

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

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

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

C Name of organization
BAPTIST MEMORIAL HOSPITAL-
NORTH MISSISSIPPI INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
1100 BELK BOULEVARD

City or town, state or province, country, and ZIP or foreign postal code
OXFORD, MS 38655

D Employer identification number
64-0772726

E Telephone number
(662) 636-1000

G Gross receipts \$ 230,425,782

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 BAPTISTONLINE ORG/NORTH-MISSISSIPPI

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1989

M State of legal domicile MS

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	5
4 Number of independent voting members of the governing body (Part VI, line 1b)	5
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	1,369
6 Total number of volunteers (estimate if necessary)	50
7a Total unrelated business revenue from Part VIII, column (C), line 12	777,620
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)	0	0
9 Program service revenue (Part VIII, line 2g)	206,321,077	224,392,741
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	436,510	-8,693,504
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,593,443	5,831,350
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	212,351,030	221,530,587
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	24,918	47,646
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)	63,049,647	65,076,458
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	137,716,113	152,246,303
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	200,790,678	217,370,407
19 Revenue less expenses Subtract line 18 from line 12	11,560,352	4,160,180
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	596,243,679	597,880,060
21 Total liabilities (Part X, line 26)	326,487,678	323,963,879
22 Net assets or fund balances Subtract line 21 from line 20	269,756,001	273,916,181

Part II Signature Block

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

Sign Here
Signature of officer: _____ Date: 2020-08-12
JASON M LITTLE PRESIDENT
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
Check if self-employed PTIN P00752421
Firm's name ▶ DELOITTE TAX LLP Firm's EIN ▶ 86-1065772
Firm's address ▶ 1033 DEMONBREUN STREET SUITE 400 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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 199,843,719 including grants of \$ 47,646) (Revenue \$ 228,117,124)
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 ▶ 199,843,719

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 and reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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>		No
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?		

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	1,369		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Yes	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b		Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a			No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a			No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15			No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16			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 of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 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; 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

- 17 List the States with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BETH FITTS DIRECTOR	0 23 0 00	X						0	0	0
(2) DANA KELLY DIRECTOR	0 23 3 10	X						0	0	0
(3) DARLENE WASHINGTON DIRECTOR	0 23 0 00	X						0	0	0
(4) JOHN WEBB MD DIRECTOR	0 23 0 00	X						0	0	0
(5) LARRY LITTLE CHAIRMAN (THRU 12/18)	0 23 0 20	X						0	0	0
(6) SHERWIN HAYNIE CHAIRMAN (AS OF 1/19)	0 23 0 20	X						0	0	0
(7) DANA W WILLIAMS CFO	40 00 0 00			X				179,498	0	28,871
(8) GREGORY M DUCKETT SECRETARY	0 23 39 77			X				0	576,210	74,991
(9) JASON M LITTLE PRESIDENT	0 23 39 77			X				0	1,248,199	73,929
(10) PAUL D DEPRIEST MD VICE PRESIDENT	0 23 39 77			X				0	955,671	64,212
(11) WILLIAM C HENNING CEO	40 00 0 00			X				0	426,497	48,959
(12) CYNTHIA DUNN PHARMACIST	40 00 0 00					X		128,452	0	30,055
(13) JEFFREY P KURR PHYSICIST	40 00 0 00					X		223,676	0	60,605
(14) MARK E OTTENS CHIEF NURSING OFFICER	40 00 0 00					X		125,700	0	48,442
(15) PEYTON WARRINGTON ASSISTANT ADMINISTRATOR	40 00 0 00					X		129,650	0	36,177
(16) SONIA MCKEITHEN ASSISTANT ADMINISTRATOR	40 00 0 00					X		124,082	0	48,234

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

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

1b Sub-Total	▶			
1c Total from continuation sheets to Part VII, Section A	▶			
1d Total (add lines 1b and 1c)	▶	911,058	3,206,577	514,475

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 22

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ROBINS & MORTON 400 SHADES CREEK PARKWAY BIRMINGHAM, AL 35209	CONTRACTOR SERVICES	10,603,948
COMPREHENSIVE HOSPITALISTS MS 300 S PARK ROAD 400 HOLLYWOOD, FL 33021	PHYSICIAN SERVICES	3,038,622
LIFELINC ANESTHESIA PLLC 3340 PLAYERS CLUB PARKWAY 350 MEMPHIS, TN 38125	ANESTHESIA SERVICES	2,444,821
CHANCELLOR BROTHERS LLC 7474 RALEIGH LAGRANGE RD MEMPHIS, TN 38018	CONTRACTOR SERVICES	1,724,050
MORRISON MANAGEMENT SPECIALISTS INC PO BOX 102289 ATLANTA, GA 30368	MANAGEMENT SERVICES	1,372,869

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 29

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

Program Service Revenue			Business Code			
	2a PATIENT SERVICE REV		622110	224,106,293	224,061,471	44,822
b RENTS FROM AFFILIATES		900099	286,448	286,448		
c _____						
d _____						
e _____						
f All other program service revenue						
9 Total. Add lines 2a-2f			224,392,741			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			125,185			125,185	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real	(ii) Personal					
			292,833					
		b Less rental expenses	70,006					
		c Rental income or (loss)	222,827					
	d Net rental income or (loss)			222,827			222,827	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			6,500					
		b Less cost or other basis and sales expenses	8,825,189					
		c Gain or (loss)	-8,818,689					
	d Net gain or (loss)			-8,818,689			-8,818,689	
	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 SURGERY CENTER REVENUE		900099	3,769,205	3,769,205				
b CAFETERIA REVENUE		722514	1,087,099			1,087,099		
c MANAGEMENT FEE REV		541610	732,798		732,798			
d All other revenue			19,421			19,421		
e Total. Add lines 11a-11d			5,608,523					
12 Total revenue. See Instructions			221,530,587	228,117,124	777,620	-7,364,157		

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.	39,803	39,803		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	7,843	7,843		
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.	209,858	186,774	23,084	
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.	51,741,909	46,050,299	5,691,610	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,224,315	1,089,640	134,675	
9 Other employee benefits.	8,470,770	7,538,985	931,785	
10 Payroll taxes.	3,429,606	3,052,349	377,257	
11 Fees for services (non-employees)				
a Management.				
b Legal.	16,133	14,358	1,775	
c Accounting.				
d Lobbying.	20,631		20,631	
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).	19,250,220	17,132,695	2,117,525	
12 Advertising and promotion.	279,133	248,428	30,705	
13 Office expenses.	3,822,244	3,401,797	420,447	
14 Information technology.				
15 Royalties.				
16 Occupancy.	3,193,929	2,842,597	351,332	
17 Travel.	61,954	24,782	37,172	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	67,400	26,960	40,440	
20 Interest.	12,100,529	10,769,471	1,331,058	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	22,524,220	20,046,556	2,477,664	
23 Insurance.	1,161,145	1,033,419	127,726	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	55,440,381	55,440,381	0	
b CORPORATE MGMT FEE	16,923,936	15,062,303	1,861,633	
c CORPORATE ALLOCATIONS	6,567,823	5,845,362	722,461	
d UBI TAXES	3,000	2,670	330	
e All other expenses	10,813,625	9,986,247	827,378	
25 Total functional expenses. Add lines 1 through 24e.	217,370,407	199,843,719	17,526,688	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	1,900	1	2,300
	2 Savings and temporary cash investments	3,340,731	2	5,172,445
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	36,305,045	4	39,375,575
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	3,726,932	8	3,933,519
	9 Prepaid expenses and deferred charges	4,424,146	9	3,799,315
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 359,535,921		
	b Less accumulated depreciation	10b 92,440,744	294,600,514	10c 267,095,177
	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	16,344,170	13	17,035,122
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	237,500,241	15	261,466,607
16 Total assets. Add lines 1 through 15 (must equal line 34)	596,243,679	16	597,880,060	
Liabilities	17 Accounts payable and accrued expenses	12,917,291	17	12,351,978
	18 Grants payable		18	
	19 Deferred revenue	70,698	19	157,323
	20 Tax-exempt bond liabilities	312,407,773	20	311,206,931
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	1,091,916	25	247,647
	26 Total liabilities. Add lines 17 through 25	326,487,678	26	323,963,879
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	269,756,001	27	273,916,181
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	269,756,001	33	273,916,181	
34 Total liabilities and net assets/fund balances	596,243,679	34	597,880,060	

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	221,530,587
2	Total expenses (must equal Part IX, column (A), line 25)	2	217,370,407
3	Revenue less expenses Subtract line 2 from line 1	3	4,160,180
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	269,756,001
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	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	273,916,181

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: 64-0772726

Name: BAPTIST MEMORIAL HOSPITAL-
NORTH MISSISSIPPI INC

Form 990 (2018)

Form 990, Part III, Line 4a:

BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, INC 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-NORTH MISSISSIPPI, INC , 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-NORTH MISSISSIPPI, INC PROVIDES THE FOLLOWING - FREE CARE AND/OR SUBSIDIZED CARE WHERE THE NEED AND/OR AN INDIVIDUAL'S INABILITY TO PAY COEXIST,- CARE PROVIDED TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST, AND- HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITY THESE ACTIVITIES INCLUDE WELLNESS PROGRAMS, COMMUNITY EDUCATION PROGRAMS, AND SPECIAL PROGRAMS FOR THE ELDERLY, HANDICAPPED, MEDICALLY UNDERSERVED, AND A VARIETY OF BROAD COMMUNITY SUPPORT ACTIVITIES BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, INC SERVICED 10,782 INPATIENTS AND PROVIDED MORE THAN 96,697 OUTPATIENT SERVICES DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, INC PROVIDES CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS FROM WHICH THE HOSPITAL RECEIVES AT LESS THAN FAIR MARKET VALUE REIMBURSEMENT RECOGNIZING ITS MISSION TO THE COMMUNITY, SERVICES ARE PROVIDED TO BOTH MEDICARE AND MEDICAID PATIENTS TO THE EXTENT REIMBURSEMENT IS BELOW COST, BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, INC RECOGNIZES THESE AMOUNTS AS CHARITY CARE IN MEETING ITS MISSION TO THE ENTIRE COMMUNITY DURING THE YEAR ENDED SEPTEMBER 30, 2019, THE UNREIMBURSED VALUE OF PROVIDING CARE TO THESE PATIENTS WAS \$515,724,768 DURING THE YEAR, BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, INC 'S PROGRAM SERVICES PRODUCED THE FOLLOWING RESULTS - THE PHARMACY DISPENSED 4,932,541 PRESCRIPTIONS AT A COST OF \$10,238,661 - THE NURSING DEPARTMENT HAD 38,356 PATIENT DAYS AT A COST OF \$29,045,213 - THE SURGERY DEPARTMENT PERFORMED 9,555 SURGERIES AT A COST OF \$29,197,267 - THE CARDIAC SERVICES DEPARTMENT PERFORMED 32,134 BILLABLE PROCEDURES AT A COST OF \$8,364,202 - THE INFUSION DEPARTMENT PERFORMED 37,765 BILLABLE PROCEDURES AT A COST OF \$23,738,166 BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, INC 'S HEART CARE CENTER OPENED IN THE SUMMER OF 1986 DURING THE YEAR ENDED SEPTEMBER 30, 2019, THE HEART CARE CENTER PERFORMED 5,058 BILLABLE UNITS OF SERVICE INTERVENTIONAL CARDIOLOGY, CARDIOVASCULAR SURGERY AND ELECTROPHYSIOLOGY SERVICES PROVIDE A CONTINUUM OF CARE FOR THE RESIDENTS OF THE 27 COUNTIES WE SERVE ADDITIONALLY, 8,586 EKGs AND 18,490 OTHER NON-INVASIVE PROCEDURES WERE PERFORMED WHICH AID IN THE DIAGNOSIS AND TREATMENT OF CARDIOVASCULAR DISEASE RELIEF FROM CHRONIC HEARTBURN IS NOW AVAILABLE AT THE BAPTIST HEARTBURN TREATMENT CENTER WHILE HEARTBURN IS A COMMON SYMPTOM EXPERIENCED BY ALMOST EVERYONE AFTER A SPICY MEAL OR PERIOD OF INCREASED STRESS, CHRONIC HEARTBURN CAN BE INDICATIVE OF A MUCH MORE SERIOUS PROBLEM THE BAPTIST HEARTBURN TREATMENT CENTER OFFERS THE LATEST IN STATE-OF-THE-ART DIAGNOSTIC TECHNIQUES AND TREATMENT OPTIONS TO HELP EASE THE SUFFERING OF GERD BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, INC OPENED A FREESTANDING, COMPREHENSIVE CANCER CENTER IN 2002 AND CONTINUES TO EXPERIENCE TREMENDOUS GROWTH THE TEAM CONSISTING OF PHYSICIANS, A PHYSICIST, ONCOLOGY NURSES AND RADIATION THERAPISTS PROVIDED OVER 21,747 SERVICE UNITS DURING THE YEAR ENDED SEPTEMBER 30, 2019 BAPTIST CENTER FOR CANCER CARE SUPPORTS CONCENTRATED EFFORTS TO EDUCATE THE PUBLIC ON CANCER PREVENTION ADDITIONALLY, LOW-COST SCREENINGS ARE AVAILABLE THROUGHOUT THE YEAR PATIENTS COME TO BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, INC FROM 51 COUNTIES IN MISSISSIPPI AND SEVERAL SURROUNDING STATES STATISTICS SHOW THAT NEARLY 73% OF BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, INC 'S PATIENTS COME FROM OUTSIDE OF LAFAYETTE COUNTY WHEN BAPTIST MEMORIAL HEALTH CARE CORPORATION FIRST LEASED THE HOSPITAL IN 1989 ONLY 30% OF PATIENTS TRAVELED TO LAFAYETTE COUNTY TO RECEIVE MEDICAL TREATMENT CHARITY CARE IS ALSO PROVIDED THROUGH MANY REDUCED PRICE SERVICES AND FREE PROGRAMS OFFERED THROUGHOUT THE YEAR BASED UPON ACTIVITIES AND SERVICES THAT BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, INC BELIEVES WILL SERVE A BONA FIDE COMMUNITY HEALTH NEED BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, INC PROVIDES A NUMBER OF SERVICES TO THE COMMUNITY THE FOLLOWING IS A PARTIAL LISTING OF SUCH SERVICES AND ACTIVITIES OFFERED IN FISCAL YEAR 2019 - ANNUAL DONATIONS TO VARIOUS CHARITABLE ORGANIZATIONS - ASSISTANCE WAS OFFERED TO VARIOUS INDIVIDUALS WITH TRANSPORTATION, DIETARY, AND PHARMACEUTICAL NEEDS - DIAGNOSTIC AND LABORATORY TESTING WERE PROVIDED TO INDIVIDUALS IDENTIFIED BY A LOCAL CHARITY CLINIC - SCREENINGS AND SEMINARS WERE PROVIDED FOR SENIOR CITIZENS THROUGHOUT THE YEAR - SUPPORT GROUPS WERE PROVIDED FOR CANCER PATIENTS, BARIATRIC PATIENTS, HEART PATIENTS, PARKINSON'S PATIENTS, EXPECTANT MOTHERS, ETC - HOSPITAL EMPLOYEES CONDUCTED ADULT AND CHILD CPR CLASSES, AS WELL AS FIRST AID CLASSES, AT VARIOUS LOCATIONS - PROGRAMS AND SEMINARS WERE CONDUCTED TO PROMOTE WOMEN'S SERVICES, INCLUDING BREAST CANCER AND HEART DISEASE AWARENESS, CHILDBIRTH PREPARATION CLASSES AND AN ANNUAL CHILDREN'S WELLNESS PROGRAM - CLASSES SUCH AS BREAST FEEDING, CHILD BIRTH, AND STRESS MANAGEMENT WERE PROVIDED - THE HOSPITAL PARTICIPATED IN COMMUNITY EVENTS SUCH AS RELAY FOR LIFE, DOUBLE DECKER FESTIVAL, MARCH FOR BABIES, TICKLED PINK, WALK FOR DIABETES, UNITED WAY, AND THE CARE WALK - FREE USAGE OF MEETING SPACE FOR CIVIC ORGANIZATIONS AND SUPPORT GROUPS WAS OFFERED BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, INC RECOGNIZES THAT PEOPLE ARE ITS MOST VALUABLE ASSET TO SHARE THIS ASSET WITH THE COMMUNITY AT LARGE, ALL PERSONNEL ARE ENCOURAGED TO GET INVOLVED BY VOLUNTEERING BELOW IS A PARTIAL LISTING OF ORGANIZATIONS AND ACTIVITIES THAT BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, INC SUPPORTED THROUGH ITS VOLUNTEER EFFORTS - OXFORD-LAFAYETTE CHAMBER OF COMMERCE/ECONOMIC DEVELOPMENT FOUNDATION- UNITED WAY- LEADERSHIP LAFAYETTE- "CAREER DAY" AT LOCAL SCHOOLS- JUNIOR LEADERSHIP LAFAYETTE- BOY SCOUTS/GIRL SCOUTS- INTERFAITH FOUNDATION MINISTRY- THE PANTRY- AMERICAN CANCER SOCIETY- MUSCULAR DYSTROPHY ASSOCIATION- UNITED BLOOD SERVICES- SALVATION ARMY- DIABETES FOUNDATION OF MISSISSIPPI- PARTNERSHIP FOR A HEALTHY MISSISSIPPI- EXCHANGE CLUB OF OXFORD- ROTARY CLUB- LIONS' CLUB- BOYS AND GIRLS CLUB OF OXFORD

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
BAPTIST MEMORIAL HOSPITAL-
NORTH MISSISSIPPI INC

Employer identification number
64-0772726

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 64-0772726

Name: BAPTIST MEMORIAL HOSPITAL-
NORTH MISSISSIPPI INC

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2018
Open to Public Inspection

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

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

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

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

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

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

Name of the organization BAPTIST MEMORIAL HOSPITAL- NORTH MISSISSIPPI INC	Employer identification number 64-0772726
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		20,631
j Total. Add lines 1c through 1i			20,631
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HOSPITAL-
NORTH MISSISSIPPI INC

Employer identification number
64-0772726

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		12,101,219		12,101,219
b Buildings		180,371,565	23,428,461	156,943,104
c Leasehold improvements				
d Equipment		124,982,849	64,320,804	60,662,045
e Other		42,080,288	4,691,479	37,388,809
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				267,095,177

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

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

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

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

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	253,597,986
(2) ESTIMATED SETTLEMENTS WITH THIRD PARTIES	202,000
(3) ASSETS WHOSE USE IS LIMITED	7,452,875
(4) BOND COSTS	170,786
(5) CONSTRUCTION IN PROGRESS	42,960
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	261,466,607

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
ESTIMATED SETTLEMENTS WITH THIRD PARTIES	247,647
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	247,647

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 64-0772726

Name: BAPTIST MEMORIAL HOSPITAL-
NORTH MISSISSIPPI 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)
 Department of the Treasury
 Internal Revenue Service

Hospitals

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

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
 BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC

Employer identification number
 64-0772726

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			12,848,726	2,399,790	10,448,936	4 810 %
b Medicaid (from Worksheet 3, column a)			29,538,444	28,384,383	1,154,061	0 530 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			763,741	699,651	64,090	0 030 %
d Total Financial Assistance and Means-Tested Government Programs			43,150,911	31,483,824	11,667,087	5 370 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			140,312	0	140,312	0 060 %
f Health professions education (from Worksheet 5)			536,572	278,700	257,872	0 120 %
g Subsidized health services (from Worksheet 6)			80,487,846	68,881,572	11,606,274	5 340 %
h Research (from Worksheet 7)			23,487	28,310	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			45,421	0	45,421	0 020 %
j Total. Other Benefits			81,233,638	69,188,582	12,049,879	5 540 %
k Total. Add lines 7d and 7j			124,384,549	100,672,406	23,716,966	10 910 %

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			2,500	0	2,500	0 %
2 Economic development			8,970	0	8,970	0 %
3 Community support			8,500	0	8,500	0 %
4 Environmental improvements						
5 Leadership development and training for community members			766	0	766	0 %
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			20,736		20,736	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		1,909,545
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		961,076
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	56,285,585
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	54,653,350
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	1,632,235
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (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										

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 MEMORIAL HOSPITAL-NORTH MISSISSI

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 MEMORIAL HOSPITAL-NORTH MISSISSI

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	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?	Yes	
15	Explained the method for applying for financial assistance?	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
	a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
	b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
	c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
	d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
	e <input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>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 MEMORIAL HOSPITAL-NORTH MISSISSI

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 MEMORIAL HOSPITAL-NORTH MISSISSI

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

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

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C	BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, 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, BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, 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 BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, 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	BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, INC CONDUCTS SEVERAL HEALTH FAIRS, SEMINARS AND CLASSES THROUGHOUT THE YEAR FOR THE COMMUNITIES IT SERVES THE HOSPITAL IS ALSO INVOLVED IN LOCAL COMMUNITY AND NON-PROFIT ORGANIZATIONS SUCH AS THE AMERICAN CANCER SOCIETY, SUSAN G KOMEN RACE FOR THE CURE, WALK AMERICA, ST JUDE CHILDREN'S RESEARCH HOSPITAL, AND MANY OTHERS NOT ONLY DO WE PROVIDE MONETARY DONATIONS, BUT OUR EMPLOYEES ARE ACTIVE VOLUNTEERS IN THESE WORTHY CAUSES
PART III, LINE 2	BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, 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	BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, 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 BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, 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 BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, 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 YACCOUBIAN RESEARCH, INC 'S COMMUNITY OPINION SURVEY THIS IS A QUARTERLY RANDOM-DIGIT DIALING TELEPHONE SURVEY SURVEYS INCLUDE QUESTIONS ASKING RESPONDENTS TO GRADE THE QUALITY OF HEALTH CARE SERVICES IN THEIR COMMUNITY THE SERVICES ARE GRADED FROM A-F IF A SERVICE IS GIVEN A RATING OF C OR BELOW, THE RESPONDENTS ARE ASKED FOR IDEAS FOR IMPROVEMENT THESE CAN BE REVIEWED BY AREA, COUNTY, TOWN, ZIP CODE, AGE, GENDER, AND RACE THE IMPROVEMENTS REQUESTED GENERALLY INVOLVE REQUESTS FOR MORE AND BETTER DOCTORS AND STAFF, AND LESS WAIT TIME MEDICAL STAFF SURVEYS ARE ALSO USED TO ASSESS NEEDS THESE ARE CONDUCTED BY MAIL OR INTERNET (WHICHEVER IS PREFERRED BY THE RESPONDENT) BY PRESS-GANEY, A NATIONALLY KNOWN RESEARCH COMPANY FOR BOTH PATIENT SATISFACTION AND PHYSICIAN SATISFACTION IN THIS SURVEY, CONDUCTED EVERY OTHER YEAR, RESPONDENTS ARE QUESTIONED ABOUT THE NEED FOR NEW SERVICES OR PHYSICIAN SPECIALTIES IN THE HOSPITAL OR COMMUNITY THERE ARE USUALLY MULTI-PHYSICIAN RECOMMENDATIONS FOR ADDITIONAL EQUIPMENT AND CERTAIN TYPES OF PHYSICIAN SPECIALISTS THIS IS USED AS A STARTING POINT FOR DETERMINING POTENTIAL PRIORITIES FOR PHYSICIAN RECRUITING COMMUNITY NEEDS ASSESSMENT FOR ADDITIONAL PHYSICIANS IN THE COMMUNITY IS ALSO CONDUCTED POPULATION-BASED DEMAND ESTIMATES ARE OBTAINED FROM THE MEDSTAT INFORUM MEDI-EDGE SOFTWARE, AND TAKES INTO ACCOUNT THE AGE AND GENDER OF THE POPULATION THIS IS THEN COMPARED TO THE SUPPLY OF PHYSICIANS AS DETERMINED THROUGH SEVERAL DIFFERENT SOURCES-INCLUDING OUR OWN CALLING OF OFFICES TO DETERMINE THE FULL TIME EQUIVALENT OF PHYSICIANS AVAILABLE IN THE SPECIALTY OF INTEREST THE DEMAND MINUS THE SUPPLY GIVES THE "NET NEED" CURRENTLY, AND IN 5 YEARS THE REQUEST FOR THESE ANALYSES ARE MADE BY THE HOSPITAL'S CHIEF EXECUTIVE OFFICERS BASED ON THE PRIORITIES GIVEN BY THE MEDICAL STAFF AND ACCORDING TO KNOWLEDGE OF CERTAIN PHYSICIANS THAT ARE LIKELY TO BE LEAVING THE AREA IN THE NEXT YEAR OR TWO GENERALLY THE DEMAND AND SUPPLY ESTIMATES ARE FOR A GEOGRAPHIC AREA DEFINED BY THE HALF-WAY MARK BETWEEN OUR FACILITY AND THE COMMUNITY HAVING A SIMILAR SIZED MEDICAL FACILITY OF A COMPETITOR IN LARGER MARKET AREAS, THE PHYSICIAN NEEDS ARE GENERALLY CONCENTRATED AROUND HIGHLY SPECIALIZED PHYSICIANS WHO MAY BE LEAVING OR RETIRING THE SOFTWARE PACKAGE HAS MODULES THAT ARE USED TO DETERMINE THE NEED FOR NEW FACILITIES, SUCH AS HOSPITALS, URGENT CARE CENTERS, EXPANDED EMERGENCY ROOMS, ETC THIS IS REVIEWED IF THERE IS AN INCREASE IN POPULATION GROWTH PATIENT SATISFACTION SURVEYS ARE ANOTHER TOOL USED TO ASSESS NEED PRESS-GANEY MAELS SURVEYS EVERY TWO WEEKS TO A RANDOM SAMPLE OF DISCHARGED PATIENTS THE GOAL IS TO GET APPROXIMATELY 350 COMPLETED SURVEYS PER YEAR IN EACH OF THE VARIOUS CARE SETTINGS PER FACILITY THESE CARE SETTINGS INCLUDE INPATIENT, OUTPATIENT, EMERGENCY ROOMS, OUTPATIENT SURGERY, OUTPATIENT DIAGNOSTICS, HOME HEALTH CARE, URGENT CARE CENTERS, ETC BASED ON THESE SURVEYS, THE NEED FOR SPECIFIC CHANGES IN PROCESSES OR TYPES OF PERSONNEL ARE ASSESSED TO MEET THE NEEDS OF THE COMMUNITIES WE SERVE NATIONAL RESEARCH CORPORATION IS A RESEARCH COMPANY THAT INTERVIEWS 600 PEOPLE IN OUR COMMUNITY SERVICE AREA EACH YEAR VIA THE INTERNET THESE PEOPLE ARE A PART OF A PANEL SELECTED TO REPRESENT THE CHARACTERISTICS OF THE COMMUNITY THIS SURVEY PROVIDES AN ONLINE TOOL FOR DETERMINING SELF-REPORTED PERCENTAGES WITH CHRONIC CONDITIONS AND USE OF PREVENTIVE SERVICES IN AREAS OF SIMILAR SIZE AND CHARACTERISTICS AROUND THE COUNTRY</p>
PART VI, LINE 3	<p>PATIENTS ARE INFORMED OF THEIR ELIGIBILITY FOR ASSISTANCE IN PERSON UPON ENTERING THE HOSPITAL FACILITY EACH PATIENT IS ASSIGNED AN ADMISSIONS PERSON WHO PROVIDES WRITTEN INFORMATION AS WELL AS VERBAL INFORMATION IN ADDITION, THE PATIENT MAY OBTAIN INFORMATION AS FOLLOWS (A) A COPY IS GIVEN TO THE PATIENT DURING THE ADMISSIONS AND/OR DISCHARGE PROCESS FOR EACH VISIT FOR MEDICAL TREATMENT (B) A COPY IS SENT WITH THE FIRST POST-DISCHARGE BILLING STATEMENT (C) COPIES ARE POSTED AND AVAILABLE UPON REQUEST AT ALL ADMISSIONS, EMERGENCY AND BUSINESS OFFICE DEPARTMENT AREAS AT ALL BAPTIST MEMORIAL HEALTH CARE CORPORATION FACILITIES (D) COPIES ARE ALSO AVAILABLE FOR DOWNLOAD AND PRINTING ONLINE ON THE BAPTIST MEMORIAL HEALTH CARE CORPORATION WEBSITE UNDER "FINANCIAL ASSISTANCE OR BY CONTACTING THE FACILITY WHERE SERVICES WERE RECEIVED AND REQUESTING A COPY BY MAIL OR EMAIL AT FAP@BMHCC ORG (E) COPIES OF ALL FINANCIAL ASSISTANCE POLICY DOCUMENTS WILL BE PROVIDED ELECTRONICALLY TO ANY INDIVIDUAL WHO INDICATES THAT IS THEIR PREFERENCE</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, INC SERVICES THE LAFAYETTE COUNTY AND NORTH MISSISSIPPI AREA THE AFRICAN AMERICAN COMMUNITY COMPRISES ABOUT 38 2% OF OUR PRIMARY SERVICE AREA HISPANICS MAKE UP ABOUT 2 9%, AND CAUCASIANS ARE ABOUT 56 6% DEMOGRAPHIC SNAPSHOTS ARE PROVIDED BY THE INDEPENDENT OUTSIDE FIRM OF CLARITAS, INC OUR OWN HEALTH SERVICES RESEARCH DEPARTMENT AT BAPTIST MEMORIAL HEALTH CARE CORPORATION (OUR PARENT) CALCULATES THE DISTRIBUTION OF INPATIENT DISCHARGES (EXCLUDING NEWBORNS) BY COUNTY THIS IS SORTED IN DESCENDING NUMBER PER COUNTY AND DETERMINES THOSE COUNTIES WITH UP TO 75-77% OF THE DISCHARGES AND THESE CONTIGUOUS COUNTIES COMPRISE THE PRIMARY MARKET AREA COUNTIES COMPRISES 78-95% OF THE DISCHARGES ARE DESIGNATED THE SECONDARY MARKET, WHILE THE REMAINING 5% IS THE TERTIARY MARKET BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, INC 'S PRIMARY MARKET SERVICE AREA HAS 150,989 PERSONS WITH THE COMBINED PRIMARY AND SECONDARY AREA HAVING 662,064 PERSONS OTHER ITEMS SUCH AS AGE, HOUSEHOLD INCOME, AND RACE/ETHNICITY PERCENTAGES, AS COMPARED TO THE NATION AS A WHOLE, ARE ALSO USED IN THE MIX DUNN AND BRADSTREET DATA IS ALSO USED TO DETERMINE THE COMMUNITIES LARGEST EMPLOYERS
PART VI, LINE 5	THE HOSPITALS HAVE OPEN MEDICAL STAFFS, COMMUNITY BOARD INVOLVEMENT, SUPPORT SERVICES, FREE AND/OR REDUCED MAMMOGRAMS, HEALTH FAIRS, DONATION OF SUPPLIES AND MONEY, AND MANY OTHER THINGS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, 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:** 64-0772726**Name:** BAPTIST MEMORIAL HOSPITAL-
NORTH MISSISSIPPI 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-NORTH MISSISSIPPI 1100 BELK BOULEVARD OXFORD, MS 38655 WWW.BAPTISTONLINE.ORG/NORTH-MISSISSIPPI 13-228	X	X					X			

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

Form and Line Reference	Explanation
<p>BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI</p>	<p>PART V, SECTION B, LINE 5 THE 2018 CHNA FOR BAPTIST'S NORTH 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 79 COMMUNITY REPRESENTATIVES SERVING THE NORTH 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 NORTH 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 AARON E HENRY COMMUNITY HEALTH CENTER AGAPE HEALTH SERVICES FREE CLINIC ARKANSAS STATE UNIVERSITY BANCORP SOUTH BANNER-INDEPENDENT BAPTIST COMMUNITY ADVISORY BOARD BNA BANK BROOKS EYE CENTER, INC CADENCE BANK CALHOUN ECONOMIC DEVELOPMENT ASSOCIATION, INC CITY OF BRUCE CITY OF OXFORD CITY OF WEST POINT COLDWELL BANKER WEST REALTY COLUMBUS-LOWNDES PUBLIC LIBRARY SYSTEM CONTACT HELPLINE COWBOY MALONEY'S CREEK MORE CLINIC ELECTRIC MOTOR SALES & SERVICE, INC EXCEL BY 5 FAMILY CRISIS SERVICES OF NORTHWEST MISSISSIPPI, INC FAMILY RESOURCE CENTER - FAMILIES FIRST FIRST BAPTIST CHURCH GORDON COMMUNITY AND CULTURAL CENTER, INC GSC MANAGEMENT LLC/LEIGH MALL HOME SENIOR CARE KINDRED HOME HEALTH LA FAYETTE COUNTY SCHOOLS LE BONHEUR LIFE CARE CENTER BRUCETON MAGNOLIA MONTESSORI SCHOOL MAIN STREET MCCRARY WEST CONSTRUCTION MISSISSIPPI COALITION AGAINST DOMESTIC VIOLENCE MISSISSIPPI FARM TO SCHOOL NETWORK MISSISSIPPI HOSPITAL ASSOCIATION MISSISSIPPI REGIONAL HOUSING AUTHORITY IVNEW ALBANY SCHOOL DI</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 MEMORIAL HOSPITAL-NORTH MISSISSIPPI	STRICTNORTHWEST MS COMMUNITY COLLEGE OFFICE OF THE LAFAYETTE COUNTY CORONER ON TIME HEALTH CARE & CONSULTING, INC OPTUS, INC OXFORD SCHOOL DISTRICT PILOT CLUB OF PROJECTS REBELWELLRSVP SHAW PIT BULL RESCUE, INC SMITH DRUG & HOME MEDICALS SUSAN G KOMEN MEMPHIS - MIDSOUTH MISSISSIPPI THE MARKETING SPECTRUM UNION COUNTY DEVELOPMENT ASSOCIATION UNION COUNTY SCHOOL DISTRICT/MYRTLE SCHOOL UNITED WAYVARDAMAN SCHOOLS VINEYARD COURT NURSING AND REHABILITATION VITALAN TWASTE PRO SALES WEECARE SPECIAL NEEDS COUNSELING AND ASSISTANCE WINCHESTER-OLINWTVAYMCA

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-NORTH MISSISSIPPI	PART V, SECTION B, LINE 6A BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI CONDUCTED ITS CHNA WITH THE FOLLOWING OTHER HOSPITAL FACILITIES BAPTIST MEMORIAL HOSPITAL-BOONEVILLEBAPTIST MEMORIAL HOSPITAL-CALHOUNBAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLEBAPTIST MEMORIAL HOSPITAL-UNION COUNTY

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

Form and Line Reference	Explanation
<p>BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI</p>	<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 NORTH 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-NORTH MISSISSIPPI WILL CARRY OUT IN SUPPORT OF THIS SYSTEMWIDE PLAN 1 BEHAVIORAL HEALTH THE GOAL IS TO INCREASE BEHAVIORAL HEALTH SCREENINGS TO INITIATE EARLY TREATMENT AND IMPROVED OUTCOMES FOR RESIDENTS AT ALL STAGES OF LIFE BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI 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-NORTH MISSISSIPPI WILL IMPLEMENT THE FOLLOWING STRATEGIES 1) PARTICIPATE IN THE SUICIDE PREVENTION TASK FORCE AND PROVIDE QUESTION PERSUADE REFER (QPR) SUICIDE PREVENTION TRAINING WORKSHOPS 2) HOST SUPPORT GROUPS FOR FAMILIES COPING WITH THE LOSS OF A LOVED ONE DUE TO SUICIDE, AND FOR INDIVIDUALS WITH MENTAL ILLNESS 3) COLLABORATE WITH THE UNIVERSITY OF MISSISSIPPI COLLEGIATE RECOVERY COMMUNITY TO PROVIDE A SUBSTANCE-FREE ENVIRONMENT FOR STUDENTS IN RECOVERY 4) SPONSOR COMMUNITY ORGANIZATIONS THAT PROVIDE MENTAL HEALTH AND SUBSTANCE ABUSE SUPPORT SERVICES 5) PARTICIPATE IN AND HOST EDUCATIONAL FORUMS AND HEALTH FAIRS TO INCREASE AWARENESS OF BEHAVIORAL HEALTH CONDITIONS AND AVAILABLE SERVICES 6) SUPPORT INITIATIVES TO SCREEN INDIVIDUALS FOR DEPRESSION AND MENTAL HEALTH CONDITIONS 7) PARTICIPATE IN THE DRUG FREE PROGRAM TO INCREASE AWARENESS OF THE DANGERS OF DRUG USE AMONG ADOLESCENTS 8) PROVIDE EDUCATION ABOUT ALZHEIMER'S DISEASE AT LOCAL RETIREMENT COMMUNITIES 9) HOST MEMORY MAKER'S SUPPORT GROUPS FOR ALZHEIMER'S DISEASE CAREGIVERS 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-NORTH MISSISSIPPI HAS OUTLINED THE FOLLOWING OBJECTIVES 1) INCREASE AWARENESS OF BENEFITS OF GENETIC TESTING AND EARLY SCREENING FOR IMPROVED OUTCOMES 2) INCREASE PHYSICIANS' PARTICIPATION IN SECONDARY SCREENING PROTOCOLS FOR LUNG CANCER TO INCREASE EARLY DIAGNOSIS OF THE DISEASE 3) INCREASE ACCESS TO SCREENINGS IN RURAL AREAS TO REDUCE DISPARITIES AMONG LOW-INCOME, AT-RISK AND MINORITY POPULATIONS 4) INCREASE ACCESS TO CARE CLOSE TO HOME F</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 MEMORIAL HOSPITAL-NORTH MISSISSIPPI	<p>OR RURAL RESIDENTS 5) IMPROVE CARE COORDINATION AND CAREGIVER SUPPORT BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI WILL IMPLEMENT THE FOLLOWING STRATEGIES 1) PARTNER WITH COMMUNITY ORGANIZATIONS TO INCREASE PUBLIC AWARENESS OF CANCER RISK, PREVENTION AND SCREENING 2) PARTICIPATE IN AND HOST EDUCATIONAL FORUMS AND SPECIAL EVENTS TO INCREASE AWARENESS OF RISK FACTORS AND PREVENTION ACTIVITIES 3) HOST SUPPORT GROUPS FOR CANCER PATIENTS, SURVIVORS AND CAREGIVERS 4) PROVIDE FREE MAMMOGRAM SCREENINGS FOR AT-RISK AND/OR UNINSURED WOMEN 5) PROVIDE FREE LAB AND RADIOLOGY SERVICES FOR THE DETECTION OF CANCER FOR UNDERSERVED COMMUNITY RESIDENTS 6) PROVIDE CANCER TREATMENT TRANSPORTATION ASSISTANCE THROUGH AMERICAN CANCER SOCIETY GRANT FUNDING 3 CHRONIC DISEASE MANAGEMENT AND PREVENTION THE GOAL IS TO PROMOTE HEALTH AS A COMMUNITY PRIORITY AND INCREASE HEALTHY LIFESTYLE CHOICES BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI HAS OUTLINED THE FOLLOWING OBJECTIVES 1) INCREASE RESIDENTS' KNOWLEDGE OF THEIR RISK FACTORS FOR DISEASE 2) COLLABORATE WITH COMMUNITY PARTNERS TO ENCOURAGE PHYSICAL ACTIVITY AMONG RESIDENTS 3) ADVOCATE FOR PLANNING AND POLICIES THAT PROMOTE HEALTH AS A COMMUNITY PRIORITY 4) REDUCE FOOD INSECURITY AND INCREASE COMMUNITY OPTIONS FOR HEALTHY FOODS BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI WILL IMPLEMENT THE FOLLOWING STRATEGIES 1) PARTICIPATE IN HEALTH FAIRS AND COMMUNITY EVENTS TO PROVIDE EDUCATION FOR HEALTHY LIFESTYLES AND PREVENTION OF CHRONIC DISEASE 2) PROVIDE FREE SCREENINGS FOR HEALTH RISK FACTORS RELATED TO CHRONIC DISEASE 3) SPONSOR COMMUNITY AGENCIES AND PROGRAMS THAT ENCOURAGE HEALTHY, ACTIVE LIFESTYLES 4) COLLABORATE WITH COMMUNITY PARTNERS TO SPONSOR EVENTS PROMOTING PHYSICAL ACTIVITY 5) HOST SUPPORT GROUPS FOR INDIVIDUALS WITH CHRONIC DISEASE 6) SUPPORT THE LOVEPACKS BACKPACK PROGRAM AND MORE THAN A MEAL TO PROVIDE HEALTHY MEAL OPTIONS FOR UNDERSERVED CHILDREN AND ADULTS 7) SUPPORT THE OXFORD COMMUNITY MARKET TO INCREASE ACCESS TO HEALTHY FOODS AND NUTRITION EDUCATION 4 MATERNAL AND CHILD HEALTH THE GOAL IS TO IMPROVE BIRTH OUTCOMES FOR WOMEN AND INFANTS BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI HAS OUTLINED THE FOLLOWING OBJECTIVES 1) INCREASE THE PROPORTION OF PREGNANT WOMEN IN RURAL COMMUNITIES WHO RECEIVE EARLY AND ADEQUATE PRENATAL CARE 2) REDUCE SMOKING AND RELATED RISK BEHAVIORS AMONG PREGNANT WOMEN 3) PROVIDE EARLY INTERVENTION FOR MOTHERS WHO USE SUBSTANCES KNOWN TO CAUSE NEONATAL ABSTINENCE SYNDROME (NAS) 4) INCREASE THE PROPORTION OF INFANTS WHO ARE BREASTFED DURING THEIR FIRST 6 MONTHS 5) REDUCE DISPARITIES IN PRENATAL CARE AND BIRTH OUTCOMES BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI WILL IMPLEMENT THE FOLLOWING STRATEGIES 1) PARTICIPATE IN COMMUNITY EVENTS TO PROVIDE EDUCATION AND RESOURCES FOR PRENATAL CARE, BREASTFEEDING AND NEW BABY EDUCATION 2) COLLABORATE WITH UNITED WAY'S EXCEL BY 5 PROGRAM TO IMPROVE THE WELL-BEING OF CHILDREN 3) PARTNER WITH THE SAV-A-LIFE TO PREVENT TEEN PREGNANCY 4) PROVIDE CHILDBIRTH</p>

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

Form and Line Reference	Explanation
<p>BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI</p>	<p>EDUCATION AND PARENTING CLASSES TO NEW PARENTS 5) PROVIDE BREASTFEEDING CLASSES AND A SUPPORT GROUP TO NEW MOTHERS 6) SUPPORT MARCH OF DIMES AND OTHER COMMUNITY PARTNERS TO IMPROVE OUTCOMES FOR MOTHERS AND BABIES WE RECOGNIZE THAT OUR HOSPITALS ARE VITAL ORGANIZATIONS WITHIN THE COMMUNITIES WE SERVE, AND WE KNOW THAT WE CANNOT ADDRESS EVERY COMMUNITY NEED BY OURSELVES IN ORDER TO PROMOTE HEALTH AND QUALITY OF LIFE, WE COLLABORATE WITH COMMUNITY PARTNERS WHO HAVE EXPERTISE IN SOCIAL NEEDS, SPECIALTY SERVICES, FAITH LEADERSHIP, ADVOCACY AND ESSENTIAL RESOURCES WE ALSO FOSTER ONGOING RELATIONSHIPS WITH THESE PARTNERS AND PROVIDE FINANCIAL AND IN-KIND GIFTS TO SUPPORT THEIR WORK NO ACTIONS WERE TAKEN DURING THE TAX YEAR RELATED TO THE MOST RECENT CHNA BECAUSE THE CHNA WAS ADOPTED AT THE END OF THE TAX YEAR HOWEVER, THE FOLLOWING ACTIONS WERE TAKEN DURING THE FISCAL YEAR RELATED TO THE PRIOR CHNA - PARTNERED WITH AMERICAN HEART ASSOCIATION OFFERING PROGRAMS ON ADOPTING HEALTHIER EATING AND EXERCISE HABITS - IMPLEMENTED DEPRESSION AND MENTAL HEALTH SCREENINGS AMONG PRIMARY CARE PATIENTS - OFFERED "LOOK GOOD, FEEL BETTER" CLASSES FOR WOMEN ACTIVELY UNDERGOING CHEMOTHERAPY OR RADIATION - PARTICIPATED IN HEALTH FAIRS AND INFORMATIONAL BOOTHS TO PROVIDE HEALTH INFORMATION AND SCREENINGS (BLOOD PRESSURE, BMI, BALANCE, DIABETES, MAMMOGRAPHY, PSA, ETC) AND PROMOTE HEALTHY LIFESTYLES - PARTNERED WITH SAV-A-LIFE, A TEEN PREGNANCY RESOURCE CENTER, TO ADDRESS THE PREVENTION OF TEEN PREGNANCY AND ASSIST TEENS THAT ARE CURRENTLY PREGNANT - PROVIDED MATERNAL AND CHILD HEALTH CLASSES AND PRESENTATIONS ON TOPICS, INCLUDING CHILD BIRTHING, BREASTFEEDING, WOMEN'S HEALTH, CAR SEAT SAFETY, SIBLING SUPPORT, INFANT SKIN CARE, AND NEW PARENTS - PROVIDED CHRONIC CONDITION (ASTHMA, CANCER, COPD, DIABETES, AND HEART DISEASE) EDUCATION SESSIONS, MANAGEMENT CLASSES, AND LUNCHEON SERIES AND SPONSORED COMMUNITY AWARENESS CAMPAIGNS - PROVIDED DRUG AND ALCOHOL PREVENTION PROGRAMS TO YOUTH AND ADULTS - SPONSORED COMMUNITY AGENCIES/EVENTS, INCLUDING THE AMERICAN CANCER SOCIETY RELAY FOR LIFE, AMERICAN RED CROSS, DIABETES FOUNDATION, OXFORD COMMUNITY FARMER'S MARKET, JUNIOR AUXILIARY, LOVE PACKS, MARCH OF DIMES, DOORS OF HOPE, PALMER HOME, UNITED WAY, MORE THAN A MEAL, ETC - SPONSORED LOCAL BABY FAIRS AIMED AT GIVING EXPECTANT MOTHERS ACCESS TO LOCAL RESOURCES AND EXPERTS THAT CAN HELP THEM MAKE THE BEST POSSIBLE CHOICES FOR THEIR BABIES - SPONSORED SUPPORT GROUPS, INCLUDING BREAST CANCER SURVIVOR GROUP, RENEWAL WITH HOPE CANCER NUTRITION GROUP, BARIATRIC SUPPORT GROUP, NEVER ENDING CIRCLE GRIEF SUPPORT GROUP, MENDED HEARTS SUPPORT GROUP, NAMI CONNECTION SUPPORT GROUP, BREASTFEEDING SUPPORT GROUP, ETC</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 MEMORIAL HOSPITAL-NORTH MISSISSIPPI	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-NORTH MISSISSIPPI	PART V, SECTION B, LINE 16A THE FAP FOR BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI CAN BE FOUND AT THE FOLLOWING LINK HTTPS //WWW BAPTISTONLINE ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI PART V, SECTION B, LINE 16B THE FAP APPLICATION FOR BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI CAN BE FOUND AT THE FOLLOWING LINK HTTPS //WWW BAPTISTONLINE ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI PART V, SECTION B, LINE 16C THE PLAIN LANGUAGE SUMMARY OF THE FAP FOR BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI 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
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC

Employer identification number 64-0772726

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Row 1: BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC, 58-1544781, 501(C)(3), 15,000, MEMORIAL ENDOWMENT.

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

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) ASSISTED INDIGENT PATIENTS WITH MEDICATIONS AND TAXI RIDES TO AND FROM THE DOCTOR AND HOSPITAL	91	5,952			
(2) ASSISTED EMPLOYEES IN NEED DUE TO MEDICAL OR PERSONAL DISASTERS SUCH AS FIRES, FLOODS, ETC	7	1,891			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
BAPTIST MEMORIAL HOSPITAL-
NORTH MISSISSIPPI INC

Employer identification number
64-0772726

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 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 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 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 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 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 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				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table 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 II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	BAPTIST MEMORIAL HEALTH CARE CORPORATION, A RELATED ORGANIZATION OF BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, 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	ELIGIBLE EXECUTIVES PARTICIPATE IN VARIOUS NON-QUALIFIED DEFERRED COMPENSATION PLANS ORGANIZED UNDER CODE SECTION 457(F) THE EXACT PURPOSE OF EACH PLAN VARIES BUT THEY INCLUDE COMPENSATION LIMITATION MAKE-UP PLANS, VOLUNTARY DEFERRAL PLANS, DEFERRAL OF A PORTION OF INCENTIVE BONUS TYPE PLANS, ETC ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EXECUTIVE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID NO SUPPLEMENTAL NON-QUALIFIED PLAN PAYMENTS WERE MADE DURING THE YEAR TO ANY PERSONS LISTED IN PART VII

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: 64-0772726

Name: BAPTIST MEMORIAL HOSPITAL-
NORTH MISSISSIPPI 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				
DANA W WILLIAMS CFO	(i)	163,833	15,302	363	21,947	6,924	208,369	0
	(ii)	0	0	0	0	0	0	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
PAUL D DEPRIEST MD VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	699,411	113,318	142,942	34,812	29,400	1,019,883	0
WILLIAM C HENNING CEO	(i)	0	0	0	0	0	0	0
	(ii)	295,732	71,851	58,914	29,681	19,278	475,456	0
CYNTHIA DUNN PHARMACIST	(i)	128,427	0	25	15,911	14,144	158,507	0
	(ii)	0	0	0	0	0	0	0
JEFFREY P KURR PHYSICIST	(i)	223,651	0	25	30,152	30,453	284,281	0
	(ii)	0	0	0	0	0	0	0
MARK E OTTENS CHIEF NURSING OFFICER	(i)	113,303	11,723	674	24,803	23,639	174,142	0
	(ii)	0	0	0	0	0	0	0
PEYTON WARRINGTON ASSISTANT ADMINISTRATOR	(i)	117,820	10,821	1,009	15,907	20,270	165,827	0
	(ii)	0	0	0	0	0	0	0
SONIA MCKEITHEN ASSISTANT ADMINISTRATOR	(i)	112,224	11,683	175	29,701	18,533	172,316	0
	(ii)	0	0	0	0	0	0	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 BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC

Employer identification number 64-0772726

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 (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Row 1: MISSISSIPPI HOSPITAL EQUIPMENT AND FACILITIES AUTHORITY, 64-0732320, 605360SD9, 09-29-2016, 242,513,305, CONSTRUCTION OF NEW HOSPITAL.

Part II Proceeds

Table with columns 1-13 and sub-columns A, B, C, D. Rows 1-13 show amounts for bonds retired, legally defeased, total proceeds, reserve funds, interest, escrows, issuance costs, credit enhancement, working capital, capital expenditures, other spent, and other unspent proceeds. Rows 14-17 are yes/no questions about refunding issues and record keeping.

Part III Private Business Use

Table with columns 1-2 and sub-columns A, B, C, D. Rows 1-2 are yes/no questions about partnership/LLC financing and lease arrangements for private business use.

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).

Return Reference	Explanation
SCHEDULE K	DIFFERENCES BETWEEN THE ISSUE PRICE (PART I) AND TOTAL PROCEEDS (PART II, LINE 3) ARE DUE TO INVESTMENT EARNINGS

Return Reference	Explanation
PART IV, LINE 6	SUCH AMOUNTS WERE APPROPRIATELY YIELD RESTRICTED

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
BAPTIST MEMORIAL HOSPITAL-
NORTH MISSISSIPPI INC

Employer identification number

64-0772726

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 2A	THE PAYROLL FUNCTION IS CENTRALIZED AT THE CORPORATE PAYROLL DEPARTMENT OF BAPTIST MEMORIAL HEALTH CARE CORPORATION, THE SOLE MEMBER OF BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, 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 DANA W WILLIAMS GREGORY M DUCKETT JASON M LITTLE PAUL D DEPRIEST, MD WILLIAM C HENNING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER OF BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, 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	BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, INC IS A NON-PROFIT, NON-STOCK CORPORATION W HOSE SOLE MEMBER IS BAPTIST MEMORIAL HEALTH CARE CORPORATION

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS THE SOLE MEMBER OF BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, 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 BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, 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 BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, 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	BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, INC MAKES COPIES OF ITS FORM 1023, FORM 990, AND FORM 990-T AVAILABLE FOR PUBLIC INSPECTION TO ANYONE WHO REQUESTS THEM AS REQUIRED BY THE INTERNAL REVENUE SERVICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, 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 GREGORY M DUCKETT - 350 N HUMPHREYS BLVD , MEMPHIS, TN 38120 JASON M LITTLE - 350 N HUMPHREYS BLVD , MEMPHIS, TN 38120 LARRY LITTLE - 350 N HUMPHREYS BLVD , MEMPHIS, TN 38120 PAUL D DEPRIEST, MD - 350 N HUMPHREYS BLVD , MEMPHIS, TN 38120 SHERWIN HAYNIE - 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 BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI, 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
BAPTIST MEMORIAL HOSPITAL-
NORTH MISSISSIPPI INC

Employer identification number

64-0772726

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

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(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		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)	Yes	

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

See Additional Data Table

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

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

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: 64-0772726

Name: BAPTIST MEMORIAL HOSPITAL-
NORTH MISSISSIPPI 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
1995 HIGHWAY 51 SOUTH COVINGTON, TN 38019 62-1113167	HEALTH CARE FACILITY/HOSPITAL	TN	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
1201 BISHOP ST UNION CITY, TN 382615403 62-1138045	HEALTH CARE FACILITY/HOSPITAL	TN	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
200 HIGHWAY 30 WEST NEW ALBANY, MS 38652 63-0997281	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1545731	PROVISION OF HEALTH CARE PROVIDERS FOR BAPTIST ENTITIES	TN	501(C)(3)	12 TYPE I	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1407946	BAPTIST EMPLOYEE HEALTH PLAN	TN	501(C)(9)		BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1645396	HEALTH CARE FACILITY/HOSPITAL	TN	501(C)(3)	3	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1538114	NON-EMERGENCY CLINICS	TN	501(C)(3)	3	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 81-3655778	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	12 TYPE I	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3032372	ESTABLISH, MAINTAIN & MANAGE A PATIENT SAFETY ORGANIZATION	TN	501(C)(3)	11	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 46-1953140	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	3	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3303607	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	3	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
80 HUMPHREYS CENTER MEMPHIS, TN 381202177 35-2461541	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	3	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3303687	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	3	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1112364	COLLECTION AGENCY FOR BAPTIST ENTITIES	TN	501(C)(3)	12 TYPE II	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
1225 NORTH STATE STREET JACKSON, MS 39202 75-3068151	CLINICS	MS	501(C)(3)	3	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-2832975	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	3	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
1225 NORTH STATE STREET JACKSON, MS 39202 64-0306253	HOLDING COMPANY	MS	501(C)(3)	12 TYPE II	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
1225 NORTH STATE STREET JACKSON, MS 39202 64-0881013	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	3	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
1225 NORTH STATE STREET JACKSON, MS 39202 64-0833383	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	3	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
1225 NORTH STATE STREET JACKSON, MS 39202 80-0812322	HOLDING COMPANY	MS	501(C)(3)	12 TYPE I	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	

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

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

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) BAPTIST MEMORIAL HEALTH CARE CORPORATION	D	42,144,640	CASH
(1) BMH NORTH MISSISSIPPI IMAGING SERVICES LLC	J	286,448	CASH
(2) BMH NORTH MISSISSIPPI IMAGING SERVICES LLC	L	732,798	CASH
(3) BAPTIST MEMORIAL HEALTH CARE CORPORATION	M	16,923,936	CASH
(4) BAPTIST MEMORIAL MEDICAL GROUP INC	O	432,393	CASH
(5) BAPTIST MEMORIAL MEDICAL GROUP INC	P	4,312,258	CASH
(6) BAPTIST STERN CARDIOVASCULAR CO-MANAGEMENT LLC	P	101,153	CASH
(7) BAPTIST MEMORIAL MEDICAL GROUP INC	R	6,503,636	CASH
(8) BAPTIST MEMORIAL MEDICAL MINISTRIES EMPLOYEE HEALTH AND WELFARE TRUST	R	8,069,568	CASH
(9) BAPTIST AND PHYSICIANS' OUTPATIENT SURGERY CENTER OF N MISSISSIPPI LP	S	2,014,174	CASH
(10) BAPTIST MEMORIAL HOSPITAL	S	149,735	CASH
(11) BMH NORTH MISSISSIPPI IMAGING SERVICES LLC	S	1,115,024	CASH