

EXTENDED TO NOVEMBER 15, 2019

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2018Department of the Treasury
Internal Revenue Service

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

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

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

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

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

C Name of organization
BAPTIST HEALTH SYSTEM, INC.
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 830605
 City or town, state or province, country, and ZIP or foreign postal code
BIRMINGHAM, AL 35283-0605

D Employer identification number
63-0312913

E Telephone number
205-715-4631

G Gross receipts \$ **-38,446,201.**

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ **WWW.BHSALA.COM**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: **1922** **M** State of legal domicile: **AL**

Part I Summary

1 Briefly describe the organization's mission or most significant activities **SEE SCHEDULE O**

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) **12**

4 Number of independent voting members of the governing body (Part VI, line 1b) **12**

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) **8**

6 Total number of volunteers (estimate if necessary) **0**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **-228,057.**

7b Net unrelated business taxable income from Form 990-T, line 38 **-228,057.**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0.	0.
9 Program service revenue (Part VIII, line 2g)	2,641,173.	-70,298,800.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,780,465.	13,389,083.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	260,633.	90,534.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,682,271.	-56,819,183.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	88,531.	137,605.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,001,078.	19,174,548.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,468,420.	1,636,461.
18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	4,558,029.	20,948,614.
19 Revenue less expenses - Subtract line 18 from line 12	10,124,242.	-77,767,797.
20 Total assets (Part X, line 16)	Beginning of Current Year 465,360,149.	End of Year 388,850,236.
21 Total liabilities (Part X, line 26)	73,802,344.	55,243,275.
22 Net assets or fund balances - Subtract line 21 from line 20	391,557,805.	333,606,961.

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 **AMY ALLEN** Date **11/14/19**
 Type or print name and title **AMY ALLEN, PRESIDENT/CEO**

Paid Preparer Use Only
 Print/Type preparer's name **MEGAN RANDOLPH** Preparer's signature **Megan Randolph** Date **11/06/19** Check if self-employed ☐ PTIN **P00989558**
 Firm's name ▶ **WARREN AVERETT, LLC** Firm's EIN ▶ **45-4084437**
 Firm's address ▶ **2500 ACTON ROAD**
BIRMINGHAM, AL 35243 Phone no. **205-979-4100**

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

Part III:	Statement of Program Service Accomplishments
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Check if Schedule O contains a response or note to any line in this Part III

X

- 1** Briefly describe the organization's mission

"AS A WITNESS TO THE LOVE OF GOD, REVEALED THROUGH JESUS CHRIST, THE BAPTIST HEALTH SYSTEM IS COMMITTED TO MINISTRIES THAT ENHANCE THE HEALTH, DIGNITY, AND WHOLENESS OF THOSE WE SERVE, THROUGH INTEGRITY, COMPASSION, ADVOCACY, RESOURCEFULNESS, AND EXCELLENCE."

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?**

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

4a (Code _____) (Expenses \$ 18,831,434. including grants of \$ _____) (Revenue \$ -70,380,209.)
HOSPITAL JOINT VENTURE BAPTIST HEALTH SYSTEM, INC. (BHS) CONTINUES IN
ITS CHARITABLE MISSION, WHICH BEGAN IN 1922, OF PROVIDING MEDICAL AND
EDUCATIONAL SERVICES TO THE COMMUNITY THROUGH ITS 40% JOINT VENTURE
INTEREST IN BROOKWOOD BAPTIST HEALTH, LLC (BBH). THE JOINT VENTURE WAS
FORMED WITH TENET WHICH OWNS THE REMAINING 60% INTEREST. TENET MANAGES
THE JOINT VENTURE AND THE TERMS OF THE MANAGEMENT AGREEMENT REQUIRE
THAT THE JOINT VENTURE BE MANAGED PURSUANT TO THE REQUIREMENTS OF CODE
SECTION 501 (C) (3) AND THE CHARITABLE PRINCIPLES, WHICH ARE SET FORTH
IN THE LLC AGREEMENT. IN THE EVENT MANAGEMENT FAILS TO COMPLY WITH
THESE REQUIREMENTS, THE MANAGEMENT AGREEMENT AND LLC AGREEMENT PROVIDE
CERTAIN TERMINATION RIGHTS. IN ADDITION, THE PARTIES HAVE AN EQUAL
NUMBER OF DIRECTORS APPOINTED FOR THE JOINT VENTURE. BHS RETAINS

4b (Code _____) (Expenses \$ 649,852. including grants of \$ _____) (Revenue \$ 400,000.)
BHS MANAGES THE OPERATIONS OF THE BAPTIST HEALTH FOUNDATION, INC.
(BHF). BHF EXISTS TO SUPPORT BHS BY ENGAGING IN FUNDRAISING ACTIVITIES
AND PROVIDING FUNDS TO SUPPORT CONTINUED IMPROVEMENT OF HEALTH, PROVIDE
PATIENT ASSISTANCE, AND PROMOTE EDUCATION FOR COMMUNITIES SERVED BY
BROOKWOOD BAPTIST HEALTH (BBH) IN A WAY THAT FURTHERS THE HEALING
MINISTRY OF CHRIST. OVER THE COURSE OF THE YEAR, BHF PROVIDED NEARLY
\$2 MILLION DOLLARS IN FINANCIAL SUPPORT OF PROGRAMS IMPACTING BBH
PATIENTS, EMPLOYEES AND COMMUNITIES INCLUDING PROVIDING FOR INDIGENT
CARE, PASTORAL CARE, EMPLOYEE ASSISTANCE, EDUCATION, SCHOLARSHIPS AND
OTHER ASSISTANCE.

4c (Code _____) (Expenses \$ 193,092. including grants of \$ 137,605.) (Revenue \$ _____)
BHS CONSIDERS IT VERY IMPORTANT TO INVEST IN OTHER CHARITABLE
ORGANIZATIONS AND INITIATIVES WITH MISSIONS THAT ALIGN CLOSELY WITH
OURS. AS A RESULT OF THIS, MONETARY CONTRIBUTIONS AND OTHER SUPPORT
WERE GIVEN TO SEVERAL ORGANIZATIONS INCLUDING: BAPTIST HEALTH
FOUNDATION; BIRMINGHAM BAPTIST ASSOCIATION; UNITED WAY; BOY SCOUTS;
YWCA; PRESCOTT HOUSE AND THE SALVATION ARMY.

- 4d Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e	Total program service expenses ▶	19,674,378.
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AC DHE JC
63-0312913

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
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 8		
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	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
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	X	
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		X
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		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		X
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		X
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		X
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		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A	
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?	N/A 8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	N/A 9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A 9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	N/A 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	N/A 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	N/A 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	N/A 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		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		X

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

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

Section A. Governing Body and Management

	Yes	No
1a 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.	12	
b Enter the number of voting members included in line 1a, above, who are independent.	12	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 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: **ERIC JEFFRIES - 205-715-4631**
1130 22ND STREET S. SUITE 3200, BIRMINGHAM, AL 35205

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AMY S. ALLEN PRESIDENT AND CEO	40.00 0.00	X		X				397,161.	0.	59,896.
(2) JIM AVERETT TRUSTEE	3.00 0.00	X						0.	0.	0.
(3) CLEMENT COTTER, M.D., MBA TRUSTEE	3.00 0.00	X						0.	0.	0.
(4) BILL DECKER, M.DIV. TRUSTEE	3.00 0.00	X						0.	0.	0.
(5) JIM EMACK TRUSTEE	3.00 0.00	X						0.	0.	0.
(6) RICHARD FARRAR TRUSTEE	3.00 0.00	X						0.	0.	0.
(7) BRIAN HAMILTON TRUSTEE	3.00 0.00	X						0.	0.	0.
(8) JOHN HOLCOMB, III TRUSTEE	3.00 0.00	X						0.	0.	0.
(9) AVERY CLENNEY TRUSTEE	3.00 0.00	X						0.	0.	0.
(10) ANDY WESTMORELAND, ED.D. TRUSTEE	3.00 0.00	X						0.	0.	0.
(11) REGINA YARBROUGH TRUSTEE	3.00 0.00	X						0.	0.	0.
(12) MIKE MCLEMORE, D.D. EX-OFFICIO, NON-VOTING	3.00 0.00	X						0.	0.	0.
(13) CHARLES REDDEN TRUSTEE	3.00 0.00	X						0.	0.	0.
(14) JAMES COOLEY TRUSTEE	3.00 0.00	X						0.	0.	0.
(15) ERIC JEFFRIES EXECUTIVE DIRECTOR OF FINANCE	40.00 0.00			X				198,512.	0.	31,245.
(16) KERRY BLACK EXECUTIVE DIRECTOR OF LEGAL AFFAIRS	40.00 0.00				X			203,918.	0.	37,227.
(17) ALISON SCOTT EXECUTIVE DIRECTOR OF FOUNDATION	40.00 0.00				X			119,076.	0.	31,804.

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
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[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

4

- 3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PARSONS, LEE & JULIANO, P.C., 600 VESTAVIA PARKWAY #300, BIRMINGHAM, AL 35216	LEGAL SERVICES	628,722.
HIGHLAND ASSOCIATES, INC. P.O. BOX 55469, BIRMINGHAM, AL 35255	INVESTMENT MANGEMENT	388,412.
BRENTWOOD SERVICES ADMINISTRATORS, INC. P.O. BOX 1125, BRENTWOOD, TN 37024	WORK COMP TPA	317,609.
MAYNARD COOPER AND GALE, P.C. 1901 6TH AVE N, BIRMINGHAM, AL 35203	LEGAL SERVICES	277,067.
HALL, BOOTH, SMITH, P.C. 191 PEACHTREE STREET NE, ATLANTA, GA 30303	LEGAL SERVICES	192,702.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f						
Program Service Revenue		Business Code					
	2 a MALPRACTICE, WORKERS COMP & EMPLO	621990	2,166,134.	2,166,134.			
	b BHF MANAGEMENT REVENUE	621990	400,000.	400,000.			
	c BBH, LLC PARTNERSHIP REVENUE	621990	-12,110,400.	-11,882,343.	-228,057.		
	d IMPAIRMENT LOSS - BBH JV	621990	-60,754,534.	-60,754,534.			
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		-70,298,800.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,326,434.			1,326,434.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6 a Gross rents						
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		16,665,149.	13,770,482.				
	b Less cost or other basis and sales expenses						
		15,815,087.	2,557,895.				
	c Gain or (loss)						
		850,062.	11,212,587.				
	d Net gain or (loss)		12,062,649.			12,062,649.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11 a FASB 136 ADJUSTMENT	621990	84,780.	84,780.				
b OTHER OPERATING REVENUE	900099	5,754.	5,754.				
c							
d All other revenue							
e Total. Add lines 11a-11d		90,534.					
12 Total revenue. See instructions		-56,819,183.	-69,980,209.	-228,057.	13,389,083.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	137,605.	137,605.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	596,108.	298,054.	298,054.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	528,256.	487,770.	40,486.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,913,965.	17,893,308.	20,657.	
9 Other employee benefits	77,714.	55,369.	22,345.	
10 Payroll taxes	58,505.	40,890.	17,615.	
11 Fees for services (non-employees)				
a Management				
b Legal	254,113.	192,302.	61,811.	
c Accounting	152,959.	52,959.	100,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	155,323.	22,187.	133,136.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O)	216,032.	165,066.	50,966.	
12 Advertising and promotion	10,775.	10,775.		
13 Office expenses	33,970.	14,948.	19,022.	
14 Information technology				
15 Royalties				
16 Occupancy	97,765.	75,824.	21,941.	
17 Travel	5,681.	494.	5,187.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	41,705.	15,789.	25,916.	
23 Insurance	430,726.		430,726.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a OTHER EXPENSES	115,389.	90,769.	24,620.	
b UTILITIES	90,598.	90,598.		
c REPAIRS AND MAINTENANCE	22,726.	22,304.	422.	
d TAXES AND LICENSES	8,699.	7,367.	1,332.	
e All other expenses				
25 Total functional expenses Add lines 1 through 24e	20,948,614.	19,674,378.	1,274,236.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,648,296.	1	1,977,221.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	277,066.	9	345,435.
	10a Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a 6,641,573.		
	b Less accumulated depreciation	10b 383,788.	10c	6,257,785.
	11 Investments - publicly traded securities	93,089,239.	11	88,820,154.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	358,936,463.	13	290,947,437.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	551,699.	15	502,204.
16 Total assets. Add lines 1 through 15 (must equal line 34)	465,360,149.	16	388,850,236.	
Liabilities	17 Accounts payable and accrued expenses	857,960.	17	627,115.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	72,944,384.	25	54,616,160.
	26 Total liabilities. Add lines 17 through 25	73,802,344.	26	55,243,275.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		359,368,278.	27	304,384,188.
28 Temporarily restricted net assets		3,569,853.	28	3,041,917.
29 Permanently restricted net assets		28,619,674.	29	26,180,856.
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		391,557,805.	33	333,606,961.
34 Total liabilities and net assets/fund balances		465,360,149.	34	388,850,236.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	-56,819,183.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,948,614.
3	Revenue less expenses Subtract line 2 from line 1	3	-77,767,797.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	391,557,805.
5	Net unrealized gains (losses) on investments	5	-6,456,982.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	26,273,935.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	333,606,961.

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

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization

BAPTIST HEALTH SYSTEM, INC.

Employer identification number

63-0312913

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)(vii).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s)

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

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) **15** %

16 Public support percentage from 2017 Schedule A, Part III, line 15 **16** %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) **17** %

18 Investment income percentage from 2017 Schedule A, Part III, line 17 **18** %

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

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

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)**11** Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

b A family member of a person described in (a) above?

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

a ☐ The organization satisfied the Activities Test. Complete line 2 below.

b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.

c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.

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? 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.

3 Parent of Supported Organizations. Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2018

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.)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization BAPTIST HEALTH SYSTEM, INC.	Employer identification number 63-0312913
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		80,564.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)		80,564.	
c Total lobbying expenditures (add lines 1a and 1b)		20,868,050.	
d Other exempt purpose expenditures		20,948,614.	
e Total exempt purpose expenditures (add lines 1c and 1d)		1,000,000.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000.	363,143.	377,901.	1,000,000.	2,741,044.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,111,566.
c Total lobbying expenditures	77,249.	78,858.	85,066.	80,564.	321,737.
d Grassroots nontaxable amount	250,000.	90,786.	94,475.	250,000.	685,261.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,027,892.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018
Open to Public
Inspection

Name of the organization

BAPTIST HEALTH SYSTEM, INC.

Employer identification number

63-0312913**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6

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

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e g , recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

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

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

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

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

a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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Schedule D (Form 990) 2018

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 on 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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,137,224.		6,137,224.
b Buildings		311,441.	311,441.	0.
c Leasehold improvements		25,419.	14,827.	10,592.
d Equipment		167,489.	57,520.	109,969.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **6,257,785.**

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. (Col. (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) INVESTMENT IN BHF	30,547,437.	COST
(2) INVESTMENT IN BBH	260,400,000.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) MINIMUM PENSION LIABILITY	42,550,548.
(3) MALPRACTICE/WORKERS COMP LIABILITY	11,887,733.
(4) LEASE CONTINGENCY	177,879.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	-67,593,294.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-6,456,982.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-155,323.
e	Add lines 2a through 2d	2e	-6,612,305.
3	Subtract line 2e from line 1	3	-60,980,989.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	4,161,806.
c	Add lines 4a and 4b	4c	4,161,806.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	-56,819,183.

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

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

1	Total expenses and losses per audited financial statements	1	20,290,206.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	20,290,206.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	658,408.
c	Add lines 4a and 4b	4c	658,408.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	20,948,614.

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.

PART X, LINE 2:

THE CORPORATION HAS ADOPTED GUIDANCE RELATING TO UNCERTAINTY IN INCOME TAXES WHICH REQUIRES ENTITIES TO ASSESS THEIR UNCERTAIN TAX POSITIONS FOR THE LIKELIHOOD THAT THEY WOULD BE OVERTURNED UPON INTERNAL REVENUE SERVICE (IRS) EXAMINATION OR UPON EXAMINATION BY STATE TAXING AUTHORITIES. IN ACCORDANCE WITH THIS GUIDANCE, THE CORPORATION HAS DETERMINED THAT IT DOES NOT HAVE ANY POSITIONS AT DECEMBER 31, 2018 THAT IT WOULD BE UNABLE TO SUBSTANTIATE.

THE CORPORATION HAS FILED ITS TAX RETURNS FOR ALL YEARS THROUGH DECEMBER 31, 2017. THE TAX RETURNS FOR 2015 AND SUBSEQUENT PERIODS ARE SUBJECT TO AUDIT BY TAXING AUTHORITIES.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES INCLUDED IN REVENUE ON AUDITED FINANCIAL

STATEMENTS -155,323.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REVENUE INCLUDED IN DISCONTINUED OPERATIONS ON AUDITED

FINANCIAL STATEMENTS 4,161,806.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES INCLUDED IN REVENUE ON AUDITED FINANCIAL

STATEMENTS 155,323.

EXPENSES INCLUDED IN DISCONTINUED OPERATIONS ON AUDITED

FINANCIAL STATEMENTS 503,085.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 658,408.

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

BAPTIST HEALTH SYSTEM, INC.

Employer identification number
63-0312913

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

	Yes	No
1a	X	
1b	X	
3a	X	
3b	X	
4	X	
5a	X	
5b	X	
5c		X
6a	X	
6b	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			7532587.	2543401.	4989186.	1.40%
b Medicaid (from Worksheet 3, column a)			55870843.	48973575.	6897268.	1.93%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			63403430.	51516976.	11886454.	3.33%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			243,947.		243,947.	.07%
f Health professions education (from Worksheet 5)			3613172.	2051847.	1561325.	.44%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			830,185.		830,185.	.23%
j Total. Other Benefits			4687304.	2051847.	2635457.	.74%
k Total. Add lines 7d and 7j			68090734.	53568823.	14521911.	4.07%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			425.		425.	.00%
2 Economic development			6,684.		6,684.	.00%
3 Community support			9,989.		9,989.	.00%
4 Environmental improvements			0.			.00%
5 Leadership development and training for community members			1,293.		1,293.	.00%
6 Coalition building			8,985.		8,985.	.00%
7 Community health improvement advocacy			0.			.00%
8 Workforce development			10,369.		10,369.	.00%
9 Other			0.			.00%
10 Total			37,745.		37,745.	.00%

Part III Bad Debt, Medicare, & Collection Practices
Section A. Bad Debt Expense

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1** **X**
- 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount **2** **8,698,218.**
- 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit **3** **0.**
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME) **5** **79,838,501.**
- 6 Enter Medicare allowable costs of care relating to payments on line 5 **6** **82,980,313.**
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) **7** **-3,141,812.**
- 8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.
- Check the box that describes the method used:
- ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
	OWNS LAND AND REAL ESTATE			
1 SSG REAL ESTATE	ESTATE	30.00%	.00%	70.00%
2 SHELBY BAPTIST AMBULATORY SURGERY CENTER, LLC	OPERATED AMBULATORY SURGERY CENTER	51.00%	.00%	49.00%
3 ALABAMA DIGESTIVE HEALTH ENDOSCOPY CENTER, LLC	OPERATED DIGESTIVE HEALTH CENTER	51.00%	.00%	49.00%
4 MEDPLEX OUTPATIENT SURGERY CENTER, LTD.	OPERATED OUTPATIENT SURGERY CENTER	34.44%	.00%	47.47%
5 AVC BUILDING GROUP, LLC	REAL ESTATE	7.50%	.00%	92.50%

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

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

How many hospital facilities did the organization operate during the tax year? 5

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

1 BROOKWOOD BAPTIST MEDICAL CENTER

2010 BROOKWOOD MEDICAL CENTER DRIVE

BIRMINGHAM, AL 35209

Licensed hospital

Gen. medical & surgical

Children's hospital

Teaching hospital

Critical access hospital

Research facility

ER-24 hours

ER-other

Other (describe)

Facility reporting group

X

X

X

2 PRINCETON BAPTIST MEDICAL CENTER

701 PRINCETON AVENUE SW

BIRMINGHAM, AL 35211

X

X

X

X

3 SHELBY BAPTIST MEDICAL CENTER

1000 FIRST STREET NORTH

ALABASTER, AL 35007

X

X

X

4 WALKER BAPTIST MEDICAL CENTER

3400 U.S. HIGHWAY 78 EAST

JASPER, AL 35501

X

X

X

5 CITIZENS BAPTIST MEDICAL CENTER

604 STONE AVENUE

TALLADEGA, AL 35161

X

X

X

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group PRINCETON BAPTIST MEDICAL CENTERLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	X
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA	20	16
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	X
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.BROOKWOODBAPTISTHEALTH.COM/ABOUT/AWAR</u>		
b <input type="checkbox"/> Other website (list url)		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy	20	16
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url) <u>WWW.BROOKWOODBAPTISTHEALTH.COM/ABOUT/AWARDS-DISTINCT</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group PRINCETON BAPTIST MEDICAL CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW.BROOKWOODBAPTISTHEALTH.COM/PRINCETON</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group PRINCETON BAPTIST MEDICAL CENTER

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?

	Yes	No
17	X	

18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP

- a ☐ Reporting to credit agency(ies)
- b ☐ Selling an individual's debt to another party
- c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP
- d ☐ Actions that require a legal or judicial process
- e ☐ Other similar actions (describe in Section C)
- f ☒ None of these actions or other similar actions were permitted

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19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?

If "Yes," check all actions in which the hospital facility or a third party engaged

- a ☐ Reporting to credit agency(ies)
- b ☐ Selling an individual's debt to another party
- c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP
- d ☐ Actions that require a legal or judicial process
- e ☐ Other similar actions (describe in Section C)

19		X
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20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)

- a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)
- d ☒ Made presumptive eligibility determinations (if not, describe in Section C)
- e ☐ Other (describe in Section C)
- f ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

21	X	
-----------	----------	--

If "No," indicate why

- a ☐ The hospital facility did not provide care for any emergency medical conditions
- b ☐ The hospital facility's policy was not in writing
- c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d ☐ Other (describe in Section C)

--	--	--

Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group PRINCETON BAPTIST MEDICAL CENTER**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
		X
23		X
24		X

Schedule H (Form 990) 2018

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group SHELBY BAPTIST MEDICAL CENTERLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	X
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA	20	16
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	X
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.BROOKWOODBAPTISTHEALTH.COM/ABOUT/AWAR</u>		
b <input type="checkbox"/> Other website (list url)		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy	20	16
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url) <u>WWW.BROOKWOODBAPTISTHEALTH.COM/ABOUT/AWARDS-DISTINCT</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group **SHELBY BAPTIST MEDICAL CENTER**

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW.BROOKWOODBAPTISTHEALTH.COM/SHELBY</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group SHELBY BAPTIST MEDICAL CENTER

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group WALKER BAPTIST MEDICAL CENTERLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 4

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	X	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA		20 <u>16</u>
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	X	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.BROOKWOODBAPTISTHEALTH.COM/ABOUT/AWAR</u>		
b <input type="checkbox"/> Other website (list url)		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy		20 <u>16</u>
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url) <u>WWW.BROOKWOODBAPTISTHEALTH.COM/ABOUT/AWARDS-DISTINCT</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group WALKER BAPTIST MEDICAL CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW.BROOKWOODBAPTISTHEALTH.COM/WALKER</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group WALKER BAPTIST MEDICAL CENTER

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group CITIZENS BAPTIST MEDICAL CENTERLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 5

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	X
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA	20	16
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	X
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.BROOKWOODBAPTISTHEALTH.COM/ABOUT/AWAR</u>		
b <input type="checkbox"/> Other website (list url)		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy	20	16
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url) <u>WWW.BROOKWOODBAPTISTHEALTH.COM/ABOUT/AWARDS-DISTINCT</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group CITIZENS BAPTIST MEDICAL CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW.BROOKWOODBAPTISTHEALTH.COM/CITIZENS</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group CITIZENS BAPTIST MEDICAL CENTER

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group CITIZENS BAPTIST MEDICAL CENTER**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		X
24		X

Schedule H (Form 990) 2018

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group BROOKWOOD BAPTIST MEDICAL CENTERLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	X
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA	20	16
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	X
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.BROOKWOODBAPTISTHEALTH.COM/ABOUT/AWAR</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy	20	16
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url) <u>WWW.BROOKWOODBAPTISTHEALTH.COM/ABOUT/AWARDS-DISTINCT</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group BROOKWOOD BAPTIST MEDICAL CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW.BROOKWOODBAPTISTHEALTH.COM/BROOKWOOD</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group **BROOKWOOD BAPTIST MEDICAL CENTER**

- | | Yes | No |
|---|----------|----------|
| 17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? | X | |
| 18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP | | |
| a <input type="checkbox"/> Reporting to credit agency(ies) | | |
| b <input type="checkbox"/> Selling an individual's debt to another party | | |
| c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP | | |
| d <input type="checkbox"/> Actions that require a legal or judicial process | | |
| e <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted | | |
| 19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? | | X |
| If "Yes," check all actions in which the hospital facility or a third party engaged | | |
| a <input type="checkbox"/> Reporting to credit agency(ies) | | |
| b <input type="checkbox"/> Selling an individual's debt to another party | | |
| c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP | | |
| d <input type="checkbox"/> Actions that require a legal or judicial process | | |
| e <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) | | |
| a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) | | |
| b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) | | |
| c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) | | |
| d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) | | |
| e <input type="checkbox"/> Other (describe in Section C) | | |
| f <input type="checkbox"/> None of these efforts were made | | |
- 21** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?
- If "No," indicate why
- a ☐ The hospital facility did not provide care for any emergency medical conditions
- b ☐ The hospital facility's policy was not in writing
- c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PRINCETON BAPTIST MEDICAL CENTER:

PART V, SECTION B, LINE 5: THE HOSPITAL FACILITY GATHERED INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVICED, AS WELL AS FROM INDIVIDUALS WHO HAVE SPECIAL KNOWLEDGE OR EXPERTISE IN PUBLIC HEALTH. INTERVIEWS WERE CONDUCTED BY TELEPHONE AND INTERVIEWERS FOLLOWED THE SAME PROCESS FOR EACH INTERVIEW, WHICH INCLUDED DOCUMENTING THE INTERVIEWEE'S EXPERTISE AND EXPERIENCE RELATED TO THE COMMUNITY SERVED BY THE HOSPITAL FACILITY.

AS THE BASIS FOR DISCUSSION, INTERVIEWERS USED QUESTIONS FOCUSED ON THE COMMUNITY'S HEALTHCARE STRENGTHS, CONCERNS, ASSETS AND AVAILABLE RESOURCES, ASSETS AND RESOURCES LACKING, BARRIERS TO SERVICE, AND POTENTIAL AREAS FOR IMPROVEMENT.

THE HOSPITAL FACILITY OBTAINED INPUT FROM COMMUNITY MEMBERS IN THE FOLLOWING ORGANIZATIONS COVERING VARIOUS SERVICE AREAS:

BIRMINGHAM REGIONAL EMSS (PUBLIC SERVICE ORGANIZATION)

COMMUNITY FOUNDATION OF GREATER BIRMINGHAM (MEDICALLY UNDERSERVED & LOW INCOME POPULATIONS)

DIVISION OF YOUTH SERVICES (CHILD HEALTH)

GREATER SHILOH BAPTIST CHURCH (FAITH BASED ORGANIZATION)

IDA V. MOFFETT SCHOOL OF NURSING (HOSPITAL LEADERS/MEDICAL PROFESSIONALS)

THE UNIVERSITY OF ALABAMA AT BIRMINGHAM (EDUCATION)

URBAN MINISTRY (FAITH BASED ORGANIZATION)

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SHELBY BAPTIST MEDICAL CENTER:

PART V, SECTION B, LINE 5: THE HOSPITAL FACILITY GATHERED INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVICED, AS WELL AS FROM INDIVIDUALS WHO HAVE SPECIAL KNOWLEDGE OR EXPERTISE IN PUBLIC HEALTH. INTERVIEWS WERE CONDUCTED BY TELEPHONE AND INTERVIEWERS FOLLOWED THE SAME PROCESS FOR EACH INTERVIEW, WHICH INCLUDED DOCUMENTING THE INTERVIEWEE'S EXPERTISE AND EXPERIENCE RELATED TO THE COMMUNITY SERVED BY THE HOSPITAL FACILITY.

AS THE BASIS FOR DISCUSSION, INTERVIEWERS USED QUESTIONS FOCUSED ON THE COMMUNITY'S HEALTHCARE STRENGTHS, CONCERNS, ASSETS AND AVAILABLE RESOURCES, ASSETS AND RESOURCES LACKING, BARRIERS TO SERVICE, AND POTENTIAL AREAS FOR IMPROVEMENT.

THE HOSPITAL FACILITY OBTAINED INPUT FROM COMMUNITY MEMBERS IN THE FOLLOWING ORGANIZATIONS COVERING VARIOUS SERVICE AREAS:

BRIARFIELD VOLUNTEER FIRE DEPARTMENT (PUBLIC SERVICE ORGANIZATION)

CITY OF ALABASTER (PUBLIC SERVICE ORGANIZATION)

CITY OF PELHAM (PUBLIC SERVICE ORGANIZATION)

SHELBY COUNTY ALABAMA COOPERATIVE EXTENSION (PUBLIC SERVICE ORGANIZATION)

SHELBY COUNTY BOARD OF EDUCATION (EDUCATION)

WALKER BAPTIST MEDICAL CENTER:

PART V, SECTION B, LINE 5: THE HOSPITAL FACILITY GATHERED INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVICED, AS WELL AS FROM INDIVIDUALS WHO HAVE SPECIAL KNOWLEDGE OR EXPERTISE IN PUBLIC

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HEALTH. INTERVIEWS WERE CONDUCTED BY TELEPHONE AND INTERVIEWERS FOLLOWED THE SAME PROCESS FOR EACH INTERVIEW, WHICH INCLUDED DOCUMENTING THE INTERVIEWEE'S EXPERTISE AND EXPERIENCE RELATED TO THE COMMUNITY SERVED BY THE HOSPITAL FACILITY.

AS THE BASIS FOR DISCUSSION, INTERVIEWERS USED QUESTIONS FOCUSED ON THE COMMUNITY'S HEALTHCARE STRENGTHS, CONCERNS, ASSETS AND AVAILABLE RESOURCES, ASSETS AND RESOURCES LACKING, BARRIERS TO SERVICE, AND POTENTIAL AREAS FOR IMPROVEMENT.

THE HOSPITAL FACILITY OBTAINED INPUT FROM COMMUNITY MEMBERS IN THE FOLLOWING ORGANIZATIONS COVERING VARIOUS SERVICE AREAS:

ALABAMA DEPARTMENT OF PUBLIC HEALTH (PUBLIC HEALTH EXPERT)

JASPER CITY COUNCIL (PUBLIC SERVICE ORGANIZATION)

KEN GLOVER DRUGS (HOSPITAL LEADERS/MEDICAL PROFESSIONALS)

REGIONAL PARAMEDICS (PUBLIC SERVICE ORGANIZATION)

WALKER COUNTY HEALTH ACTION PARTNERSHIP (PUBLIC SERVICE ORGANIZATION)

CITIZENS BAPTIST MEDICAL CENTER:

PART V, SECTION B, LINE 5: THE HOSPITAL FACILITY GATHERED INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVICED, AS WELL AS FROM INDIVIDUALS WHO HAVE SPECIAL KNOWLEDGE OR EXPERTISE IN PUBLIC HEALTH. INTERVIEWS WERE CONDUCTED BY TELEPHONE AND INTERVIEWERS FOLLOWED THE SAME PROCESS FOR EACH INTERVIEW, WHICH INCLUDED DOCUMENTING THE INTERVIEWEE'S EXPERTISE AND EXPERIENCE RELATED TO THE COMMUNITY SERVED BY THE HOSPITAL FACILITY.

Part V. Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

AS THE BASIS FOR DISCUSSION, INTERVIEWERS USED QUESTIONS FOCUSED ON THE COMMUNITY'S HEALTHCARE STRENGTHS, CONCERNS, ASSETS AND AVAILABLE RESOURCES, ASSETS AND RESOURCES LACKING, BARRIERS TO SERVICE, AND POTENTIAL AREAS FOR IMPROVEMENT.

THE HOSPITAL FACILITY OBTAINED INPUT FROM COMMUNITY MEMBERS IN THE FOLLOWING ORGANIZATIONS COVERING VARIOUS SERVICE AREAS:

CITIZENS HOSPITAL ADVISORY COUNCIL (HOSPITAL LEADERS/MEDICAL PROFESSIONALS)

FIRST FAMILIES SERVICES CENTER (MEDICALLY UNDERSERVED & LOW INCOME POPULATIONS)

SAFE FAMILY SERVICES CENTER (MEDICALLY UNDERSERVED & LOW INCOME POPULATIONS)

TALLADEGA BOARD OF EDUCATION (EDUCATION)

TALLADEGA COUNTY HEALTH DEPARTMENT (PUBLIC HEALTH EXPERT)

TALLADEGA HEALTH AND REHAB SELECT (MENTAL HEALTH ORGANIZATION)

BROOKWOOD BAPTIST MEDICAL CENTER:

PART V, SECTION B, LINE 5: THE HOSPITAL FACILITY GATHERED INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVICED, AS WELL AS FROM INDIVIDUALS WHO HAVE SPECIAL KNOWLEDGE OR EXPERTISE IN PUBLIC HEALTH. INTERVIEWS WERE CONDUCTED BY TELEPHONE AND INTERVIEWERS FOLLOWED THE SAME PROCESS FOR EACH INTERVIEW, WHICH INCLUDED DOCUMENTING THE INTERVIEWEE'S EXPERTISE AND EXPERIENCE RELATED TO THE COMMUNITY SERVED BY THE HOSPITAL FACILITY.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

AS THE BASIS FOR DISCUSSION, INTERVIEWERS USED QUESTIONS FOCUSED ON THE
COMMUNITY'S HEALTHCARE STRENGTHS, CONCERNS, ASSETS AND AVAILABLE
RESOURCES, ASSETS AND RESOURCES LACKING, BARRIERS TO SERVICE, AND
POTENTIAL AREAS FOR IMPROVEMENT.

THE HOSPITAL FACILITY OBTAINED INPUT FROM COMMUNITY MEMBERS IN THE
FOLLOWING ORGANIZATIONS COVERING VARIOUS SERVICE AREAS:

BIRMINGHAM REGIONAL EMSS (PUBLIC SERVICE ORGANIZATION)

COMMUNITY FOUNDATION OF GREATER BIRMINGHAM (MEDICALLY UNDERSERVED & LOW
INCOME POPULATIONS)

DIVISION OF YOUTH SERVICES (CHILD HEALTH)

GREATER SHILOH BAPTIST CHURCH (FAITH BASED ORGANIZATION)

IDA V. MOFFETT SCHOOL OF NURSING (HOSPITAL LEADERS/MEDICAL PROFESSIONALS)

THE UNIVERSITY OF ALABAMA AT BIRMINGHAM (EDUCATION)

URBAN MINISTRY (FAITH BASED ORGANIZATION)

PRINCETON BAPTIST MEDICAL CENTER:

PART V, SECTION B, LINE 6A:

BROOKWOOD BAPTIST MEDICAL CENTER

SHELBY BAPTIST MEDICAL CENTER

WALKER BAPTIST MEDICAL CENTER

CITIZENS BAPTIST MEDICAL CENTER

SHELBY BAPTIST MEDICAL CENTER:

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 6A:

BROOKWOOD BAPTIST MEDICAL CENTER

PRINCETON BAPTIST MEDICAL CENTER

WALKER BAPTIST MEDICAL CENTER

CITIZENS BAPTIST MEDICAL CENTER

WALKER BAPTIST MEDICAL CENTER:

PART V, SECTION B, LINE 6A:

BROOKWOOD BAPTIST MEDICAL CENTER

PRINCETON BAPTIST MEDICAL CENTER

SHELBY BAPTIST MEDICAL CENTER

CITIZENS BAPTIST MEDICAL CENTER

CITIZENS BAPTIST MEDICAL CENTER:

PART V, SECTION B, LINE 6A:

BROOKWOOD BAPTIST MEDICAL CENTER

PRINCETON BAPTIST MEDICAL CENTER

SHELBY BAPTIST MEDICAL CENTER

WALKER BAPTIST MEDICAL CENTER

BROOKWOOD BAPTIST MEDICAL CENTER:

PART V, SECTION B, LINE 6A:

PRINCETON BAPTIST MEDICAL CENTER

SHELBY BAPTIST MEDICAL CENTER

WALKER BAPTIST MEDICAL CENTER

CITIZENS BAPTIST MEDICAL CENTER

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PRINCETON BAPTIST MEDICAL CENTER:

PART V, SECTION B, LINE 11: FOLLOWING A COMPREHENSIVE REVIEW OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, THE PRINCETON BAPTIST MEDICAL CENTER LEADERSHIP TEAM DEVELOPED AN IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED HEALTH PRIORITIES. THE RESULTING IMPLEMENTATION STRATEGY LINKS SPECIFIC ACTIVITIES TO ACHIEVING TARGETED OUTCOMES FOR EACH PRIORITY'S SPECIFIED GOALS AND OBJECTIVES. THESE ACTIVITIES INCLUDE EXISTING PROGRAMS AND PARTNERSHIPS AS WELL AS NEW ACTIVITIES AIMED AT ENHANCING THE BENEFITS PRINCETON BAPTIST MEDICAL CENTER PROVIDES TO THE COMMUNITY. ADDITIONALLY, THE IMPLEMENTATION STRATEGY PROVIDES RATIONALE FOR ANY HEALTH PRIORITIES NOT ADDRESSED (IF APPLICABLE).

SHELBY BAPTIST MEDICAL CENTER:

PART V, SECTION B, LINE 11: FOLLOWING A COMPREHENSIVE REVIEW OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, THE SHELBY BAPTIST MEDICAL CENTER LEADERSHIP TEAM DEVELOPED AN IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED HEALTH PRIORITIES. THE RESULTING IMPLEMENTATION STRATEGY LINKS SPECIFIC ACTIVITIES TO ACHIEVING TARGETED OUTCOMES FOR EACH PRIORITY'S SPECIFIED GOALS AND OBJECTIVES. THESE ACTIVITIES INCLUDE EXISTING PROGRAMS AND PARTNERSHIPS AS WELL AS NEW ACTIVITIES AIMED AT ENHANCING THE BENEFITS SHELBY BAPTIST MEDICAL CENTER PROVIDES TO THE COMMUNITY. ADDITIONALLY, THE IMPLEMENTATION STRATEGY PROVIDES RATIONALE FOR ANY HEALTH PRIORITIES NOT ADDRESSED (IF APPLICABLE).

WALKER BAPTIST MEDICAL CENTER:

PART V, SECTION B, LINE 11: FOLLOWING A COMPREHENSIVE REVIEW OF THE

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMMUNITY HEALTH NEEDS ASSESSMENT, THE WALKER BAPTIST MEDICAL CENTER

LEADERSHIP TEAM DEVELOPED AN IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED HEALTH PRIORITIES. THE RESULTING IMPLEMENTATION STRATEGY LINKS SPECIFIC ACTIVITIES TO ACHIEVING TARGETED OUTCOMES FOR EACH PRIORITY'S SPECIFIED GOALS AND OBJECTIVES. THESE ACTIVITIES INCLUDE EXISTING PROGRAMS AND PARTNERSHIPS AS WELL AS NEW ACTIVITIES AIMED AT ENHANCING THE BENEFITS WALKER BAPTIST MEDICAL CENTER PROVIDES TO THE COMMUNITY. ADDITIONALLY, THE IMPLEMENTATION STRATEGY PROVIDES RATIONALE FOR ANY HEALTH PRIORITIES NOT ADDRESSED (IF APPLICABLE).

CITIZENS BAPTIST MEDICAL CENTER:

PART V, SECTION B, LINE 11: FOLLOWING A COMPREHENSIVE REVIEW OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, THE CITIZENS BAPTIST MEDICAL CENTER LEADERSHIP TEAM DEVELOPED AN IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED HEALTH PRIORITIES. THE RESULTING IMPLEMENTATION STRATEGY LINKS SPECIFIC ACTIVITIES TO ACHIEVING TARGETED OUTCOMES FOR EACH PRIORITY'S SPECIFIED GOALS AND OBJECTIVES. THESE ACTIVITIES INCLUDE EXISTING PROGRAMS AND PARTNERSHIPS AS WELL AS NEW ACTIVITIES AIMED AT ENHANCING THE BENEFITS CITIZENS BAPTIST MEDICAL CENTER PROVIDES TO THE COMMUNITY. ADDITIONALLY, THE IMPLEMENTATION STRATEGY PROVIDES RATIONALE FOR ANY HEALTH PRIORITIES NOT ADDRESSED (IF APPLICABLE).

BROOKWOOD BAPTIST MEDICAL CENTER:

PART V, SECTION B, LINE 11: FOLLOWING A COMPREHENSIVE REVIEW OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, THE BROOKWOOD BAPTIST MEDICAL CENTER LEADERSHIP TEAM DEVELOPED AN IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED HEALTH PRIORITIES. THE RESULTING IMPLEMENTATION STRATEGY LINKS

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SPECIFIC ACTIVITIES TO ACHIEVING TARGETED OUTCOMES FOR EACH PRIORITY'S SPECIFIED GOALS AND OBJECTIVES. THESE ACTIVITIES INCLUDE EXISTING PROGRAMS AND PARTNERSHIPS AS WELL AS NEW ACTIVITIES AIMED AT ENHANCING THE BENEFITS BROOKWOOD BAPTIST MEDICAL CENTER PROVIDES TO THE COMMUNITY. ADDITIONALLY THE IMPLEMENTATION STRATEGY PROVIDES RATIONALE FOR ANY HEALTH PRIORITIES NOT ADDRESSED (IF APPLICABLE).

PRINCETON BAPTIST MEDICAL CENTER:

PART V, SECTION B, LINE 13H: IN ORDER TO COMPLY WITH THE ACA 501R REGULATIONS, THE HOSPITAL ADJUSTS PRIVATE PAY ACCOUNTS AT TIME OF BILL USING THE MEDICARE LOOKBACK METHODOLOGY.

SHELBY BAPTIST MEDICAL CENTER:

PART V, SECTION B, LINE 13H: IN ORDER TO COMPLY WITH THE ACA 501R REGULATIONS, THE HOSPITAL ADJUSTS PRIVATE PAY ACCOUNTS AT TIME OF BILL USING THE MEDICARE LOOKBACK METHODOLOGY.

WALKER BAPTIST MEDICAL CENTER:

PART V, SECTION B, LINE 13H: IN ORDER TO COMPLY WITH THE ACA 501R REGULATIONS, THE HOSPITAL ADJUSTS PRIVATE PAY ACCOUNTS AT TIME OF BILL USING THE MEDICARE LOOKBACK METHODOLOGY.

CITZENS BAPTIST MEDICAL CENTER:

PART V, SECTION B, LINE 13H: IN ORDER TO COMPLY WITH THE ACA 501R REGULATIONS, THE HOSPITAL ADJUSTS PRIVATE PAY ACCOUNTS AT TIME OF BILL USING THE MEDICARE LOOKBACK METHODOLOGY.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

BROOKWOOD BAPTIST MEDICAL CENTER:

PART V, SECTION B, LINE 13H: IN ORDER TO COMPLY WITH THE ACA 501(R)

REGULATIONS, THE HOSPITAL ADJUSTS PRIVATE PAY ACCOUNTS AT TIME OF BILL

USING THE MEDICARE LOOKBACK METHODOLOGY.

PRINCETON BAPTIST MEDICAL CENTER

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.BROOKWOODBAPTISTHEALTH.COM/PRINCETON

SHELBY BAPTIST MEDICAL CENTER

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.BROOKWOODBAPTISTHEALTH.COM/SHELBY

WALKER BAPTIST MEDICAL CENTER

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.BROOKWOODBAPTISTHEALTH.COM/WALKER

CITIZENS BAPTIST MEDICAL CENTER

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.BROOKWOODBAPTISTHEALTH.COM/CITIZENS

BROOKWOOD BAPTIST MEDICAL CENTER

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.BROOKWOODBAPTISTHEALTH.COM/BROOKWOOD

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PRINCETON BAPTIST MEDICAL CENTER

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.BROOKWOODBAPTISTHEALTH.COM/PRINCETON

SHELBY BAPTIST MEDICAL CENTER

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.BROOKWOODBAPTISTHEALTH.COM/SHELBY

WALKER BAPTIST MEDICAL CENTER

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.BROOKWOODBAPTISTHEALTH.COM/WALKER

CITIZENS BAPTIST MEDICAL CENTER

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.BROOKWOODBAPTISTHEALTH.COM/CITIZENS

BROOKWOOD BAPTIST MEDICAL CENTER

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.BROOKWOODBAPTISTHEALTH.COM/BROOKWOOD

Part VI Supplemental Information

Provide the following information

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

PART I, LN 7 COL(F):

A COST TO CHARGE RATIO WAS DERIVED USING THE WORKSHEETS PROVIDED IN THE SCHEDULE H INSTRUCTIONS TO CALCULATE THE NET COMMUNITY BENEFIT EXPENSE OF CHARITY CARE. THE UNREIMBURSED MEDICAID CALCULATION WAS DETERMINED BY USING A COST ACCOUNTING SYSTEM THAT ADDRESSES ALL PATIENT SEGMENTS, INCLUDING BUT NOT LIMITED TO INPATIENT, OUTPATIENT, EMERGENCY ROOM, PRIVATE INSURANCE, MEDICAID, MEDICARE, UNINSURED, AND SELF PAY. AMOUNTS FOR OTHER COMMUNITY BENEFITS WERE COMPILED THROUGH RESPONSES RECEIVED AT A FACILITY LEVEL.

PART II, COMMUNITY BUILDING ACTIVITIES:

COMMUNITY BUILDING ACTIVITIES ADDRESS THE CAUSES OF COMMUNITY HEALTH PROBLEMS BY OFFERING THE SYSTEM'S HEALTH CARE EXPERTISE AND RESOURCES.

EXAMPLES OF SUCH ACTIVITIES INCLUDE:

LN 1. PHYSICAL IMPROVEMENTS AND HOUSING - SHELBY SENIOR HOUSING BOARD

LN 2. ECONOMIC DEVELOPMENT - BIRMINGHAM REGIONAL COUNCIL; CHAMBER OF

COMMERCE

Part VI Supplemental Information (Continuation)

LN 3. COMMUNITY SUPPORT - GIDEONS; KIWANIS; BOYS AND GIRLS CLUB; EMT
LUNCHEONS; MEMORIAL SERVICES

LN 5. LEADERSHIP DEVELOPMENT AND LEADERSHIP TRAINING - LEADERSHIP
BIRMINGHAM; LEADERSHIP WALKER COUNTY

LN 6. COALITION BUILDING - BLUE CROSS/BLUE SHIELD; EXPLORERS HEALTH
PROGRAMS; SAIL (SUMMER ADVENTURES IN LEARNING); HEALTH ACTION PARTNERS

LN 8. WORKFORCE DEVELOPMENT - HIGH SCHOOL JOB SHADOWING; PHYSICIAN
RECRUITMENT; STUDENT MOCK INTERVIEWS; WOMEN'S MENTORING DAY

PART III, LINE 2:

BAD DEBT EXPENSE IS DERIVED BY APPLYING THE PATIENT COST TO CHARGE RATIO
TO GROSS CHARGES OF BAD DEBTS ATTRIBUTABLE TO PATIENT ACCOUNTS. THIS
AMOUNT IS REDUCED BY ANY OFFSETTING REVENUES ALLOCATED TO BAD DEBTS.

PART III, LINE 3:

BBH HAS IMPLEMENTED A TOOL KNOWN AS THE "PAYMENT ASSISTANCE RANK ORDER"
(PARO) WITH THE PURPOSE OF IDENTIFYING PATIENTS WHO HAVE FAILED TO APPLY
FOR CHARITY CARE THAT MAY BE ELIGIBLE TO RECEIVE FINANCIAL ASSISTANCE. AS
A RESULT OF THIS IMPLEMENTATION, A PORTION OF PATIENT CARE REVENUE THAT
WOULD OTHERWISE BE REPORTED AS BAD DEBT IS NOW BEING REPORTED AS CHARITY
CARE. WE HAVE ALSO IMPLEMENTED PARO SCORING ON RESIDUAL SELF PAY (I.E.
PATIENT BALANCE AFTER INSURANCE.)

PART III, LINE 4:

BBH RECORDS BAD DEBT EXPENSE AS ITS ESTIMATE OF THE AMOUNT OF GROSS
CHARGES DUE FROM PATIENTS THAT WILL NOT ULTIMATELY BE COLLECTED.

THE ALLOWANCE FOR BAD DEBTS IS ESTABLISHED FOR ACCOUNTS DEEMED POTENTIALLY

Part VI Supplemental Information (Continuation)

UNCOLLECTIBLE BY MANAGEMENT BASED ON CONTRACT TERMS AND HISTORICAL COLLECTION EXPERIENCE. ACCOUNTS ARE WRITTEN OFF ONCE COLLECTION EFFORTS HAVE BEEN EXHAUSTED.

PART III, LINE 8:

THIS DATA IS A COMPILATION OF MEDICARE COST REPORTS FILED FOR THE YEAR ENDED DECEMBER 31, 2018. THE MEDICARE COST REPORT USES THE WORKING TRIAL BALANCE AS A STARTING POINT AND APPLIES MEDICARE COST REPORTING PRINCIPALS TO DETERMINE TOTAL ALLOWABLE COSTS ON A COST CENTER BASIS. MEDICARE COST REPORTING PRINCIPALS ARE ALSO USED TO DETERMINE TOTAL PATIENT REVENUE ON A COST CENTER BASIS IN ORDER TO COMPUTE A RATIO OF COST TO CHARGES.

PART III, LINE 9B:

THE FOLLOWING IS FOUND IN THE CHARITY CARE POLICY REGARDING BILLING AND COLLECTIONS:

1. BBH ENSURES THAT ALL PATIENT ACCOUNTS ARE PROCESSED FAIRLY AND CONSISTENTLY
2. BBH HAS IMPLEMENTED WRITTEN POLICIES FOR DEFINING AND DELINEATING THE CIRCUMSTANCES UNDER WHICH AND UNDER WHOSE AUTHORITY A PATIENT ACCOUNT IS ADVANCED FOR COLLECTION TO A THIRD-PARTY COLLECTION AGENCY.
3. BBH DEFINES THE STANDARDS AND SCOPE OF PRACTICES TO BE USED BY THIRD-PARTY COLLECTION AGENTS ACTING ON ITS BEHALF SUCH THAT ANY STANDARDS AND SCOPE OF PRACTICES, AT A MINIMUM, ARE CONSISTENT WITH THE BBH MISSIONS AND VALUES. BBH OBTAINS WRITTEN AGREEMENTS FROM EACH THIRD-PARTY COLLECTION AGENT TO ENSURE ADHERENCE TO SUCH MISSION AND VALUES.
4. AT THE TIME OF BILLING BBH PROVIDES TO ALL LOW-INCOME UNINSURED PATIENTS THE SAME INFORMATION CONCERNING SERVICES AND CHARGES PROVIDED TO ALL OTHER PATIENTS WHO RECEIVE CARE AT BBH.

Part VI Supplemental Information (Continuation)

5. WHEN SENDING A BILL TO A PATIENT, BBH INCLUDES A) A STATEMENT THAT INDICATES IF THE PATIENT MEETS CERTAIN INCOME REQUIREMENTS; THE PATIENT MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE FROM BBH; AND B) A STATEMENT THAT PROVIDES THE PATIENT WITH THE NAME AND TELEPHONE NUMBER OF A BBH FINANCIAL COUNSELOR OR THE CENTRAL BUSINESS OFFICE FROM WHOM OR WHERE THE PATIENT MAY OBTAIN INFORMATION ABOUT BBH'S FINANCIAL ASSISTANCE POLICIES FOR PATIENTS AND HOW TO APPLY FOR SUCH ASSISTANCE.

6. ANY PATIENT OR PATIENT'S LEGAL REPRESENTATIVE SEEKING FINANCIAL ASSISTANCE FROM BBH WILL COMPLETE A FINANCIAL NEEDS ASSESSMENT (FNA). A COMPLETED FNA PROVIDES BBH INFORMATION CONCERNING A PATIENT'S INSURANCE COVERAGE, FINANCIAL STATUS AND ANY OTHER INFORMATION THAT IS NECESSARY FOR BBH TO MAKE A DETERMINATION REGARDING THE PATIENT'S STATUS RELATIVE TO BBH'S CHARITY CARE POLICY, DISCOUNTED PAYMENT POLICY OR ELIGIBILITY FOR GOVERNMENT-SPONSORED PROGRAMS (I.E. MEDICAID).

7. FOR PATIENTS WHO HAVE AN FNA PENDING FOR EITHER GOVERNMENT-SPONSORED COVERAGE OR FOR BBH'S OWN CHARITY CARE AND FINANCIAL ASSISTANCE PROGRAM, BBH DOES NOT SEND THAT PATIENT'S ACCOUNT TO A COLLECTION AGENCY PRIOR TO 120 DAYS FROM THE TIME OF INITIAL BILLING.

8. IF A PATIENT QUALIFIES FOR ASSISTANCE UNDER BBH'S FINANCIAL ASSISTANCE POLICY AND IS REASONABLY COOPERATING WITH BBH IN AN EFFORT TO SETTLE AN OUTSTANDING ACCOUNT, BBH DOES NOT SEND THE ACCOUNT TO ANY OUTSIDE COLLECTION AGENCY.

9. BBH OR OUTSIDE COLLECTION AGENCIES OPERATING ON BEHALF OF BBH DO NOT, IN DEALING WITH LOW-INCOME UNINSURED PATIENTS, USE LIENS ON PRIMARY RESIDENCES AS MEANS OF COLLECTING AN UNPAID PATIENT ACCOUNT. BBH INSTRUCTS BOTH ITS ASSOCIATES AND OUTSIDE COLLECTION AGENCIES THAT TACTICS SUCH AS CHARGING INTEREST, REQUIRING PATIENTS OR PATIENT GUARANTORS TO INCUR DEBT OR LOANS WITH RECOURSE TO THE PATIENT'S PERSONAL OR REAL PROPERTY ASSETS

Part VI Supplemental Information (Continuation)

(RECOURSE INDEBTEDNESS) OR SO CALLED "BODY ATTACHMENTS" (I.E. THE ARREST OR JAILING OF PATIENTS IN DEFAULT ON THEIR ACCOUNTS, SUCH AS FOR MISSED COURT APPEARANCES) ARE STRICTLY PROHIBITED.

10. ELIGIBILITY FOR CHARITY CARE AND DISCOUNT PAYMENTS MAY BE DETERMINED AT ANY TIME BBH IS IN RECEIPT OF ALL INFORMATION (I.E. COMPLETED FNA) NEEDED TO DETERMINE THE PATIENT'S ELIGIBILITY FOR ITS FINANCIAL ASSISTANCE PROGRAMS. ALL UNINSURED PATIENTS, PRIOR TO PLACEMENT WITH A BAD DEBT COLLECTION AGENCY, ARE SCREENED FOR CHARITY QUALIFICATION USING THE "PAYMENT ASSISTANCE RANK ORDER" (PARO), REFERENCED ABOVE.

11. PATIENT PAYMENTS MADE PRIOR TO FINANCIAL ASSISTANCE ELIGIBILITY DETERMINATION FOR QUALIFYING ACCOUNTS WILL BE REFUNDED TO THE PATIENT IF THE PATIENT QUALIFIES FOR THE BBH FREE CARE FINANCIAL ASSISTANCE PROGRAM.

PART VI, LINE 2:

AS A NOT-FOR-PROFIT HEALTH CARE PROVIDER, BROOKWOOD BAPTIST HEALTH (BBH) IS COMMITTED TO MINISTERING QUALITY HEALTH CARE - PHYSICALLY, MENTALLY AND SPIRITUALLY - WHILE SERVING AS A WITNESS TO THE LOVE OF GOD AS REVEALED THROUGH JESUS CHRIST. IN ORDER TO ACHIEVE THIS COMMITMENT, IT IS IMPORTANT TO IDENTIFY THE NEEDS OF THE COMMUNITY TO WHICH WE ARE MINISTERING. DURING VARIOUS PLANNING MEETINGS, BBH MANAGEMENT CONSULTS A VARIETY OF MARKET EXPERTS, PHYSICIANS, LOCAL HEALTH OFFICIALS, AS WELL AS HISTORICAL DATA TRENDS ON INTERNAL/EXTERNAL DATA IN ORDER TO DETERMINE EMERGING NEEDS IN THE COMMUNITY. INFORMATION REGARDING THE COMMUNITY IS COMPILED THROUGH HEALTH SCREENINGS, QUESTIONNAIRES, AND PATIENT INTERVIEWS OFFERED TO THE PUBLIC.

PART VI, LINE 3:

COMMUNICATION OF BBH FINANCIAL ASSISTANCE POLICIES WITH PATIENTS AND THE

Part VI Supplemental Information (Continuation)

PUBLIC:

ALL NOTIFICATIONS OF OUR FINANCIAL ASSISTANCE POLICIES ARE IN BOTH ENGLISH AND SPANISH, INCLUDING SIGNAGE, STATEMENTS, WEB SITES, ETC. BBH POSTS NOTICES REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE TO LOW-INCOME UNINSURED PATIENTS. THESE NOTICES ARE POSTED IN VISIBLE LOCATIONS THROUGHOUT THE FACILITY INCLUDING PATIENT ACCESS/REGISTRATION, THE CASHIER/BILLING OFFICE, THE EMERGENCY DEPARTMENT AND OTHER APPROPRIATE SETTINGS. EVERY POSTED NOTICE REGARDING FINANCIAL ASSISTANCE CONTAINS A STATEMENT INDICATING THAT THE FACILITY HAS A FINANCIAL ASSISTANCE POLICY FOR LOW-INCOME PATIENTS WHO MAY NOT BE ABLE TO PAY THEIR BILL AND BRIEF INSTRUCTIONS REGARDING HOW TO APPLY FOR CHARITY CARE OR A DISCOUNTED BILL. THE NOTICES INCLUDE A CONTACT NAME AND TELEPHONE NUMBER THAT CAN BE USED BY A PATIENT OR FAMILY MEMBER WHO IS REQUESTING ADDITIONAL INFORMATION. BBH ENSURES THAT STAFF MEMBERS IN THE PATIENT ACCESS/REGISTRATION AREAS AND IN THE CENTRAL BUSINESS OFFICE ARE KNOWLEDGEABLE ABOUT THE EXISTENCE OF FINANCIAL ASSISTANCE POLICIES. TRAINING IS PROVIDED TO STAFF MEMBERS WHO DIRECTLY INTERACT WITH PATIENTS REGARDING THEIR BILLS FOR HEALTH CARE SERVICES.

IN COMMUNICATION WITH PATIENTS AND FAMILIES REGARDING FINANCIAL ASSISTANCE POLICIES, BBH ATTEMPTS TO COMMUNICATE IN THE PRIMARY LANGUAGE OF THE PATIENT, OR HIS/HER FAMILY, IF REASONABLY POSSIBLE. THIS IS DONE IN A MANNER CONSISTENT WITH ALL APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS. A WRITTEN NOTICE ON THE BILLING STATEMENT INFORMS THE PATIENT THAT FINANCIAL ASSISTANCE MAY BE AVAILABLE THROUGH THE BBH FINANCIAL ASSISTANCE POLICY.

Part VI Supplemental Information (Continuation)

AT THE TIME OF BILLING, BBH WILL PROVIDE TO ALL UNINSURED PATIENTS THE SAME INFORMATION ON SERVICES AND CHARGES THAT IS PROVIDED TO ALL OTHER PATIENTS RECEIVING CARE AT A BBH ENTITY. WHEN SENDING A BILL TO AN UNINSURED PATIENT, THE FOLLOWING INFORMATION IS INCLUDED WITH THE BILL:

* A STATEMENT THAT INDICATES THAT THE PATIENT MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE FOR HELP IN PAYING FOR THE SERVICES THAT WERE PROVIDED; AND

*A STATEMENT THAT PROVIDES THE PATIENT WITH A CONTACT RESOURCE ABOUT THE BBH FINANCIAL ASSISTANCE POLICY FOR LOW-INCOME UNINSURED PATIENTS AND HOW TO APPLY FOR SUCH ASSISTANCE FOR THE PAYMENT OF SERVICES THAT WERE PROVIDED. BBH WILL PROVIDE INFORMATION TO ALL PATIENTS INFORMING THEM OF THEIR RESPONSIBILITY TO PROVIDE DOCUMENTATION FOR VERIFICATION OF ELIGIBILITY FOR FINANCIAL ASSISTANCE.

PART VI, LINE 4:

BHS INDIRECTLY OPERATES FIVE HOSPITALS THROUGH ITS OWNERSHIP IN THE BROOKWOOD BAPTIST HEALTH (BBH) JOINT VENTURE. THE HOSPITALS ARE LOCATED IN JEFFERSON, SHELBY, TALLADEGA AND WALKER COUNTIES. THESE COUNTIES ACCOUNT FOR APPROXIMATELY 78% OF INPATIENT ADMISSIONS. ADDITIONALLY, OTHER COUNTIES WHICH PROVIDE A SIGNIFICANT AMOUNT OF ADMISSIONS BUT ARE NOT CONSIDERED TO BE PART OF THE PRIMARY SERVICE AREA INCLUDE CHILTON, WINSTON, BIBB, CULLMAN AND MARION COUNTIES. ADMISSIONS FROM JEFFERSON (PRINCETON BAPTIST MEDICAL CENTER AND BROOKWOOD BAPTIST MEDICAL CENTER) AND SHELBY (SHELBY BAPTIST MEDICAL CENTER) ACCOUNTED FOR 56% OF TOTAL ADMISSIONS IN FY 2018. THE MAJOR COMPETITORS IN THE MARKET INCLUDE UAB HOSPITAL (UNIVERSITY OF ALABAMA SYSTEM), GRANDVIEW HOSPITAL (COMMUNITY HEALTH) AND ST. VINCENT'S (ASCENSION HEALTHCARE).

Part VI Supplemental Information (Continuation)

EACH HOSPITAL, OTHER THAN BROOKWOOD BAPTIST MEDICAL CENTER, HAS BEEN DESIGNATED AS A MEDICALLY UNDERSERVED AREA/POPULATION BY THE HEALTH RESOURCES AND SERVICE ADMINISTRATION (HRSA). THIS IS PRIMARILY DUE TO LOW INCOME DESIGNATIONS GIVEN TO SURROUNDING POPULATIONS. FURTHERMORE, ALL FACILITIES EXCEPT SHELBY RESIDE IN AN AREA DESIGNATED BY THE HRSA AS A "PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREA" AND ALL OF THE FACILITIES RESIDE IN AN AREA DESIGNATED BY THE HRSA AS A "MENTAL HEALTH PROFESSIONAL SHORTAGE AREA".

BASED ON THE PAYOR DATA FROM FY 2018, MEDICARE/MEDICARE HMO WAS THE CORPORATION'S LARGEST SOURCE OF PATIENT REVENUE AT 49% OF GROSS CHARGES. OTHER SIGNIFICANT SOURCES OF PATIENT REVENUE INCLUDED BLUE CROSS AT 25% AND MEDICAID AT 10%.

PART VI, LINE 5:

THE BOARD OF DIRECTORS FOR BAPTIST HEALTH SYSTEM, 40% OWNER OF THE JOINT VENTURE IN BBH, IS COMPRISED OF INDEPENDENT COMMUNITY LEADERS WHO RESIDE IN THE SYSTEM'S PRIMARY SERVICE AREA. IN ADDITION, BBH OPERATES AN OPEN MEDICAL STAFF AND ACTIVELY RECRUITS PHYSICIAN SPECIALTIES BASED ON THE NEEDS OF THE COMMUNITY. ALL SURPLUS FUNDS RECEIVED BY BBH ARE USED TO IMPROVE PATIENT CARE THROUGH IMPROVEMENTS IN FACILITIES, SERVICE OFFERINGS, AND TRAINING MEDICAL STAFF. EACH HOSPITAL OPERATES A FULL-TIME EMERGENCY ROOM OPEN TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. ACTIVE INVOLVEMENT IN COMMUNITY SERVICE IS ONE OF THE MANY WAYS BBH LIVES TRUE TO ITS MISSION OF BEING COMMITTED TO MINISTRIES THAT ENHANCE THE HEALTH, DIGNITY, AND WHOLENESS OF THOSE WE SERVE. EXAMPLES OF THIS INCLUDE OPPORTUNITIES FOR STUDENTS TO SPEND TIME SHADOWING CLINICIANS AT BBH FACILITIES, INTERNSHIP PROGRAMS, FREE HEALTH SCREENINGS, PARTNERING WITH

Part VI Supplemental Information (Continuation)

LOCAL CHURCHES TO PROVIDE MEDICAL CARE TO THOSE EXPERIENCING DIFFICULT CIRCUMSTANCES, AND PROVIDING AID TO BBH EMPLOYEES WHO ARE INVOLVED IN MISSION RELATED VOLUNTEER ACTIVITIES.

PART VI, LINE 6:

BHS FURTHERS ITS FAITH-BASED MISSION THROUGH ITS AFFILIATION WITH THE BAPTIST HEALTH FOUNDATION (BHF).

THE BAPTIST HEALTH FOUNDATION EXISTS TO SUPPORT THE FAITH-BASED MISSION OF BHS BY WORKING TO PROVIDE THE CHARITABLE AND COMMUNITY RESOURCES NECESSARY FOR ITS OPERATION. THE FOUNDATION SUPPORTS A WIDE ARRAY OF HEALTH RELATED ACTIVITIES INCLUDING PASTORAL CARE MINISTRIES, MEDICAL EDUCATION, AND CHARITY CARE INCLUDING BBH EMPLOYEE AND PATIENT ASSISTANCE.

**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.

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

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization

BAPTIST HEALTH SYSTEM, INC.

Employer identification number
63-0312913

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST HEALTH FOUNDATION, INC. P.O. BOX 830605 BIRMINGHAM, AL 35283-0605	63-6062097	501(C)3	119,025.	0.	N/A	N/A	GENERAL SUPPORT
YWCA 309 23RD STREET NORTH BIRMINGHAM, AL 35203	63-0288882	501(C)3	6,250.	0.	N/A	N/A	GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table			2.				
3 Enter total number of other organizations listed in the line 1 table			0.				

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

Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

BHS CHOOSES GRANT RECIPIENTS BASED ON THEIR ABILITY AND DESIRE TO SUPPORT THE FAITH BASED MISSION OF BHS BY WORKING TO PROVIDED CHARITABLE AND COMMUNITY RESOURCES. BHS MONITORS THE USE OF GRANTS PROVIDED TO THESE ORGANIZATIONS REGULARLY TO ENSURE THAT THE FUNDS ARE USED TO FURTHER THIS MISSION.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
- **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- **Attach to Form 990.**
- **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization

BAPTIST HEALTH SYSTEM, INC.

Employer identification number
63-0312913

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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.

PART I, LINE 6:

BHS OFFERS AN ANNUAL INCENTIVE PLAN TO MEMBERS OF THE MANAGEMENT TEAM.
PAYOUT UNDER THE INCENTIVE PLAN IS APPROVED BY THE GOVERNANCE COMMITTEE OF
THE BOARD OF TRUSTEES BASED ON OVERALL SYSTEM AS WELL AS INDIVIDUAL GOALS
AND OBJECTIVES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

BAPTIST HEALTH SYSTEM, INC.

Employer identification number
63-0312913

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

"AS A WITNESS TO THE LOVE OF GOD, REVEALED THROUGH JESUS CHRIST, THE
BAPTIST HEALTH SYSTEM IS COMMITTED TO MINISTRIES THAT ENHANCE THE
HEALTH, DIGNITY, AND WHOLENESS OF THOSE WE SERVE, THROUGH INTEGRITY,
COMPASSION, ADVOCACY, RESOURCEFULNESS, AND EXCELLENCE."

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CERTAIN ADDITIONAL POWERS (DESCRIBED ABOVE FROM THE MANAGEMENT
AGREEMENT AND LLC AGREEMENT) TO ENSURE THE JOINT VENTURE WILL CONTINUE
TO FURTHER BHS'S CHARITABLE PURPOSES. THE MANAGEMENT BOARD OF THE LLC
INCLUDES A BLOCK VOTING MECHANISM FOR EACH MEMBER'S APPOINTED
DIRECTORS.

BBH OPERATES FIVE HOSPITALS AND OTHER PATIENT CARE FACILITIES. TWO OF
THE HOSPITALS ARE LOCATED WITHIN THE CITY LIMITS OF BIRMINGHAM, AL,
WHICH ENABLES BBH TO PROVIDE SERVICES TO AREAS OF THE CITY WHICH MIGHT
OTHERWISE BE UNDERSERVED. THE OTHER THREE HOSPITALS ARE LOCATED IN
TALLADEGA, JASPER, AND ALABASTER, AL. SEVERAL OF THESE HOSPITALS SERVE
RURAL COMMUNITIES WHICH, PRIOR TO BHS'S (AND SUBSEQUENTLY BBH'S)
INVOLVEMENT, WERE IN NEED OF STABLE HEALTH CARE FACILITIES. THESE
RURAL HOSPITALS PROVIDE MUCH NEEDED SERVICES (SUCH AS OBSTETRICS), TO
AREAS OF ALABAMA THAT WOULD OTHERWISE BE UNDERSERVED. BBH EXPERIENCES
LOSSES FROM SOME OF THESE HOSPITALS, WHICH FURTHER DEMONSTRATES ITS
COMMITMENT TO SERVING THESE COMMUNITIES.

EACH HOSPITAL PARTICIPATES IN THE MEDICAID PROGRAMS AND EXPERIENCE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

BAPTIST HEALTH SYSTEM, INC.

Employer identification number
63-0312913

LARGE CONTRACTUAL ADJUSTMENTS DUE TO THE LIMITED REIMBURSEMENT PROVIDED BY SUCH PROGRAM. ADDITIONALLY, EACH HOSPITAL PARTICIPATES IN VARIOUS OTHER FEDERAL, STATE AND LOCAL MEDICAL PROGRAMS. THIS PARTICIPATION IMPROVES ACCESS TO PATIENT CARE FOR THE COMMUNITIES SERVED BY BBH.

BBH IS ACTIVELY INVOLVED IN MEDICAL EDUCATION AND CLINICAL PASTORAL CARE EDUCATION. BBH CURRENTLY HAS APPROXIMATELY 99 RESIDENCY POSITIONS IN TRANSITIONAL YEAR, INTERNAL MEDICINE, PATHOLOGY, RADIOLOGY AND GENERAL SURGERY PROGRAMS. BBH'S MEDICAL EDUCATION PROGRAM ALSO PROVIDES CONTINUING EDUCATION TO LICENSED PHYSICIANS. THE CLINICAL PASTORAL CARE EDUCATION PROGRAM PROVIDES TRAINING FOR 9 RESIDENTS AS WELL AS NUMEROUS PART-TIME STUDENTS. THIS TRAINING EQUIPS STUDENTS TO PROVIDE A BETTER LEVEL OF SPIRITUAL CARE TO PATIENTS. IN ADDITION, BBH, IN CONJUNCTION WITH SEVERAL COLLEGES AND UNIVERSITIES OF NURSING, PROVIDES TRAINING FOR NURSES THAT ARE HIRED THROUGHOUT THE SOUTHEASTERN UNITED STATES.

FINALLY, BBH CONTINUALLY PROVIDES MANY SERVICES IN HEALTH PROMOTION AND SCREENING TO THE PUBLIC FREE OF CHARGE OR AT A NOMINAL COST. SUCH SERVICES ARE PROVIDED THROUGH SCHOOLS, EMPLOYERS, AND FACILITIES THAT ARE EASILY ACCESSIBLE BY THE GENERAL PUBLIC. EMPLOYEES ARE ENCOURAGED TO DEVOTE SERVICES TO OTHER CHARITABLE ORGANIZATIONS IN THE COMMUNITY, AS WELL AS TO PROVIDE FINANCIAL SUPPORT. EMPLOYEES AND OTHER COMMUNITY MEMBERS HAVE ALSO PROVIDED SIGNIFICANT SUPPORT OF BBH'S CHARITABLE ACTIVITIES EVIDENCING THE COMMUNITIES' WILLINGNESS TO ACKNOWLEDGE AND SUPPORT THE MISSION OF BROOKWOOD BAPTIST HEALTH.

FORM 990, PART VI, SECTION A, LINE 7A:

Name of the organization

BAPTIST HEALTH SYSTEM, INC.

Employer identification number

63-0312913

PURSUANT TO THE RESTATED ARTICLES OF INCORPORATION OF BAPTIST HEALTH SYSTEM, INC., THE BIRMINGHAM BAPTIST ASSOCIATION, AN ALABAMA NONPROFIT CORPORATION RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, ELECTS THE BOARD OF TRUSTEES OF BAPTIST HEALTH SYSTEM, INC. FROM A SLATE PRESENTED BY BAPTIST HEALTH SYSTEM, INC.

FORM 990, PART VI, SECTION A, LINE 7B:

ANY AMENDMENT TO THE BAPTIST HEALTH SYSTEM, INC. ARTICLES OF INCORPORATION MUST BE APPROVED BY THE BIRMINGHAM BAPTIST ASSOCIATION AND ANY MORTGAGE PLACED ON ANY PART OR PORTION OF REAL PROPERTY OWNED BY BAPTIST HEALTH SYSTEM, INC. MUST BE APPROVED BY THE BIRMINGHAM BAPTIST ASSOCIATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PROVIDED TO THE BOARD FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BHS, DEDICATED TO ITS FAITH BASED HEALTH CARE MINISTRY, HAS DEMONSTRATED THE VALUE OF INTEGRITY BY SETTING FORTH A POLICY PROHIBITING CONFLICT OF INTEREST AND PROVIDING A MECHANISM FOR REPORTING POTENTIAL CONFLICT OF INTEREST SITUATIONS. THE PURPOSE OF THIS CONFLICT OF INTEREST POLICY IS TO PROTECT BHS'S INTEREST WHEN IT IS CONTEMPLATING ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF A TRUSTEE, BOARD COMMITTEE MEMBER, OFFICER, DIRECTOR, OR MANAGER OF BHS. THIS POLICY IS INTENDED TO SUPPLEMENT BUT NOT REPLACE ANY APPLICABLE FEDERAL OR ALABAMA LAWS GOVERNING CONFLICTS OF INTEREST APPLICABLE TO NONPROFIT AND CHARITABLE ORGANIZATIONS. BHS CONDUCTS AN ANNUAL CONFLICT OF INTEREST SURVEY FOR ALL OF ITS BOARD MEMBERS, OFFICERS, DIRECTORS, AND MANAGERS TO ENSURE THAT ALL

Name of the organization

BAPTIST HEALTH SYSTEM, INC.

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POTENTIAL CONFLICTS ARE REPORTED AND ADDRESSED.

BHS ALSO HAS A TRAVEL POLICY IN PLACE THAT ALLOWS FOR THE REIMBURSEMENT OF TRAVEL EXPENSES THAT ARE REASONABLE IN AMOUNT AND ARE CONSIDERED ORDINARY, NECESSARY, AND APPROPRIATE TO THE CONDUCT OF THE CORPORATION'S BUSINESS. THE REIMBURSEMENT GUIDELINES ARE IN ACCORDANCE WITH INTERNAL REVENUE SERVICE REGULATIONS. THE AMOUNT OF FUNDS EXPENDED EACH YEAR RELATED TO TRAVEL IS BUDGETED. EMPLOYEES AND TRUSTEES OF THE CORPORATION ARE NOT COMPENSATED THROUGH EXPENSE ALLOWANCES. TO BE REIMBURSED FOR TRAVEL, EMPLOYEES AND TRUSTEES MUST SUBMIT A SIGNED EXPENSE REPORT FORM AND PROVIDE DOCUMENTATION IN THE FORM OF RECEIPTS FOR ANY EXPENSE OF \$20 OR MORE.

FORM 990, PART VI, SECTION B, LINE 15:

THE ANNUAL PROCESS OF REVIEWING COMPENSATION FOR EXECUTIVES CLASSIFIED AS DISQUALIFIED PERSONS UNDER IRS INTERMEDIATE SANCTIONS GUIDELINES INCLUDES THE FOLLOWING STEPS: THE GOVERNANCE COMMITTEE (A SUB COMMITTEE OF THE BOARD OF DIRECTORS) REVIEWS AND APPROVES BASE SALARY, INCENTIVES, FRINGE AND OTHER BENEFITS, AND RETIREMENT AND/OR DEFERRED COMPENSATION BENEFITS. THE GOVERNANCE COMMITTEE EMPLOYS A THIRD PARTY CONSULTANT TO PROVIDE THE INDEPENDENT MARKET DATA AND UTILIZES A DOCUMENTED TOTAL COMPENSATION PHILOSOPHY TO GUIDE IN THE DECISION MAKING. PEER GROUP MARKET DATA AND ANALYSIS IS UTILIZED FOR COMPARISON OF THE TOTAL COMPENSATION PACKAGE. MEETING MINUTES ARE MAINTAINED WHICH REFLECT THE CONSIDERATION OF PHILOSOPHY, PERFORMANCE, AND MARKET DATA. THE ANNUAL PROCESS FOR EXECUTIVES NOT CLASSIFIED AS DISQUALIFIED PERSONS UNDER IRS INTERMEDIATE SANCTIONS GUIDELINES INCLUDE THE FOLLOWING: THE BHS PRESIDENT AND CEO REVIEWS AND APPROVES ALL COMPENSATION DECISIONS. THIRD PARTY CONSULTANTS AND TOTAL COMPENSATION SURVEYS ARE UTILIZED TO PROVIDE INDEPENDENT MARKET DATA. A

Name of the organization

BAPTIST HEALTH SYSTEM, INC.

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DOCUMENTED TOTAL COMPENSATION PHILOSOPHY IS UTILIZED TO GUIDE IN THE
DECISION MAKING. PEER GROUP MARKET DATA AND ANALYSIS IS UTILIZED FOR
COMPARISON OF THE TOTAL COMPENSATION PACKAGE. THE GOVERNANCE COMMITTEE
REVIEWS AND APPROVES INCENTIVES, FRINGE BENEFITS, AND RETIREMENT AND/OR
DEFERRED COMPENSATION BENEFITS.

FORM 990, PART VI, SECTION C, LINE 19:

AS A GENERAL RULE, BHS DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF
INTEREST POLICY AVAILABLE TO THE PUBLIC. ANY WRITTEN REQUEST BY THE PUBLIC
WOULD BE REVIEWED AND ACTED UPON BY THE BOARD.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

INCREASE IN MINIMUM PENSION LIABILITY 29,240,689.

INCREASE IN INVESTMENT IN AFFILIATE - TEMPORARILY

RESTRICTED -527,936.

INCREASE IN INVESTMENT IN AFFILIATE - PERMANENTLY

RESTRICTED -2,438,818.

TOTAL TO FORM 990, PART XI, LINE 9 26,273,935.

FORM 990, PART XII, LINE 2B:

THE AUDIT OF THE FINANCIAL STATEMENTS OF THE CURRENT TAX YEAR HAVE NOT
BEEN COMPLETED AS OF THE FILING DATE OF THE TAX RETURN PENDING A
VALUATION OF THE INVESTMENT IN THE JOINT VENTURE.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR
SELECTION PROCESS DURING THE TAX YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

Name of the organization

BAPTIST HEALTH SYSTEM, INC.

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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
HOOVER BAPTIST MEDICAL CENTER, LLC - 20-5417206, P.O. BOX 830605, BIRMINGHAM, AL 35283-0605	LEASE MEDICAL FACILITIES	ALABAMA	-118,366.	5,910,000.	BAPTIST HEALTH SYSTEM, INC.

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

(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
BIRMINGHAM BAPTIST ASSOCIATION FOUNDATION, INC. - 63-1052457, 750 MONTCLAIR ROAD, BIRMINGHAM, AL 35213	RELIGIOUS ORGANIZATION	ALABAMA	501(C)(3)	LINE 1 N/A			X

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

Schedule R (Form 990) 2018

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?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BROOKWOOD BAPTIST HEALTH 2, LLC	M	31,557.FMV	
(2) BROOKWOOD BAPTIST HEALTH 2, LLC BIRMINGHAM BAPTIST ASSOCIATION FOUNDATION, INC.	S	1,468,051.FMV	
(3) BIRMINGHAM BAPTIST ASSOCIATION FOUNDATION, INC.	B	3,380.FMV	
(4) INC.	N	100,000.FMV	
(5)			
(6)			

Part VII	Supplemental Information.
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Provide additional information for responses to questions on Schedule R. See instructions.

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