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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury  
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 10-01-2017 , and ending 09-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

BAPTIST MEMORIAL MEDICAL GROUP INC

Doing business as

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

Room/suite

350 N HUMPHREYS BLVD

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

MEMPHIS, TN 38120

F Name and address of principal officer

MARK E SWANSON MD

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 ▶

D Employer identification number

62-1545731

E Telephone number

(901) 752-5442

G Gross receipts \$ 162,257,537

I Tax-exempt status

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

J Website: ▶ WWW.BAPTISTONLINE.ORG/BMG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1997

M State of legal domicile TN

Part I Summary

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

BAPTIST MEMORIAL MEDICAL GROUP, INC IS A PROVIDER OF AMBULATORY HOSPITAL SERVICES IN SUPPORT OF ITS MISSION OF PROVIDING HEALTH CARE TO THE COMMUNITY BAPTIST MEMORIAL MEDICAL GROUP, INC PROVIDES DIRECT PRIMARY CARE MEDICAL SERVICE THROUGH ITS EMPLOYED MEDICAL PROVIDERS BAPTIST MEMORIAL MEDICAL GROUP, INC PROVIDES SUCH SERVICES TO THE COMMUNITY AT LARGE

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

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

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

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

7b Net unrelated business taxable income from Form 990-T, line 34

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

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

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

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

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

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

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

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

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

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

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

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

19 Revenue less expenses Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Activities & Governance

Revenue

Expenses

Net Assets or Fund Balances

Prior Year

Current Year

Beginning of Current Year

End of Year

Part II Signature Block

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

Sign Here

Signature of officer

2019-08-12

Date

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

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

**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 MEDICAL GROUP, INC IS A PROVIDER OF AMBULATORY HOSPITAL SERVICES IN SUPPORT OF ITS MISSION OF PROVIDING HEALTH CARE TO THE COMMUNITY BAPTIST MEMORIAL MEDICAL GROUP, INC PROVIDES DIRECT PRIMARY CARE MEDICAL SERVICE THROUGH ITS EMPLOYED MEDICAL PROVIDERS BAPTIST MEMORIAL MEDICAL GROUP, INC PROVIDES SUCH SERVICES TO THE COMMUNITY AT LARGE

**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

<b>4a</b>	(Code )	(Expenses \$ 161,412,247	including grants of \$ 18,025 )	(Revenue \$ 161,360,700 )
	See Additional Data			

<b>4b</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4c</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4d</b>	Other program services (Describe in Schedule O )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4e</b>	Total program service expenses ►	161,412,247	
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<b>2</b>	No
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	No
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	Yes	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	Yes	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	Yes	
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☒

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,325	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments?If "No," provide an explanation in Schedule O	14b		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed: **►**

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: **►**KIMBERLY O YOUNG CFO 1717 W MASSEY RD MEMPHIS, TN 38120 (901) 227-4080

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

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

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

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

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

[illegible]

[illegible]

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 ► 160

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
UT MEDICAL GROUP INC 1407 UNION AVENUE 700 MEMPHIS, TN 38104	PHYSICIAN SERVICES	2,617,861
TEAM HEALTH PO BOX 634850 CINCINNATI, OH 45263	PHYSICIAN SERVICES	2,052,561
RAMESES SROUFE MD, 6066 RIVER OAKS ROAD MEMPHIS, TN 38120	PHYSICIAN SERVICES	1,023,403
OMAR GHANDOUR MD, 3172 DEVONSHIRE WAY GERMANTOWN, TN 38139	PHYSICIAN SERVICES	919,082
ANGELA WORTHAM MD, 6066 RIVER OAKS ROAD MEMPHIS, TN 38120	PHYSICIAN SERVICES	803,305

Form 990 (2017)



**Part VIII** **Statement of Revenue**

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

Contributions, Gifts, Grants  
and Other Similar Amounts

<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>	
<b>e</b> Government grants (contributions)	<b>1e</b>	
<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>h Total.</b> Add lines 1a-1f . . . . . ▶		

(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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Program Service Revenue

	Business Code				
<b>2a</b> PATIENT SERVICE REV	621110	128,341,543	128,195,715	145,828	
<b>b</b> REIMB FROM AFFILIATES	900099	32,838,676	32,838,676		
<b>c</b> RENTS FROM AFFILIATES	900099	112,654	112,654		
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> All other program service revenue					
<b>g Total.</b> Add lines 2a-2f . . . . . ▶		161,292,873			

Other Revenue

<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		3,275			3,275
<b>4</b> Income from investment of tax-exempt bond proceeds ▶					
<b>5</b> Royalties . . . . . ▶					
<b>6a</b> Gross rents	(i) Real	(ii) Personal			
<b>b</b> Less rental expenses					
<b>c</b> Rental income or (loss)					
<b>d</b> Net rental income or (loss) . . . . . ▶					
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
<b>b</b> Less cost or other basis and sales expenses		534,362			
<b>c</b> Gain or (loss)		747,734			
<b>d</b> Net gain or (loss) . . . . . ▶		-213,372	-213,372		
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					
<b>b</b> Less direct expenses . . . . . <b>b</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>a</b>					
<b>b</b> Less direct expenses . . . . . <b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . ▶					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . <b>a</b>					
<b>b</b> Less cost of goods sold . . . <b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . ▶					
Miscellaneous Revenue	Business Code				
<b>11a</b> EQUITY IN INVESTMENTS	900099	427,027	427,027		
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . . ▶		427,027			
<b>12 Total revenue.</b> See Instructions . . . . . ▶		161,509,803	161,360,700	145,828	3,275

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	18,025	18,025		
<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, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	5,260,658	4,208,526	1,052,132	
<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.	118,541,769	94,833,415	23,708,354	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	2,553,836	2,043,069	510,767	
<b>9</b> Other employee benefits.	12,334,439	9,867,551	2,466,888	
<b>10</b> Payroll taxes.	6,045,491	4,836,393	1,209,098	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	19,090		19,090	
<b>c</b> Accounting.				
<b>d</b> Lobbying.				
<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).	12,335,167	10,833,496	1,501,671	
<b>12</b> Advertising and promotion.	158,592	126,874	31,718	
<b>13</b> Office expenses.	2,644,566	2,115,653	528,913	
<b>14</b> Information technology.				
<b>15</b> Royalties.				
<b>16</b> Occupancy.	8,472,544	6,778,035	1,694,509	
<b>17</b> Travel.	444,323	177,729	266,594	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	248,440	99,376	149,064	
<b>20</b> Interest.	71,968	57,574	14,394	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	2,966,204	2,372,963	593,241	
<b>23</b> Insurance.	2,079,295	1,663,436	415,859	
<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> UBI TAXES	6,612	5,290	1,322	
<b>b</b> MEDICAL SUPPLIES	10,972,792	10,972,792	0	
<b>c</b> CORPORATE MGMT FEE	9,266,423	7,413,138	1,853,285	
<b>d</b> REPAIRS AND MAINTENANCE	2,546,130	2,036,904	509,226	
<b>e</b> All other expenses	1,543,745	952,008	591,737	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	198,530,109	161,412,247	37,117,862	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 . . . . .		12,425	<b>1</b>	12,886	
	<b>2</b>	Savings and temporary cash investments . . . . .		2,491,380	<b>2</b>	2,284,447	
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>		
	<b>4</b>	Accounts receivable, net . . . . .		200,281,423	<b>4</b>	235,301,755	
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>		
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .			<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>		
	<b>8</b>	Inventories for sale or use . . . . .		23,400	<b>8</b>	73,543	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		1,738,386	<b>9</b>	2,095,625	
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	33,669,141			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	15,184,149			
				20,717,047	<b>10c</b>	18,484,992	
	<b>11</b>	Investments—publicly traded securities . . . . .			<b>11</b>		
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .			<b>12</b>		
	<b>Liabilities</b>	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		2,036,828	<b>13</b>	1,978,000
		<b>14</b>	Intangible assets . . . . .		0	<b>14</b>	1,866,867
<b>15</b>		Other assets. See Part IV, line 11 . . . . .		2,236,675	<b>15</b>	264,784	
<b>16</b>		<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		229,537,564	<b>16</b>	262,362,899	
<b>17</b>		Accounts payable and accrued expenses . . . . .		13,568,344	<b>17</b>	19,311,280	
<b>18</b>		Grants payable . . . . .			<b>18</b>		
<b>19</b>		Deferred revenue . . . . .		7,842	<b>19</b>	88,923	
<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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		492,969	<b>22</b>	248,337	
<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 . . . . .		316,022,694	<b>25</b>	380,650,733	
<b>26</b>		<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		330,091,849	<b>26</b>	400,299,273	
<b>Net Assets or Fund Balances</b>		<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
		<b>27</b>	Unrestricted net assets		-100,554,285	<b>27</b>	-137,936,374
	<b>28</b>	Temporarily restricted net assets . . . . .			<b>28</b>		
	<b>29</b>	Permanently restricted net assets			<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>						
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>		
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>		
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds			<b>32</b>		
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		-100,554,285	<b>33</b>	-137,936,374		
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		229,537,564	<b>34</b>	262,362,899		

**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>	161,509,803
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	198,530,109
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-37,020,306
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	-100,554,285
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-361,783
<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>	0
<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>	-137,936,374

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

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

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 62-1545731  
**Name:** BAPTIST MEMORIAL MEDICAL GROUP INC

Form 990 (2017)

**Form 990, Part III, Line 4a:**

BAPTIST MEMORIAL MEDICAL GROUP, INC PROVIDES AMBULATORY SERVICES IN SUPPORT OF ITS MISSION OF PROVIDING HEALTH CARE TO THE COMMUNITY BAPTIST MEMORIAL MEDICAL GROUP, INC OFFERS MEDICAL CARE THAT REFLECTS THE THREE-FOLD MINISTRY OF CHRIST-PREACHING, TEACHING AND HEALING, AND IS COMMITTED TO PROVIDING QUALITY CARE TO THE COMMUNITIES IT SERVES BAPTIST MEMORIAL MEDICAL GROUP, INC OFFERS MEDICAL CARE TO PERSONS LIVING IN AREAS OF ARKANSAS, TENNESSEE, AND MISSISSIPPI CURRENTLY UNDERSERVED BY THE MOST BASIC OF HEALTH CARE SERVICES BAPTIST MEMORIAL MEDICAL GROUP, INC USES ITS SERVICES AS A MEANS OF PROVIDING QUALITY HEALTH CARE TO EVERYONE IN THE COMMUNITY THE PATIENT-FOCUSED HEALTH CARE IS DELIVERED IN A FRIENDLY, COMPASSIONATE, AND RESPONSIVE MANNER AS REFLECTED IN THE "SERVICE FIRST" PHILOSOPHY OF THE ENTIRE BAPTIST MEMORIAL HEALTH CARE SYSTEM RESPECT FOR THE INDIVIDUAL AND THE VALUE OF DIVERSITY, TRUST AND TEAMWORK, AND CONTINUOUS IMPROVEMENT THE RESOURCES OF BAPTIST MEMORIAL HEALTH CARE CORORATION, THE SOLE MEMBER OF BAPTIST MEMORIAL MEDICAL GROUP, INC , AND ITS AFFILIATES ARE AVAILABLE TO IDENTIFY AND PLACE PRIMARY CARE PRACTITIONERS AND NEEDED SPECIALISTS IN AREAS WHERE THEY ARE MOST NEEDED IN ADDITION, BAPTIST MEMORIAL MEDICAL GROUP, INC RECRUITS AND SUPPORTS PHYSICIANS MOVING TO RURAL, UNDERSERVED AREAS IN ARKANSAS, TENNESSEE, AND MISSISSIPPI FINANCIAL SUPPORT IS NECESSARY TO AID PHYSICIANS BEGINNING THEIR PRACTICE IN UNDERSERVED AREAS THE PRESENCE OF THESE PHYSICIANS IN THE AREA MAKES IT POSSIBLE FOR RESIDENTS TO AVOID TRAVEL TO NEIGHBORING COMMUNITIES TO RECEIVE BASIC HEALTH CARE SERVICES BAPTIST MEMORIAL MEDICAL GROUP, INC IS A MULTISPECIALTY PHYSICIAN GROUP WITH MORE THAN 500 PHYSICIANS REPRESENTING OVER 40 SPECIALITIES INCLUDING PEDIATRICS, FAMILY PRACTICE, ONCOLOGY, WOMEN'S HEALTH, NEUROLOGY, GASTROENTEROLOGY, CARDIOLOGY, AND ORTHOPAEDIC SURGERY, TO NAME A FEW BAPTIST MEMORIAL MEDICAL GROUP, INC PROVIDES CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS FROM WHICH WE MAY RECEIVE PAYMENT AT LESS THAN MARKET VALUE REIMBURSEMENT RECOGNIZING ITS MISSION TO THE COMMUNITY, SERVICES ARE PROVIDED TO MEDICARE, TENNCARE, AND UNINSURED PATIENTS TO THE EXTENT REIMBURSEMENT IS BELOW COST, BAPTIST MEMORIAL MEDICAL GROUP, INC RECOGNIZES THESE AMOUNTS AS CHARITY CARE IN MEETING ITS MISSION TO THE ENTIRE COMMUNITY CHARITY CARE IS PROVIDED THROUGH MANY REDUCED PRICE SERVICES AND FREE PROGRAMS OFFERED THROUGHOUT THE YEAR BASED UPON ACTIVITIES AND SERVICES WHICH BAPTIST MEMORIAL MEDICAL GROUP, INC BELIEVES WILL SERVE A BONA FIDE COMMUNITY HEALTH NEED THROUGH ITS AFFILIATION WITH BAPTIST MEMORIAL HEALTH CARE CORPORATION AND ITS AFFILIATED BAPTIST MEMORIAL HOSPITALS IN ARKANSAS, TENNESSEE, AND MISSISSIPPI, BAPTIST MEMORIAL MEDICAL GROUP, INC PROVIDES THE FOLLOWING PROGRAMS AND SERVICES FOR THE COMMUNITY -- COMMUNITY HEALTH FAIRS-- PHYSICAL EXAMS FOR STUDENTS ACTIVE IN COMPETITIVE SPORTS-- TENNESSEE NURSING ASSOCIATION MEETINGS-- PROVISION OF STAFF NURSES TO HELP WITH SENIOR CITIZENS' HEALTH FAIR-- EMPLOYEE ACTIVITIES TO RAISE MONEY FOR JUNIOR ACHIEVEMENT, UNITED WAY, AMERICAN HEART ASSOCIATION, AND MARCH OF DIMES-- REDUCED-PRICE FLU SHOTS FOR VARIOUS LOCAL COMPANIES-- PROVISION OF PHYSICIANS FOR SPEAKING ENGAGEMENTS ON TOPICAL HEALTH ISSUES TO THE COMMUNITY

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			
ALAN J COHEN MD ..... PHYSICIAN/DIRECTOR	40 00 ..... 0 00	X						289,804	0	43,916
ALEKSANDAR JANKOV MD ..... DIRECTOR (AS OF 1/18)	0 23 ..... 39 77	X						0	798,284	78,441
ANNE SULLIVAN MD ..... CQAO (THRU 12/17)	40 00 ..... 0 00	X						308,065	0	69,609
ANTHONY WHITE MD ..... DIRECTOR (THRU 12/17)	0 23 ..... 39 77	X						0	956,464	44,499
BRAD WOLF MD ..... PHYSICIAN/DIRECTOR (AS OF 1/18)	40 00 ..... 0 00	X						1,240,608	0	63,009
CARY FINN MD ..... PHYSICIAN/CHAIRMAN	39 08 ..... 0 92	X						520,966	0	53,135
CHARLES WOODALL MD ..... DIRECTOR	0 23 ..... 49 77	X						0	347,271	0
FREDDIE L EVERSON MD ..... PHYSICIAN/DIRECTOR	40 00 ..... 0 00	X						231,377	0	58,760
GREGORY JENKINS MD ..... PHYSICIAN/DIRECTOR	40 00 ..... 0 00	X						288,338	0	64,837
HARVEY MASON MD ..... PHYSICIAN/DIRECTOR (AS OF 1/18)	40 00 ..... 0 00	X						387,716	0	55,243

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			
JAMES L WARNOCK MD ..... PHYSICIAN/DIRECTOR (AS OF 1/18)	0 23 ..... 39 77	X						0	700,000	25,094
JANET D GEIGER MD ..... PHYSICIAN/DIRECTOR	40 00 ..... 0 00	X						141,197	0	35,249
JASON BRANDT MD ..... DIRECTOR (AS OF 1/18)	0 23 ..... 39 77	X						0	1,097,613	44,316
JASON M LITTLE ..... DIRECTOR	0 23 ..... 39 77	X						0	1,382,153	58,832
JOHN C BOSWELL MD ..... PHYSICIAN/DIRECTOR (THRU 12/17)	40 00 ..... 0 00	X						402,357	0	42,850
JOHN W HALE MD ..... PHYSICIAN/DIRECTOR (THRU 12/17)	40 00 ..... 0 00	X						415,779	0	56,172
KIM SLATE DNP ..... NP/DIRECTOR (AS OF 1/18)	40 00 ..... 0 00	X						162,084	0	31,416
MARK CASTELLAW MD ..... PHYSICIAN/DIRECTOR (THRU 12/17)	40 00 ..... 0 00	X						578,213	0	43,082
MARK COPPES MD ..... DIRECTOR	0 23 ..... 49 77	X						0	844,629	50,335
MARK E SWANSON MD ..... PRESIDENT & CEO	19 42 ..... 20 58	X		X				0	789,953	24,994

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			
MARY PATTERSON DNP ..... DIRECTOR (AS OF 1/18)	0 23 ..... 0 00	X						0	0	0
PAUL D DEPRIEST MD ..... DIRECTOR	0 23 ..... 39 77	X						0	972,083	58,146
PAUL S BIERMAN MD ..... DIRECTOR	0 23 ..... 49 77	X						0	906,369	74,748
ROBERT TAYLOR MD ..... DIRECTOR (THRU 12/17)	0 23 ..... 39 77	X						0	385,832	48,912
STEPHEN WOODRUFF MD ..... DIRECTOR	0 23 ..... 39 77	X						0	452,347	12,410
STEVEN GUBIN MD ..... DIRECTOR (THRU 12/17)	0 23 ..... 49 77	X						0	1,911,604	50,935
TIMOTHY CHEN MD ..... DIRECTOR (AS OF 1/18)	0 23 ..... 0 00	X						0	0	0
TODD M HENDERSON MD ..... DIRECTOR (AS OF 1/18)	0 23 ..... 49 77	X						0	536,597	53,524
WILLIAM A GRIFFIN ..... DIRECTOR	0 23 ..... 39 77	X						0	657,593	67,261
WILLIAM LIGHT MD ..... PHYSICIAN/DIRECTOR (AS OF 1/18)	40 00 ..... 0 00	X						314,405	0	51,102



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			
ANDREW JETER ..... CFO	40 00 ..... 0 00			X				136,520	0	17,628
GREGORY M DUCKETT ..... SECRETARY	0 23 ..... 39 77			X				0	643,651	72,500
HELEN P KESLER ..... CFO-ONCOLOGY (THRU 10/17)	40 00 ..... 0 00			X				153,892	0	32,580
KIMBERLY O YOUNG ..... CFO	34 84 ..... 5 16			X				237,591	0	24,769
ROBERT A VEST ..... COO	40 00 ..... 0 00			X				219,704	0	51,235
WARREN G ROGERS ..... EXEC DIR TRANSITION OPERATIONS	40 00 ..... 0 00				X			161,813	0	34,175
JAMES WALKER MD ..... PHYSICIAN	50 00 ..... 0 00					X		813,658	0	54,044
JOHN CRAIG MD ..... PHYSICIAN	50 00 ..... 0 00					X		1,082,391	0	24,448
JOSEPH SANTOSO MD ..... PHYSICIAN	50 00 ..... 0 00					X		1,186,729	0	33,519
MARGARET GORE MD ..... PHYSICIAN	50 00 ..... 0 00					X		794,441	0	51,886

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			
SANJEEV KUMAR MD ..... PHYSICIAN	50 00 ..... 0 00					X		789,816	0	73,264

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

BAPTIST MEMORIAL MEDICAL GROUP INC

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

62-1545731

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

11
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total	11				0	0

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

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

**Section A. Public Support**

	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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>	

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

<b>14</b>	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2016 Schedule A, Part II, line 14	<b>15</b>	

**16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐**b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐**17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 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 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 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 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** 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—2016.** 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 <b>Part VI</b> 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>	No
<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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	No
<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>	No
<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 <b>Part VI</b> 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 <b>Part VI</b> 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>	No
<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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b>, 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>	No
<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 <b>Part VI</b>.</i>	<b>6</b>	No
<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>	No
<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>	No
<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 <b>Part VI</b>.</i>	<b>9a</b>	No
<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 <b>Part VI</b>.</i>	<b>9b</b>	No
<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 <b>Part VI</b>.</i>	<b>9c</b>	No
<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>	No
<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>		
<b>11a</b>		No
<b>11b</b>		No
<b>11c</b>		No

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>1</b>	Yes	
<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>		
<b>2</b>		No

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>		
<b>1</b>		

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>1</b>		
<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>2</b>		
<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>		
<b>3</b>		

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 (see instructions)		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<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>		
<b>2a</b>		
<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>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<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>3a</b>		
<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>		
<b>3b</b>		

**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 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 Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e 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 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 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)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013. . . . .			
c From 2014. . . . .			
d From 2015. . . . .			
e From 2016. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013. . . . .			
b Excess from 2014. . . . .			
c Excess from 2015. . . . .			
d Excess from 2016. . . . .			
e Excess from 2017. . . . .			

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

Facts And Circumstances Test

**990 Schedule A, Supplemental Information**

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

**990 Schedule A, Supplemental Information**

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

Additional Data

Software ID:  
Software Version:  
EIN: 62-1545731  
Name: BAPTIST MEMORIAL MEDICAL GROUP INC

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

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) BAPTIST MEMORIAL HOSPITAL	620123940	3		No	0	0
(A) BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC	640772726	3		No	0	0
(B) BAPTIST MEMORIAL HOSPITAL-TIPTON INC	621113167	3		No	0	0
(C) BAPTIST MEMORIAL HOSPITAL-BOONEVILLE INC	640663760	3		No	0	0
(D) BAPTIST MEMORIAL HOSPITAL-UNION CITY INC	621138045	3		No	0	0
(E) BAPTIST MEMORIAL HOSPITAL- HUNTINGDON INC	621166050	3		No	0	0
(F) BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC	630997281	3		No	0	0
(G) BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC	581645396	3		No	0	0
(H) BAPTIST MEMORIAL HOSPITAL-DESOTO INC	640682111	3		No	0	0
(I) BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC	621519754	3		No	0	0
(J) BAPTIST MEMORIAL HOSPITAL-CALHOUN INC	813257997	3		No	0	0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493226024269

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

BAPTIST MEMORIAL MEDICAL GROUP INC

Employer identification number

62-1545731

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.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

(a) Donor advised funds

(b) Funds and other accounts

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

2a

2b

2c

2d

Held at the End of the Year

3

Number of conservation easements on a certified historic structure included in (a)

4

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

5

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

6

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

7

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

8

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

9

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

10

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

11

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

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

► \$

(ii) Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2017

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,268,038		5,268,038
b Buildings		9,748,052	2,565,190	7,182,862
c Leasehold improvements		5,152,839	2,899,713	2,253,126
d Equipment		11,280,083	8,767,984	2,512,099
e Other		2,220,129	951,262	1,268,867
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				18,484,992

Part VII

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

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

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	

Part X

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO AFFILIATES	379,053,097
OTHER LONG-TERM DEBT	1,597,636
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	380,650,733

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 <b>1</b>			
<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 <b>1</b> :			
<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:** 62-1545731  
**Name:** BAPTIST MEMORIAL MEDICAL GROUP INC

**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, 2018, AND 2017, BAPTIST MEMORIAL HEALTH CARE CORPORAT ION (BMHCC) HAD NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS UNDER FASB ASC TOPIC 740, INCOM E TAXES, REQUIRING ADJUSTMENTS TO ITS COMBINED FINANCIAL STATEMENTS IN THE EVENT BMHCC WE RE TO RECOGNIZE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IT WOULD BE REC OGNIZED IN THE COMBINED FINANCIAL STATEMENTS AS INTEREST EXPENSE GENERALLY, BMHCC IS NO L ONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR TAX YEARS PRIOR TO 2014 (FISCAL YEAR ENDED SE PTEMBER 30, 2015)

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
BAPTIST MEMORIAL MEDICAL GROUP INC

Employer identification number  
62-1545731

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TENNESSEE MEDICAL FOUNDATION INC 5141 VIRGINIA WAY BRENTWOOD, TN 37027	62-0541813	501(C)(3)	10,000				GENERAL DONATION

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

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**Employer identification number**

62-1545731

Name of the organization  
BAPTIST MEMORIAL MEDICAL GROUP INC

**Part I Questions Regarding Compensation**

	Yes	No
<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. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input checked="" type="checkbox"/> Discretionary spending account                 </div> <div> <input 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)                 </div> </div>		
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	<b>1b</b> Yes	
<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 in line 1a?	<b>2</b> Yes	
<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. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </div> <div> <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Approval by the board or compensation committee                 </div> </div>		
<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: <div style="margin-left: 20px;"> <b>a</b> Receive a severance payment or change-of-control payment?                 </div>	<b>4a</b>	No
<div style="margin-left: 20px;"> <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?                 </div>	<b>4b</b> Yes	
<div style="margin-left: 20px;"> <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?                 </div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4c</b>	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<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: <div style="margin-left: 20px;"> <b>a</b> The organization?                 </div>	<b>5a</b>	No
<div style="margin-left: 20px;"> <b>b</b> Any related organization?                 </div> If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	No
<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: <div style="margin-left: 20px;"> <b>a</b> The organization?                 </div>	<b>6a</b>	No
<div style="margin-left: 20px;"> <b>b</b> Any related organization?                 </div> If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	No
<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.	<b>7</b> Yes	
<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.	<b>8</b>	No
<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)?	<b>9</b>	

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.

See Additional Data Table

[illegible]

**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	MOST OFFICERS, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES RECEIVE A DISCRETIONARY SPENDING ACCOUNT FOR WHICH THE ORGANIZATION DOES NOT REIMBURSE UNLESS PROVIDED WITH THE ORIGINAL RECEIPT
PART I, LINE 3	BAPTIST MEMORIAL HEALTH CARE CORPORATION, A RELATED ORGANIZATION OF BAPTIST MEMORIAL MEDICAL GROUP, INC , 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 4B	ELIGIBLE EXECUTIVES PARTICIPATE IN VARIOUS NON-QUALIFIED DEFERRED COMPENSATION PLANS ORGANIZED UNDER CODE SECTION 457(F). THE EXACT PURPOSE OF EACH PLAN VARIES BUT THEY INCLUDE COMPENSATION LIMITATION MAKE-UP PLANS, VOLUNTARY DEFERRAL PLANS, DEFERRAL OF A PORTION OF INCENTIVE BONUS TYPE PLANS, ETC. ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EXECUTIVE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID. NO SUPPLEMENTAL NON-QUALIFIED PLAN PAYMENTS WERE MADE DURING THE YEAR TO ANY PERSONS LISTED IN PART VII.
PART I, LINE 7	THE BAPTIST MEMORIAL HEALTH CARE SYSTEM HAS ESTABLISHED A MANAGEMENT ACCOUNTABILITY AND FINANCIAL INCENTIVE PLAN THAT ENCOURAGES MANAGEMENT PARTICIPATION IN THE SIGNIFICANT IMPROVEMENTS OF THE QUALITY, FINANCIAL, GROWTH, AND HUMAN RESOURCE RELATED OPERATIONS OF THE ORGANIZATION. AN INCENTIVE BONUS IS PAID TO ALL MANAGEMENT BASED ON ATTAINMENT OF GOALS IN THE AREAS OF 1) PATIENT SATISFACTION, 2) EMPLOYEE SATISFACTION, 3) PHYSICIAN SATISFACTION, 4) QUALITY AND SAFETY, 5) OPERATIONAL PERFORMANCE METRICS, AND 6) OPERATING INCOME MARGIN. PARTICIPANTS RECEIVE POINTS UNDER A PLAN SCORING SYSTEM FOR MEETING THEIR PREDETERMINED GOALS. THE POINTS ARE THEN ENTERED INTO THE PLAN FORMULA TO DETERMINE THE INCENTIVE COMPENSATION.

Additional Data

Software ID:  
Software Version:  
EIN: 62-1545731  
Name: BAPTIST MEMORIAL MEDICAL GROUP INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ALAN J COHEN MD PHYSICIAN/DIRECTOR	(i)	256,848	32,281	675	23,530	20,386	333,720	0
	(ii)	0	0	0	0	0	0	0
1ALEKSANDAR JANKOV MD DIRECTOR (AS OF 1/18)	(i)	0	0	0	0	0	0	0
	(ii)	532,080	265,529	675	55,115	23,326	876,725	0
2ANNE SULLIVAN MD CQAO (THRU 12/17)	(i)	298,210	0	9,855	47,504	22,105	377,674	0
	(ii)	0	0	0	0	0	0	0
3ANTHONY WHITE MD DIRECTOR (THRU 12/17)	(i)	0	0	0	0	0	0	0
	(ii)	907,539	12,000	36,925	32,100	12,399	1,000,963	0
4BRAD WOLF MD PHYSICIAN/DIRECTOR (AS OF 1/18)	(i)	1,100,088	140,237	283	55,500	7,509	1,303,617	0
	(ii)	0	0	0	0	0	0	0
5CARY FINN MD PHYSICIAN/CHAIRMAN	(i)	276,438	244,107	421	27,000	26,135	574,101	0
	(ii)	0	0	0	0	0	0	0
6CHARLES WOODALL MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	272,000	75,271	0	0	0	347,271	0
7FREDDIE L EVERSON MD PHYSICIAN/DIRECTOR	(i)	202,136	29,187	54	38,475	20,285	290,137	0
	(ii)	0	0	0	0	0	0	0
8GREGORY JENKINS MD PHYSICIAN/DIRECTOR	(i)	277,443	10,612	283	55,492	9,345	353,175	0
	(ii)	0	0	0	0	0	0	0
9HARVEY MASON MD PHYSICIAN/DIRECTOR (AS OF 1/18)	(i)	377,643	10,048	25	30,750	24,493	442,959	0
	(ii)	0	0	0	0	0	0	0
10JAMES L WARNOCK MD PHYSICIAN/DIRECTOR (AS OF 1/18)	(i)	0	0	0	0	0	0	0
	(ii)	343,527	355,573	900	0	25,094	725,094	0
11JANET D GEIGER MD PHYSICIAN/DIRECTOR	(i)	141,172	0	25	32,123	3,126	176,446	0
	(ii)	0	0	0	0	0	0	0
12JASON BRANDT MD DIRECTOR (AS OF 1/18)	(i)	0	0	0	0	0	0	0
	(ii)	1,072,688	24,000	925	26,100	18,216	1,141,929	0
13JASON M LITTLE DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	910,132	334,216	137,805	31,500	27,332	1,440,985	0
14JOHN C BOSWELL MD PHYSICIAN/DIRECTOR (THRU 12/17)	(i)	307,357	35,861	59,139	20,250	22,600	445,207	0
	(ii)	0	0	0	0	0	0	0
15JOHN W HALE MD PHYSICIAN/DIRECTOR (THRU 12/17)	(i)	410,758	4,400	621	33,719	22,453	471,951	0
	(ii)	0	0	0	0	0	0	0
16KIM SLATE DNP NP/DIRECTOR (AS OF 1/18)	(i)	77,724	83,450	910	8,808	22,608	193,500	0
	(ii)	0	0	0	0	0	0	0
17MARK CASTELLAW MD PHYSICIAN/DIRECTOR (THRU 12/17)	(i)	556,106	21,191	916	27,000	16,082	621,295	0
	(ii)	0	0	0	0	0	0	0
18MARK COPPESS MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	789,052	12,000	43,577	24,000	26,335	894,964	0
19MARK E SWANSON MD PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	526,106	155,670	108,177	0	24,994	814,947	0



Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21PAUL D DEPRIEST MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	654,654	212,569	104,860	30,750	27,396	1,030,229	0
1PAUL S BIERMAN MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	862,378	43,828	163	55,500	19,248	981,117	0
2ROBERT TAYLOR MD DIRECTOR (THRU 12/17)	(i)	0	0	0	0	0	0	0
	(ii)	312,907	0	72,925	32,100	16,812	434,744	0
3STEPHEN WOODRUFF MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	313,053	19,500	119,794	0	12,410	464,757	0
4STEVEN GUBIN MD DIRECTOR (THRU 12/17)	(i)	0	0	0	0	0	0	0
	(ii)	1,859,432	22,500	29,672	24,000	26,935	1,962,539	0
5TODD M HENDERSON MD DIRECTOR (AS OF 1/18)	(i)	0	0	0	0	0	0	0
	(ii)	518,001	18,571	25	24,625	28,899	590,121	0
6WILLIAM A GRIFFIN DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	456,763	131,473	69,357	43,038	24,223	724,854	0
7WILLIAM LIGHT MD PHYSICIAN/DIRECTOR (AS OF 1/18)	(i)	301,267	13,113	25	37,500	13,602	365,507	0
	(ii)	0	0	0	0	0	0	0
8ANDREW JETER CFO	(i)	123,696	12,799	25	0	17,628	154,148	0
	(ii)	0	0	0	0	0	0	0
9GREGORY M DUCKETT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	417,017	138,516	88,118	42,336	30,164	716,151	0
10HELEN P KESLER CFO-ONCOLOGY (THRU 10/17)	(i)	121,484	16,278	16,130	11,228	21,352	186,472	0
	(ii)	0	0	0	0	0	0	0
11KIMBERLY O YOUNG CFO	(i)	212,251	23,591	1,749	22,408	2,361	262,360	0
	(ii)	0	0	0	0	0	0	0
12ROBERT A VEST COO	(i)	195,047	22,551	2,106	28,173	23,062	270,939	0
	(ii)	0	0	0	0	0	0	0
13WARREN G ROGERS EXEC DIR TRANSITION OPERATIONS	(i)	144,717	16,175	921	12,417	21,758	195,988	0
	(ii)	0	0	0	0	0	0	0
14JAMES WALKER MD PHYSICIAN	(i)	704,409	107,871	1,378	31,500	22,544	867,702	0
	(ii)	0	0	0	0	0	0	0
15JOHN CRAIG MD PHYSICIAN	(i)	758,210	292,246	31,935	0	24,448	1,106,839	0
	(ii)	0	0	0	0	0	0	0
16JOSEPH SANTOSO MD PHYSICIAN	(i)	1,186,271	0	458	32,033	1,486	1,220,248	0
	(ii)	0	0	0	0	0	0	0
17MARGARET GORE MD PHYSICIAN	(i)	758,416	0	36,025	27,000	24,886	846,327	0
	(ii)	0	0	0	0	0	0	0
18SANJEEV KUMAR MD PHYSICIAN	(i)	367,029	422,708	79	42,750	30,514	863,080	0
	(ii)	0	0	0	0	0	0	0

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
► Attach to Form 990 or Form 990-EZ.  
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
BAPTIST MEMORIAL MEDICAL GROUP INC

Employer identification number  
62-1545731

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

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

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

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

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

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

Part III Grants or Assistance Benefiting Interested Persons.  
Total Complete if the organization answered "Yes" on Form 990, Part IV, line 24a, 337

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

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**Part V Supplemental Information**

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

Return Reference	Explanation
SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS	<p>(A) NAME OF PERSON DR E TODD ROBBINS, P C (B) RELATIONSHIP WITH ORGANIZATION CERTAIN OFFICERS, DIRECTORS, AND HIGHLY COMPENSATED EMPLOYEES OF BAPTIST MEMORIAL MEDICAL GROUP, INC WHO HAD MORE THAN 35 PERCENT OF THE TOTAL COMBINED VOTING POWER OF DR E TODD ROBBINS, P C , THE INTERESTED PERSONS (C) PURPOSE OF LOAN BAPTIST MEMORIAL MEDICAL GROUP, INC PURCHASED CERTAIN ASSETS FROM DR E TODD ROBBINS, P C DECEMBER 31, 2012 THE PARTIES AGREED THAT \$154,167 OF THE PURCHASE PRICE WOULD BE PAID IN PERIODIC INSTALLMENTS REPRESENTED BY A PROMISSORY NOTE PAYABLE TO DR E TODD ROBBINS, P C (D) LOAN TO OR FROM ORGANIZATION? = TO(E) ORIGINAL PRINCIPAL AMOUNT \$ 154,167 (F) BALANCE DUE \$ 2 (G) LOAN IN DEFAULT? = NO(H) APPROVED BY BOARD OR COMMITTEE? = YES(I) WRITTEN AGREEMENT? = YES(A) NAME OF PERSON MASON SURGICAL GROUP, PLLC(B) RELATIONSHIP WITH ORGANIZATION CERTAIN OFFICERS, DIRECTORS, AND HIGHLY COMPENSATED EMPLOYEES OF BAPTIST MEMORIAL MEDICAL GROUP, INC WHO HAD MORE THAN 35 PERCENT OF THE TOTAL COMBINED VOTING POWER OF MASON SURGICAL GROUP, PLLC, THE INTERESTED PERSONS (C) PURPOSE OF LOAN BAPTIST MEMORIAL MEDICAL GROUP, INC PURCHASED CERTAIN ASSETS FROM MASON SURGICAL GROUP, PLLC ON MAY 31, 2013 THE PARTIES AGREED THAT \$100,001 OF THE PURCHASE PRICE WOULD BE PAID IN PERIODIC INSTALLMENTS REPRESENTED BY A PROMISSORY NOTE PAYABLE TO MASON SURGICAL GROUP, PLLC (D) LOAN TO OR FROM ORGANIZATION? = TO(E) ORIGINAL PRINCIPAL AMOUNT \$ 100,001 (F) BALANCE DUE \$ 2 (G) LOAN IN DEFAULT? = NO(H) APPROVED BY BOARD OR COMMITTEE? = YES(I) WRITTEN AGREEMENT? = YES(A) NAME OF PERSON WOMAN'S CLINIC, P A (B) RELATIONSHIP WITH ORGANIZATION CERTAIN OFFICERS, DIRECTORS, AND HIGHLY COMPENSATED EMPLOYEES OF BAPTIST MEMORIAL MEDICAL GROUP, INC WHO HAD MORE THAN 35 PERCENT OF THE TOTAL COMBINED VOTING POWER OF WOMEN'S CLINIC, P A , THE INTERESTED PERSONS (C) PURPOSE OF LOAN BAPTIST MEMORIAL MEDICAL GROUP, INC PURCHASED CERTAIN ASSETS FROM WOMEN'S CLINIC, P A ON APRIL 1, 2014 THE PARTIES AGREED THAT \$116,667 OF THE PURCHASE PRICE WOULD BE PAID IN PERIODIC INSTALLMENTS REPRESENTED BY A PROMISSORY NOTE PAYABLE TO WOMEN'S CLINIC, P A (D) LOAN TO OR FROM ORGANIZATION? = TO(E) ORIGINAL PRINCIPAL AMOUNT \$ 116,667 (F) BALANCE DUE \$ 23,333 (G) LOAN IN DEFAULT? = NO(H) APPROVED BY BOARD OR COMMITTEE? = YES(I) WRITTEN AGREEMENT? = YES(A) NAME OF PERSON MIKE FOSTER, MD, P C (B) RELATIONSHIP WITH ORGANIZATION CERTAIN OFFICERS, DIRECTORS, AND HIGHLY COMPENSATED EMPLOYEES OF BAPTIST MEMORIAL MEDICAL GROUP, INC WHO HAD MORE THAN 35 PERCENT OF THE TOTAL COMBINED VOTING POWER OF MIKE FOSTER, MD, P C , THE INTERESTED PERSONS (C) PURPOSE OF LOAN BAPTIST MEMORIAL MEDICAL GROUP, INC PURCHASED CERTAIN ASSETS FROM MIKE FOSTER, M D , P C ON SEPTEMBER 1, 2014 THE PARTIES AGREED THAT \$166,665 OF THE PURCHASE PRICE WOULD BE PAID IN PERIODIC INSTALLMENTS REPRESENTED BY A PROMISSORY NOTE PAYABLE TO MIKE FOSTER, MD, P C (D) LOAN TO OR FROM ORGANIZATION? = TO(E) ORIGINAL PRINCIPAL AMOUNT \$ 166,665 (F) BALANCE DUE \$ 33,333 (G) LOAN IN DEFAULT? = NO(H) APPROVED BY BOARD OR COMMITTEE? = YES(I) WRITTEN AGREEMENT? = YES(A) NAME OF PERSON CARDIOVASCULAR SURGERY CLINIC, PLLC(B) RELATIONSHIP WITH ORGANIZATION CERTAIN OFFICERS, DIRECTORS, AND HIGHLY COMPENSATED EMPLOYEES OF BAPTIST MEMORIAL MEDICAL GROUP, INC WHO HAD MORE THAN 35 PERCENT OF THE TOTAL COMBINED VOTING POWER OF CARDIOVASCULAR SURGERY CLINIC, PLLC, THE INTERESTED PERSONS (C) PURPOSE OF LOAN BAPTIST MEMORIAL MEDICAL GROUP, INC PURCHASED CERTAIN ASSETS FROM CARDIOVASCULAR SURGERY CLINIC, PLLC ON SEPTEMBER 1, 2015 THE PARTIES AGREED THAT \$166,667 OF THE PURCHASE PRICE WOULD BE PAID IN PERIODIC INSTALLMENTS REPRESENTED BY A PROMISSORY NOTE PAYABLE TO CARDIOVASCULAR SURGERY CLINIC, PLLC (D) LOAN TO OR FROM ORGANIZATION? = TO(E) ORIGINAL PRINCIPAL AMOUNT \$ 166,667 (F) BALANCE DUE \$ 33,333 (G) LOAN IN DEFAULT? = NO(H) APPROVED BY BOARD OR COMMITTEE? = YES(I) WRITTEN AGREEMENT? = YES(A) NAME OF PERSON MEMPHIS WOMEN'S CONSULTANTS, PLLC(B) RELATIONSHIP WITH ORGANIZATION CERTAIN OFFICERS, DIRECTORS, AND HIGHLY COMPENSATED EMPLOYEES OF BAPTIST MEMORIAL MEDICAL GROUP, INC WHO HAD MORE THAN 35 PERCENT OF THE TOTAL COMBINED VOTING POWER OF MEMPHIS WOMEN'S CONSULTANTS, PLLC, THE INTERESTED PERSONS (C) PURPOSE OF LOAN BAPTIST MEMORIAL MEDICAL GROUP, INC PURCHASED CERTAIN ASSETS FROM MEMPHIS WOMEN'S CONSULTANTS, PLLC ON NOVEMBER 1, 2015 THE PARTIES AGREED THAT \$166,668 OF THE PURCHASE PRICE WOULD BE PAID IN PERIODIC INSTALLMENTS REPRESENTED BY A PROMISSORY NOTE PAYABLE TO MEMPHIS WOMEN'S CONSULTANTS, PLLC (D) LOAN TO OR FROM ORGANIZATION? = TO(E) ORIGINAL PRINCIPAL AMOUNT \$ 166,668 (F) BALANCE DUE \$ 33,334 (G) LOAN IN DEFAULT? = NO(H) APPROVED BY BOARD OR COMMITTEE? = YES(I) WRITTEN AGREEMENT? = YES(A) NAME OF PERSON THE ENDOCRINE CLINIC, P C (B) RELATIONSHIP WITH ORGANIZATION CERTAIN OFFICERS, DIRECTORS, AND HIGHLY COMPENSATED EMPLOYEES OF BAPTIST MEMORIAL MEDICAL GROUP, INC WHO HAD MORE THAN 35 PERCENT OF THE TOTAL COMBINED VOTING POWER OF THE ENDOCRINE CLINIC, P C , THE INTERESTED PERSONS (C) PURPOSE OF LOAN BAPTIST MEMORIAL MEDICAL GROUP, INC PURCHASED CERTAIN ASSETS FROM THE ENDOCRINE CLINIC, P C ON MARCH 1, 2014 THE PARTIES AGREED THAT \$875,000 OF THE PURCHASE PRICE WOULD BE PAID IN PERIODIC INSTALLMENTS REPRESENTED BY A PROMISSORY NOTE PAYABLE TO THE ENDOCRINE CLINIC, P C (D) LOAN TO OR FROM ORGANIZATION? = TO(E) ORIGINAL PRINCIPAL AMOUNT \$ 875,000 (F) BALANCE DUE \$ 125,000 (G) LOAN IN DEFAULT? = NO(H) APPROVED BY BOARD OR COMMITTEE? = YES(I) WRITTEN AGREEMENT? = YES</p>

Additional Data

Software ID:  
Software Version:  
EIN: 62-1545731  
Name: BAPTIST MEMORIAL MEDICAL GROUP INC

Form 990, Schedule L, Part II - Loans to and from Interested Persons

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
SEE PART V	SEE PT V	SEE PT V	X		154,167	2		No	Yes		Yes	
SEE PART V	SEE PT V	SEE PT V	X		100,001	2		No	Yes		Yes	
SEE PART V	SEE PT V	SEE PT V	X		116,667	23,333		No	Yes		Yes	
SEE PART V	SEE PT V	SEE PT V	X		166,665	33,333		No	Yes		Yes	
SEE PART V	SEE PT V	SEE PT V	X		166,667	33,333		No	Yes		Yes	
SEE PART V	SEE PT V	SEE PT V	X		166,668	33,334		No	Yes		Yes	
SEE PART V	SEE PT V	SEE PT V	X		875,000	125,000		No	Yes		Yes	

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
BAPTIST MEMORIAL MEDICAL GROUP INC

**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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public Inspection**

**Employer identification number**

62-1545731

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	THE FOLLOWING INDIVIDUALS HAVE A BUSINESS RELATIONSHIP BECAUSE THEY ARE BOARD MEMBERS OR SHARED OFFICERS OF A TAXABLE ENTITY WITHIN BAPTIST MEMORIAL HEALTH CARE CORPORATION JASON M LITTLE GREGORY M DUCKETT MARK E SWANSON, MD PAUL D DEPRIEST, MD WILLIAM A GRIFFIN

**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 MEDICAL GROUP , INC , PROVIDES CERTAIN LEGAL, FINANCE, QUALITY, AND PERSONNEL SERVICES PURSUANT TO A SHA RED SERVICES AGREEMENT



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	BAPTIST MEMORIAL MEDICAL GROUP, INC 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 MEDICAL GROUP, INC , 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 MEDICAL GROUP, INC , APPROVES THE BOARD OF DIRECTORS' ACTIONS

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>BAPTIST MEMORIAL HEALTH CARE CORPORATION, THE SOLE MEMBER OF BAPTIST MEMORIAL MEDICAL GROUP, INC., 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.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	AS SOLE MEMBER OF BAPTIST MEMORIAL MEDICAL GROUP, INC , BAPTIST MEMORIAL HEALTH CARE CORPORATION'S HUMAN RESOURCE DEPARTMENT, THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS, AND AN INDEPENDENT COMPENSATION CONSULTING FIRM PERFORM ANNUAL REVIEWS EACH DECEMBER AND APPROVE COMPENSATION OF THE CEO AND OTHER TOP MANAGEMENT PERSONNEL THEY USE COMPARABILITY DATA AND OTHER SOURCES AS NEEDED THE CEO AND OTHER TOP MANAGEMENT USE THE SAME TYPE OF INFORMATION TO APPROVE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES ON DECEMBER 14, 2016 THE COMPENSATION WAS REVIEWED AND APPROVED FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2017 FOR THE PRESIDENT, THE VICE PRESIDENTS, AND THE CEO/ADMINISTRATORS

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	BAPTIST MEMORIAL MEDICAL GROUP, INC 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 MEDICAL GROUP, INC MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST P OLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC	ALAN J COHEN, MD - 1717 W MASSEY RD , MEMPHIS, TN 38120 ALEKSANDAR JANKOV, MD - 1717 W MASSEY RD , MEMPHIS, TN 38120 ANDREW JETER - 1717 W MASSEY RD , MEMPHIS, TN 38120 ANNE SULLIVAN, MD - 1717 W MASSEY RD , MEMPHIS, TN 38120 ANTHONY WHITE, MD - 1717 W MASSEY RD , MEMPHIS, TN 38120 BRAD WOLF, MD - 1717 W MASSEY RD , MEMPHIS, TN 38120 CARY FINN, MD - 1717 W MASSEY RD , MEMPHIS, TN 38120 CHARLES WOODALL, MD - 1717 W MASSEY RD , MEMPHIS, TN 38120 FREDDIE L EVERSON, MD - 1717 W MASSEY RD , MEMPHIS, TN 38120 GREGORY JEN KINS, MD - 1717 W MASSEY RD , MEMPHIS, TN 38120 HARVEY MASON, MD - 1717 W MASSEY RD , M EMPHIS, TN 38120 HELEN P KESLER - 1717 W MASSEY RD , MEMPHIS, TN 38120 JAMES L WARNOC K, MD - 1717 W MASSEY RD , MEMPHIS, TN 38120 JANET D GEIGER, MD - 1717 W MASSEY RD , M EMPHIS, TN 38120 JASON BRANDT, MD - 1717 W MASSEY RD , MEMPHIS, TN 38120 JOHN C BOSWEL L, MD - 1717 W MASSEY RD , MEMPHIS, TN 38120 JOHN W HALE, MD - 1717 W MASSEY RD , MEMP HIS, TN 38120 KIM SLATE, DNP - 1717 W MASSEY RD , MEMPHIS, TN 38120 KIMBERLY O YOUNG - 1717 W MASSEY RD , MEMPHIS, TN 38120 MARK CASTELLAW, MD - 1717 W MASSEY RD , MEMPHIS, TN 38120 MARK COPPESS, MD - 1717 W MASSEY RD , MEMPHIS, TN 38120 MARY PATTERSON, DNP - 1717 W MASSEY RD , MEMPHIS, TN 38120 PAUL S BIERMAN, MD - 1717 W MASSEY RD , MEMPHIS, TN 38120 ROBERT A VEST - 1717 W MASSEY RD , MEMPHIS, TN 38120 ROBERT TAYLOR, MD - 1717 W MASSEY RD , MEMPHIS, TN 38120 STEPHEN WOODRUFF, MD - 1717 W MASSEY RD , MEMPHIS, TN 38120 STEVEN GUBIN, MD - 1717 W MASSEY RD , MEMPHIS, TN 38120 TIMOTHY CHEN, MD - 1717 W MASSEY RD , MEMPHIS, TN 38120 TODD M HENDERSON, MD - 1717 W MASSEY RD , MEMPHIS, TN 3 8120 WILLIAM LIGHT, MD - 1717 W MASSEY RD , MEMPHIS, TN 38120

## 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 MEDICAL GROUP, INC , HAS AN AUDIT COMMITTEE THAT CHOOSES THE AUDIT FIRM, OVERSEES AND REVIEWS THE AUDIT REPORTS, AND THEN FOLLOWS UP ON ANY NECESSARY CHANGES AND RECOMMENDATIONS THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
BAPTIST MEMORIAL MEDICAL GROUP INC

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
► Attach to Form 990.  
► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number  
62-1545731

Part I

Identification of Disregarded Entities

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

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

Part II

Identification of Related Tax-Exempt Organizations

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

See Additional Data Table

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

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> BAPTIST HEALTH SERVICES GROUP OF THE MID-SOUTH INC  350 N HUMPHREYS BLVD MEMPHIS, TN 38120 62-1534210	HEALTH INSURANCE CONTRACTING	TN	N/A	C				Yes	
<b>(2)</b> GERMANTOWN BUSINESS PARK OWNERS ASSOCIATION  350 N HUMPHREYS BLVD MEMPHIS, TN 38120 20-1158216	BOOKKEEPING & DATA PROCESSING GERMANTOWN BUS PARK	TN	BAPTIST MEMORIAL MEDICAL GROUP INC	C	31,650	4,892	100 000 %	Yes	
<b>(3)</b> HEALTH TECH AFFILIATES INC  350 N HUMPHREYS BLVD MEMPHIS, TN 38120 62-1278576	BUYING & LEASING REAL & PERSONAL PROPERTY	TN	N/A	C				Yes	
<b>(4)</b> MEDICAL PRACTICE SOLUTIONS  1225 NORTH STATE ST JACKSON, MS 39202 64-0833731	MEDICAL CONSULTING	MS	N/A	C				Yes	
<b>(5)</b> MISSISSIPPI BAPTIST MEDICAL ENTERPRISES INC  1225 NORTH STATE ST JACKSON, MS 39202 64-0776164	INVESTMENTS	MS	N/A	C				Yes	
<b>(6)</b> MISSISSIPPI REAL ESTATE ENTERPRISES INC  1225 NORTH STATE ST JACKSON, MS 39202 64-0746856	INVESTMENTS	MS	N/A	C				Yes	
<b>(7)</b> SOUTHCREST PROPERTY OWNERS ASSOCIATION  7601 SOUTHCREST PKWY SOUTHAVEN, MS 38671 64-0768703	BOOKKEEPING & DATA PROCESSING FOR THE SOUTHCREST DEVELOPMENT	MS	N/A	C				Yes	

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity . . . . .

1a

No

b Gift, grant, or capital contribution to related organization(s) . . . . .

1b

No

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

1c

No

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

1d

No

e Loans or loan guarantees by related organization(s) . . . . .

1e

Yes

f Dividends from related organization(s) . . . . .

1f

No

g Sale of assets to related organization(s) . . . . .

1g

No

h Purchase of assets from related organization(s) . . . . .

1h

No

i Exchange of assets with related organization(s) . . . . .

1i

No

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

1j

Yes

k Lease of facilities, equipment, or other assets from related organization(s) . . . . .

1k

Yes

l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

1l

Yes

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

1m

Yes

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

1n

No

o Sharing of paid employees with related organization(s) . . . . .

1o

Yes

p Reimbursement paid to related organization(s) for expenses . . . . .

1p

Yes

q Reimbursement paid by related organization(s) for expenses . . . . .

1q

Yes

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

1r

Yes

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

1s

Yes

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

See Additional Data Table

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

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

[illegible]

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

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

Additional Data

Software ID:  
Software Version:  
EIN: 62-1545731  
Name: BAPTIST MEMORIAL MEDICAL GROUP INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 45-2842963	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 45-3032246	FACILITATE MEDICAL & SCIENTIFIC RESEARCH	TN	501(C)(3)	509(A)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
1225 NORTH STATE ST JACKSON, MS 39202 47-3403762	SOLICIT, RAISE, MANAGE, APPLY & INVEST FUNDS IN SUPPORT OF BAPTIST ENTITIES	MS	501(C)(3)	509(A)(3)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
1225 NORTH STATE ST JACKSON, MS 39202 45-2896080	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	509(A)(1)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
1225 NORTH STATE ST JACKSON, MS 39202 64-0844470	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	509(A)(1)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
1003 MONROE AVE MEMPHIS, TN 38104 62-1599670	EDUCATION OF HEALTH CARE PROFESSIONALS	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HOSPITAL	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 58-1521475	MANAGEMENT, ADMINISTRATIVE & FINANCIAL SERVICES	TN	501(C)(3)	509(A)(3)	N/A		No
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 58-1544781	SOLICIT, RAISE, MANAGE, APPLY & INVEST FUNDS IN SUPPORT OF BAPTIST	TN	501(C)(3)	509(A)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 58-1456556	CARRY OUT THE HEALTH CARE MISSIONS OF THE BAPTIST CONVENTIONS OF AR, MS, TN	TN	501(C)(3)	509(A)(3)	N/A	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 62-1509127	PROVISIONS OF HEALTH CARE PROVIDERS & HOME MEDICAL EQUIPMENT/SERVICES	TN	501(C)(3)	509(A)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 58-1562973	HOME HEALTH CARE & HOSPICE SERVICES	TN	501(C)(3)	509(A)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 62-0123940	HEALTH CARE FACILITY/HOSPITAL	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
100 HOSPITAL ST BOONEVILLE, MS 38829 64-0663760	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 81-3257997	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
7601 SOUTHCREST PKWY SOUTHAVEN, MS 38671 64-0682111	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
2520 5TH STREET N COLUMBUS, MS 39701 62-1519754	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
631 RB WILSON DR HUNTINGDON, TN 38344 62-1166050	HEALTH CARE FACILITY/HOSPITAL	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 26-1214372	HEALTH CARE FACILITY/HOSPITAL	AR	501(C)(3)	509(A)(1)	NEA BAPTIST HEALTH SYSTEM INC	Yes	
PO BOX 946 OXFORD, MS 38655 64-0772726	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
HIGHWAY 51 S COVINGTON, TN 38019 62-1113167	HEALTH CARE FACILITY/HOSPITAL	TN	501(C)(3)	509(A)(1)	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
1201 BISHOP ST UNION CITY, TN 38261 62-1138045	HEALTH CARE FACILITY/HOSPITAL	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
200 HIGHWAY 30 W NEW ALBANY, MS 38652 63-0997281	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 62-1407946	BAPTIST EMPLOYEE HEALTH PLAN	TN	501(C)(9)		BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 58-1645396	HEALTH CARE FACILITY/HOSPITAL	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 62-1538114	NON-EMERGENCY CLINICS	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 81-3655778	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	509(A)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 45-3032372	ESTABLISH, MAINTAIN & MANAGE A PATIENT SAFETY ORGANIZATION	TN	501(C)(3)	509(A)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 46-1953140	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 45-3303607	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
80 HUMPHREYS CTR MEMPHIS, TN 38120 35-2461541	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 45-3303687	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 62-1112364	COLLECTION AGENCY FOR BAPTIST ENTITIES	TN	501(C)(3)	509(A)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
1225 NORTH STATE ST JACKSON, MS 39202 75-3068151	CLINICS	MS	501(C)(3)	509(A)(1)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 45-2832975	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
1225 NORTH STATE ST JACKSON, MS 39202 64-0306253	HOLDING COMPANY	MS	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
1225 NORTH STATE ST JACKSON, MS 39202 64-0881013	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	509(A)(1)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
1225 NORTH STATE ST JACKSON, MS 39202 64-0833383	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	509(A)(1)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
1225 NORTH STATE ST JACKSON, MS 39202 80-0812322	HOLDING COMPANY	MS	501(C)(3)	509(A)(1)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 27-1799652	HEALTH CARE SERVICE PROVIDER	AR	501(C)(3)	509(A)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
4802 E JOHNSON AVE JONESBORO, AR 72401 71-0850123	HEALTH CARE SERVICE PROVIDER	AR	501(C)(3)	509(A)(1)	NEA BAPTIST HEALTH SYSTEM INC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
8060 WOLF RIVER BLVD GERMANTOWN, TN 38138 27-4396698	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BAPTIST-DESOTO SURGERY CENTER  310 SEVEN SPRINGS WAY STE 500 BRENTWOOD, TN 37027 20-0804946	AMBULATORY SURGERY	MS	N/A									
BAPTIST-EAST MEMPHIS SURGERY CENTER  80 HUMPHREYS CENTER STE 101 MEMPHIS, TN 38120 62-1846584	AMBULATORY SURGERY	TN	N/A									
BAPTIST-GERMANTOWN SURGERY CENTER LP  310 SEVEN SPRINGS WAY STE 500 BRENTWOOD, TN 37027 62-1829424	AMBULATORY SURGERY	TN	N/A									
BAPTIST MEMORIAL REHABILITATION HOSPITAL GP  680 FOURTH ST LOUISVILLE, KY 40202 46-1613457	REHABILITATION SERVICES	TN	N/A									
BAPTIST N MS IMAGING SERVICES LLC  504 AZALEA DR OXFORD, MS 38655 26-2641267	DIAGNOSTIC SERVICES	MS	N/A									
BAPTIST OUTPATIENT IMAGING LLC  1107 HIGHLAND COLONY PKWY STE 209 RIDGELAND, MS 39157 45-2968057	DIAGNOSTIC SERVICES	MS	N/A									
BAPTIST & PHYSICIANS OUTPATIENT SURGERY CENTER OF N MS  310 SEVEN SPRINGS WAY STE 500 BRENTWOOD, TN 37027 64-0925692	AMBULATORY SURGERY	MS	N/A									
BAPTIST STERN CARDIOVASCULAR CO- MANAGEMENT LLC  350 N HUMPHREYS BLVD MEMPHIS, TN 38120 82-0605766	MEDICAL MANAGEMENT	TN	N/A									
BAPTIST - UCH INSTITUTE FOR PLASTIC AND RECONSTRUCTIVE SURGERY LLC  350 N HUMPHREYS BLVD MEMPHIS, TN 38120 82-1046465	MEDICAL MANAGEMENT	TN	N/A									
BRAIN AND SPINE NETWORK BAPTIST SEMMES-MURPHEY LLC  350 N HUMPHREYS BLVD MEMPHIS, TN 38120 47-5240436	MEDICAL MANAGEMENT	TN	N/A									
CANCER CARE CENTER OF UNION CITY LP  322 HOSPITAL BLVD JACKSON, TN 38305 26-3425045	CANCER CARE SERVICES	TN	N/A									
EAST MEMPHIS UROLOGY CENTER LP  310 SEVEN SPRINGS WAY STE 500 BRENTWOOD, TN 37027 62-1810940	AMBULATORY UROLOGICAL SERVICES	TN	N/A									
MAYS & SCHNAPP PAIN CENTER  55 HUMPHREYS CENTER STE 200 MEMPHIS, TN 38120 62-1512849	PAIN MANAGEMENT SERVICES	TN	N/A									
NORTHWEST TN SURGERY CENTER LLC  1722 E REELFOOT UNION CITY, TN 38261 62-1685508	AMBULATORY SURGERY	TN	N/A									
PRIMARY CARE PROPERTIES II  2859 VAN LEER DR MEMPHIS, TN 38133 62-1774052	MEDICAL OFFICE BUILDING	TN	BAPTIST MEMORIAL MEDICAL GROUP INC	RELATED	112,654	1,369,374		No		Yes		53 120 %

[illegible]

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
BAPTIST HEALTH SERVICES GROUP OF THE MID-SOUTH INC 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 62-1534210	HEALTH INSURANCE CONTRACTING	TN	N/A	C				Yes	
GERMANTOWN BUSINESS PARK OWNERS ASSOCIATION 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 20-1158216	BOOKKEEPING & DATA PROCESSING GERMANTOWN BUS PARK	TN	BAPTIST MEMORIAL MEDICAL GROUP INC	C	31,650	4,892	100 000 %	Yes	
HEALTH TECH AFFILIATES INC 350 N HUMPHREYS BLVD MEMPHIS, TN 38120 62-1278576	BUYING & LEASING REAL & PERSONAL PROPERTY	TN	N/A	C				Yes	
MEDICAL PRACTICE SOLUTIONS 1225 NORTH STATE ST JACKSON, MS 39202 64-0833731	MEDICAL CONSULTING	MS	N/A	C				Yes	
MISSISSIPPI BAPTIST MEDICAL ENTERPRISES INC 1225 NORTH STATE ST JACKSON, MS 39202 64-0776164	INVESTMENTS	MS	N/A	C				Yes	
MISSISSIPPI REAL ESTATE ENTERPRISES INC 1225 NORTH STATE ST JACKSON, MS 39202 64-0746856	INVESTMENTS	MS	N/A	C				Yes	
SOUTHCREST PROPERTY OWNERS ASSOCIATION 7601 SOUTHCREST PKWY SOUTHAVEN, MS 38671 64-0768703	BOOKKEEPING & DATA PROCESSING FOR THE SOUTHCREST DEVELOPMENT	MS	N/A	C				Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
BAPTIST MEMORIAL HEALTH CARE CORPORATION	E	65,203,748	CASH
BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC	J	197,472	CASH
MEMPHIS LUNG PHYSICIANS FOUNDATION INC	J	53,754	CASH
BAPTIST MEMORIAL HOSPITAL-DESOTO INC	K	57,923	CASH
BAPTIST MEMORIAL HOSPITAL-HUNTINGDON INC	K	64,983	CASH
BAPTIST MEMORIAL HOSPITAL-UNION CITY INC	K	284,625	CASH
BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC	L	112,100	CASH
BAPTIST MEMORIAL HEALTH CARE CORPORATION	M	9,266,169	CASH
BAPTIST MEMORIAL HEALTH CARE CORPORATION	O	404,540	CASH
GASTROINTESTINAL SPECIALISTS FOUNDATION INC	O	343,251	CASH
NORTHEAST ARKANSAS BAPTIST CLINIC FOUNDATION INC	O	55,567	CASH
THE STERN CARDIOVASCULAR FOUNDATION INC	O	84,754	CASH
BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC	P	441,172	CASH
BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	Q	346,779	CASH
BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC	Q	3,531,992	CASH
BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	R	322,415	CASH
BAPTIST MEMORIAL MEDICAL MINISTRIES EMPLOYEE HEALTH AND WELFARE TRUST	R	11,677,353	CASH
BAPTIST MEMORIAL HOSPITAL	S	18,604,439	CASH
BAPTIST MEMORIAL HOSPITAL-CALHOUN INC	S	73,775	CASH
BAPTIST MEMORIAL HOSPITAL-DESOTO INC	S	5,473,000	CASH
BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC	S	13,486,085	CASH
BAPTIST MEMORIAL HOSPITAL-HUNTINGDON INC	S	883,456	CASH
BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC	S	3,575,768	CASH
BAPTIST MEMORIAL HOSPITAL-TIPTON INC	S	2,823,082	CASH
BAPTIST MEMORIAL HOSPITAL-UNION CITY INC	S	5,227,295	CASH

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC	S	925,315	CASH
BAPTIST MINOR MEDICAL CENTERS INC	S	935,284	CASH
MEDICAL FINANCIAL SERVICES INC	S	215,267	CASH