMMOGRAPHY UNIT IN THE AREA LAST YEAR, 1,769 MAMMOGRAMS WERE PERFORMED BAPTIST MEMORIAL HOSPITAL FOR WOMEN ALSO HAS A MEDICAL LIBRARY THAT IS OPEN TO THE PUBLIC IT SERVES AS A RESOURCE CENTER FOR PATIENTS, THEIR FAMILIES, AND HEALTH CARE PROFESSIONALS THE LIBRARY HAS BOOKS, CD-ROM PRODUCTS, VIDEO TAPES, BROCHURES AND TEACHING MODELS, AS WELL AS INTERNET ACCESS ANOTHER DEPARTMENT OF THE BAPTIST MEMORIAL HOSPITAL FOR WOMEN IS THE COMPREHENSIVE BREAST CENTER, WHICH OFFERS A MULTI-DISCIPLINARY APPROACH TO DIAGNOSING AND TREATING BREAST CANCER IT ENCOMPASSES THE BAPTIST WOMEN'S HEALTH CENTER, THE MULTI-DISCIPLINARY BREAST CONFERENCE, AND THE NEW BREAST RISK MANAGEMENT CENTER NURSE NAVIGATORS ARE AVAILABLE IN THE BAPTIST WOMEN'S HEALTH CENTER TO HELP GUIDE A PATIENT THROUGH HER JOURNEY OF BREAST CANCER TREATMENT PATIENTS CAN ALSO RECEIVE SECOND AND THIRD OPINIONS ABOUT TREATMENT OPTIONS FROM LOCAL BREAST CANCER EXPERTS AT THE BREAST CONFERENCES WITH THE NEW BREAST RISK MANAGEMENT CENTER, PATIENTS CAN TAKE A PROACTIVE APPROACH TO THEIR HEALTH AS PART OF THE BREAST RISK MANAGEMENT CENTER, RISK ASSESSMENT, GENETIC COUNSELING, AND GENETIC TESTING ARE AVAILABLE THE CENTER IS ONE OF ONLY A FEW HOSPITAL-BASED CENTERS TO IDENTIFY HIGH-RISK WOMEN BEFORE A CANCER DIAGNOSIS WOMEN WHO ARE CONCERNED ABOUT THEIR RISK OF DEVELOPING BREAST CANCER CAN MEET WITH AN ONCOLOGY CERTIFIED NURSE AND CERTIFIED GENETIC COUNSELORS THAT WILL MAKE RECOMMENDATIONS ON THE BEST METHODS FOR PREVENTING AND DETECTING CANCER BASED UPON THE INDIVIDUAL'S RISK ASSESSMENT BAPTIST MEMORIAL HOSPITAL FOR WOMEN PROVIDES</p>

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<p>BAPTIST MEMORIAL HOSPITAL FOR WOMEN</p>	<p>DEDICATED SEMINARS ON WOMEN'S ISSUES TO OB-GYN PHYSICIANS, FAMILY PRACTICE PHYSICIANS, NEONATOLOGISTS, NURSE PRACTITIONERS, RISK MANAGEMENT PERSONNEL, AND ALLIED HEALTH PROFESSIONALS WHO HAVE AN ACTIVE ROLE IN WOMEN'S HEALTH CARE. THE SEMINARS FOCUSED ON WOMEN'S HEALTH CARE ISSUES IN THE NEW MILLENNIUM. TOPICS INCLUDED INITIATIVES IN WOMEN'S HEALTH, PERIMENOPAUSE, AND MENOPAUSE, PHYSICIAN BURNOUT, COMPLEMENTARY MEDICINE IN OBSTETRICS AND GYNECOLOGY, AND OTHERS. THE ACCREDITED PROGRAM, WHICH FEATURED NATIONALLY KNOWN EXPERTS, WAS FREE TO BAPTIST PHYSICIANS, RESIDENTS, NURSE PRACTITIONERS, AND ALLIED HEALTH AND RISK MANAGEMENT PERSONNEL. A 180-SEAT COMMUNITY EDUCATION CLASSROOM IS USED FOR PRENATAL CLASSES, SUPPORT GROUPS, AND SEMINARS. THE FACILITY HAS THE MOST ADVANCED INFANT SECURITY SYSTEM AVAILABLE. BAPTIST MEMORIAL HOSPITAL FOR WOMEN ALSO OFFERS CLASSES AND SEMINARS FREE TO THE PUBLIC, INCLUDING - "SCREENING MAMMOGRAMS", BY DR. LINDI VANDERWALDE - "HOW TO PREVENT THE #1 CAUSE OF DEATH IN WOMEN AND MEN", BY DR. STEVIN GUBIN - "DIABETES MYTH BUSTERS", BY DR. JOHN BRIDGES - "SKIN CANCER SCREENING WITH ADVANCED DERMATOLOGY", BY DR. GORON - "TIPS FOR BETTER HEALTH-FACEBOOK LIVE SERIES" WITH DR. SANJEEV KUMAR. DONATIONS MADE BY BAPTIST MEMORIAL HOSPITAL FOR WOMEN INCLUDE THE BELOW RECIPIENTS - THE BREAST CANCER ERADICATION INITIATIVE, INC - MARCH OF DIMES, INC - SPENCE AND BECKY WILSON BAPTIST CHILDREN'S HOSPITAL. SPENCE AND BECKY WILSON BAPTIST CHILDREN'S HOSPITAL, PART OF BAPTIST MEMORIAL HOSPITAL FOR WOMEN, IS THE HOME OF OUR CHILDREN'S HOSPITAL SERVICES. THE HOSPITAL OPENED ITS 17,000 SQUARE-FOOT EMERGENCY ROOM, WHICH FEATURES 10 BAYS FOR PATIENT CARE, AND A 2,000 SQUARE-FOOT DIAGNOSTICS AREA, ON JANUARY 28, 2015. THE EMERGENCY DEPARTMENT IS STAFFED 24/7 WITH PEDIATRIC EMERGENCY MEDICINE PHYSICIANS, PEDIATRIC HOSPITALISTS, AND AN ARRAY OF OTHER PEDIATRIC SPECIALISTS, INCLUDING THE BAPTIST MEMORIAL HEALTH CARE SYSTEM'S FIRST PEDIATRIC GENERAL SURGEON AND A PEDIATRIC ANESTHESIOLOGIST. NO MATTER HOW YOUNG A PATIENT MAY BE, BAPTIST MEMORIAL HOSPITAL FOR WOMEN IS COMMITTED TO HELPING EACH ONE GET BETTER BY USING A CHILD-CENTERED HEALTH CARE APPROACH FROM A TEAM OF COMPASSIONATE, DEDICATED PEDIATRICIANS, INTENSIVISTS, SUBSPECIALISTS, AND OTHER MEDICAL PROFESSIONALS. FROM THE NEED FOR SERIOUS SURGERY, TO TREATMENT OF A BROKEN BONE, OR OUTPATIENT TREATMENT FOR LABS AND X-RAYS, BAPTIST OFFERS MANY PEDIATRIC SERVICES, PROGRAMS, AND AMENITIES, INCLUDING HARDIN PEDIATRIC INPATIENT UNIT WITH 12 INPATIENT ROOMS, THIS UNIT IS DESIGNED TO HELP CHILDREN WHO NEED TO RECOVER WHILE UNDER THE CONSTANT CARE OF A TEAM OF HEALTH CARE PROVIDERS. PERCH AN OUTPATIENT CENTER DESIGNED FOR PEDIATRIC LAB WORK AND DIAGNOSTIC TESTING BY COMPASSIONATE PEDIATRIC NURSES AND CHILD LIFE SPECIALISTS. OUR TEAMS WORK TO HELP EASE THE STRESS AND ANXIETY CHILDREN MAY EXPERIENCE IN A FOREIGN HOSPITAL ENVIRONMENT. TO SCHEDULE DIAGNOSTIC TESTING OR LAB WORK, PLEASE CONSULT YOUR PEDIATRICIAN.</p>

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BAPTIST MEMORIAL HOSPITAL FOR WOMEN	<p>RICIAN PLEASE CALL (901) 227-8900 WITH ANY QUESTIONS YOU MAY HAVE PEDIATRIC EMERGENCY ROOM THIS 17,000 SQUARE-FOOT EMERGENCY ROOM FEATURES AN OUTSTANDING TURNAROUND TIME WITH 24 /7 PEDIATRIC EMERGENCY MEDICINE PHYSICIANS, PEDIATRICIANS, NURSE PRACTITIONERS, CERTIFIED PHYSICIAN ASSISTANTS, PEDIATRIC NURSES, AND SUBSPECIALISTS TO CARE FOR YOUR CHILD THE PEDIATRIC EMERGENCY ROOM PROVIDES CARE FOR A HOST OF ISSUES INCLUDING BROKEN BONES, FEVER, SPRAINS, STRAINS, TEARS, DEHYDRATION, FLU, RESPIRATORY ILLNESSES, LACERATIONS, AND MORE OUR EMERGENCY SERVICES ARE OFFERED 24 HOURS A DAY, EVERY DAY TO HELP CARE FOR YOUR CHILD'S URGENT HEALTH CARE NEEDS WE PROVIDE EXPERT CARE AND MANAGEMENT OF A LONG LIST OF CHILDHOOD CONDITIONS, INCLUDING - ACUTE ASTHMA - VOMITING AND DIARRHEA - DEHYDRATION - EAR INFECTIONS - UPPER RESPIRATORY INFECTIONS - RASHES - FEVER - PNEUMONIA - ABDOMINAL PAIN - NEW-ONSET DIABETES - ORTHOPEDIC AND SPORTS INJURIES THE PEDIATRIC INTENSIVE CARE UNIT (PICU) THE PICU PROVIDES ESSENTIAL SERVICES TO HELP ENSURE YOUR CHILD RECEIVES THE MOST ADVANCED CARE NECESSARY TO ASSIST THEM IN THEIR RECOVERY OUR 12-BED PICU IS A TECHNOLOGICALLY ADVANCED UNIT STAFFED WITH PEDIATRIC CRITICAL CARE NURSES, RESPIRATORY CARE THERAPISTS, AND PEDIATRIC INTENSIVE CARE PHYSICIANS PATIENTS ARE ADMITTED TO THE PICU FOR A WIDE VARIETY OF CONDITIONS THAT REQUIRE SPECIALIZED MONITORING AND MORE CRITICAL TREATMENTS OUR PICU IS LOCATED ON THE SECOND FLOOR OF SPENCE AND BECKY WILSON BAPTIST CHILDREN'S HOSPITAL AND PROMOTES FAMILY-CENTERED CARE THAT ALLOWS PARENTS OR CAREGIVERS TO STAY IN THE ROOM WITH THEIR CHILD CONTINUOUSLY THE PEDIATRIC HEALTH CARE TEAM DEMONSTRATES FAMILY CENTERED-CARE BY LISTENING AND HONORING PATIENT AND FAMILY PERSPECTIVES AND CHOICES PATIENT AND FAMILY VALUES, BELIEFS, AND CULTURE ARE CONSIDERED IN THE PLANNING AND ONE-ON-ONE DELIVERY OF CARE THE COLLABORATION AMONG PATIENT, FAMILY, AND THE HEALTH CARE TEAM LAYS THE GROUNDWORK FOR BETTER CARE AND ENHANCED COMMUNICATION P.D.'S NEST PROGRAM THIS PEDIATRIC PROGRAM USES CHILD LIFE SPECIALISTS TO HELP ALLEVIATE CHILDREN'S FEARS ABOUT SURGERY AND MEDICAL PROCEDURES AND MAKE THEIR VISIT OR STAY IN THE HOSPITAL LESS STRESSFUL CERTIFIED CHILD LIFE SPECIALISTS THESE SPECIALISTS WORK WITH CHILDREN IN THE HOSPITAL'S PEDIATRIC INPATIENT UNIT, EMERGENCY DEPARTMENT, PICU, PEDIATRIC OUTPATIENT CENTER, AND WITH SURGERIES FAMILY-FRIENDLY ENTERTAINMENT SYSTEMS DONATED BY THE MATTHEW HINDMAN CHILDREN'S FUND, THIS MULTI-DVD SYSTEM FEATURES CURRENT FILMS AND VIDEOS ALWAYS AVAILABLE TO SPENCE AND BECKY WILSON BAPTIST CHILDREN'S HOSPITAL'S PEDIATRIC PATIENTS TWO "WII U" GAMING SYSTEMS ALSO HELP DISTRACT AND ENTERTAIN CHILDREN DURING A HOSPITAL STAY</p>

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<p>OUTPATIENT SERVICES INCLUDE</p>	<p>- FULL-SERVICE LAB, DRAWN BY PEDIATRIC NURSES - FLUOROSCOPY EXAMS - RESPIRATORY CARE - INT ERVENTIONAL RADIOLOGY PROCEDURES - NUTRITION COUNSELING - AUDIOLOGY - CATHETERIZATIONS - P ERIPHERALLY INSERTED CENTRAL VENOUS CATHETER LINE (PICC) PLACEMENTS - INTRAVENOUS INFUSION S, SUCH AS ANTIBIOTICS, CHEMOTHERAPY, BLOOD, AND IV IMMUNE GLOBULIN - INTRAMUSCULAR AND SU BCUTANEOUS INJECTIONS - MODERATE SEDATION AND GENERAL ANESTHESIA, AS NEEDED FOR PROCEDURES OUTPATIENT DIAGNOSTICS INCLUDE - DIAGNOSTIC X-RAYS - COMPUTERIZED TOMOGRAPHY (CT) WITH A NESTHESIA CAPABILITIES, IF NEEDED - EKG, 24-HOUR HOLTER MONITORS AND PEDIATRIC ECHOCARDIOG RAMS - MRI WITH ANESTHESIA CAPABILITIES, IF NEEDED - ULTRASOUNDS PEDIATRIC SURGERY THE HO SPITAL PROVIDES A VARIETY OF SURGERY SERVICES FOR CHILDREN, INCLUDING PRE-ADMISSION SURGER Y EVALUATION, THROUGH P D 'S NEST PROGRAM TO MAKE CHILDREN AND THEIR FAMILIES AS COMFORTA BLE AS POSSIBLE, BAPTIST MEMORIAL HOSPITAL FOR WOMEN HAS PRESURGERY AND POSTSURGERY PEDIAT RIC ROOMS THE HOSPITAL'S PEDIATRIC SURGERY SERVICES INCLUDE - EAR, NOSE AND THROAT - GYN - OPHTHALMOLOGY - ORAL AND DENTAL - ORTHOPEDICS - PLASTIC SURGERY - UROLOGY THE PEDIATRIC DEVELOPMENTAL NEEDS EVALUATION AND SURGERY TEACHING (P D NEST) PROGRAM HELPS REDUCE CHIL DREN'S FEARS OF SURGERY AND TESTS, MAKING THE HOSPITAL EXPERIENCE A MORE POSITIVE ONE CHI LDREN ARE PREPARED FOR SURGICAL AND DIAGNOSTIC PROCEDURES THROUGH MEDICAL PLAY AND EDUCATI ON WITH THE HELP OF CERTIFIED CHILD LIFE SPECIALISTS AND STAFF NURSES THE STAFF PROVIDE W HATEVER PATIENTS NEED TO HAVE A POSITIVE AND COMFORTABLE HOSPITAL EXPERIENCE - PREPROCEDUR E EDUCATION, MEDICAL PLAY, PLAY THERAPY, SIMPLE DISTRACTIONS, OR PATIENT AND FAMILY SUPPOR T PLUS, PARENTS HAVE THE OPPORTUNITY TO FINALIZE ANY PAPERWORK AND TAKE CARE OF ANY PRESU RGERY EVALUATIONS PEDIATRIC EYE CENTER WHETHER YOUR CHILD IS EXHIBITING SYMPTOMS OF A MI NOR CONDITION, OR SYMPTOMS OF SOMETHING MORE SERIOUS, SUCH AS EYE TRAUMA, SPENCE AND BECKY WILSON BAPTIST CHILDREN'S HOSPITAL IS READY TO HELP THROUGH A GRANT FROM THE BAPTIST MEM ORIAL HOSPITAL FOUNDATION, SPENCE AND BECKY WILSON BAPTIST CHILDREN'S HOSPITAL HAS ESTABLISHED THE AREA'S FIRST COMPREHENSIVE EYE CENTER FOR BABIES AND CHILDREN FOR THE FIRST TIME EVER, FAMILIES WILL BE ABLE TO ACCESS THE FULL CONTINUUM OF PEDIATRIC EYE CARE UNDER ONE ROOF, INCLUDING PREVENTION, DIAGNOSIS, TREATMENT, SURGERY, AND FOLLOW-UP CARE LED BY DR JORGE CALZADA OF THE CHARLES RETINA INSTITUTE, THE CENTER USES THE LATEST TECHNOLOGY TO TR EAT MANY COMMON PEDIATRIC EYE DISORDERS, SUCH AS - CROSSED EYES - LAZY EYE - NEARSIGHTEDN ESS - RETINOPATHY OF PREMATURITY - EYE TRAUMA - DISEASES THAT DEVELOP WITH AGE (GLAUCOMA O R CATARACTS) THE CARE PROVIDED THROUGH THE EYE CENTER HAVE REDUCED THE INCIDENCE OF BAPTIS T NEWBORNS WITH RETINOPATHY OF PREMATURITY, A DISEASE COMMONLY SEEN IN NICU INFANTS THAT C AN RESULT IN SCARRING AND RETINAL DETACHMENT, FROM 41 7 TO 18 2 PERCENT THIS IS JUST ONE EXAMPLE OF BAPTIST PEDIATRIC E</p>

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OUTPATIENT SERVICES INCLUDE	YE CENTER CHANGING THE LIVES OF CHILDREN AND THEIR FAMILIES FOR THE BETTER BY HELPING THEM GET BETTER FOR MORE INFORMATION ON OUR PEDIATRIC SERVICES, PLEASE CONTACT US BY CALLING (901) 227-PEDS (7337) OR EMAILING INFO CHILDRENS@BMHCC ORG

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	THE FOLLOWING INDIVIDUALS HAVE A BUSINESS RELATIONSHIP BECAUSE THEY ARE BOARD MEMBERS OR SHARED OFFICERS OF A TAXABLE ENTITY WITHIN BAPTIST MEMORIAL HEALTH CARE CORPORATION ARIE SZATKOWSKI, MD CHRISTIAN C PATRICK CYNDI S PITTMAN DANA B DYE GREGORY M DUCKETT JASON M LITTLE KEVIN HAMMERAN PAUL D DEPRIEST, MD RANDY J KING

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	AS SOLE MEMBER OF BAPTIST MEMORIAL HOSPITAL, BAPTIST MEMORIAL HEALTH CARE CORPORATION'S HUMAN RESOURCE DEPARTMENT, THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS, AND AN INDEPENDENT COMPENSATION CONSULTING FIRM PERFORM ANNUAL REVIEWS EACH DECEMBER AND APPROVE COMPENSATION OF THE CEO AND OTHER TOP MANAGEMENT PERSONNEL. THEY USE COMPARABILITY DATA AND OTHER SOURCES AS NEEDED. THE CEO AND OTHER TOP MANAGEMENT USE THE SAME TYPE OF INFORMATION TO APPROVE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES. ON DECEMBER 11, 2017, THE COMPENSATION WAS REVIEWED AND APPROVED FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2018 FOR THE PRESIDENT, THE VICE PRESIDENTS, AND THE CEO/ADMINISTRATOR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	BAPTIST MEMORIAL HOSPITAL MAKES COPIES OF ITS FORM 1023, FORM 990, AND FORM 990-T AVAILABLE FOR PUBLIC INSPECTION TO ANYONE WHO REQUESTS THEM AS REQUIRED BY THE INTERNAL REVENUE SERVICE

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC	CYNDI S PITTMAN - 6019 WALNUT GROVE RD , MEMPHIS, TN 38120 DANA B DYE - 6019 WALNUT GROVE RD , MEMPHIS, TN 38120 KEVIN HAMMERAN - 6225 HUMPHREYS BLVD , MEMPHIS, TN 38120 LINDSAY R STENCEL - 1500 W POPLAR AVE , COLLIERVILLE, TN 38017 MARGARET H WILLIAMS - 6225 HUMPHREYS BLVD , MEMPHIS, TN 38120

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	POST RETIREMENT BENEFIT OBLIGATION -245,082

990 Schedule O, Supplemental Information

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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

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 MEMORIAL HOSPITAL

Employer identification number

62-0123940

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) HIGHWAY 64 AND CANADA ROAD JOA NO 2 LLC 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 62-0123940	PROPERTY MANAGEMENT	TN	0	0	BAPTIST MEMORIAL HOSPITAL
(2) KIRBY ROAD AND QUINCE ROAD JOA NO 1 LLC 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 62-0123940	PROPERTY MANAGEMENT	TN	0	0	BAPTIST MEMORIAL HOSPITAL
(3) MAC-HTA HOLDINGS LLC 999 S SHADY GROVE RD SUITE 300 MEMPHIS, TN 38120 83-2571683	HOLDING COMPANY	TN	67,898	1,382,455	BAPTIST MEMORIAL HOSPITAL

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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

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

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

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

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

See Additional Data Table

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

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: 62-0123940
Name: BAPTIST MEMORIAL HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 83-1651534	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	12 TYPE I	BAPTIST MEMORIAL HEALTH SERVICES INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 45-2842963	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	3	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 45-3032246	FACILITATE MEDICAL & SCIENTIFIC RESEARCH	TN	501(C)(3)	4	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
1225 NORTH STATE STREET JACKSON, MS 39202 47-3403762	SOLICIT, RAISE, MANAGE, APPLY & INVEST FUNDS IN SUPPORT OF BAPTIST ENTITIES	MS	501(C)(3)	12 TYPE I	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
1225 NORTH STATE STREET JACKSON, MS 39202 45-2896080	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	3	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
823 GRAND AVENUE YAZOO CITY, MS 39194 64-0844470	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	3	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
1003 MONROE AVE MEMPHIS, TN 38104 62-1599670	EDUCATION OF HEALTH CARE PROFESSIONALS	TN	501(C)(3)	2	BAPTIST MEMORIAL HOSPITAL	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 58-1521475	MANAGEMENT, ADMINISTRATIVE & FINANCIAL SERVICES	TN	501(C)(3)	12 TYPE III-FI	N/A		No
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 58-1544781	SOLICIT, RAISE, MANAGE, APPLY & INVEST FUNDS IN SUPPORT OF BAPTIST ENTITIES	TN	501(C)(3)	12 TYPE I	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 58-1456556	CARRY OUT THE HEALTH CARE MISSIONS OF THE BAPTIST CONVENTIONS OF AR, MS, TN	TN	501(C)(3)	12 TYPE I	N/A	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 62-1509127	PROVISIONS OF HEALTH CARE PROVIDERS & HOME MEDICAL EQUIPMENT/SERVICES	TN	501(C)(3)	12 TYPE I	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 58-1562973	HOME HEALTH CARE & HOSPICE SERVICES	TN	501(C)(3)	10	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
100 HOSPITAL STREET BOONEVILLE, MS 38829 64-0663760	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 81-3257997	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 82-3844150	HEALTH CARE FACILITY/HOSPITAL	AR	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
7601 SOUTHCREST PARKWAY SOUTHAVEN, MS 38671 64-0682111	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
2520 5TH STREET NORTH COLUMBUS, MS 39701 62-1519754	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
631 RB WILSON DR HUNTINGDON, TN 38344 62-1166050	HEALTH CARE FACILITY/HOSPITAL	TN	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 26-1214372	HEALTH CARE FACILITY/HOSPITAL	AR	501(C)(3)	3	NEA BAPTIST HEALTH SYSTEM INC	Yes	
1100 BELK BOULEVARD OXFORD, MS 38655 64-0772726	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1995 HIGHWAY 51 SOUTH COVINGTON, TN 38019 62-1113167	HEALTH CARE FACILITY/HOSPITAL	TN	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
1201 BISHOP ST UNION CITY, TN 38261 62-1138045	HEALTH CARE FACILITY/HOSPITAL	TN	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
200 HIGHWAY 30 WEST NEW ALBANY, MS 38652 63-0997281	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 62-1545731	PROVISION OF HEALTH CARE PROVIDERS FOR BAPTIST ENTITIES	TN	501(C)(3)	12 TYPE I	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 62-1407946	BAPTIST EMPLOYEE HEALTH PLAN	TN	501(C)(9)		BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 58-1645396	HEALTH CARE FACILITY/HOSPITAL	TN	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 62-1538114	NON-EMERGENCY CLINICS	TN	501(C)(3)	3	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 81-3655778	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	12 TYPE I	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 45-3032372	ESTABLISH, MAINTAIN & MANAGE A PATIENT SAFETY ORGANIZATION	TN	501(C)(3)	11	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 46-1953140	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	3	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 45-3303607	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	3	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
80 HUMPHREYS CENTER MEMPHIS, TN 38120 35-2461541	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	3	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 45-3303687	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	3	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 62-1112364	COLLECTION AGENCY FOR BAPTIST ENTITIES	TN	501(C)(3)	12 TYPE II	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
1225 NORTH STATE STREET JACKSON, MS 39202 75-3068151	CLINICS	MS	501(C)(3)	3	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 45-2832975	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	3	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
1225 NORTH STATE STREET JACKSON, MS 39202 64-0306253	HOLDING COMPANY	MS	501(C)(3)	12 TYPE II	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
1225 NORTH STATE STREET JACKSON, MS 39202 64-0881013	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	3	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
1225 NORTH STATE STREET JACKSON, MS 39202 64-0833383	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	3	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
1225 NORTH STATE STREET JACKSON, MS 39202 80-0812322	HOLDING COMPANY	MS	501(C)(3)	12 TYPE I	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 27-1799652	HEALTH CARE SERVICE PROVIDER	AR	501(C)(3)	12 TYPE II	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
4802 EAST JOHNSON AVE JONESBORO, AR 72401 71-0850123	HEALTH CARE SERVICE PROVIDER	AR	501(C)(3)	3	NEA BAPTIST HEALTH SYSTEM INC	Yes	
102 CLINTON PARKWAY CLINTON, MS 39056 64-0900902	PROMOTION OF HEALTH & FITNESS	MS	501(C)(3)	10	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
8060 WOLF RIVER BLVD GERMANTOWN, TN 38138 27-4396698	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	3	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	C	1,422,097	CASH
(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	E	42,707,605	CASH
(2)	BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC	E	128,523	CASH
(3)	BAPTIST MEMORIAL HOSPITAL-TIPTON INC	L	5,993,534	CASH
(4)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	M	55,845,516	CASH
(5)	MEMPHIS LUNG PHYSICIANS FOUNDATION INC	M	2,074,500	CASH
(6)	THE STERN CARDIOVASCULAR FOUNDATION INC	M	1,878,576	CASH
(7)	BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC	P	3,402,007	CASH
(8)	THE STERN CARDIOVASCULAR FOUNDATION INC	P	850,800	CASH
(9)	BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC	R	149,735	CASH
(10)	BAPTIST MEMORIAL MEDICAL GROUP INC	R	25,230,674	CASH
(11)	BAPTIST MEMORIAL MEDICAL MINISTRIES EMPLOYEE HEALTH AND WELFARE TRUST	R	31,516,182	CASH
(12)	BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC	S	449,125	CASH