

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

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

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

C Name of organization
MISSISSIPPI BAPTIST HEALTH SYSTEMS INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
1225 NORTH STATE STREET

City or town, state or province, country, and ZIP or foreign postal code
JACKSON, MS 39202

D Employer identification number
64-0306253

E Telephone number
(601) 968-5130

G Gross receipts \$ 39,384,092

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW MBHS ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1912

M State of legal domicile MS

Part I Summary

1 Briefly describe the organization's mission or most significant activities
MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC IS THE HOLDING COMPANY FOR SEVERAL NON-PROFIT ENTITIES TO WHICH IT PROVIDES VARIOUS MANAGEMENT AND SUPPORT SERVICES

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) | 13 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 10 |
| 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 324 |
| 6 Total number of volunteers (estimate if necessary) | 10 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 994 |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 0 |

| | Prior Year | Current Year |
|---|---------------------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 440,000 | 220,000 |
| 9 Program service revenue (Part VIII, line 2g) | 71,024,915 | 15,167,716 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 10,854,693 | 12,063,440 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -2,636,846 | 5,172,524 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 79,682,762 | 32,623,680 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 236,727 | 228,873 |
| 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) | 24,871,430 | 10,166,849 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 50,640,099 | 34,830,942 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 75,748,256 | 45,226,664 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 3,934,506 | -12,602,984 |
| | Beginning of Current Year | End of Year |
| 20 Total assets (Part X, line 16) | 568,841,451 | 288,677,050 |
| 21 Total liabilities (Part X, line 26) | 611,526,761 | 326,952,354 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | -42,685,310 | -38,275,304 |

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: JASON M LITTLE PRESIDENT
Date: 2020-08-12

Paid Preparer Use Only

Print/Type preparer's name: DELOITTE TAX LLP
Preparer's signature: [Signature]
Date: [Date]

Check if self-employed
PTIN: P00752421
Firm's EIN: 86-1065772
Firm's address: 1033 DEMONBREUN STREET SUITE 400 NASHVILLE, TN 37203
Phone no: (615) 259-1800

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC 'S FOUNDATION AND TRADITION IS ITS CHRISTIAN HEALING MINISTRY THE MISSION IS TO SERVE THE COMMUNITY THROUGH CONTINUOUSLY IMPROVING QUALITY MEDICAL CARE AND EFFECTIVE USE OF EDUCATION AND TECHNOLOGY IN A PERSONAL AND COMPASSIONATE ENVIRONMENT

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 \$ 40,403,935 including grants of \$ 228,873) (Revenue \$ 14,960,026)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 40,403,935

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| 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? | | |

| | | | | |
|---|------------|-----|------------|-----|
| <p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p> | 2a | 324 | | |
| <p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p> | | | 2b | Yes |
| <p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p> | | | 3a | No |
| <p>b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i></p> | | | 3b | |
| <p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p> | | | 4a | No |
| <p>b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p> | | | | |
| <p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p> | | | 5a | No |
| <p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p> | | | 5b | No |
| <p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p> | | | 5c | |
| <p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p> | | | 6a | No |
| <p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p> | | | 6b | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | |
| <p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p> | | | 7a | No |
| <p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p> | | | 7b | |
| <p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p> | | | 7c | No |
| <p>d If "Yes," indicate the number of Forms 8282 filed during the year</p> | 7d | | | |
| <p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p> | | | 7e | No |
| <p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p> | | | 7f | No |
| <p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p> | | | 7g | |
| <p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p> | | | 7h | |
| 8 Sponsoring organizations maintaining donor advised funds. | | | | |
| <p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p> | | | 8 | |
| <p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p> | | | 9a | |
| <p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p> | | | 9b | |
| 10 Section 501(c)(7) organizations. Enter | | | | |
| <p>a Initiation fees and capital contributions included on Part VIII, line 12</p> | 10a | | | |
| <p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p> | 10b | | | |
| 11 Section 501(c)(12) organizations. Enter | | | | |
| <p>a Gross income from members or shareholders</p> | 11a | | | |
| <p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p> | 11b | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | |
| <p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p> | 12b | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| <p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p> | | | 13a | |
| <p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p> | 13b | | | |
| <p>c Enter the amount of reserves on hand</p> | 13c | | | |
| <p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p> | | | 14a | No |
| <p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p> | | | 14b | |
| <p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p> | | | 15 | No |
| <p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p> | | | 16 | No |

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included in line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 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? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 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.

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply [] Own website [] Another's website [X] 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 WILLIAM F THOMPSON 1225 NORTH STATE STREET JACKSON, MS 39202 (601) 968-1067

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
|--|---|--|--|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | 220,000 | | | |
| | 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 | | 220,000 | | | |
| Program Service Revenue | 2a PATIENT SERVICE REV | Business Code | | | | |
| | | 622110 | 13,901,877 | 13,901,877 | | |
| | b RENTS FROM AFFILIATES | 900099 | 1,265,839 | 1,265,839 | | |
| | c _____ | | | | | |
| | d _____ | | | | | |
| | e _____ | | | | | |
| | f All other program service revenue | | | | | |
| g Total. Add lines 2a-2f | | 15,167,716 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 6,477,306 | | 994 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6a Gross rents | (i) Real | (ii) Personal | | | |
| | | 6,652,045 | | | | |
| | | b Less rental expenses | 3,041,718 | | | |
| | | c Rental income or (loss) | 3,610,327 | | | |
| | d Net rental income or (loss) | | 3,610,327 | | 3,610,327 | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| | | 7,356,021 | 1,948,807 | | | |
| | | b Less cost or other basis and sales expenses | 0 | 3,718,694 | | |
| | | c Gain or (loss) | 7,356,021 | -1,769,887 | | |
| | d Net gain or (loss) | | 5,586,134 | -1,769,887 | 7,356,021 | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | |
| | | b Less direct expenses | b | | | |
| c Net income or (loss) from fundraising events | | | | | | |
| 9a Gross income from gaming activities See Part IV, line 19 | a | | | | | |
| | b Less direct expenses | b | | | | |
| | c Net income or (loss) from gaming activities | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | |
| | b Less cost of goods sold | b | | | | |
| | c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | Business Code | | | | | |
| 11a EQUITY IN INVESTMENTS | 900099 | 1,562,047 | 1,562,047 | | | |
| b NON-OPERATING INCOME | 900099 | 150 | 150 | | | |
| c _____ | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | 1,562,197 | | | | |
| 12 Total revenue. See Instructions | | 32,623,680 | 14,960,026 | 994 | 17,442,660 | |

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 | 228,873 | 228,873 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 223,604 | 212,424 | 11,180 | |
| 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 | 7,611,180 | 7,230,621 | 380,559 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 207,993 | 197,593 | 10,400 | |
| 9 Other employee benefits | 1,488,507 | 1,414,082 | 74,425 | |
| 10 Payroll taxes | 635,565 | 603,787 | 31,778 | |
| 11 Fees for services (non-employees) | | | | |
| a Management | 196,863 | 173,239 | 23,624 | |
| b Legal | 291,225 | | 291,225 | |
| c Accounting | 66,210 | | 66,210 | |
| d Lobbying | 2,874 | | 2,874 | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 4,377,308 | 3,959,305 | 418,003 | |
| 12 Advertising and promotion | 4,619 | 4,065 | 554 | |
| 13 Office expenses | 641,128 | 564,193 | 76,935 | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 2,863,081 | 2,519,511 | 343,570 | |
| 17 Travel | 28,392 | 11,357 | 17,035 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 10,792 | 4,317 | 6,475 | |
| 20 Interest | 358,033 | 315,069 | 42,964 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 16,792,394 | 14,777,307 | 2,015,087 | |
| 23 Insurance | 46,523 | 40,940 | 5,583 | |
| 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 UBI TAX | 23,905 | 23,905 | 0 | |
| b REPAIRS AND MAINTENANCE | 5,765,275 | 5,073,442 | 691,833 | |
| c CORPORATE MGMT FEE | 1,345,980 | 1,184,462 | 161,518 | |
| d TAXES AND LICENSES | 950,321 | 833,414 | 116,907 | |
| e All other expenses | 1,066,019 | 1,032,029 | 33,990 | |
| 25 Total functional expenses. Add lines 1 through 24e | 45,226,664 | 40,403,935 | 4,822,729 | 0 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|-------------|----------------------|
| Assets | 1 Cash—non-interest-bearing | 10,435 | 1 | 10,085 |
| | 2 Savings and temporary cash investments | 185,567,368 | 2 | 203,713,719 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 5,092,872 | 4 | 3,968,361 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | 619,833 | 7 | 219,389 |
| | 8 Inventories for sale or use | 128,004 | 8 | 163,894 |
| | 9 Prepaid expenses and deferred charges | 3,003,062 | 9 | 2,840,343 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 3,594,902 | | |
| | b Less accumulated depreciation | 10b 527,142 | 286,522,007 | 10c 3,067,760 |
| | 11 Investments—publicly traded securities | | 11 | |
| | 12 Investments—other securities See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related See Part IV, line 11 | 33,433,612 | 13 | 29,747,958 |
| | 14 Intangible assets | 7,800,000 | 14 | 7,800,000 |
| | 15 Other assets See Part IV, line 11 | 46,664,258 | 15 | 37,145,541 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 568,841,451 | 16 | 288,677,050 | |
| Liabilities | 17 Accounts payable and accrued expenses | 8,090,943 | 17 | 5,105,530 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 11,424 | 19 | 28,248 |
| | 20 Tax-exempt bond liabilities | 191,501,975 | 20 | 197,303,864 |
| | 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 | 427,682 | 24 | 220,395 |
| | 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 | 411,494,737 | 25 | 124,294,317 |
| | 26 Total liabilities. Add lines 17 through 25 | 611,526,761 | 26 | 326,952,354 |
| Net Assets or Fund Balances | 27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets | -44,654,448 | 27 | -40,244,442 |
| | 28 Temporarily restricted net assets | 1,969,138 | 28 | 1,969,138 |
| | 29 Permanently restricted net assets | | 29 | |
| | 30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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 | -42,685,310 | 33 | -38,275,304 |
| | 34 Total liabilities and net assets/fund balances | 568,841,451 | 34 | 288,677,050 |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|---|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 32,623,680 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 45,226,664 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -12,602,984 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | -42,685,310 |
| 5 | Net unrealized gains (losses) on investments | 5 | 17,012,990 |
| 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 | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | -38,275,304 |

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 64-0306253

Name: MISSISSIPPI BAPTIST HEALTH SYSTEMS INC

Form 990 (2018)

Form 990, Part III, Line 4a:

MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC IS THE HOLDING COMPANY FOR SEVERAL NON-PROFIT ENTITIES TO WHICH IT PROVIDES VARIOUS MANAGEMENT AND SUPPORT SERVICES MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC IS THE PARENT COMPANY OF MISSISSIPPI BAPTIST MEDICAL CENTER, INC , A 638 BED CRITICAL ACCESS HOSPITAL, BAPTIST MEDICAL CENTER - LEAKE, INC , A 25 BED CRITICAL ACCESS HOSPITAL, BAPTIST MEDICAL CENTER - YAZOO, INC , A 25 BED CRITICAL ACCESS HOSPITAL, BAPTIST MEMORIAL HOSPITAL-ATTALA, A 25 BED CRITICAL ACCESS HOSPITAL, AND MEDICAL FOUNDATION OF CENTRAL MISSISSIPPI, INC , A NETWORK OF PRIMARY CARE AND SPECIALTY PHYSICIANS THROUGH VARIOUS PARTNERSHIP RELATIONSHIPS, MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC ALSO PROVIDES HOME HEALTH CARE, HOME MEDICAL EQUIPMENT, AND ADULT DAY CARE SERVICES THROUGH THE DECADES, MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC HAS CONTINUED TO PROVIDE QUALITY, COMPASSIONATE, CHRISTIAN-BASED MEDICAL CARE TO THE PEOPLE OF MISSISSIPPI THE ACTIVITIES OF BAPTIST MEDICAL CENTER-ATTALA, LLC, A DISREGARDED ENTITY OF MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC , ARE INCLUDED WITH THE FILING OF THIS FORM 990 BAPTIST MEDICAL CENTER-ATTALA, LLC OPERATES A LICENSED HOSPITAL FACILITY, BAPTIST MEMORIAL HOSPITAL-ATTALA BAPTIST MEMORIAL HOSPITAL-ATTALA PROVIDES QUALITY MEDICAL HEALTH CARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE OPERATION AND STABILITY OF BAPTIST MEMORIAL HOSPITAL-ATTALA, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES, AND FURTHER, THAT OUR MISSION IS TO SERVE THE COMMUNITY WITH RESPECT TO PROVIDING HEALTH CARE SERVICES AND HEALTH CARE EDUCATION THEREFORE, IN KEEPING WITH ITS COMMITMENT TO SERVE ALL MEMBERS OF ITS COMMUNITY, BAPTIST MEMORIAL HOSPITAL-ATTALA PROVIDES THE FOLLOWING - FREE CARE AND/OR SUBSIDIZED CARE WHERE THE NEED AND/OR AN INDIVIDUAL'S INABILITY TO PAY COEXIST,- CARE PROVIDED TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST, AND- HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITY THESE ACTIVITIES INCLUDE WELLNESS PROGRAMS, COMMUNITY EDUCATION PROGRAMS, SPECIAL PROGRAMS FOR THE ELDERLY, HANDICAPPED, MEDICALLY UNDERSERVED, AND A VARIETY OF BROAD COMMUNITY SUPPORT ACTIVITIES BAPTIST MEMORIAL HOSPITAL-ATTALA IS A 25 BED CRITICAL ACCESS HOSPITAL LOCATED IN KOSCIUSKO, MISSISSIPPI SERVING THE ATTALA COUNTY COMMUNITY AND SURROUNDING AREAS BAPTIST MEMORIAL HOSPITAL-ATTALA OFFERS INPATIENT, OUTPATIENT, AND 24-HOUR EMERGENCY DEPARTMENT SERVICES, INCLUDING TWO OPERATING ROOMS, TWO ENDOSCOPY SUITES, AND A RURAL HEALTH CLINIC BAPTIST MEMORIAL HOSPITAL-ATTALA IS COMMITTED TO ITS MISSION OF PROVIDING IMMEDIATE ACCESS TO QUALITY HEALTH CARE DURING ITS 2019 FISCAL YEAR, BAPTIST MEMORIAL HOSPITAL-ATTALA RECORDED 492 INPATIENT ADMISSIONS WITH 3,449 PATIENT DAYS OF CARE PROVIDED, 11,610 EMERGENCY ROOM VISITS, 4,348 CLINIC VISITS, AND 484 SURGERIES BAPTIST MEMORIAL HOSPITAL-ATTALA ALSO PROVIDES BENEFITS TO THE BROADER COMMUNITY IN THE AREA OF CHARITABLE DONATIONS

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| PAUL W CALHOUN DIRECTOR | 1 00 39 00 | X | | | | | | 0 | 0 | 0 |
| ROBERT M GATHINGS JR DIRECTOR | 1 00 39 00 | X | | | | | | 0 | 0 | 0 |
| SAMUEL T LAWSON MD DIRECTOR | 1 75 1 00 39 00 | X | | | | | | 0 | 640,399 | 27,545 |
| ZACHARY R CHANDLER DIRECTOR | 0 23 39 77 | X | | | | | | 0 | 675,664 | 46,509 |
| GREGORY M DUCKETT SECRETARY | 0 23 39 77 | | | X | | | | 0 | 576,210 | 74,991 |
| JASON M LITTLE PRESIDENT | 0 23 39 77 | | | X | | | | 0 | 1,248,199 | 73,929 |
| MICHAEL D MAPLES VP CHIEF OF MEDICAL OPERATIONS | 6 00 34 00 | | | X | | | | 502,643 | 0 | 25,811 |
| ROBERT COLEMAN CEO | 20 00 20 00 | | | X | | | | 83,960 | 95,475 | 7,546 |
| WILLIAM F THOMPSON CFO | 6 00 34 00 | | | X | | | | 415,768 | 0 | 39,726 |
| LEE ANN FOREMAN CHIEF HUMAN RESOURCES OFFICER | 16 00 24 00 | | | | X | | | 288,467 | 0 | 24,558 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| MICHAEL K STEVENS VP BUSINESS DEVELOPMENT | 31 54 8 46 | | | | X | | | 310,607 | 0 | 28,486 |
| STEVE STANIC VP CHIEF INFO OFFICER | 20 00 20 00 | | | | X | | | 378,898 | 0 | 31,393 |
| BRAD BEATTIE ASSOC ADMIN - ANCILLARY | 40 00 0 00 | | | | | X | | 169,408 | 0 | 7,983 |
| BRENDA HOWIE VP OF NURSING | 2 00 38 00 | | | | | X | | 200,299 | 0 | 19,433 |
| JUSTIN RHODES CEO BAPTIST MEDICAL GROUP | 0 00 40 00 | | | | | X | | 305,032 | 0 | 31,873 |
| LEAH HARRIS CONTROLLER | 4 00 36 00 | | | | | X | | 145,635 | 0 | 34,358 |
| MARY BRANNAN DIRECTOR INFO SYSTEMS | 16 00 24 00 | | | | | X | | 153,651 | 0 | 20,338 |
| BOBBIE K WARE FORMER VP CNO | 0 00 40 00 | | | | | | X | 0 | 489,835 | 48,619 |

SCHEDULE A
(Form 990 or
990EZ)

Public Charity Status and Public Support

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

MISSISSIPPI BAPTIST HEALTH SYSTEMS INC

Employer identification number

64-0306253

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations

5

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| See Additional Data Table | | | | | | |
| Total | 5 | | | | 0 | 821,962 |

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | | Yes | No |
|------------|---|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | | No |
| 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). | | No |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | No |
| 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. | | No |
| 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). | | No |
| 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 . | | No |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | No |
| 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). | | No |
| 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 . | | No |
| 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 . | | No |
| 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 . | | No |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. | | No |
| 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.) | | |

Part IV Supporting Organizations (continued)

| | | Yes | No |
|-----------|---|------------|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b | A family member of a person described in (a) above? | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i> | | |
| | | 11a | No |
| | | 11b | No |
| | | 11c | No |

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|--|----------|----|
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| | | 1 | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i> | | |
| | | 2 | |

Section C. Type II Supporting Organizations

| | | Yes | No |
|----------|---|----------|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |
| | | 1 | No |

Section D. All Type III Supporting Organizations

| | | Yes | No |
|----------|--|----------|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| | | 1 | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| | | 2 | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |
| | | 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 | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 | Activities Test Answer (a) and (b) below. | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |
| | | 2a | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| | | 2b | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| | | 3a | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |
| | | 3b | |

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

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

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

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

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

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

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

| |
|-------------------------------------|
| Facts And Circumstances Test |
| |

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|-------------------------------|--|
| PART I, LINE 12G, COLUMN (VI) | MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC PROVIDED SERVICES TO ITS SUPPORTED ORGANIZATIONS |

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|----------------------------|--|
| PART IV, SECTION C, LINE 1 | A SUBSTANTIAL AMOUNT OF CONTROL OVER THE SUPPORTED ORGANIZATIONS IS VESTED IN THE SAME PERSONS A MAJORITY OF THE OFFICERS WHO MANAGE MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC ARE ALSO OFFICERS THAT MANAGE THE SUPPORTED ORGANIZATIONS |

Additional Data

Software ID:

Software Version:

EIN: 64-0306253

Name: MISSISSIPPI BAPTIST HEALTH SYSTEMS INC

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|-----------|--|---|----|---|---|
| | | | Yes | No | | |
| (A) BAPTIST MEDICAL CENTER - LEAKE INC | 452896080 | 3 | | No | 0 | 161,200 |
| (A) MISSISSIPPI HOSPITAL FOR RESTORATIVE CARE INC | 640833383 | 3 | | No | 0 | 0 |
| (B) MEDICAL FOUNDATION OF CENTRAL MISSISSIPPI INC | 753068151 | 3 | | No | 0 | 545,162 |
| (C) BAPTIST MEDICAL CENTER - YAZOO INC | 640844470 | 3 | | No | 0 | 115,600 |
| (D) BAPTIST HEALTH FOUNDATION INC | 473403762 | 3 | | No | 0 | 0 |

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

| | |
|--|--|
| Name of the organization MISSISSIPPI BAPTIST HEALTH SYSTEMS INC | Employer identification number 64-0306253 |
|--|--|

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

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

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

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

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

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

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

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

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

| | (a) | | (b) |
|---|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a Volunteers? | | No | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c Media advertisements? | | No | |
| d Mailings to members, legislators, or the public? | | No | |
| e Publications, or published or broadcast statements? | | No | |
| f Grants to other organizations for lobbying purposes? | | No | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | No | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i Other activities? | Yes | | 2,874 |
| j Total. Add lines 1c through 1i | | | 2,874 |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

Part IV Supplemental Information

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
MISSISSIPPI BAPTIST HEALTH SYSTEMS INC

Employer identification number
64-0306253

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 830,000 | | 830,000 |
| b Buildings | | 1,927,083 | 154,824 | 1,772,259 |
| c Leasehold improvements | | | | |
| d Equipment | | 837,819 | 372,318 | 465,501 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 3,067,760 |

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

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

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

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|----------------|---|
| (1) INVESTMENTS IN RELATED PARTIES | 29,747,958 | C |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) | 29,747,958 | |

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) ASSETS WHOSE USE IS LIMITED | 21,108,776 |
| (2) DEFERRED COMPENSATION FUND | 12,055,602 |
| (3) CONSTRUCTION IN PROCESS | 2,245,827 |
| (4) INTEREST RATE SWAP RECEIVABLE | 304,803 |
| (5) ABOVE MARKET LEASE ASSET | 1,140,068 |
| (6) DUE FROM AFFILIATES | 32,898 |
| (7) OTHER ASSETS | 257,567 |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 37,145,541 |

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 | |
| ASSET RETIREMENT OBLIGATION | 1,459,076 |
| DEFERRED COMPENSATION | 12,295,542 |
| BELOW MARKET LEASE LIABILITY | 6,726,012 |
| DUE TO AFFILIATES | 100,285,241 |
| ESTIMATED SETTLEMENTS WITH THIRD PARTIES | 1,189,052 |
| CAPITAL LEASE OBLIGATIONS | 2,112,390 |
| RESERVE FOR SELF INSURANCE | 227,004 |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 124,294,317 |

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

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

Part XIII Supplemental Information *(continued)*

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

Additional Data

Software ID:

Software Version:

EIN: 64-0306253

Name: MISSISSIPPI BAPTIST HEALTH SYSTEMS INC

Supplemental Information

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

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2018

Open to Public Inspection

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

Department of the Treasury

Name of the organization

MISSISSIPPI BAPTIST HEALTH SYSTEMS INC

Employer identification number

64-0306253

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?
 - 2** If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year
 - 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?
 - 5b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
 - 5c** 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?
 - 6b** If "Yes," did the organization make it available to the public?
- Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

| | Yes | No |
|-----------|-----|----|
| 1a | Yes | |
| 1b | Yes | |
| 3a | Yes | |
| 3b | Yes | |
| 4 | Yes | |
| 5a | Yes | |
| 5b | Yes | |
| 5c | | No |
| 6a | Yes | |
| 6b | Yes | |

7 Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs | (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 |
|--|--|--------------------------------------|--|--------------------------------------|--|-------------------------------------|
| a Financial Assistance at cost (from Worksheet 1) | | | 929,778 | 0 | 929,778 | 2 060 % |
| b Medicaid (from Worksheet 3, column a) | | | 2,050,457 | 1,572,831 | 477,626 | 1 060 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | 163,311 | 87,200 | 76,111 | 0 170 % |
| d Total Financial Assistance and Means-Tested Government Programs | | | 3,143,546 | 1,660,031 | 1,483,515 | 3 290 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 4,381 | 0 | 4,381 | 0 010 % |
| f Health professions education (from Worksheet 5) | | | | | | |
| g Subsidized health services (from Worksheet 6) | | | 6,510,142 | 4,514,622 | 1,995,520 | 4 410 % |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | | | | |
| j Total. Other Benefits | | | 6,514,523 | 4,514,622 | 1,999,901 | 4 420 % |
| k Total. Add lines 7d and 7j | | | 9,658,069 | 6,174,653 | 3,483,416 | 7 710 % |

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

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing | | | | | | |
| 2 Economic development | | | | | | |
| 3 Community support | | | | | | |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | | | | | | |
| 7 Community health improvement advocacy | | | | | | |
| 8 Workforce development | | | 1,577 | | 1,577 | 0 % |
| 9 Other | | | | | | |
| 10 Total | | | 1,577 | | 1,577 | 0 % |

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

| | | Yes | No |
|---|---|-------|---------|
| 1 | Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | 1 Yes | |
| 2 | Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount | 2 | 441,794 |
| 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 | 135,045 |
| 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 | 6,363,334 |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 4,413,003 |
| 7 | Subtract line 6 from line 5 This is the surplus (or shortfall) | 7 | 1,950,331 |
| 8 | Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other | | |

Section C. Collection Practices

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

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

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

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

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

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

1

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)

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

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)
 BAPTIST MEDICAL CENTER-ATTALA

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 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? | | No |
| 2 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | | No |
| 3 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) | Yes | |
| a | <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b | <input checked="" type="checkbox"/> Demographics of the community | | |
| c | <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d | <input checked="" type="checkbox"/> How data was obtained | | |
| e | <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f | <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g | <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h | <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i | <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |
| 4 | Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u> | | |
| 5 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | Yes | |
| 6 a | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | Yes | |
| b | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | | No |
| 7 | Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) | Yes | |
| a | <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>HTTPS //WWW BAPTISTONLINE ORG/ABOUT/CHNA</u> | | |
| b | <input type="checkbox"/> Other website (list url) _____ | | |
| c | <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d | <input type="checkbox"/> Other (describe in Section C) | | |
| 8 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | Yes | |
| 9 | Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 18</u> | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>HTTPS //WWW BAPTISTONLINE ORG/ABOUT/CHNA</u> | Yes | |
| a | | | |
| b | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | | |
| 11 | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed | | |
| 12a | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | | No |
| b | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | | |
| c | If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

BAPTIST MEDICAL CENTER-ATTALA

Name of hospital facility or letter of facility reporting group _____

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

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

BAPTIST MEDICAL CENTER-ATTALA

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

BAPTIST MEDICAL CENTER-ATTALA

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

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

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 1

| Name and address | Type of Facility (describe) |
|--|-----------------------------|
| 1 1 - BAPTIST MEDICAL CLINIC KOSCIUSKO 220 HIGHWAY 12 W KOSCIUSKO, MS 39090 | RURAL HEALTH CLINIC |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|---|
| PART VI, LINE 4 | MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC 'S PRIMARY SERVICE AREA CONSISTS OF ATTALA COUNTY, WHICH IS LOCATED IN CENTRAL MISSISSIPPI THE COUNTY CONSISTS OF APPROXIMATELY 19,000 PEOPLE AGE DEMOGRAPHICS FOR THE AREA SHOW THAT APPROXIMATELY 26% OF THE POPULATION IS UNDER 18 YEARS OF AGE, APPROXIMATELY 56% IS BETWEEN 18 AND 64 YEARS OF AGE, AND 19% IS 65 OR OLDER MEDIAN HOUSEHOLD INCOME OF \$34,756 FOR ATTALA COUNTY IS BELOW THE OVERALL AVERAGE FOR MISSISSIPPI AND SIGNIFICANTLY LESS THAN THE NATIONWIDE AVERAGE INSURANCE COVERAGE IS LACKING FOR MUCH OF THE POPULATION WITH APPROXIMATELY 11% ESTIMATED TO BE UNINSURED |
| PART VI, LINE 5 | THE HOSPITALS HAVE OPEN MEDICAL STAFFS, COMMUNITY BOARD INVOLVEMENT, SUPPORT SERVICES, FREE AND/OR REDUCED MAMMOGRAMS, HEALTH FAIRS, DONATION OF SUPPLIES AND MONEY, AND MANY OTHER THINGS |

990 Schedule H, Supplemental Information

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

Additional Data**Software ID:****Software Version:****EIN:** 64-0306253**Name:** MISSISSIPPI BAPTIST HEALTH SYSTEMS INC**Form 990 Schedule H, Part V Section A. Hospital Facilities**

| Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1 | | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER—24 hours | ER—other | Other (Describe) | Facility reporting group |
|--|--|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| 1 | BAPTIST MEMORIAL HOSPITAL-ATTALA 220 HIGHWAY 12 WEST KOSCIUSKO, MS 39090 HTTPS //WWW BAPTISTONLINE ORG/ATTALA 11-008 | X | X | | | X | | X | | | |

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

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

| Form and Line Reference | Explanation |
|-------------------------------|--|
| BAPTIST MEDICAL CENTER-ATTALA | <p>PART V, SECTION B, LINE 5 THE 2018 CHNA FOR BAPTIST'S CENTRAL MISSISSIPPI SERVICE AREA WAS CONDUCTED FROM AUGUST 2018 TO AUGUST 2019 QUANTITATIVE AND QUALITATIVE METHODS, REPRESENTING BOTH PRIMARY AND SECONDARY RESEARCH, WERE USED TO ILLUSTRATE AND COMPARE HEALTH TRENDS AND DISPARITIES ACROSS EACH HOSPITAL'S SERVICE AREA THE FOLLOWING RESEARCH METHODS WERE USED TO DETERMINE COMMUNITY HEALTH NEEDS - A REVIEW OF PUBLIC HEALTH AND DEMOGRAPHIC DATA PORTRAYING THE HEALTH AND SOCIOECONOMIC STATUS OF THE COMMUNITY - A KEY INFORMANT SURVEY OF 40 COMMUNITY REPRESENTATIVES SERVING THE CENTRAL MISSISSIPPI SERVICE AREA TO IDENTIFY COMMUNITY HEALTH PRIORITIES, UNDERSERVED POPULATIONS, PARTNERSHIP OPPORTUNITIES AND OTHER INSIGHTS - FOCUS GROUPS WITH 98 CANCER SURVIVORS OR CAREGIVERS TO COLLECT PERSPECTIVES ABOUT THEIR EXPERIENCES, PREFERENCES AND ATTITUDES RELATED TO CANCER DIAGNOSIS AND CARE - CRITERIA-BASED PRIORITIZATION OF HEALTH ISSUES TO DETERMINE THE MOST PRESSING HEALTH NEEDS AFFECTING THE HEALTH STATUS OF CENTRAL MISSISSIPPI RESIDENTS COMMUNITY ENGAGEMENT COMMUNITY ENGAGEMENT WAS AN INTEGRAL PART OF THE CHNA RESEARCH IN ASSESSING THE HEALTH NEEDS OF THE COMMUNITY, BAPTIST SOLICITED AND RECEIVED INPUT FROM COMMUNITY LEADERS AND RESIDENTS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING THOSE WITH EXPERTISE IN PUBLIC HEALTH AND MEMBERS OR REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS THESE INDIVIDUALS PROVIDED VALUABLE INFORMATION ABOUT HEALTH TRENDS, INSIGHTS ABOUT EXISTING RESOURCES AND GAPS IN SERVICES AND PERSPECTIVES ABOUT FACTORS THAT CONTRIBUTE TO HEALTH DISPARITIES CHNA LEADERSHIP A BAPTIST MEMORIAL HEALTH CARE STEERING COMMITTEE, ALONG WITH COMMUNITY REPRESENTATIVES AND PARTNERS, OVERSAW THE 2018 CHNA COMMUNITY HEALTH CONSULTANTS ASSISTED IN ALL PHASES OF THE CHNA, INCLUDING PROJECT MANAGEMENT, DATA COLLECTION AND ANALYSIS, REPORT WRITING AND DEVELOPMENT OF IMPLEMENTATION PLANS THE FOLLOWING CONTRIBUTED TO THE CHNA PROCESS AS COMMUNITY PARTNERS BANCORPSOUTHBLACK JACK BAPTIST CHURCHCHRISTIAN LIBERTY M B CHURCHCITY OF JACKSONCITY OF KOSCIUSKOCOWBOY MALONEY'SFIRST BAPTIST CHURCH-YAZOO CITYFIRST PRESBYTERIAN CHURCH-KOSCIUSKOGSC MANAGEMENT, LLC HOME HEALTH-YAZOO CITYKINDRED HOME HEALTHLEAKE BAPTIST ASSOCIATIONLEAKE COUNTY CAREER & TECHNICAL CENTERLEAKE COUNTY SCHOOL DISTRICTLOVE YOUR HEALTH, LLC MARTHA COKER HOME MISSISSIPPI COALITION AGAINST DOMESTIC VIOLENCE MISSISSIPPI FARM TO SCHOOL NETWORK MISSISSIPPI HOSPITAL ASSOCIATION MT HELM BAPTIST CHURCHOPTUS, INC PARKVIEW CHURCH OF GOD PAROLE D2 PRIDE PROMATURASHILOH BAPTIST CHURCH SUSAN G KOMEN MEMPHIS - MIDSOUTH MISSISSIPPI THE CITIZENS BANK THE YAZOO HERALD TYSON FOODS YAZOO COUNTY EMERGENCY MANAGEMENT YAZOO COUNTY HEALTH NETWORK</p> |

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

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

| Form and Line Reference | Explanation |
|-------------------------------|--|
| BAPTIST MEDICAL CENTER-ATTALA | PART V, SECTION B, LINE 6A BAPTIST MEMORIAL HOSPITAL-ATTALA CONDUCTED ITS CHNA WITH THE FOLLOWING OTHER HOSPITAL FACILITIES BAPTIST MEMORIAL HOSPITAL-LEAKE BAPTIST MEMORIAL HOSPITAL-MISSISSIPPI BAPTIST MEDICAL CENTER BAPTIST MEMORIAL HOSPITAL-YAZOO |

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

| Form and Line Reference | Explanation |
|-------------------------------|--|
| BAPTIST MEDICAL CENTER-ATTALA | <p>PART V, SECTION B, LINE 11 BAPTIST MEMORIAL HEALTH CARE DEVELOPED A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) TO GUIDE COMMUNITY BENEFIT AND POPULATION HEALTH IMPROVEMENT ACTIVITIES ACROSS THE CENTRAL MISSISSIPPI SERVICE AREA BAPTIST'S CHIP BUILDS UPON PREVIOUS HEALTH IMPROVEMENT ACTIVITIES, WHILE RECOGNIZING NEW HEALTH ISSUES AND CONCERNS AND A CHANGING HEALTH CARE DELIVERY ENVIRONMENT, TO ADDRESS THE REGION'S MOST PRESSING COMMUNITY HEALTH NEEDS BELOW ARE SPECIFIC ACTIVITIES THAT BAPTIST MEMORIAL HOSPITAL-ATTALA WILL CARRY OUT IN SUPPORT OF THIS SYSTEM-WIDE PLAN 1 BEHAVIORAL HEALTH THE GOAL IS TO INCREASE BEHAVIORAL HEALTH SCREENINGS TO INITIATE EARLY TREATMENT AND IMPROVED OUTCOMES FOR RESIDENTS AT ALL STAGES OF LIFE BAPTIST MEMORIAL HOSPITAL-ATTALA HAS OUTLINED THE FOLLOWING OBJECTIVES 1) INCREASE THE NUMBER OF RESIDENTS WHO ARE SCREENED FOR BEHAVIORAL HEALTH CONDITIONS 2) DEVELOP OR CONTINUE COLLABORATION WITH COMMUNITY AGENCIES THAT PROVIDE MENTAL HEALTH AND SUBSTANCE ABUSE SUPPORT SERVICES TO REDUCE SUICIDE AND DRUG-INDUCED DEATH RATES 3) INCREASE AVAILABILITY OF SERVICES FOR PATIENTS WITH ALZHEIMER'S DISEASE AND THEIR CAREGIVERS 4) EDUCATE RESIDENTS ON THE SIGNS AND SYMPTOMS OF MENTAL HEALTH CONDITIONS AND SUBSTANCE ABUSE AND WHERE TO GET HELP BAPTIST MEMORIAL HOSPITAL-ATTALA WILL IMPLEMENT THE FOLLOWING STRATEGIES 1) SUPPORT INITIATIVES TO SCREEN INDIVIDUALS FOR DEPRESSION AND MENTAL HEALTH CONDITIONS 2) PARTICIPATE IN AND HOST EDUCATIONAL FORUMS AND HEALTH FAIRS TO INCREASE AWARENESS OF BEHAVIORAL HEALTH CONDITIONS AND AVAILABLE SERVICES 3) SPONSOR COMMUNITY ORGANIZATIONS THAT PROVIDE MENTAL HEALTH AND SUBSTANCE ABUSE SUPPORT SERVICES 2 CANCER THE GOAL IS TO PROVIDE EARLY DETECTION AND TREATMENT TO REDUCE DEATH FROM BREAST, COLORECTAL AND LUNG CANCERS, AND IMPROVE QUALITY OF LIFE FOR PATIENTS BAPTIST MEMORIAL HOSPITAL-ATTALA HAS OUTLINED THE FOLLOWING OBJECTIVES 1) INCREASE AWARENESS OF BENEFITS OF GENETIC TESTING AND EARLY SCREENINGS FOR IMPROVED OUTCOMES 2) INCREASE PHYSICIANS' PARTICIPATION IN SECONDARY SCREENING PROTOCOLS FOR LUNG CANCER TO INCREASE EARLY DIAGNOSIS OF THE DISEASE 3) INCREASE ACCESS TO SCREENINGS IN RURAL AREAS TO REDUCE DISPARITIES AMONG LOW-INCOME, AT-RISK AND MINORITY POPULATIONS 4) INCREASE ACCESS TO CARE CLOSE TO HOME FOR RURAL RESIDENTS 5) IMPROVE CARE COORDINATION AND CAREGIVER SUPPORT BAPTIST MEMORIAL HOSPITAL-ATTALA WILL IMPLEMENT THE FOLLOWING STRATEGIES 1) PARTNER WITH COMMUNITY ORGANIZATIONS TO INCREASE PUBLIC AWARENESS OF CANCER RISK, PREVENTION AND SCREENING 2) SPONSOR COMMUNITY ORGANIZATIONS THAT PROVIDE REDUCED-COST CANCER SCREENINGS AND CARE FOR UNINSURED AND UNDERINSURED INDIVIDUALS 3) PARTICIPATE IN AND/OR HOST EDUCATIONAL FORUMS TO INCREASE AWARENESS OF RISK FACTORS AND PREVENTION ACTIVITIES, INCLUDING SMOKING CESSATION 4) PROVIDE MAMMOGRAPHY SCREENINGS FOR AT-RISK AND LOW-INCOME WOMEN THROUGH A MOBILE MAMMOGRAPHY UNIT 5) HOST SUPPORT GROUPS FOR CANCER PATIENTS, SURVIVORS AND CAREGIVERS 3 CHRO</p> |

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

| Form and Line Reference | Explanation |
|-------------------------------|---|
| BAPTIST MEDICAL CENTER-ATTALA | <p>NIC DISEASE MANAGEMENT AND PREVENTION THE GOAL IS TO PROMOTE HEALTH AS A COMMUNITY PRIORITY AND INCREASE HEALTHY LIFESTYLE CHOICES BAPTIST MEMORIAL HOSPITAL-ATTALA HAS OUTLINED THE FOLLOWING OBJECTIVES 1) INCREASE RESIDENTS' KNOWLEDGE OF THEIR RISK FACTORS FOR DISEASE 2) COLLABORATE WITH COMMUNITY PARTNERS TO ENCOURAGE PHYSICAL ACTIVITY AMONG RESIDENTS 3) ADV OCATE FOR PLANNING AND POLICIES THAT PROMOTE HEALTH AS A COMMUNITY PRIORITY 4) REDUCE FOOD INSECURITY AND INCREASE COMMUNITY OPTIONS FOR HEALTHY FOODS BAPTIST MEMORIAL HOSPITAL-ATT ALA WILL IMPLEMENT THE FOLLOWING STRATEGIES 1) PARTICIPATE IN HEALTH FAIRS AND COMMUNITY E VENTS TO PROVIDE EDUCATION FOR HEALTHY LIFESTYLES AND PREVENTION OF CHRONIC DISEASE 2) PRO VIDE FREE SCREENINGS FOR HEALTH RISK FACTORS RELATED TO CHRONIC DISEASE 3) COLLABORATE WIT H COMMUNITY PARTNERS TO SPONSOR EVENTS PROMOTING PHYSICAL ACTIVITY 4) PARTICIPATE IN LOCAL COALITIONS TO IMPROVE HEALTH AND DISEASE MANAGEMENT FOR RESIDENTS 5) PARTNER WITH ORGANIZ ATIONS WHO WORK TO DECREASE FOOD INSECURITY AND INCREASE ACCESS TO HEALTHY FOODS 4 MATERN AL AND CHILD HEALTH THE GOAL IS TO IMPROVE BIRTH OUTCOMES FOR WOMEN AND INFANTS BAPTIST ME MORIAL HOSPITAL-ATTALA HAS OUTLINED THE FOLLOWING OBJECTIVES 1) INCREASE THE PROPORTION OF PREGNANT WOMEN IN RURAL COMMUNITIES WHO RECEIVE EARLY AND ADEQUATE PRENATAL CARE 2) REDUC E SMOKING AND RELATED RISK BEHAVIORS AMONG PREGNANT WOMEN 3) PROVIDE EARLY INTERVENTION FO R MOTHERS WHO USE SUBSTANCES KNOWN TO CAUSE NEONATAL ABSTINENCE SYNDROME (NAS) 4) INCREASE THE PROPORTION OF INFANTS WHO ARE BREASTFED DURING THEIR FIRST 6 MONTHS 5) REDUCE DISPARI TIES IN PRENATAL CARE AND BIRTH OUTCOMES BAPTIST MEMORIAL HOSPITAL-ATTALA WILL IMPLEMENT T HE FOLLOWING STRATEGIES 1) SUPPORT THE INITIATIVES OF COMMUNITY PARTNERS TO IMPROVE MATERN AL AND CHILD HEALTH OUTCOMES WE RECOGNIZE THAT OUR HOSPITALS ARE VITAL ORGANIZATIONS WITHI N THE COMMUNITIES WE SERVE, AND WE KNOW THAT WE CANNOT ADDRESS EVERY COMMUNITY NEED BY OUR SELVES IN ORDER TO PROMOTE HEALTH AND QUALITY OF LIFE, WE COLLABORATE WITH COMMUNITY PART NERS WHO HAVE EXPERTISE IN SOCIAL NEEDS, SPECIALTY SERVICES, FAITH LEADERSHIP, ADVOCACY AN D ESSENTIAL RESOURCES WE ALSO FOSTER ONGOING RELATIONSHIPS WITH THESE PARTNERS AND PROVID E FINANCIAL AND IN-KIND GIFTS TO SUPPORT THEIR WORK NO ACTIONS WERE TAKEN DURING THE TAX Y EAR RELATED TO THE MOST RECENT CHNA BECAUSE THE CHNA WAS ADOPTED AT THE END OF THE TAX YEA R HOWEVER, THE FOLLOWING ACTIONS WERE TAKEN DURING THE FISCAL YEAR RELATED TO THE PRIOR C HNA - PROVIDED NEWBORN AND EARLY CHILDHOOD VACCINATIONS - PROVIDED MEDICAID CHILDHOOD RISK ASSESSMENT PROGRAM - PROMOTED PROSTATE SCREENING DURING PROSTATE AWARENESS MONTH - OFFERE D FALL RISK ASSESSMENT AND BALANCE TRAINING FOR SENIOR ADULTS, CONTINUED WEEKLY EXERCISE C LASS FOR SENIORS, AND CONTINUED TO SPONSOR SENIOR DAY AT CENTRAL MISSISSIPPI FAIR - CONTIN UED TO PARTICIPATE IN BREAST AND CERVICAL CANCER PROGRAMS WITH THE STATE TO PROVIDE FREE M AMMOGRAMS AND ULTRASOUNDS - CO</p> |

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

| Form and Line Reference | Explanation |
|-------------------------------|---|
| BAPTIST MEDICAL CENTER-ATTALA | <p>CONTINUED PARTICIPATION IN MISSISSIPPI DEPARTMENT OF HEALTH TRAUMA PROGRAM TO IMPROVE TRAUMA SERVICES, AND EDUCATION TO NURSES AND PHYSICIANS - ADDED MINI MENTAL HEALTH SCREENING EXAMS TO SENIOR DAY SCREENINGS - PROVIDED GERIATRIC PSYCHIATRY OUTPATIENT CARE TO EARLY STAGE ALZHEIMER'S PATIENTS IN INTENSIVE OUTPATIENT PROGRAM (IOP) - CONTINUED PARTICIPATION IN SUSAN G. KOMEN TO PROVIDE SCREENING MAMMOGRAMS TO PATIENTS WITHOUT INSURANCE AND RAISE AWARENESS OF BREAST CANCER, EDUCATION ON COLORECTAL CANCER, AND PROMOTE LUNG CANCER AWARENESS - PROVIDED EDUCATIONAL MATERIALS ON CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND RESOURCES TO ASSIST WITH SMOKING CESSATION - PROVIDED FREE GLUCOSE SCREENINGS AT AREA HEALTH FAIRS AND EDUCATION FOR BETTER DIABETIC DIET AND CARE - PROVIDED EDUCATION ON STROKE AWARENESS, SIGNS OF STROKE, AND EARLY INTERVENTION AND PARTICIPATE IN THE STATE-WIDE STROKE NETWORK AS A PRIMARY STROKE HOSPITAL - CONTINUED TO SERVE AS AN AMERICAN HEART ASSOCIATION (AHA) CARDIOPULMONARY RESUSCITATION (CPR) AND ADVANCED CARDIOVASCULAR LIFE SUPPORT (ACLS) EDUCATION SITE - PROVIDED BLOOD PRESSURE SCREENING AT HEALTH FAIRS AND IN PUBLIC SETTINGS SUCH AS WALMART - PROVIDED OUTPATIENT SERVICES AT THE HOSPITAL, PROVIDED TELE-PSYCHIATRY SERVICES, AND COLLABORATED WITH LOCAL MENTAL HEALTH DISTRICT'S LIFE STEPS - OFFERED ONSITE FLU AND PNEUMONIA VACCINES TO BUSINESS, INDUSTRY, AND COMMUNITY GROUPS - COLLABORATED WITH MISSISSIPPI RURAL SCHOLARS PROGRAM TO INCREASE AWARENESS OF PROGRAMS IN ATTALA COUNTY HIGH SCHOOLS - COLLABORATED WITH HIGH SCHOOL GUIDANCE COUNSELORS TO MAKE STUDENTS AWARE OF HEALTH CARE OPPORTUNITIES - EDUCATED COMMUNITY ON THE HOSPITAL'S CHARITY CARE PROGRAM</p> |

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

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

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

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

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

| Form and Line Reference | Explanation |
|----------------------------------|---|
| BAPTIST MEMORIAL HOSPITAL-ATTALA | PART V, SECTION B, LINE 16A THE FAP FOR BAPTIST MEMORIAL HOSPITAL-ATTALA CAN BE FOUND AT THE FOLLOWING LINK HTTPS //WWW BAPTISTONLINE ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE BAPTIST MEMORIAL HOSPITAL-ATTALA PART V, SECTION B, LINE 16B THE FAP APPLICATION FOR BAPTIST MEMORIAL HOSPITAL-ATTALA CAN BE FOUND AT THE FOLLOWING LINK HTTPS //WWW BAPTISTONLINE ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE BAPTIST MEMORIAL HOSPITAL-ATTALA PART V, SECTION B, LINE 16C THE PLAIN LANGUAGE SUMMARY OF THE FAP FOR BAPTIST MEMORIAL HOSPITAL-ATTALA CAN BE FOUND AT THE FOLLOWING LINK HTTPS //WWW BAPTISTONLINE ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE |

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

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization
MISSISSIPPI BAPTIST HEALTH SYSTEMS INC

Employer identification number
64-0306253

Part I General Information on Grants and Assistance

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

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

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

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

3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

Part III can be duplicated if additional space is needed

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 64-0306253
Name: MISSISSIPPI BAPTIST HEALTH SYSTEMS INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GREATER BELHAVEN NEIGHBORHOOD FOUNDATION 954 FORTIFICATION STREET JACKSON, MS 39202 | 64-0917645 | 501(C)(3) | 26,250 | | | | TO SUPPORT COMMUNITY AWARENESS AND TO HELP PRESERVE THE GREATER BELHAVEN AREA |
| MISSION FIRST INC PO BOX 250 JACKSON, MS 39205 | 64-0797107 | 501(C)(3) | 23,000 | | | | TO HELP COMMUNITY RESIDENTS WITH BOTH PHYSICAL AND SPIRITUAL NEEDS |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| FOUNDATION FOR MISSISSIPPI HISTORY PO BOX 571 JACKSON, MS 39205 | 20-2649529 | 501(C)(3) | 40,000 | | | | TO SUPPORT AND PROMOTE THE PROGRAMS OF THE MS DEPARTMENT OF ARCHIVES AND HISTORY |
| DIABETES FOUNDATION OF MISSISSIPPI INC 800 AVERY BLVD STE 100 RIDGELAND, MS 39157 | 23-7262987 | 501(C)(3) | 10,000 | | | | TO SUPPORT ACTIVITIES TO IMPROVE THE WELL-BEING OF PERSONS HAVING DIABETES |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| MIDTOWN PARTNERS INC 329 ADELLE ST JACKSON, MS 39202 | 64-0862113 | 501(C)(3) | 10,000 | | | | TO SUPPORT THE BUILDING OF A VIBRANT, HEALTHY, SUSTAINABLE COMMUNITY |

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
MISSISSIPPI BAPTIST HEALTH SYSTEMS INC

Employer identification number
64-0306253

Part I Questions Regarding Compensation

| | | Yes | No | | |
|--|---|---|----|--|--|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table> | <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | |
| <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | |
| <p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p> | 1b | | No | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p> | 2 | | No | | |
| <p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table> | <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee | | | |
| <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee | | | | |
| <p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4a | | No | | |
| | 4b | Yes | | | |
| | 4c | | No | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p> | 5a | | No | | |
| | 5b | | No | | |
| <p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p> | 6a | | No | | |
| | 6b | | No | | |
| <p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p> | 7 | Yes | | | |
| <p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p> | 8 | | No | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | | |

Part III Supplemental Information

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

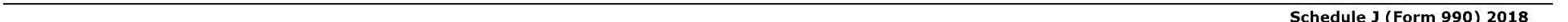
| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 1A | MOST OFFICERS, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES RECEIVE A PERQUISITE ALLOWANCE WHICH IS INCLUDED IN THEIR SALARIES SOME ADMINISTRATORS, BOARD MEMBERS, AND THEIR FAMILIES RECEIVE A FREE MEMBERSHIP TO A BAPTIST OWNED FITNESS CENTER WHICH IS NOT INCLUDED IN THEIR TAXABLE COMPENSATION |

| Return Reference | Explanation |
|-------------------------|--|
| PART I, LINE 1B | MOST OFFICERS, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES RECEIVE A PERQUISITE ALLOWANCE THE ALLOWANCE IS INCLUDED IN THEIR SALARIES AND IS TAXABLE TO THEM AS ADDITIONAL INCOME SOME ADMINISTRATORS, BOARD MEMBERS, AND THEIR FAMILIES RECEIVE A FREE MEMBERSHIP TO A BAPTIST OWNED FITNESS CENTER WHICH IS NOT INCLUDED IN THEIR TAXABLE COMPENSATION BAPTIST MEMORIAL HEALTH CARE CORPORATION, A RELATED ORGANIZATION OF MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC , ALSO HAS AN ACCOUNTABLE PLAN, BUT A DISCRETIONARY SPENDING ACCOUNT AND HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES ARE NOT PART OF AN ACCOUNTABLE PLAN |

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

| Return Reference | Explanation |
|-------------------------|---|
| PART I, LINE 4B | MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC ESTABLISHED A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN, A NON-QUALIFIED, UNFUNDED DEFERRED COMPENSATION PLAN EFFECTIVE JULY 1, 2010, FOR THE BENEFIT OF CERTAIN MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES OF THE SYSTEM THE PURPOSE OF THE PLAN IS TO ENHANCE THE ABILITY OF THE SYSTEM TO ATTRACT AND RETAIN QUALIFIED MANAGEMENT PERSONNEL WITH A MARKET-COMPETITIVE SUPPLEMENTAL RETIREMENT BENEFIT ON A TAX-DEFERRED BASIS THE FOLLOWING INDIVIDUALS LISTED ON PART VII RECEIVED SUPPLEMENTAL NON-QUALIFIED PLAN PAYMENTS DURING THE CALENDAR YEAR BOBBIE K WARE - \$44,049 MICHAEL K STEVENS - \$48,302 MICHAEL D MAPLES - \$64,645 |

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



Additional Data

Software ID:
Software Version:
EIN: 64-0306253
Name: MISSISSIPPI BAPTIST HEALTH SYSTEMS INC

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| GARY C ANDERSON DIRECTOR/VP MS MKT OPERATION | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 646,966 | 95,447 | 111,015 | 48,452 | 23,310 | 925,190 | 0 |
| SAMUEL T LAWSON MD DIRECTOR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 338,644 | 300,867 | 888 | 0 | 27,545 | 667,944 | 0 |
| ZACHARY R CHANDLER DIRECTOR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 538,089 | 85,047 | 52,528 | 24,063 | 22,446 | 722,173 | 0 |
| GREGORY M DUCKETT SECRETARY | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 423,227 | 64,208 | 88,775 | 43,089 | 31,902 | 651,201 | 0 |
| JASON M LITTLE PRESIDENT | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 972,994 | 162,516 | 112,689 | 39,125 | 34,804 | 1,322,128 | 0 |
| MICHAEL D MAPLES VP CHIEF OF MEDICAL OPERATIONS | (i) | 370,597 | 51,716 | 80,330 | 7,434 | 18,377 | 528,454 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ROBERT COLEMAN CEO | (i) | 68,875 | 10,317 | 4,768 | 2,084 | 664 | 86,708 | 0 |
| | (ii) | 89,642 | 0 | 5,833 | 4,462 | 336 | 100,273 | 0 |
| WILLIAM F THOMPSON CFO | (i) | 363,326 | 51,301 | 1,141 | 11,000 | 28,726 | 455,494 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| LEE ANN FOREMAN CHIEF HUMAN RESOURCES OFFICER | (i) | 251,936 | 35,296 | 1,235 | 8,316 | 16,242 | 313,025 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MICHAEL K STEVENS VP BUSINESS DEVELOPMENT | (i) | 222,779 | 31,879 | 55,949 | 0 | 28,486 | 339,093 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| STEVE STANIC VP CHIEF INFO OFFICER | (i) | 327,561 | 46,121 | 5,216 | 11,000 | 20,393 | 410,291 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| BRAD BEATTIE ASSOC ADMIN - ANCILLARY | (i) | 164,484 | 0 | 4,924 | 6,580 | 1,403 | 177,391 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| BRENDA HOWIE VP OF NURSING | (i) | 171,945 | 22,764 | 5,590 | 6,966 | 12,467 | 219,732 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JUSTIN RHODES CEO BAPTIST MEDICAL GROUP | (i) | 266,131 | 37,671 | 1,230 | 10,989 | 20,884 | 336,905 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| LEAH HARRIS CONTROLLER | (i) | 131,857 | 9,947 | 3,831 | 5,902 | 28,456 | 179,993 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MARY BRANNAN DIRECTOR INFO SYSTEMS | (i) | 132,982 | 19,559 | 1,110 | 5,076 | 15,262 | 173,989 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| BOBBIE K WARE FORMER VP CNO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 337,977 | 46,521 | 105,337 | 34,375 | 14,244 | 538,454 | 0 |

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
MISSISSIPPI BAPTIST HEALTH SYSTEMS INC

Employer identification number

64-0306253

Part I Bond Issues

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pool financing | |
|----------|--|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|--------------------|----|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | MS HOSPITAL EQUIPMENT & FACILITIES AUTHORITY | 64-0732320 | 605360QE9 | 08-16-2017 | 63,990,000 | SEE PART VI | | X | | X | | X |
| B | MS HOSPITAL EQUIPMENT & FACILITIES AUTHORITY | 64-0732320 | 000000000 | 12-22-2017 | 46,872,000 | SEE PART VI | | X | | X | | X |
| C | MS HOSPITAL EQUIPMENT & FACILITIES AUTHORITY | 64-0732320 | 000000000 | 12-22-2017 | 11,058,000 | SEE PART VI | | X | | X | | X |
| D | MS HOSPITAL EQUIPMENT & FACILITIES AUTHORITY | 64-0732320 | 605360SA5 | 04-01-2015 | 80,865,000 | SEE PART VI | | X | | X | | X |

Part II Proceeds

| | | A | | B | | C | | D | |
|-----------|--|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| 1 | Amount of bonds retired | 2,705,000 | | 3,108,000 | | 726,000 | | 30,140,000 | |
| 2 | Amount of bonds legally defeased | | | | | | | | |
| 3 | Total proceeds of issue | 63,990,000 | | 46,872,000 | | 11,058,000 | | 80,865,000 | |
| 4 | Gross proceeds in reserve funds | | | | | | | | |
| 5 | Capitalized interest from proceeds | | | | | | | | |
| 6 | Proceeds in refunding escrows | | | | | | | | |
| 7 | Issuance costs from proceeds | | | 184,658 | | | | 880,000 | |
| 8 | Credit enhancement from proceeds | | | | | | | | |
| 9 | Working capital expenditures from proceeds | | | | | | | | |
| 10 | Capital expenditures from proceeds | | | | | | | | |
| 11 | Other spent proceeds | 63,990,000 | | 46,687,342 | | 11,058,000 | | 79,985,000 | |
| 12 | Other unspent proceeds | | | | | | | | |
| 13 | Year of substantial completion | | | | | | | | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? | X | | X | | X | | X | |
| 15 | Were the bonds issued as part of an advance refunding issue? | | X | | X | | X | | X |
| 16 | Has the final allocation of proceeds been made? | X | | X | | X | | X | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | X | |

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

| Return Reference | Explanation |
|--|---|
| ENTITY 1 SCHEDULE K, PART I, ROW A, COLUMN (F) | THESE BONDS WERE ORIGINALLY ISSUED ON 3/1/2007 BOND COUNSEL HAS CONCLUDED THAT THE BONDS MAY HAVE BEEN REISSUED ON 8/16/2017, AND A NEW FORM 8038 WAS FILED, ACCORDINGLY WE ARE REPORTING ON SCHEDULE K IN A MANNER CONSISTENT WITH THE FILING OF THE NEW FORM 8038 |

| Return Reference | Explanation |
|--|---|
| ENTITY 1 SCHEDULE K, PART I, ROW B, COLUMN (F) | TO CURRENT REFUND BONDS ISSUED 9/10/2012 AND 4/1/2015 |

| Return Reference | Explanation |
|--|---|
| ENTITY 1 SCHEDULE K, PART I, ROW C, COLUMN (F) | TO CURRENT REFUND BONDS ISSUED 12/21/2012 |

| Return Reference | Explanation |
|--|--|
| ENTITY 1 SCHEDULE K, PART I, ROW D, COLUMN (F) | TO CURRENT REFUND BONDS ISSUED 5/20/2009 |

| Return Reference | Explanation |
|--|---|
| ENTITY 2 SCHEDULE K, PART I, ROW A, COLUMN (F) | TO CURRENT REFUND (REISSUANCE) BONDS ISSUED 5/26/2011 |

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization MISSISSIPPI BAPTIST HEALTH SYSTEMS INC

Employer identification number

64-0306253

Part I Bond Issues

Table with columns (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased, (h) On behalf of issuer, (i) Pool financing. Row 1: MISSISSIPPI DEVELOPMENT BANK, 64-0848675, 60534RZ36, 06-01-2015, 6,145,000, SEE PART VI, X, X, X.

Part II Proceeds

Table with columns 1-17 and sub-columns A-D. Rows 1-13 show amounts for bonds retired, proceeds of issue, and other spent/proceeds. Rows 14-17 show yes/no responses for bond issuance details.

Part III Private Business Use

Table with columns 1-2 and sub-columns A-D. Rows 1-2 show yes/no responses for partnership/LLC ownership and lease arrangements.

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

MISSISSIPPI BAPTIST HEALTH SYSTEMS INC

Employer identification number

64-0306253

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION A, LINE 2 | THE FOLLOWING INDIVIDUALS HAVE A BUSINESS RELATIONSHIP BECAUSE THEY ARE BOARD MEMBERS OR SHARED OFFICERS OF A TAXABLE ENTITY WITHIN BAPTIST MEMORIAL HEALTH CARE CORPORATION JASON M LITTLE GREGORY M DUCKETT GARY C ANDERSON ZACHARY R CHANDLER WILLIAM F THOMPSON LEE ANN FOREMAN MICHAEL K STEVENS |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION C, LINE 19 | MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC | DANA KELLY - 350 N HUMPHREYS BLVD , MEMPHIS, TN 38120 ZACHARY R CHANDLER - 350 N HUMPHREYS BLVD , MEMPHIS, TN 38120 GREGORY M DUCKETT - 350 N HUMPHREYS BLVD , MEMPHIS, TN 38120 JASON M LITTLE - 350 N HUMPHREYS BLVD , MEMPHIS, TN 38120 |

990 Schedule O, Supplemental Information

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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
MISSISSIPPI BAPTIST HEALTH SYSTEMS INC

Employer identification number

64-0306253

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------------|--|---------------------|---------------------------|--|
| (1) BMC - ATTALA LLC 1225 NORTH STATE STREET JACKSON, MS 39202 47-3684354 | HEALTH CARE FACILITY/HOSPITAL | MS | -986,164 | 16,318,478 | MISSISSIPPI BAPTIST HEALTH SYSTEMS INC |
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Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

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

See Additional Data Table

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|----------------------------|---|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512(b) (13) controlled entity? | |
|--|---|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| (1) BAPTIST HEALTH SERVICES GROUP OF THE MID-SOUTH INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1534210 | HEALTH INSURANCE CONTRACTING | TN | N/A | C | | | | Yes | |
| (2) GERMANTOWN BUSINESS PARK OWNERS ASSOCIATION 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 20-1158216 | BOOKKEEPING & DATA PROCESSING GERMANTOWN BUS PARK | TN | N/A | C | | | | Yes | |
| (3) HEALTH TECH AFFILIATES INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1278576 | BUYING & LEASING REAL & PERSONAL PROPERTY | TN | N/A | C | | | | Yes | |
| (4) MISSISSIPPI BAPTIST MEDICAL ENTERPRISES INC AND SUBS 1225 NORTH STATE STREET JACKSON, MS 39202 64-0776164 | INVESTMENTS | MS | N/A | C | | | | Yes | |
| (5) SOUTHCREST PROPERTY OWNERS ASSOCIATION INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 64-0768703 | BOOKKEEPING & DATA PROCESSING FOR THE SOUTHCREST DEVELOPMENT | MS | N/A | C | | | | Yes | |
| | | | | | | | | | |
| | | | | | | | | | |

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

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

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

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

See Additional Data Table

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 64-0306253

Name: MISSISSIPPI BAPTIST HEALTH SYSTEMS INC

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|--|---|--|----------------------------|---|--|---|----|
| | | | | | | Yes | No |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 83-1651534 | HEALTH CARE SERVICE PROVIDER | TN | 501(C)(3) | 12 TYPE I | BAPTIST MEMORIAL HEALTH SERVICES INC | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-2842963 | HEALTH CARE SERVICE PROVIDER | TN | 501(C)(3) | 3 | BAPTIST MEMORIAL MEDICAL GROUP INC | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3032246 | FACILITATE MEDICAL & SCIENTIFIC RESEARCH | TN | 501(C)(3) | 4 | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 1225 NORTH STATE STREET JACKSON, MS 39202 47-3403762 | SOLICIT, RAISE, MANAGE, APPLY & INVEST FUNDS IN SUPPORT OF BAPTIST ENTITIES | MS | 501(C)(3) | 12 TYPE I | MISSISSIPPI BAPTIST HEALTH SYSTEMS INC | Yes | |
| 1225 NORTH STATE STREET JACKSON, MS 39202 45-2896080 | HEALTH CARE FACILITY/HOSPITAL | MS | 501(C)(3) | 3 | MISSISSIPPI BAPTIST HEALTH SYSTEMS INC | Yes | |
| 823 GRAND AVENUE YAZOO CITY, MS 39194 64-0844470 | HEALTH CARE FACILITY/HOSPITAL | MS | 501(C)(3) | 3 | MISSISSIPPI BAPTIST HEALTH SYSTEMS INC | Yes | |
| 1003 MONROE AVE MEMPHIS, TN 381043110 62-1599670 | EDUCATION OF HEALTH CARE PROFESSIONALS | TN | 501(C)(3) | 2 | BAPTIST MEMORIAL HOSPITAL | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1521475 | MANAGEMENT, ADMINISTRATIVE & FINANCIAL SERVICES | TN | 501(C)(3) | 12 TYPE III-FI | N/A | | No |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1544781 | SOLICIT, RAISE, MANAGE, APPLY & INVEST FUNDS IN SUPPORT OF BAPTIST ENTITIES | TN | 501(C)(3) | 12 TYPE I | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1456556 | CARRY OUT THE HEALTH CARE MISSIONS OF THE BAPTIST CONVENTIONS OF AR, MS, TN | TN | 501(C)(3) | 12 TYPE I | N/A | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1509127 | PROVISIONS OF HEALTH CARE PROVIDERS & HOME MEDICAL EQUIPMENT/SERVICES | TN | 501(C)(3) | 12 TYPE I | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1562973 | HOME HEALTH CARE & HOSPICE SERVICES | TN | 501(C)(3) | 10 | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-0123940 | HEALTH CARE FACILITY/HOSPITAL | TN | 501(C)(3) | 3 | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 100 HOSPITAL STREET BOONEVILLE, MS 38829 64-0663760 | HEALTH CARE FACILITY/HOSPITAL | MS | 501(C)(3) | 3 | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 81-3257997 | HEALTH CARE FACILITY/HOSPITAL | MS | 501(C)(3) | 3 | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 82-3844150 | HEALTH CARE FACILITY/HOSPITAL | AR | 501(C)(3) | 3 | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 7601 SOUTHCREST PARKWAY SOUTHAVEN, MS 38671 64-0682111 | HEALTH CARE FACILITY/HOSPITAL | MS | 501(C)(3) | 3 | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 2520 5TH STREET NORTH COLUMBUS, MS 39701 62-1519754 | HEALTH CARE FACILITY/HOSPITAL | MS | 501(C)(3) | 3 | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 631 RB WILSON DR HUNTINGDON, TN 38344 62-1166050 | HEALTH CARE FACILITY/HOSPITAL | TN | 501(C)(3) | 3 | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 26-1214372 | HEALTH CARE FACILITY/HOSPITAL | AR | 501(C)(3) | 3 | NEA BAPTIST HEALTH SYSTEM INC | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
|--|--|--|----------------------------|---|--|---|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
| | | | | | | Yes | No |
| 1100 BELK BOULEVARD OXFORD, MS 38655 64-0772726 | HEALTH CARE FACILITY/HOSPITAL | MS | 501(C)(3) | 3 | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 1995 HIGHWAY 51 SOUTH COVINGTON, TN 38019 62-1113167 | HEALTH CARE FACILITY/HOSPITAL | TN | 501(C)(3) | 3 | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 1201 BISHOP ST UNION CITY, TN 382615403 62-1138045 | HEALTH CARE FACILITY/HOSPITAL | TN | 501(C)(3) | 3 | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 200 HIGHWAY 30 WEST NEW ALBANY, MS 38652 63-0997281 | HEALTH CARE FACILITY/HOSPITAL | MS | 501(C)(3) | 3 | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1545731 | PROVISION OF HEALTH CARE PROVIDERS FOR BAPTIST ENTITIES | TN | 501(C)(3) | 12 TYPE I | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1407946 | BAPTIST EMPLOYEE HEALTH PLAN | TN | 501(C)(9) | | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1645396 | HEALTH CARE FACILITY/HOSPITAL | TN | 501(C)(3) | 3 | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1538114 | NON-EMERGENCY CLINICS | TN | 501(C)(3) | 3 | BAPTIST MEMORIAL MEDICAL GROUP INC | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 81-3655778 | HEALTH CARE FACILITY/HOSPITAL | MS | 501(C)(3) | 12 TYPE I | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3032372 | ESTABLISH, MAINTAIN & MANAGE A PATIENT SAFETY ORGANIZATION | TN | 501(C)(3) | 11 | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 46-1953140 | HEALTH CARE SERVICE PROVIDER | TN | 501(C)(3) | 3 | BAPTIST MEMORIAL MEDICAL GROUP INC | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3303607 | HEALTH CARE SERVICE PROVIDER | TN | 501(C)(3) | 3 | BAPTIST MEMORIAL MEDICAL GROUP INC | Yes | |
| 80 HUMPHREYS CENTER MEMPHIS, TN 381202177 35-2461541 | HEALTH CARE SERVICE PROVIDER | TN | 501(C)(3) | 3 | BAPTIST MEMORIAL MEDICAL GROUP INC | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3303687 | HEALTH CARE SERVICE PROVIDER | TN | 501(C)(3) | 3 | BAPTIST MEMORIAL MEDICAL GROUP INC | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1112364 | COLLECTION AGENCY FOR BAPTIST ENTITIES | TN | 501(C)(3) | 12 TYPE II | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 1225 NORTH STATE STREET JACKSON, MS 39202 75-3068151 | CLINICS | MS | 501(C)(3) | 3 | MISSISSIPPI BAPTIST HEALTH SYSTEMS INC | Yes | |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-2832975 | HEALTH CARE SERVICE PROVIDER | TN | 501(C)(3) | 3 | BAPTIST MEMORIAL MEDICAL GROUP INC | Yes | |
| 1225 NORTH STATE STREET JACKSON, MS 39202 64-0881013 | HEALTH CARE FACILITY/HOSPITAL | MS | 501(C)(3) | 3 | MISSISSIPPI BAPTIST HEALTH SYSTEMS INC | Yes | |
| 1225 NORTH STATE STREET JACKSON, MS 39202 64-0833383 | HEALTH CARE FACILITY/HOSPITAL | MS | 501(C)(3) | 3 | MISSISSIPPI BAPTIST HEALTH SYSTEMS INC | Yes | |
| 1225 NORTH STATE STREET JACKSON, MS 39202 80-0812322 | HOLDING COMPANY | MS | 501(C)(3) | 12 TYPE I | MISSISSIPPI BAPTIST HEALTH SYSTEMS INC | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c) (3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|---|----------------------------------|--|-------------------------------|---|--|--|----|
| | | | | | | Yes | No |
| 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 27-1799652 | HEALTH CARE SERVICE PROVIDER | AR | 501(C)(3) | 12 TYPE II | BAPTIST MEMORIAL HEALTH CARE CORPORATION | Yes | |
| 4802 EAST JOHNSON AVE JONESBORO, AR 72401 71-0850123 | HEALTH CARE SERVICE PROVIDER | AR | 501(C)(3) | 3 | NEA BAPTIST HEALTH SYSTEM INC | Yes | |
| 102 CLINTON PARKWAY CLINTON, MS 39056 64-0900902 | PROMOTION OF HEALTH & FITNESS | MS | 501(C)(3) | 10 | MISSISSIPPI BAPTIST HEALTH SYSTEMS INC | Yes | |
| 8060 WOLF RIVER BLVD GERMANTOWN, TN 38138 27-4396698 | HEALTH CARE SERVICE PROVIDER | TN | 501(C)(3) | 3 | BAPTIST MEMORIAL MEDICAL GROUP INC | Yes | |

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

| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|---|------------------------------|------------------------|--|
| (1) MJMH IMPROVEMENT CORPORATION | C | 220,000 | CASH |
| (1) BAPTIST MEMORIAL HEALTH CARE CORPORATION | D | 727,931,807 | CASH |
| (2) BAPTIST MEDICAL CENTER - LEAKE INC | E | 18,149,459 | CASH |
| (3) BAPTIST MEDICAL CENTER - YAZOO INC | E | 15,208,470 | CASH |
| (4) BAPTIST MEMORIAL HEALTH CARE CORPORATION | E | 14,924,177 | CASH |
| (5) MEDICAL FOUNDATION OF CENTRAL MISSISSIPPI INC | E | 46,564,859 | CASH |
| (6) MISSISSIPPI BAPTIST MEDICAL CENTER INC | E | 399,543,846 | CASH |
| (7) MISSISSIPPI BAPTIST MEDICAL ENTERPRISES INC AND SUBS | E | 1,172,703 | CASH |
| (8) MISSISSIPPI HOSPITAL FOR RESTORATIVE CARE INC | E | 69,721 | CASH |
| (9) BAPTIST OUTPATIENT IMAGING LLC | J | 181,655 | CASH |
| (10) MEDICAL FOUNDATION OF CENTRAL MISSISSIPPI INC | J | 545,162 | CASH |
| (11) MISSISSIPPI BAPTIST MEDICAL CENTER INC | J | 432,429 | CASH |
| (12) MISSISSIPPI BAPTIST MEDICAL ENTERPRISES INC AND SUBS | J | 106,594 | CASH |
| (13) MJMH IMPROVEMENT CORPORATION | K | 600,000 | CASH |
| (14) BAPTIST MEDICAL CENTER - LEAKE INC | L | 161,200 | CASH |
| (15) BAPTIST MEDICAL CENTER - YAZOO INC | L | 115,600 | CASH |
| (16) MISSISSIPPI BAPTIST MEDICAL CENTER INC | L | 601,611 | CASH |
| (17) MISSISSIPPI BAPTIST MEDICAL ENTERPRISES INC AND SUBS | L | 94,764 | CASH |
| (18) BAPTIST MEDICAL CENTER - YAZOO INC | M | 64,580 | CASH |
| (19) BAPTIST MEMORIAL HEALTH CARE CORPORATION | M | 1,345,980 | CASH |
| (20) MEDICAL FOUNDATION OF CENTRAL MISSISSIPPI INC | M | 92,082 | CASH |
| (21) MISSISSIPPI BAPTIST MEDICAL CENTER INC | M | 207,837 | CASH |
| (22) BAPTIST MEMORIAL HEALTH CARE CORPORATION | O | 270,404 | CASH |
| (23) BAPTIST MEMORIAL HEALTH CARE CORPORATION | R | 473,000,000 | CASH |
| (24) BAPTIST MEMORIAL MEDICAL MINISTRIES EMPLOYEE HEALTH AND WELFARE TRUST | R | 874,284 | CASH |

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

| | (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|-------------|--|--|-------------------------------|---|
| (26) | BAPTIST MEDICAL CENTER - LEAKE INC | S | 19,577,400 | CASH |
| (1) | BAPTIST MEDICAL CENTER - YAZOO INC | S | 15,425,000 | CASH |
| (2) | BAPTIST OUTPATIENT IMAGING LLC | S | 1,115,027 | CASH |
| (3) | MEDICAL FOUNDATION OF CENTRAL MISSISSIPPI INC | S | 55,431,000 | CASH |
| (4) | MISSISSIPPI BAPTIST MEDICAL CENTER INC | S | 3,295,973 | CASH |
| (5) | MISSISSIPPI BAPTIST MEDICAL ENTERPRISES INC AND SUBS | S | 2,228,000 | CASH |