

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **10-01-2019**, and ending **09-30-2020**

**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 \$ **775,978,283**

**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.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	7
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	3
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	5,302
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	49
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	1,422,097	38,149,589
<b>9</b> Program service revenue (Part VIII, line 2g)	721,943,792	721,132,371
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-33,364	-91,697
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,305,786	11,473,365
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	734,638,311	770,663,628
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	264,268	544,192
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	287,508,908	274,578,832
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	409,759,717	456,425,432
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	697,532,893	731,548,456
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	37,105,418	39,115,172

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	501,145,100	691,981,947
<b>21</b> Total liabilities (Part X, line 26)	288,249,839	441,629,669
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	212,895,261	250,352,278

## 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: **2021-08-10**

**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**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**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 \$ 693,088,400 including grants of \$ 544,192 ) (Revenue \$ 730,337,177 )  
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 ▶ 693,088,400

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 [checked]

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form body containing questions 2a through 16 with input fields and checkboxes. Includes specific values like 5,302 and various 'Yes/No' responses.

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 (7), 1b (3), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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:

**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.

See instructions for the order in which to list the persons above.

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										
<b>1b Sub-Total</b>										
<b>1c Total from continuation sheets to Part VII, Section A</b>										
<b>1d Total (add lines 1b and 1c)</b>								2,458,695	8,740,428	1,103,169

**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 ► 146

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
SHIFTSWISE INC PO BOX 70870 ST PAUL, MN 55170	STAFFING AGENCY SERVICES	6,173,551
MORRISON MANAGEMENT SPECIALISTS INC PO BOX 102289 ATLANTA, GA 30368	MANAGEMENT SERVICES	5,280,349
UNIVERSITY OF TENNESSEE 62 S DUNLAP ST STE 320 MEMPHIS, TN 38163	PHYSICIAN SERVICES	5,250,584
FRESENIUS MEDICAL CARE 16343 COLLECTIONS CTR DR CHICAGO, IL 60693	DIALYSIS SERVICES	4,407,535
CONNECT SUPPLIES LLC 5118 PARK AVE STE 316 MEMPHIS, TN 38117	MANAGEMENT SERVICES	2,898,112

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 61



**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations	<b>1d</b>	839,354		
	<b>e</b> Government grants (contributions)	<b>1e</b>	37,310,235		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>			
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>			
	<b>h Total.</b> Add lines 1a-1f . . . . .		38,149,589		

<b>Program Service Revenue</b>			(A)	(B)	(C)	(D)
		Business Code				
<b>2a</b> PATIENT SERVICE REV.		622110	720,821,206	720,821,206		
<b>b</b> RENTS FROM AFFILIATES		900099	311,165	311,165		
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .			721,132,371			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			-25,787			-25,787	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties . . . . .							
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real					
			(ii) Personal					
				3,842,074				
	<b>b</b> Less: rental expenses	<b>6b</b>		5,248,745				
	<b>c</b> Rental income or (loss)	<b>6c</b>		-1,406,671				
	<b>d</b> Net rental income or (loss) . . . . .				-1,406,671		-1,406,671	
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities					
			(ii) Other					
						65,910		
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>						
	<b>c</b> Gain or (loss)	<b>7c</b>			-65,910			
	<b>d</b> Net gain or (loss) . . . . .				-65,910		-65,910	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>						
	<b>b</b> Less: direct expenses . . . . .	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events . . . . .								
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>							
<b>b</b> Less: direct expenses . . . . .	<b>9b</b>							
<b>c</b> Net income or (loss) from gaming activities . . . . .								
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>							
<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>							
<b>c</b> Net income or (loss) from sales of inventory . . . . .								
Miscellaneous Revenue	Business Code							
<b>11a</b> OTHER OPERATING REV.	900099		9,171,068	9,171,068				
<b>b</b> CAFETERIA REVENUE	722514		3,492,266			3,492,266		
<b>c</b> PATIENT CONVENIENCE	900099		182,964			182,964		
<b>d</b> All other revenue . . . . .			33,738	33,738				
<b>e Total.</b> Add lines 11a-11d . . . . .			12,880,036					
<b>12 Total revenue.</b> See instructions . . . . .			770,663,628	730,337,177	0	2,176,862		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	544,192	544,192		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	2,024,343	1,923,126	101,217	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	219,914,240	208,918,528	10,995,712	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	6,052,866	5,750,223	302,643	
<b>9</b> Other employee benefits . . . . .	30,484,280	28,960,066	1,524,214	
<b>10</b> Payroll taxes . . . . .	16,103,103	15,297,948	805,155	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	14,677	12,916	1,761	
<b>b</b> Legal . . . . .	-723	-636	-87	
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .	36,967		36,967	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	92,147,338	86,226,064	5,921,274	
<b>12</b> Advertising and promotion . . . . .	173,110	152,337	20,773	
<b>13</b> Office expenses . . . . .	16,701,678	14,697,477	2,004,201	
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	5,562,430	4,894,938	667,492	
<b>17</b> Travel . . . . .	231,343	92,537	138,806	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	178,932	71,573	107,359	
<b>20</b> Interest . . . . .	50,758	44,667	6,091	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	22,806,774	20,069,961	2,736,813	
<b>23</b> Insurance . . . . .	10,793,892	9,498,625	1,295,267	
<b>24</b> 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.)				
<b>a</b> MEDICAL SUPPLIES	187,033,565	187,033,565	0	
<b>b</b> CORPORATE MGMT FEE	78,779,632	69,326,076	9,453,556	
<b>c</b> MEDICAID ASSESSMENT	22,408,054	22,408,054	0	
<b>d</b> REPAIRS AND MAINTENANCE	17,035,886	14,991,580	2,044,306	
<b>e</b> All other expenses	2,471,119	2,174,583	296,536	
<b>25</b> Total functional expenses. Add lines 1 through 24e	731,548,456	693,088,400	38,460,056	0
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	4,606	<b>1</b>	4,835
	<b>2</b> Savings and temporary cash investments . . . . .	123,742,895	<b>2</b>	295,559,354
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	113,124,921	<b>4</b>	129,540,059
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	15,613,858	<b>8</b>	18,263,569
	<b>9</b> Prepaid expenses and deferred charges . . . . .	4,996,206	<b>9</b>	5,589,660
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 785,259,861		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 553,188,233	239,806,454	<b>10c</b> 232,071,628
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	774,857	<b>12</b>	796,728
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	3,081,303	<b>15</b>	10,156,114
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	501,145,100	<b>16</b>	691,981,947	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	42,106,090	<b>17</b>	50,806,053
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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	246,143,749	<b>25</b>	390,823,616
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	288,249,839	<b>26</b>	441,629,669
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	212,895,218	<b>27</b>	250,352,278
	<b>28</b> Net assets with donor restrictions . . . . .	43	<b>28</b>	0
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	212,895,261	<b>32</b>	250,352,278	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	501,145,100	<b>33</b>	691,981,947	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	770,663,628
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	731,548,456
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	39,115,172
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	212,895,261
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-1,658,155
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	250,352,278

**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><b>1</b> 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><b>2a</b> 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>	<b>2a</b>		No
<p><b>b</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>	<b>2b</b>	Yes	
<p><b>c</b> 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>	<b>2c</b>	Yes	
<p><b>3a</b> 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>	<b>3a</b>		No
<p><b>b</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>	<b>3b</b>		

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

Form 990 (2019)

**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-COLLIERVILLE, AND BAPTIST MEMORIAL HOSPITAL FOR WOMEN. THE COMBINED LOCATIONS OF BAPTIST MEMORIAL HOSPITAL SERVICED 36,796 PATIENT DISCHARGES AND PROVIDED MORE THAN 256,898 OUTPATIENT SERVICES DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2020. 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 FISCAL YEAR ENDED SEPTEMBER 30, 2020, BAPTIST MEMORIAL HOSPITAL PROGRAM SERVICES PRODUCED THE FOLLOWING RESULTS:- THE SURGERY DEPARTMENT PERFORMED 43,328 PROCEDURES AT A COST OF \$82,241,439.- THE PHARMACY DEPARTMENT DISPENSED 5,785,480 UNIT DOSES OF MEDICATION AT A COST OF \$57,550,986.- THE CARDIOVASCULAR SERVICES DEPARTMENT PERFORMED 59,274 PROCEDURES AT A COST OF \$31,557,777.- THE PATHOLOGY DEPARTMENT PERFORMED 1,919,065 PROCEDURES AT A COST OF \$28,716,435.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 \$154,154,686. THE UNREIMBURSED AMOUNT OF CHARITY AND CONTRACTUAL ALLOWANCES FOR ALL PATIENTS WAS \$2,823,908,780.BAPTIST MEMORIAL HOSPITAL-MEMPHISTHE 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			
JASON M LITTLE ..... PRESIDENT	0.23 ..... 39.77			X				0	1,820,911	76,548
ARIE SZATKOWSKI MD ..... DIRECTOR	0.23 ..... 39.77	X						0	1,314,664	55,419
PAUL D DEPRIEST MD ..... VICE PRESIDENT	0.23 ..... 39.77			X				0	1,265,263	66,047
RANDY J KING ..... DIRECTOR	0.23 ..... 39.77	X						0	896,825	72,143
GREGORY M DUCKETT ..... SECRETARY	0.23 ..... 39.77			X				0	728,739	69,972
DERICK B ZIEGLER ..... FORMER BAPTIST HOSPITAL CEO	0.00 ..... 40.00						X	0	629,632	67,710
DANA B DYE ..... CEO (THRU 5/20)	39.77 ..... 0.23			X				0	576,732	46,306
CHRISTIAN C PATRICK ..... CMAO (THRU 4/19)	40.00 ..... 0.00				X			479,045	0	46,737
CARY FINN MD ..... DIRECTOR	0.23 ..... 39.77	X						0	458,680	56,907
KEVIN HAMMERAN ..... CEO WOMEN'S HOSPITAL	40.00 ..... 0.00			X				0	404,053	51,584

**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			
BRAD H PARSONS ..... CEO (AS OF 05/20)	16.68 ..... 23.32			X				0	328,110	57,877
CATHERINE LUCHSINGER ..... CHIEF NURSING OFFICER-MEMPHIS	40.00 ..... 0.00			X				243,721	0	34,139
CYNDI S PITTMAN ..... CFO	40.00 ..... 0.00			X				216,883	0	56,321
KEVIN L BRONSON ..... CHIEF PHYSICIST	27.22 ..... 12.78					X		140,562	65,932	43,522
LINDSAY R STENCEL ..... CAO/CEO COLLIERVILLE (AS OF 2/20)	40.00 ..... 0.00			X				193,921	0	55,198
SAMUEL S LYND ..... COO (THRU 03/20)	18.73 ..... 21.27			X				0	201,887	25,211
ANNE K DARST ..... SUPERVISOR-ADMIN. HOUSE	37.60 ..... 2.40					X		169,664	0	37,943
RENIN LUKOSE ..... PHYSICIST	37.91 ..... 2.09					X		171,415	0	31,816
DENNIS E ROBERTS ..... PHARMACY DIRECTOR	40.00 ..... 0.00					X		163,309	0	32,099
WILLIAM CLOUD MD ..... CMO/CMAO (AS OF 12/19)	40.00 ..... 0.00			X				171,869	0	6,501

**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 ..... ADMIN. - NURSING DIRECTOR	40.00 ..... 0.00					X		156,166	0	14,463
CAROL THETFORD ..... CHIEF NURSING OFFICER-WOMEN'S	40.00 ..... 0.00			X				132,058	0	26,457
DENISE FERGUSON ..... CNO-COLLIERVILLE	40.00 ..... 0.00			X				112,529	0	41,242
MARGARET H WILLIAMS ..... CFO	40.00 ..... 0.00			X				107,553	0	31,007
RIAD HOMSI MD ..... DIRECTOR	0.23 ..... 0.92	X						0	49,000	0
DALE MORRIS MD ..... DIRECTOR	0.23 ..... 2.07	X						0	0	0
DANA KELLY ..... CHAIRMAN	0.23 ..... 3.10	X						0	0	0
MARTHA P BEARD ..... DIRECTOR (THRU 12/19)	0.23 ..... 1.12	X						0	0	0
SPENCE WILSON ..... DIRECTOR	0.23 ..... 0.89	X						0	0	0
SAMUEL PIEH ..... COO (AS OF 02/20)	40.00 ..... 0.00			X				0	0	0



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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization**  
BAPTIST MEMORIAL HOSPITAL

**Employer identification number**  
62-0123940

**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		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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). . .						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . .						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b>	<b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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**

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
  
**2019**  
**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
-------------------------------------------------------	----------------------------------------------

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b> 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:			
<b>a</b> Volunteers? .....		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b> Media advertisements? .....		No	
<b>d</b> Mailings to members, legislators, or the public? .....		No	
<b>e</b> Publications, or published or broadcast statements? .....		No	
<b>f</b> Grants to other organizations for lobbying purposes? .....		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b> Other activities? .....	Yes		36,967
<b>j</b> Total. Add lines 1c through 1i .....			36,967
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b> 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? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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 MEMBERS' 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

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**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
<b>1</b> Total number at end of year . . . . .		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> 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
<b>a</b> Total number of conservation easements . . . . .	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements . . . . .	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>

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

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

**a** Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**

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

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

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

- a** Board designated or quasi-endowment ▶ .....
- b** Permanent endowment ▶ .....
- c** Temporarily restricted endowment ▶ .....

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

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**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
<b>1a</b> Land . . . . .		28,118,813		28,118,813
<b>b</b> Buildings . . . . .		482,434,920	315,692,203	166,742,717
<b>c</b> Leasehold improvements		3,467,133	3,462,860	4,273
<b>d</b> Equipment . . . . .		238,841,881	204,283,726	34,558,155
<b>e</b> Other . . . . .		32,397,114	29,749,444	2,647,670
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				232,071,628

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	
(2) ESTIMATED SETTLEMENTS WITH THIRD PARTIES	12,706,419
(3) DUE TO AFFILIATES	227,420,080
(4) CAPITAL LEASE OBLIGATIONS	4,527,572
(5) POST RETIREMENT BENEFIT OBLIGATION	26,128,142
(6) OTHER LONG-TERM LIABILITIES	1,842,010
(7) OTHER CURRENT LIABILITIES	118,199,393
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	390,823,616

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.

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

**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.

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

**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, 2020, 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 2015 (FISCAL YEAR ENDED SEPTEMBER 30, 2016).

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

# Hospitals

OMB No. 1545-0047  
**2019**  
 Open to Public Inspection

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**Name of the organization**  
 BAPTIST MEMORIAL HOSPITAL

**Employer identification number**  
 62-0123940

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	Yes	
<b>1b</b> If "Yes," was it a written policy? . . . . .	Yes	
<b>2</b> 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		
<b>3</b> 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. <b>a</b> 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 _____ %	Yes	
<b>b</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 _____ %	Yes	
<b>c</b> 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.		
<b>4</b> 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"? . . . . .	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	Yes	
<b>c</b> 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? . . . . .		No
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	Yes	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	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**

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a)</b> Number of activities or programs (optional)	<b>(b)</b> Persons served (optional)	<b>(c)</b> Total community benefit expense	<b>(d)</b> Direct offsetting revenue	<b>(e)</b> Net community benefit expense	<b>(f)</b> Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			34,211,241	8,299,497	25,911,744	3.540 %
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			107,575,540	62,014,081	45,561,459	6.230 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .			6,178,264	3,082,835	3,095,429	0.420 %
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			147,965,045	73,396,413	74,568,632	10.190 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4). . . . .			53,963	0	53,963	0.010 %
<b>f</b> Health professions education (from Worksheet 5) . . . . .			14,363,235	0	14,363,235	1.960 %
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			328,203,075	280,379,513	47,823,562	6.540 %
<b>h</b> Research (from Worksheet 7) . . . . .			196,653	297,082	0	0 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			34,982	0	34,982	0 %
<b>j Total.</b> Other Benefits . . . . .			342,851,908	280,676,595	62,275,742	8.510 %
<b>k Total.</b> Add lines 7d and 7j . . . . .			490,816,953	354,073,008	136,844,374	18.700 %

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

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

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 5,065,274		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3 625,271		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME)	5 122,248,613
6 Enter Medicare allowable costs of care relating to payments on line 5	6 127,975,520
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -5,726,907
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?	9a Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b Yes

**Part IV Management Companies and Joint Ventures**

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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
<b>Community Health Needs Assessment</b>			
<b>1</b>	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
<b>2</b>	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
<b>3</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<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)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
<b>5</b>	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 of 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	
<b>6 a</b>	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>b</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
<b>7</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.BAPTISTONLINE.ORG/ABOUT/CHNA</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url): _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
<b>10</b>	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	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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.		
<b>12a</b>	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>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	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:			
<b>13</b>	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:	<b>13</b> Yes	
<b>a</b>	<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>b</b>	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	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):	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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):	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>c</b>	<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>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<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
<b>17</b>	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
<b>18</b>	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: <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	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: <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
<b>20</b>	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): <b>a</b> <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 (if not, describe in Section C) <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	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: <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)	21	Yes
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**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
<b>23</b>		No
<b>24</b>		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, 20a, 20b, 20c, 20d, 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)
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**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 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.
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.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
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.
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.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 9B:	<p>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.</p>
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 YACUBIAN 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 OFFICER 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 MAILS 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>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 3:	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.
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.



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
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.
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**

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>3</b>		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 FY2019 CHNA FOR BAPTIST'S MEMPHIS METRO SERVICE AREA WAS CONDUCTED FROM AUGUST 2018 TO AUGUST 2019. QUANTITATIVE AND QUALITATIVE METHODS, REPRESENTING BOTH PRIMARY AND SECONDARY RESEARCH, WERE USED TO ILLUSTRATE AND COMPARE HEALTH TRENDS AND DISPARITIES ACROSS EACH HOSPITAL'S SERVICE AREA. THE FOLLOWING RESEARCH METHODS WERE USED TO DETERMINE COMMUNITY HEALTH NEEDS:- A REVIEW OF PUBLIC HEALTH AND DEMOGRAPHIC DATA PORTRAYING THE HEALTH AND SOCIOECONOMIC STATUS OF THE COMMUNITY. - A KEY INFORMANT SURVEY OF 80 COMMUNITY REPRESENTATIVES SERVING THE MEMPHIS METRO SERVICE AREA TO IDENTIFY COMMUNITY HEALTH PRIORITIES, UNDERSERVED 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 MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS. THESE INDIVIDUALS PROVIDED VALUABLE INFORMATION ABOUT HEALTH TRENDS, INSIGHTS ABOUT EXISTING RESOURCES AND GAPS IN SERVICES AND PERSPECTIVES ABOUT FACTORS THAT CONTRIBUTE TO HEALTH DISPARITIES.CHNA LEADERSHIP:A BAPTIST MEMORIAL HEALTH CARE STEERING COMMITTEE, ALONG WITH COMMUNITY REPRESENTATIVES AND PARTNERS, OVERSAW THE 2018 CHNA. COMMUNITY HEALTH CONSULTANTS ASSISTED IN ALL PHASES OF THE CHNA, INCLUDING PROJECT MANAGEMENT, DATA COLLECTION AND ANALYSIS, REPORT WRITING AND DEVELOPMENT OF IMPLEMENTATION PLANS.THE FOLLOWING CONTRIBUTED TO THE CHNA PROCESS AS COMMUNITY PARTNERS:ABUNDANT GRACE FELLOWSHIPACADEMY FOR YOUTH EMPOWERMENTALLIANCE FOR A HEALTHIER GENERATIONARKANSAS BLUE CROSSARKANSAS STATE UNIVERSITYARTSMEMPHISATOKA POLICE DEPARTMENTBANCORPSOUTHBIG BROTHERS BIG SISTERSBOYS &amp; GIRLS CLUB OF GREATER MEMPHISCHURCH HEALTH CENTER OF MEMPHISCITADEL CHURCH OF GOD IN CHRISTCITY OF BARTLETTCITY OF COVINGTONCITY OF HERNANDOCITY OF MILLINGTONCITY OF MUNFORDCOLLIERVILLE CHAMBER OF COMMERCECOLLIERVILLE SCHOOLSCOMMON TABLE HEALTH ALLIANCEDESOTO BAPTIST PATIENT FAMILY ADVISORY COUNCILDESOTO COUNTY ECONOMIC DEVELOPMENT COUNCILDESOTO COUNTY SCHOOLSDEXON GALLERY AND GARDENSEVOLVE BANK &amp; TRUSTFAMILY CRISIS SERVICES OF NORTHWEST MISSISSIPPI, INC.FIRST BAPTIST CHURCH HORN LAKEGOVERNOR'S FOUNDATION FOR HEALTH AND WELLNESSGRACE HOUSE OF MEMPHISHOME INSTEAD SENIOR CAREKROC CENTER OF MEMPHISLEADERSHIP MEMPHISMARCH OF DIMESMEMPHIS CATHOLIC MIDDLE &amp; HIGH SCHOOLMEMPHIS CITY BEAUTIFULMEMPHIS JEWISH COMMUNITY CENTERMEMPHIS LIBRARY FOUNDATIONMETHODIST LE BONHEUR HEALTHCARENEW MEMPHISNORTHW</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:	EST MISSISSIPPI COMMUNITY COLLEGE OMEGA MINISTRIES/OMEGA HEALTHY PRACTICES OPTUS, INC. PROMAT URAREGIONAL ONE HEALTHRISE FOUNDATION, INC. SHELBY COUNTY COMMISSIONS SHELBY COUNTY GOVERNMENT SHELBY COUNTY HEALTH DEPARTMENT SHELBY COUNTY SCHOOLS SHELBY FARMS PARK CONSERVANCY SOUTH TIPTON 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 WALLS UNIVERSITY 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-COLLIERVILLE BAPTIST MEMORIAL HOSPITAL-DESO BAPTIST MEMORIAL HOSPITAL-TIPTON BAPTIST MEMORIAL HOSPITAL FOR WOMEN BAPTIST 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 S ERVICE AREA. BAPTIST'S CHIP BUILDS UPON PREVIOUS HEALTH IMPROVEMENT ACTIVITIES, WHILE RECO GNIZING 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, BE LOW ARE SPECIFIC ACTIVITIES THAT BAPTIST MEMORIAL HOSPITAL-MEMPHIS WILL CARRY OUT IN SUPPO RT 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 O F LIFE. BAPTIST MEMORIAL HOSPITAL-MEMPHIS HAS OUTLINED THE FOLLOWING OBJECTIVES: 1) INCREAS E 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 A BUSE SUPPORT SERVICES TO REDUCE SUICIDE AND DRUG-INDUCED DEATH RATES. 3) INCREASE AVAILABI LITY OF SERVICES FOR PATIENTS WITH ALZHEIMER'S DISEASE AND THEIR CAREGIVERS. 4) EDUCATE RE SIDENTS ON THE SIGNS AND SYMPTOMS OF MENTAL HEALTH CONDITIONS AND SUBSTANCE ABUSE AND WHERE TO GET HELP. BAPTIST MEMORIAL HOSPITAL-MEMPHIS WILL IMPLEMENT THE FOLLOWING STRATEGIES: 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. 2. CANCER THE GOAL IS TO PROVIDE EARLY DETECTION AND TREATMENT T O REDUCE DEATH FROM BREAST, COLORECTAL AND LUNG CANCERS, AND IMPROVE QUALITY OF LIFE FOR P ATIENTS. BAPTIST MEMORIAL HOSPITAL-MEMPHIS HAS OUTLINED THE FOLLOWING OBJECTIVES: 1) INCREA SE AWARENESS OF BENEFITS OF GENETIC TESTING AND EARLY SCREENING FOR IMPROVED OUTCOMES. 2) INCREASE PHYSICIANS' PARTICIPATION IN SECONDARY SCREENING PROTOCOLS FOR LUNG CANCER TO INC REASE EARLY DIAGNOSIS OF THE DISEASE. 3) INCREASE ACCESS TO SCREENINGS IN RURAL AREAS TO R EDUCE DISPARITIES AMONG LOW-INCOME, AT-RISK AND MINORITY POPULATIONS. 4) INCREASE ACCESS T O CARE CLOSE TO HOME FOR RURAL RESIDENTS. 5) IMPROVE CARE COORDINATION AND CAREGIVER SUPPO RT. BAPTIST MEMORIAL HOSPITAL-MEMPHIS WILL IMPLEMENT THE FOLLOWING STRATEGIES: 1) PARTNER W ITH COMMUNITY ORGANIZATIONS TO INCREASE PUBLIC AWARENESS OF CANCER RISK, PREVENTION AND SC REENING. 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 COL LABORATION DURING GRAND ROUNDS TO ENSURE ENHANCED USE OF LUNG DISEASE SCREENING PROTOCOLS. 5) PARTNER WITH THE AMERICAN</p>



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

Form and Line Reference	Explanation
<p>GROUP A-FACILITY 1 -- BAPTIST 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. BUILDING UPON THE CURRENT CHINA AND IMPLEMENTATION STRATEGY, THE HOSPITAL DID THE FOLLOWING</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:	DURING FY'20 TO ADDRESS THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY:- 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, ET C.) 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 PROVIDE 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
<p>GROUP A-FACILITY 2 -- BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE PART V, SECTION B, LINE 5:</p>	<p>THE FY2019 CHNA FOR BAPTIST'S MEMPHIS METRO SERVICE AREA WAS CONDUCTED FROM AUGUST 2018 TO AUGUST 2019. QUANTITATIVE AND QUALITATIVE METHODS, REPRESENTING BOTH PRIMARY AND SECONDARY RESEARCH, WERE USED TO ILLUSTRATE AND COMPARE HEALTH TRENDS AND DISPARITIES ACROSS EACH HOSPITAL'S SERVICE AREA. THE FOLLOWING RESEARCH METHODS WERE USED TO DETERMINE COMMUNITY HEALTH NEEDS:- A REVIEW OF PUBLIC HEALTH AND DEMOGRAPHIC DATA PORTRAYING THE HEALTH AND SOCIOECONOMIC STATUS OF THE COMMUNITY. - A KEY INFORMANT SURVEY OF 80 COMMUNITY REPRESENTATIVES SERVING THE MEMPHIS METRO SERVICE AREA TO IDENTIFY COMMUNITY HEALTH PRIORITIES, UNDERSERVED 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 MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS. THESE INDIVIDUALS PROVIDED VALUABLE INFORMATION ABOUT HEALTH TRENDS, INSIGHTS ABOUT EXISTING RESOURCES AND GAPS IN SERVICES AND PERSPECTIVES ABOUT FACTORS THAT CONTRIBUTE TO HEALTH DISPARITIES.CHNA LEADERSHIP:A BAPTIST MEMORIAL HEALTH CARE STEERING COMMITTEE, ALONG WITH COMMUNITY REPRESENTATIVES AND PARTNERS, OVERSAW THE 2018 CHNA. COMMUNITY HEALTH CONSULTANTS ASSISTED IN ALL PHASES OF THE CHNA, INCLUDING PROJECT MANAGEMENT, DATA COLLECTION AND ANALYSIS, REPORT WRITING AND DEVELOPMENT OF IMPLEMENTATION PLANS.THE FOLLOWING CONTRIBUTED TO THE CHNA PROCESS AS COMMUNITY PARTNERS:ABUNDANT GRACE FELLOWSHIPACADEMY FOR YOUTH EMPOWERMENTALLIANCE FOR A HEALTHIER GENERATIONARKANSAS BLUE CROSSARKANSAS STATE UNIVERSITYARTSMEMPHISATOKA POLICE DEPARTMENTB ANCORPSOUTHBIG BROTHERS BIG SISTERSBOYS &amp; GIRLS CLUB OF GREATER MEMPHISCURCH HEALTH CENTER OF MEMPHISCITADEL CHURCH OF GOD IN CHRISTCITY OF BARTLETTCITY OF COVINGTONCITY OF HERNANDOCITY OF MILLINGTONCITY OF MUNFORDCOLLIERVILLE CHAMBER OF COMMERCECOLLIERVILLE SCHOOLSCOMMUNITY HEALTH ALLIANCEDESOTO BAPTIST PATIENT FAMILY ADVISORY COUNCILDESOTO COUNTY ECONOMIC DEVELOPMENT COUNCILDESOTO COUNTY SCHOOLS DIXON GALLERY AND GARDENSEVOLVE BANK &amp; TRUSTFAMILY CRISIS SERVICES OF NORTHWEST MISSISSIPPI, INC.FIRST BAPTIST CHURCH HORN LAKEGOVERNOR'S FOUNDATION FOR HEALTH AND WELLNESSGRACE HOUSE OF MEMPHISHOME INSTEAD SENIOR CAREKROCCENTER OF MEMPHISLEADERSHIP MEMPHISMARCH OF DIMESMEMPHIS CATHOLIC MIDDLE &amp; HIGH SCHOOLMEMPHIS CITY BEAUTIFULMEMPHIS JEWISH COMMUNITY CENTERMEMPHIS LIBRARY FOUNDATIONMETHODIST LE BONHEUR HEALTHCARENEW MEMPHISNORTHW</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:	EST MISSISSIPPI COMMUNITY COLLEGE OMEGA MINISTRIES/OMEGA HEALTHY PRACTICES OPTUS, INC. PROMAT URAREGIONAL ONE HEALTHRISE FOUNDATION, INC. SHELBY COUNTY COMMISSIONS SHELBY COUNTY GOVERNMENT SHELBY COUNTY HEALTH DEPARTMENT SHELBY COUNTY SCHOOL SHELBY FARMS PARK CONSERVANCY SOUTH TIPTON 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 WALLS UNIVERSITY OF MEMPHIS UNIVERSITY OF MISSISSIPPI-DE SOTO 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 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-DESO BAPTIST MEMORIAL HOSPITAL-MEMPHIS BAPTIST MEMORIAL HOSPITAL-TIPTON BAPTIST MEMORIAL HOSPITAL FOR WOMEN BAPTIST 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 2 -- BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE 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 A CHANGING HEALTH CARE DELIVERY ENVIRONMENT, TO ADDRESS THE REGION'S MOST PRESSING COMMUNITY 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.BUILDING UPON THE CURRENT CHNA AND IMPLEMENTATION STRATEGY, THE HOSPITAL DID THE FOLLOWING DURING FY'20 TO ADDRESS THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY:- 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</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:	TION 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.- 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
<p>GROUP A-FACILITY 3 -- BAPTIST MEMORIAL HOSPITAL FOR WOMEN PART V, SECTION B, LINE 5:</p>	<p>THE FY2019 CHNA FOR BAPTIST'S MEMPHIS METRO SERVICE AREA WAS CONDUCTED FROM AUGUST 2018 TO AUGUST 2019. QUANTITATIVE AND QUALITATIVE METHODS, REPRESENTING BOTH PRIMARY AND SECONDARY RESEARCH, WERE USED TO ILLUSTRATE AND COMPARE HEALTH TRENDS AND DISPARITIES ACROSS EACH HOSPITAL'S SERVICE AREA. THE FOLLOWING RESEARCH METHODS WERE USED TO DETERMINE COMMUNITY HEALTH NEEDS:- A REVIEW OF PUBLIC HEALTH AND DEMOGRAPHIC DATA PORTRAYING THE HEALTH AND SOCIOECONOMIC STATUS OF THE COMMUNITY. - A KEY INFORMANT SURVEY OF 80 COMMUNITY REPRESENTATIVES SERVING THE MEMPHIS METRO SERVICE AREA TO IDENTIFY COMMUNITY HEALTH PRIORITIES, UNDERSERVED 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 MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS. THESE INDIVIDUALS PROVIDED VALUABLE INFORMATION ABOUT HEALTH TRENDS, INSIGHTS ABOUT EXISTING RESOURCES AND GAPS IN SERVICES AND PERSPECTIVES ABOUT FACTORS THAT CONTRIBUTE TO HEALTH DISPARITIES.CHNA LEADERSHIP:A BAPTIST MEMORIAL HEALTH CARE STEERING COMMITTEE, ALONG WITH COMMUNITY REPRESENTATIVES AND PARTNERS, OVERSAW THE 2018 CHNA. COMMUNITY HEALTH CONSULTANTS ASSISTED IN ALL PHASES OF THE CHNA, INCLUDING PROJECT MANAGEMENT, DATA COLLECTION AND ANALYSIS, REPORT WRITING AND DEVELOPMENT OF IMPLEMENTATION PLANS.THE FOLLOWING CONTRIBUTED TO THE CHNA PROCESS AS COMMUNITY PARTNERS:ABUNDANT GRACE FELLOWSHIPACADEMY FOR YOUTH EMPOWERMENTALLIANCE FOR A HEALTHIER GENERATIONARKANSAS BLUE CROSSARKANSAS STATE UNIVERSITYARTSMEMPHISATOKA POLICE DEPARTMENTBANCORPSOUTHBIG BROTHERS BIG SISTERSBOYS &amp; GIRLS CLUB OF GREATER MEMPHISCHURCH HEALTH CENTER OF MEMPHISCITADEL CHURCH OF GOD IN CHRISTCITY OF BARTLETTCITY OF COVINGTONCITY OF HERNANDOCITY OF MILLINGTONCITY OF MUNFORDCOLLIERVILLE CHAMBER OF COMMERCECOLLIERVILLE SCHOOLSCOMMON TABLE HEALTH ALLIANCEDESOTO BAPTIST PATIENT FAMILY ADVISORY COUNCILDESOTO COUNTY ECONOMIC DEVELOPMENT COUNCILDESOTO COUNTY SCHOOLSDEXON GALLERY AND GARDENSEVOLVE BANK &amp; TRUSTFAMILY CRISIS SERVICES OF NORTHWEST MISSISSIPPI, INC.FIRST BAPTIST CHURCH HORN LAKEGOVERNOR'S FOUNDATION FOR HEALTH AND WELLNESSGRACE HOUSE OF MEMPHISHOME INSTEAD SENIOR CAREKROC CENTER OF MEMPHISLEADERSHIP MEMPHISMARCH OF DIMESMEMPHIS CATHOLIC MIDDLE &amp; HIGH SCHOOLMEMPHIS CITY BEAUTIFULMEMPHIS JEWISH COMMUNITY CENTERMEMPHIS LIBRARY FOUNDATIONMETHODIST LE BONHEUR HEALTHCARENEW MEMPHISNORTHW</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:	EST MISSISSIPPI COMMUNITY COLLEGE OMEGA MINISTRIES/OMEGA HEALTHY PRACTICES OPTUS, INC. PROMAT URAREGIONAL ONE HEALTHRISE FOUNDATION, INC. SHELBY COUNTY COMMISSIONS SHELBY COUNTY GOVERNMENT SHELBY COUNTY HEALTH DEPARTMENT SHELBY COUNTY SCHOOLS SHELBY FARMS PARK CONSERVANCY SOUTH TIPTON 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 WALLS UNIVERSITY 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-COLLIERVILLE BAPTIST MEMORIAL HOSPITAL-DESO BAPTIST MEMORIAL HOSPITAL-MEMPHIS BAPTIST MEMORIAL HOSPITAL-TIPTON BAPTIST 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, BE LOW ARE SPECIFIC ACTIVITIES THAT BAPTIST MEMORIAL HOSPITAL FOR WOMEN 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 FOR WOMEN 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 FOR WOMEN WILL IMPLEMENT THE FOLLOWING STRATEGIES: 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. 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 FOR WOMEN HAS OUTLINED THE FOLLOWING OBJECTIVES: 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. BAPTIST MEMORIAL HOSPITAL FOR WOMEN WILL IMPLEMENT THE FOLLOWING STRATEGIES: 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 AWARENE</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>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 AAGEMENT 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
GROUP A-FACILITY 3 -- BAPTIST MEMORIAL HOSPITAL FOR WOMEN PART V, SECTION B, LINE 11:	<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.BUILDING UPON THE CURRENT CHNA AND IMPLEMENTATION STRATEGY, THE HOSPITAL DID THE FOLLOWING DURING FY'20 TO ADDRESS THE SIGNIFICANT HEALTH NEEDS OF THE COM MUNITY:- IDENTIFIED OPPORTUNITIES TO COLLABORATE WITH COMMUNITY AGENCIES THAT PROVIDE MENT AL HEALTH AND SUBSTANCE ABUSE SUPPORT. - USED BAPTIST EXPERTS TO SHARE EDUCATIONAL INFORMAT ION WITH THE PUBLIC VIA PRINTED DOCUMENTS, VIDEOS, AND RADIO.- PARTICIPATED IN FORUMS TO I NCREASE AWARENESS OF RISK FACTORS AND PREVENTION ACTIVITIES. - PARTNERED WITH LOCAL SCHOOL S TO PROVIDE EDUCATION AND PROGRAMMING TOOLS FOR STUDENTS TO MAKE HEALTHY LIFESTYLE CHOICE S.- PROMOTED PEDIATRIC PARENTING HEALTHY KIDS APPS TO SCHOOLS AND COMMUNITIES TO BUILD HEA LTHY 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.

**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>BAPTIST MEMORIAL HOSPITAL-MEMPHIS:</p>	<p>PART V, SECTION B, LINE 16A: THE FAP FOR BAPTIST MEMORIAL HOSPITAL-MEMPHIS CAN BE FOUND AT THE FOLLOWING LINK: <a href="https://www.baptistonline.org/patients-and-visitors/financial-assistance">HTTPS://WWW.BAPTISTONLINE.ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE</a></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: <a href="https://www.baptistonline.org/patients-and-visitors/financial-assistance">HTTPS://WWW.BAPTISTONLINE.ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE</a></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: <a href="https://www.baptistonline.org/patients-and-visitors/financial-assistance">HTTPS://WWW.BAPTISTONLINE.ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE</a></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: <a href="https://www.baptistonline.org/patients-and-visitors/financial-assistance">HTTPS://WWW.BAPTISTONLINE.ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE</a></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: <a href="https://www.baptistonline.org/patients-and-visitors/financial-assistance">HTTPS://WWW.BAPTISTONLINE.ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE</a></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: <a href="https://www.baptistonline.org/patients-and-visitors/financial-assistance">HTTPS://WWW.BAPTISTONLINE.ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE</a></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: <a href="https://www.baptistonline.org/patients-and-visitors/financial-assistance">HTTPS://WWW.BAPTISTONLINE.ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE</a></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: <a href="https://www.baptistonline.org/patients-and-visitors/financial-assistance">HTTPS://WWW.BAPTISTONLINE.ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE</a></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: <a href="https://www.baptistonline.org/patients-and-visitors/financial-assistance">HTTPS://WWW.BAPTISTONLINE.ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE</a></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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

BAPTIST 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...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: (1) CROSSLINK MEMPHIS INC, 45-4848118, 501(C)3, 544,192, BOOK VALUE, SUPPLIES, EYEGGLASS AND MEDICAL SUPPLIES.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 1
3 Enter total number of other organizations listed in the line 1 table. 0

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(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: <a href="https://www.bmhgiving.org/">HTTPS://WWW.BMHGIVING.ORG/</a> .

**Schedule J**  
(Form 990)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**

**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 Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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> <p> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax idemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account  <input checked="" type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </p>		
<p><b>b</b> If any of the boxes on 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>	<b>1b</b>	No
<p><b>2</b> 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 on Line 1a?</p>	<b>2</b>	No
<p><b>3</b> 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> <p> <input type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations  <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> 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><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> 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>	<b>4a</b>	Yes
	<b>4b</b>	Yes
	<b>4c</b>	No
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>	No
	<b>5b</b>	No
<p><b>6</b> 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><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>	No
	<b>6b</b>	No
<p><b>7</b> 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>	<b>7</b>	No
<p><b>8</b> 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>	<b>8</b>	No
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>	

**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 1A	WILLIAM CLOUD, MD RECEIVES A HOUSING ALLOWANCE THAT IS TAXABLE TO HIM AS ADDITIONAL INCOME.
PART I, LINE 1B	WILLIAM CLOUD, MD RECEIVES A HOUSING ALLOWANCE THAT IS TAXABLE TO HIM AS ADDITIONAL INCOME.
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
PART I, LINE 4A:	UNDER A VOLUNTARY TERMINATION AGREEMENT ENTERED INTO BY THE EMPLOYEE AND THE ORGANIZATION OR UPON A QUALIFYING TERMINATION DEFINED AS AN INVOLUNTARY SEPARATION FROM SERVICE OTHER THAN FOR CAUSE, THE EMPLOYEE IS ENTITLED TO SEVERANCE PAY BASED UPON YEARS OF SERVICE. THE TERMS AND CONDITIONS TO RECEIVE SEVERANCE PAYMENTS REQUIRE THE EMPLOYEE TO SIGN A RELEASE OF CLAIMS FORM THAT COVERS ALL SITUATIONS SURROUNDING THE EMPLOYEE'S EMPLOYMENT AND SEPARATION FROM THE ORGANIZATION. SEVERANCE PAYMENTS WERE MADE DURING CALENDAR YEAR 2019 TO THE FOLLOWING LISTED PERSON(S) IN PART VII: CHRISTIAN C. PATRICK - \$313,275
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(S) LISTED ON PART VII RECEIVED SUPPLEMENTAL NON-QUALIFIED PLAN PAYMENTS DURING THE CALENDAR YEAR: RANDY J. KING - \$236,304







**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury

Internal Revenue Service  
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>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<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 &amp; 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>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<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 FALL OF 1977, AND MORE THAN 32,000 PATIENTS HAVE BEEN EVALUATED SINCE THEN. IN 1978, THE CENTER WAS ONE OF THE FIRST TO BE ACCREDITED IN THE UNITED STATES. FOR MORE INFORMATION ABOUT SLEEP DISORDERS, PLEASE VISIT THE AMERICAN ACADEMY OF SLEEP MEDICINE WEB SITE OR THEIR SLEEP EDUCATION WEBSITE. REHABILITATION AND WELLNESS: THE WELLNESS CENTER AT BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE HELPS PATIENTS EFFECTIVELY MANAGE THEIR WELLNESS AND REHABILITATION 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 WELLNESS OF THE COMMUNITIES WE SERVE. THE STAFF COMPRISES PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPISTS, A CERTIFIED ATHLETIC TRAINER, AND A CERTIFIED PHYSICAL THERAPY ASSISTANT, ALL OF 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 INJURIES, SPORTS INJURIES, TENDONITIS, JOINT REPLACEMENT AND STROKE, AS WELL AS MUSCULOSKELETAL PROBLEMS. OUTPATIENT REHABILITATION SERVICES INCLUDE: - PHYSICAL THERAPY - OCCUPATIONAL THERAPY - 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 PATIENTS 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 PHYSICAL THERAPY TO HELP THEM RECOVER FROM AN INJURY, ILLNESS, OR SURGICAL PROCEDURE. THERAPY 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 - ORTHOPEDIC DIAGNOSES - SPORTS INJURIES - AMPUTATIONS - ARTHRITIS - CHRONIC PAIN SYNDROMES ( COMPLEX REGIONAL PAIN SYNDROME, FIBROMYALGIA) - BALANCE DISORDERS - MULTIPLE TRAUMAS - SPINAL DISORDERS - HAND INJURIES PHYSICIAN REFERRALS ARE REQUIRED. PLEASE CALL BAPTIST MEMORIAL HOSPITAL-COLLIERVILLE AT (901) 861-8926 OR THE COLLIERVILLE COMMUNITY CENTER AT (901) 850-2128.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>BAPTIST MEMORIAL HOSPITAL FOR WOMEN:</p>	<p>DURING THE YEAR ENDED SEPTEMBER 30, 2020, BAPTIST MEMORIAL HOSPITAL FOR WOMEN'S PROGRAM SERVICES PRODUCED THE FOLLOWING RESULTS: - THE MOTHER-BABY OBSTETRICS/LABOR AND DELIVERY DEPARTMENT HAD 5,685 PATIENT VISITS AT A COST OF \$8,615,490. - THE NEONATAL-ICU DEPARTMENT HAD 11,494 PATIENT VISITS AT A COST OF \$11,280,200. - THE WOMEN'S HEALTH CENTER PERFORMED 45,149 PROCEDURES AT A COST OF \$3,913,664. 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 45,149 PROCEDURES, OF WHICH 32,599 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, ALL MAMMOGRAMS WERE PERFORMED BY THE DIGITAL MOBILE MAMMOGRAPHY UNIT. 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. AN OTHER 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. BAPT</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>BAPTIST MEMORIAL HOSPITAL FOR WOMEN:</p>	<p>IST MEMORIAL HOSPITAL FOR WOMEN PROVIDED 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 SEMI NARS FOCUSED ON WOMEN'S HEALTH CARE ISSUES IN THE NEW MILLENNIUM. TOPICS INCLUDED INITIATI VES IN WOMEN'S HEALTH, PERIMENOPAUSE, AND MENOPAUSE, PHYSICIAN BURNOUT, COMPLEMENTARY MEDI CINE IN OBSTETRICS AND GYNECOLOGY, AND OTHERS. THE ACCREDITED PROGRAM, WHICH FEATURED NATI ONALLY KNOW EXPERTS, WAS FREE TO BAPTIST PHYSICIANS, RESIDENTS, NURSE PRACTITIONERS, AND A LLIED HEALTH AND RISK MANAGEMENT PERSONNEL. A 180-SEAT COMMUNITY EDUCATION CLASSROOM IS US ED 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 VANDERW ALDE - "HOW TO PREVENT THE #1 CAUSE OF DEATH IN WOMEN AND MEN", BY DR. STEVEN GUBIN - "DIA BETES: 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 D ONATIONS MADE BY BAPTIST MEMORIAL HOSPITAL FOR WOMEN INCLUDE THE BELOW RECIPIENTS: - THE B REAST CANCER ERADICATION INITIATIVE, INC. - MARCH OF DIMES, INC. SPENCE AND BECKY WILSON B APTIST CHILDREN'S HOSPITAL: SPENCE AND BECKY WILSON BAPTIST CHILDREN'S HOSPITAL, PART OF B APTIST MEMORIAL HOSPITAL FOR WOMEN, IS THE HOME OF OUR CHILDREN'S HOSPITAL SERVICES. THE H OSPITAL OPENED ITS 17,000 SQUARE-FOOT EMERGENCY ROOM, WHICH FEATURES 10 BAYS FOR PATIENT C ARE, AND A 2,000 SQUARE-FOOT DIAGNOSTICS AREA, ON JANUARY 28, 2015. THE EMERGENCY DEPARTME NT IS STAFFED 24/7 WITH PEDIATRIC EMERGENCY MEDICINE PHYSICIANS, PEDIATRIC HOSPITALISTS, A ND AN ARRAY OF OTHER PEDIATRIC SPECIALISTS, INCLUDING THE BAPTIST MEMORIAL HEALTH CARE SYS TEM'S FIRST PEDIATRIC GENERAL SURGEON AND A PEDIATRIC ANESTHESIOLOGIST. NO MATTER HOW YOUN G A PATIENT MAY BE, BAPTIST MEMORIAL HOSPITAL FOR WOMEN IS COMMITTED TO HELPING EACH ONE G ET BETTER BY USING A CHILD-CENTERED HEALTH CARE APPROACH FROM A TEAM OF COMPASSIONATE, DED ICATED PEDIATRICIANS, INTENSIVISTS, SUBSPECIALISTS, AND OTHER MEDICAL PROFESSIONALS. FROM THE NEED FOR SERIOUS SURGERY, TO TREATMENT OF A BROKEN BONE, OR OUTPATIENT TREATMENT FOR L ABS 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 PROVID ERS. P.D.'S PERCH: AN OUTPATIENT CENTER DESIGNED FOR PEDIATRIC LAB WORK AND DIAGNOSTIC TES TING 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</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
BAPTIST MEMORIAL HOSPITAL FOR WOMEN:	<p>LAB WORK, PLEASE CONSULT YOUR PEDIATRICIAN. 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, PEDIATRIC IANS, NURSE PRACTITIONERS, CERTIFIED PHYSICIAN ASSISTANTS, PEDIATRIC NURSES, AND SUBSPECIA LISTS TO CARE FOR YOUR CHILD. THE PEDIATRIC EMERGENCY ROOM PROVIDES CARE FOR A HOST OF ISS UES 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 MA NAGEMENT 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 PEDIA TRIC 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-B ED PICU IS A TECHNOLOGICALLY ADVANCED UNIT STAFFED WITH PEDIATRIC CRITICAL CARE NURSES, RE SPIRATORY 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 BA PTIST CHILDREN'S HOSPITAL AND PROMOTES FAMILY-CENTERED CARE THAT ALLOWS PARENTS OR CAREGIV ERS TO STAY IN THE ROOM WITH THEIR CHILD CONTINUOUSLY. THE PEDIATRIC HEALTH CARE TEAM DEMO NSTRATES 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 C ARE TEAM LAYS THE GROUNDWORK FOR BETTER CARE AND ENHANCED COMMUNICATION. P.D.'S NEST PROGR AM: 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 STR ESSFUL. CERTIFIED CHILD LIFE SPECIALISTS: THESE SPECIALISTS WORK WITH CHILDREN IN THE HOSP ITAL'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" G AMING SYSTEMS ALSO HELP DISTRACT AND ENTERTAIN CHILDREN DURING A HOSPITAL STAY.</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<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>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
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 <a href="mailto:INFO.CHILDRENS@BMHCC.ORG">INFO.CHILDRENS@BMHCC.ORG</a> .

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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 CYNDI S. PITTMAN BRAD H. PARSONS GREGORY M. DUCKETT JASON M. LITTLE KEVIN HAMMERAN PAUL D. DEPRIEST, MD RANDY J. KING DANA B. DYE CHRISTIAN C. PATRICK, LINDSAY R. STENCEL

# 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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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 10, 2018, THE COMPENSATION WAS REVIEWED AND APPROVED FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2019 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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC	ARIE SZATKOWSKI, MD - 8060 WOLF RIVER BLVD., GERMANTOWN, TN 38138. DANA B. DYE - 6019 WALNUT GROVE RD., MEMPHIS, TN 38120. KEVIN HAMMERAN - 6225 HUMPHREYS BLVD., MEMPHIS, TN 38120. BRAD H. PARSONS - 6019 WALNUT GROVE RD., MEMPHIS, TN 38120. CATHERINE LUCHSINGER - 6019 WALNUT GROVE RD., MEMPHIS, TN 38120. CYNDI S. PITTMAN - 6019 WALNUT GROVE RD., MEMPHIS, TN 38120. LINDSAY R. STENCEL - 1500 W. POPLAR AVE., COLLIERVILLE, TN 38017. SAMUEL S. LYND - 4800 E. JOHNSON AVE., JONESBORO, AR 72401. WILLIAM CLOUD, MD - 6019 WALNUT GROVE RD., MEMPHIS, TN 38120. CAROL THETFORD - 6225 HUMPHREYS BLVD., MEMPHIS, TN 38120. DENISE FERGUSON - 1500 W. POPLAR AVE., COLLIERVILLE, TN 38017. MARGARET H. WILLIAMS - 6225 HUMPHREYS BLVD., MEMPHIS, TN 38120. SAMUEL PIEH - 6019 WALNUT GROVE RD., MEMPHIS, TN 38120.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART IX, LINE 11G	PURCHASED SERVICES: PROGRAM SERVICE EXPENSES 16,517,681. MANAGEMENT AND GENERAL EXPENSES 2,252,411. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 18,770,092. PHYSICIAN FEES: PROGRAM SERVICE EXPENSES 48,777,038. MANAGEMENT AND GENERAL EXPENSES 2,567,213. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 51,344,251. CONTRACT LABOR: PROGRAM SERVICE EXPENSES 20,931,345. MANAGEMENT AND GENERAL EXPENSES 1,101,650. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 22,032,995.



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	POST RETIREMENT BENEFIT OBLIGATION -1,658,155.

# 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

**2019**

**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](http://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
<b>(1)</b> 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

**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
<b>(1)</b> BAPTIST HEALTH SERVICES GROUP OF THE MID-SOUTH INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1534210	HEALTH INSURANCE CONTRACTING	TN	N/A	C				Yes	
<b>(2)</b> GERMANTOWN BUSINESS PARK OWNERS ASSOCIATION 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 20-1158216	BOOKKEEPING & DATA PROCESSING GERMANTOWN BUS. PARK	TN	N/A	C				Yes	
<b>(3)</b> HEALTH TECH AFFILIATES INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1278576	BUYING & LEASING REAL & PERSONAL PROPERTY	TN	N/A	C				Yes	
<b>(4)</b> MISSISSIPPI BAPTIST MEDICAL ENTERPRISES INC AND SUBS 1225 NORTH STATE STREET JACKSON, MS 39202 64-0776164	INVESTMENTS	MS	N/A	C				Yes	
<b>(5)</b> SOUTHCREST PROPERTY OWNERS ASSOCIATION INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 64-0768703	BOOKKEEPING & DATA PROCESSING FOR THE SOUTHCREST DEVELOPMENT	MS	N/A	C				Yes	

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

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

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

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

See Additional Data Table

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



**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>

**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 381202177 83-1651534	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	12 TYPE I	BAPTIST MEMORIAL HEALTH SERVICES INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-2842963	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	3	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3032246	FACILITATE MEDICAL & SCIENTIFIC RESEARCH	TN	501(C)(3)	4	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
1225 NORTH STATE STREET JACKSON, MS 39202 47-3403762	SOLICIT, RAISE, MANAGE, APPLY & INVEST FUNDS IN SUPPORT OF BAPTIST ENTITIES	MS	501(C)(3)	12 TYPE I	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
1225 NORTH STATE STREET JACKSON, MS 39202 45-2896080	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	3	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
823 GRAND AVENUE YAZOO CITY, MS 39194 64-0844470	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	3	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
1003 MONROE AVE MEMPHIS, TN 381043110 62-1599670	EDUCATION OF HEALTH CARE PROFESSIONALS	TN	501(C)(3)	2	BAPTIST MEMORIAL HOSPITAL	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1521475	MANAGEMENT, ADMINISTRATIVE & FINANCIAL SERVICES	TN	501(C)(3)	12 TYPE III-FI	N/A		No
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1544781	SOLICIT, RAISE, MANAGE, APPLY & INVEST FUNDS IN SUPPORT OF BAPTIST ENTITIES	TN	501(C)(3)	12 TYPE I	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1456556	CARRY OUT THE HEALTH CARE MISSIONS OF THE BAPTIST CONVENTIONS OF AR, MS, TN	TN	501(C)(3)	12 TYPE I	N/A	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1509127	PROVISIONS OF HEALTH CARE PROVIDERS & HOME MEDICAL EQUIPMENT/SERVICES	TN	501(C)(3)	12 TYPE I	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1562973	HOME HEALTH CARE & HOSPICE SERVICES	TN	501(C)(3)	10	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
100 HOSPITAL STREET BOONEVILLE, MS 38829 64-0663760	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 81-3257997	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 82-3844150	HEALTH CARE FACILITY/HOSPITAL	AR	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
7601 SOUTHCREST PARKWAY SOUTHAVEN, MS 38671 64-0682111	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
2520 5TH STREET NORTH COLUMBUS, MS 39701 62-1519754	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
631 RB WILSON DR HUNTINGDON, TN 38344 62-1166050	HEALTH CARE FACILITY/HOSPITAL	TN	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 26-1214372	HEALTH CARE FACILITY/HOSPITAL	AR	501(C)(3)	3	NEA BAPTIST HEALTH SYSTEM INC	Yes	
1100 BELK BOULEVARD OXFORD, MS 38655 64-0772726	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	



Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1995 HIGHWAY 51 SOUTH COVINGTON, TN 38019 62-1113167	HEALTH CARE FACILITY/HOSPITAL	TN	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
1201 BISHOP ST UNION CITY, TN 382615403 62-1138045	HEALTH CARE FACILITY/HOSPITAL	TN	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
200 HIGHWAY 30 WEST NEW ALBANY, MS 38652 63-0997281	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1545731	PROVISION OF HEALTH CARE PROVIDERS FOR BAPTIST ENTITIES	TN	501(C)(3)	12 TYPE I	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1407946	BAPTIST EMPLOYEE HEALTH PLAN	TN	501(C)(9)		BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1645396	HEALTH CARE FACILITY/HOSPITAL	TN	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1538114	NON-EMERGENCY CLINICS	TN	501(C)(3)	3	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 81-3655778	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	12 TYPE I	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3032372	ESTABLISH, MAINTAIN & MANAGE A PATIENT SAFETY ORGANIZATION	TN	501(C)(3)	11	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 46-1953140	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	3	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3303607	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	3	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
80 HUMPHREYS CENTER MEMPHIS, TN 381202177 35-2461541	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	3	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3303687	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	3	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1112364	COLLECTION AGENCY FOR BAPTIST ENTITIES	TN	501(C)(3)	12 TYPE II	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
1225 NORTH STATE STREET JACKSON, MS 39202 75-3068151	CLINICS	MS	501(C)(3)	3	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-2832975	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	3	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
1225 NORTH STATE STREET JACKSON, MS 39202 64-0306253	HOLDING COMPANY	MS	501(C)(3)	12 TYPE II	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
1225 NORTH STATE STREET JACKSON, MS 39202 64-0881013	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	3	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
1225 NORTH STATE STREET JACKSON, MS 39202 64-0833383	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	3	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
1225 NORTH STATE STREET JACKSON, MS 39202 80-0812322	HOLDING COMPANY	MS	501(C)(3)	12 TYPE I	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 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**

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	C	839,354	CASH
BAPTIST MEMORIAL HEALTH CARE CORPORATION	E	17,027,824	CASH
BAPTIST MEMORIAL HOSPITAL-TIPTON INC	L	6,840,994	CASH
BAPTIST - UCH INSTITUTE FOR PLASTIC AND RECONSTRUCTIVE SURGERY LLC	M	187,508	CASH
BAPTIST MEMORIAL HEALTH CARE CORPORATION	M	58,435,320	CASH
BAPTIST MEMORIAL MEDICAL GROUP INC	M	2,190,878	CASH
MEMPHIS LUNG PHYSICIANS FOUNDATION INC	M	2,346,225	CASH
THE STERN CARDIOVASCULAR FOUNDATION INC	M	1,893,032	CASH
BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC	P	5,062,234	CASH
BAPTIST MEMORIAL HOSPITAL-DESOTO INC	P	50,699	CASH
BAPTIST MEMORIAL HOSPITAL-JONESBORO INC	P	71,168	CASH
BAPTIST MEMORIAL MEDICAL GROUP INC	P	31,308,598	CASH
THE STERN CARDIOVASCULAR FOUNDATION INC	P	770,895	CASH
BAPTIST MEMORIAL HOSPITAL-DESOTO INC	Q	530,540	CASH
BAPTIST MEMORIAL MEDICAL GROUP INC	Q	92,616	CASH
MISSISSIPPI BAPTIST MEDICAL CENTER INC	Q	69,579	CASH
BAPTIST HEALTH SERVICES GROUP OF THE MID-SOUTH INC	R	117,668	CASH
BAPTIST MEMORIAL HEALTH CARE CORPORATION	R	145,502	CASH
BAPTIST MEMORIAL HOSPITAL-CRITTENDEN INC	R	1,620,950	CASH
BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC	R	70,822	CASH
BAPTIST MEMORIAL MEDICAL MINISTRIES EMPLOYEE HEALTH AND WELFARE TRUST	R	29,621,348	CASH
BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC	R	4,529,259	CASH
GASTROINTESTINAL SPECIALISTS FOUNDATION INC	R	174,437	CASH
HEALTH TECH AFFILIATES INC	R	2,115,374	CASH
MISSISSIPPI BAPTIST MEDICAL CENTER INC	R	74,733	CASH

<b>Form 990, Schedule R, Part V - Transactions With Related Organizations</b>			
<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
BAPTIST MEMORIAL HEALTH CARE CORPORATION	S	601,311,165	CASH