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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

Department of the Treasury  
Internal Revenue Service

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

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

MISSISSIPPI BAPTIST MEDICAL CENTER INC

Doing business as

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

1225 NORTH STATE STREET

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

JACKSON, MS 39202

F Name and address of principal officer

JASON M LITTLE

350 N HUMPHREYS BLVD

MEMPHIS, TN 38120

D Employer identification number

64-0881013

E Telephone number

(601) 968-5130

G Gross receipts \$ 398,832,194

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

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

J Website: ▶ [HTTPS //WWW.BAPTISTONLINE.ORG/LOCATIONS/JACKSON](#)

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1996

M State of legal domicile MS

Part I Summary

Activities & Governance

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

MISSISSIPPI BAPTIST MEDICAL CENTER, INC MAINTAINS AND CARRIES ON THE ACUTE CLINICAL SERVICES OF MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC MISSISSIPPI BAPTIST MEDICAL CENTER, INC ALSO OFFERS A COMPREHENSIVE RANGE OF SERVICES FOR PATIENTS

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

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

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

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

6 Total number of volunteers (estimate if necessary)

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

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

Revenue

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

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

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

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

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

Expenses

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

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

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

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

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

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

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

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Prior Year

Current Year

Beginning of Current Year

End of Year

Part II Signature Block

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

Sign Here

Signature of officer

2019-08-12

Date

JASON M LITTLE PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

FRANCIS J BEDARD

Preparer's signature

FRANCIS J BEDARD

Date

Check ☐ if self-employed

PTIN P00752421

Firm's name ▶ DELOITTE TAX LLP

Firm's EIN ▶ 86-1065772

Firm's address ▶ 1033 DEMONBREUN STREET SUITE 400

Phone no (615) 259-1800

NASHVILLE, TN 37203

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

THE MISSION OF MISSISSIPPI BAPTIST MEDICAL CENTER, INC IS TO SERVE THE COMMUNITY THROUGH CONTINUOUSLY IMPROVING QUALITY MEDICAL CARE AND EFFECTIVE USE OF EDUCATION AND TECHNOLOGY IN A PERSONAL AND COMPASSIONATE ENVIRONMENT

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

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

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

If "Yes," describe these changes on Schedule O

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

<b>4a</b>	(Code )	(Expenses \$ 413,511,608	including grants of \$ 2,298	(Revenue \$ 385,008,747 )
	See Additional Data			

<b>4b</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4c</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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


<b>4d</b>	Other program services (Describe in Schedule O )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4e</b>	Total program service expenses ►	413,511,608
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**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . . 	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	<b>20b</b> Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>	No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . . 	<b>23</b> Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>	No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>	No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>	No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>	No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .	<b>29</b>	No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . . 	<b>33</b>	No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . . 	<b>34</b> Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b> Yes	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . 	<b>35b</b> Yes	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . 	<b>36</b>	No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 	<b>37</b>	No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b> 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	1a0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a3,260		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments?If "No," provide an explanation in Schedule O	14b		

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

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

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

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

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.

▶ WILLIAM F THOMPSON 1225 NORTH STATE STREET JACKSON, MS 39202 (601) 968-1067

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

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

Form **990** (2017)

[illegible]

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 143

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
MORRISON MANAGEMENT SPECIALISTS INC  PO BOX 102289 ATLANTA, GA 30368	MANAGEMENT SERVICES	1,417,881
JACKSON ANESTHESIA ASSOCIATES PA  PO BOX 2398 JACKSON, MS 39225	ANESTHESIA SERVICES	753,600
MISSISSIPPI PATHOLOGY ASSOCIATES PA  PO BOX 4198 JACKSON, MS 39296	PHYSICIAN SERVICES	527,328
MISSISSIPPI PHYSICIANS LLP  PO BOX 677979 DALLAS, TX 75267	PHYSICIAN SERVICES	347,879
OBHG MISSISSIPPI PC  777 LOWNDES HILL RD GREENVILLE, SC 29607	PHYSICIAN SERVICES	168,159

<p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 6</p>	
--	--



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

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

Contributions, Gifts, Grants  
and Other Similar Amounts

<b>1a</b> Federated campaigns . . .	<b>1a</b>	
<b>b</b> Membership dues . . .	<b>1b</b>	
<b>c</b> Fundraising events . . .	<b>1c</b>	
<b>d</b> Related organizations	<b>1d</b>	
<b>e</b> Government grants (contributions)	<b>1e</b>	
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	
<b>g</b> Noncash contributions included in lines 1a-1f \$ _____		
<b>h Total.</b> Add lines 1a-1f . . . . . ▶		

Program Service Revenue

	Business Code				
<b>2a</b> PATIENT SERVICE REV	622110	385,008,747	385,008,747		
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> All other program service revenue					
<b>g Total.</b> Add lines 2a-2f . . . . . ▶		385,008,747			

Other Revenue

<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		17			17
<b>4</b> Income from investment of tax-exempt bond proceeds ▶					
<b>5</b> Royalties . . . . . ▶					
<b>6a</b> Gross rents	(i) Real	(ii) Personal			
	517,970				
<b>b</b> Less rental expenses	1,679,907				
<b>c</b> Rental income or (loss)	-1,161,937				
<b>d</b> Net rental income or (loss) . . . . . ▶		-1,161,937			-1,161,937
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
<b>b</b> Less cost or other basis and sales expenses					
<b>c</b> Gain or (loss)					
<b>d</b> Net gain or (loss) . . . . . ▶					
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					
<b>b</b> Less direct expenses . . . . . <b>b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . ▶					
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>					
<b>b</b> Less direct expenses . . . . . <b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . ▶					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . <b>a</b>					
<b>b</b> Less cost of goods sold . . . <b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . ▶					
Miscellaneous Revenue	Business Code				
<b>11a</b> CAFETERIA REVENUE	722514	3,769,627			3,769,627
<b>b</b> LAB REVENUE	621500	3,479,345		3,479,345	
<b>c</b> INV -HOME CARE JACKSON	900099	766,191		443,892	322,299
<b>d</b> All other revenue . . . . .		5,290,297			5,290,297
<b>e Total.</b> Add lines 11a-11d . . . . . ▶		13,305,460			
<b>12 Total revenue.</b> See Instructions . . . . . ▶		397,152,287	385,008,747	3,923,237	8,220,303

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,298	2,298		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	132,790,051	126,150,548	6,639,503	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	4,091,731	3,887,144	204,587	
<b>9</b> Other employee benefits.	11,394,569	10,824,841	569,728	
<b>10</b> Payroll taxes.	9,535,299	9,058,534	476,765	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	1,632,136	1,436,280	195,856	
<b>b</b> Legal.	393		393	
<b>c</b> Accounting.				
<b>d</b> Lobbying.	45,284		45,284	
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	44,930,482	40,552,537	4,377,945	
<b>12</b> Advertising and promotion.	1,640	1,443	197	
<b>13</b> Office expenses.	4,232,174	3,724,313	507,861	
<b>14</b> Information technology.				
<b>15</b> Royalties.				
<b>16</b> Occupancy.	2,320,202	2,041,778	278,424	
<b>17</b> Travel.	56,512	22,605	33,907	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	226,918	90,767	136,151	
<b>20</b> Interest.	47,164	41,504	5,660	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	17,661,291	15,541,936	2,119,355	
<b>23</b> Insurance.	322,797	284,061	38,736	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> MEDICAL SUPPLIES	100,598,731	100,598,731	0	
<b>b</b> CORPORATE ALLOCATIONS	50,832,289	44,732,414	6,099,875	
<b>c</b> CORPORATE MGMT FEE	40,024,200	35,221,296	4,802,904	
<b>d</b> MEDICAID ASSESSMENT	13,993,120	12,313,946	1,679,174	
<b>e</b> All other expenses	7,940,071	6,984,632	955,439	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	442,679,352	413,511,608	29,167,744	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .			<b>1</b>		
	<b>2</b>	Savings and temporary cash investments . . . . .		303,669	<b>2</b>	285,474	
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>		
	<b>4</b>	Accounts receivable, net . . . . .		45,231,782	<b>4</b>	63,439,312	
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>		
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .			<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>	370,782	
	<b>8</b>	Inventories for sale or use . . . . .		7,464,710	<b>8</b>	6,993,829	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		1,414,167	<b>9</b>	3,321,178	
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>	12,277,993			
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b>	1,292,827	7,896,898	<b>10c</b>	10,985,166
	<b>11</b>	Investments—publicly traded securities . . . . .			<b>11</b>		
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		4,119,350	<b>12</b>	4,229,966	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>		
	<b>14</b>	Intangible assets . . . . .			<b>14</b>		
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		69,911	<b>15</b>	59,516,906	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		66,500,487	<b>16</b>	149,142,613		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		14,537,849	<b>17</b>	22,347,499	
	<b>18</b>	Grants payable . . . . .			<b>18</b>		
	<b>19</b>	Deferred revenue . . . . .			<b>19</b>	126,422	
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>		
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			<b>21</b>		
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		1,695,718	<b>23</b>	1,432,827	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>		
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		428,285	<b>25</b>	120,924,295	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		16,661,852	<b>26</b>	144,831,043	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>						
	<b>27</b>	Unrestricted net assets . . . . .		49,838,635	<b>27</b>	4,311,570	
	<b>28</b>	Temporarily restricted net assets . . . . .			<b>28</b>		
	<b>29</b>	Permanently restricted net assets . . . . .			<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>						
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>		
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>		
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>		
<b>33</b>	<b>Total net assets or fund balances . . . . .</b>		49,838,635	<b>33</b>	4,311,570		
<b>34</b>	<b>Total liabilities and net assets/fund balances . . . . .</b>		66,500,487	<b>34</b>	149,142,613		

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	397,152,287
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	442,679,352
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-45,527,065
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	49,838,635
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	4,311,570

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 64-0881013

**Name:** MISSISSIPPI BAPTIST MEDICAL CENTER INC

Form 990 (2017)

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

MISSISSIPPI BAPTIST MEDICAL CENTER, 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 MISSISSIPPI BAPTIST MEDICAL CENTER, 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, MISSISSIPPI BAPTIST MEDICAL CENTER, 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, SPECIAL PROGRAMS FOR THE ELDERLY, HANDICAPPED, MEDICALLY UNDERSERVED, AND A VARIETY OF BROAD COMMUNITY SUPPORT ACTIVITIES MISSISSIPPI BAPTIST MEDICAL CENTER, INC OPERATES A 638 BED FACILITY IN JACKSON, MISSISSIPPI MISSISSIPPI BAPTIST MEDICAL CENTER, INC FOCUSES ON THE QUALITY OF HEALTH CARE INCLUDING CLINICAL QUALITY OF CARE, CREDENTIALS, AND PATIENT SATISFACTION MISSISSIPPI BAPTIST MEDICAL CENTER, INC IS AMONG THE TOP 2 PERCENT IN THE NATION FOR JOINT REPLACEMENT SURGERY AND PROSTATE SURGERY, ACCORDING TO A COMPREHENSIVE ANNUAL STUDY RELEASED BY HEALTHGRADES MISSISSIPPI BAPTIST MEDICAL CENTER, INC RECORDED 308,403 PATIENT VISITS DURING ITS 2018 FISCAL YEAR THIS CONSISTED OF 21,857 INPATIENT DISCHARGES, 222,281 OUTPATIENT VISITS, AND 64,265 EMERGENCY ROOM VISITS IN ADDITION, 6,315 INPATIENT SURGERIES AND 9,027 OUTPATIENT SURGERIES WERE PERFORMED THE PRINCIPAL MEDICAL SERVICES AVAILABLE ARE MEDICAL/SURGICAL ACUTE CARE, PEDIATRIC ACUTE CARE, OBSTETRICS, NEONATAL INTENSIVE CARE, WELL BABY NURSERY, CARDIAC INTENSIVE CARE, MEDICAL/SURGICAL INTENSIVE CARE, INPATIENT AND OUTPATIENT SURGERY, INPATIENT AND OUTPATIENT ONCOLOGY SERVICES, EMERGENCY SERVICES, PHYSICAL MEDICINE AND REHABILITATION SERVICES, CT SCANNING, DIAGNOSTIC X-RAY, MR IMAGING, PET SCANNING, ULTRASOUND, RADIATION THERAPY, CARDIAC CATHETERIZATION, CARDIOVASCULAR SURGERY, HEMODIALYSIS, WOUND CARE, GERIATRIC SERVICES AND OCCUPATIONAL HEALTH MISSISSIPPI BAPTIST MEDICAL CENTER, INC IS ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTH CARE ORGANIZATIONS MISSISSIPPI BAPTIST MEDICAL CENTER, INC PROVIDES QUALITY MEDICAL CARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE ALTHOUGH EQUITABLE PAYMENT FOR SERVICES IS ESSENTIAL TO THE ORGANIZATION'S FINANCIAL VIABILITY, MISSISSIPPI BAPTIST MEDICAL CENTER, INC RECOGNIZES THAT NOT ALL INDIVIDUALS POSSESS THE RESOURCES REQUIRED TO REIMBURSE MISSISSIPPI BAPTIST MEDICAL CENTER, INC FOR ALL SERVICES PROVIDED KEEPING ITS COMMITMENT TO THE COMMUNITY, MISSISSIPPI BAPTIST MEDICAL CENTER, INC PROVIDES FREE CARE AND SUBSIDIZED CARE WITHIN EXISTING RESOURCES WHERE THE NEED FOR SUCH CARE EXISTS DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 2018, MISSISSIPPI BAPTIST MEDICAL CENTER, INC PROVIDED \$56,784,776 IN CHARITY CARE ALL OF THE FOREGONE CHARGES MENTIONED ABOVE ARE NETTED AGAINST PATIENT SERVICE REVENUE TO ARRIVE AT NET PATIENT SERVICE REVENUE, REFLECTED AS PROGRAM SERVICE REVENUE ON PART VIII OF THE FORM 990 IN ORDER TO BE CONSISTENT WITH FINANCIAL STATEMENT REPORTING, AND ARE NOT REPORTED AS FUNCTIONAL EXPENSES ON THE TAX RETURN MISSISSIPPI BAPTIST MEDICAL CENTER, INC PROVIDES BENEFITS TO THE BROADER COMMUNITY IN THE AREAS OF EDUCATION, CHARITABLE DONATIONS, VOLUNTEER HOURS, AND PASTORAL CARE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALEX J HAICK MD ..... DIRECTOR (AS OF 5/17)	1 00 ..... 0 00	X						0	0	0
ALVENO CASTILLA ..... DIRECTOR	1 00 ..... 1 00	X						0	0	0
ARTHUR SKIP JERNIGAN ..... DIRECTOR	1 00 ..... 3 00	X						0	30,400	0
DAVID LANDRUM ..... DIRECTOR	1 00 ..... 1 00	X						0	0	0
DORIAN E TURNER ..... DIRECTOR	1 00 ..... 1 00	X						0	0	0
DOUGLAS M BUCKLES SR ..... DIRECTOR	1 00 ..... 1 00	X						0	0	0
DR TAMMY YOUNG ..... DIRECTOR	1 00 ..... 1 00	X						0	0	0
JAMES R FUTRAL JR ..... DIRECTOR	1 00 ..... 1 00	X						0	0	0
KARLEN TURBEVILLE ..... CHAIRMAN	1 00 ..... 0 75	X						0	0	0
LEE MILLER ..... DIRECTOR	1 00 ..... 1 20	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARIA RAPPAI MD ..... DIRECTOR (AS OF 5/17)	1 00 ..... 0 00	X						0	0	0
PAUL W CALHOUN ..... DIRECTOR	1 00 ..... 1 00	X						0	0	0
ROBERT M GATHINGS JR ..... DIRECTOR	1 00 ..... 1 75	X						0	0	0
SAMUEL T LAWSON MD ..... DIRECTOR	1 00 ..... 39 00	X						0	603,883	27,935
BOBBIE K WARE ..... CEO (AS OF 8/17)	39 54 ..... 0 46			X				0	389,739	29,759
GREGORY M DUCKETT ..... SECRETARY	0 23 ..... 39 77			X				0	643,651	72,500
JASON M LITTLE ..... PRESIDENT	0 10 ..... 39 90			X				0	1,382,153	58,832
MICHAEL D MAPLES ..... VP CHIEF OF MEDICAL OPERATIONS	31 77 ..... 8 23			X				0	586,957	31,094
WILLIAM F THOMPSON ..... CFO	20 00 ..... 20 00			X				0	356,951	39,905
BRENDA HOWIE ..... CNO	36 00 ..... 4 00				X			0	165,705	18,638

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JUSTIN RHODES ..... CEO BAPTIST MEDICAL GROUP	8 00 ..... 32 00				X			0	261,637	31,339
LEE ANN FOREMAN ..... VP HUMAN RESOURCES	8 00 ..... 32 00				X			0	252,035	26,100
STEVE STANIC ..... VP CHIEF INFO OFFICER	20 00 ..... 20 00				X			0	323,625	24,686
AJAY VONGALA MD ..... PHYSICIAN	40 00 ..... 0 00					X		357,933	0	11,307
JATINDER HOTHI MD ..... PHYSICIAN	40 00 ..... 0 00					X		339,511	0	10,546
MATTHEW GEORGE MD ..... PHYSICIAN	40 00 ..... 0 00					X		372,815	0	25,008
SRIDEVI ALLA MD ..... PHYSICIAN	40 00 ..... 0 00					X		342,856	0	13,914
SUDHEER TANGELLA MD ..... PHYSICIAN	40 00 ..... 0 00					X		375,936	0	11,703
GARY C ANDERSON ..... FORMER PRESIDENT	0 00 ..... 40 00						X	0	680,853	43,632
WILLIAM B GRETE ..... FORMER VP GENERAL COUNSEL	0 00 ..... 0 00						X	0	354,746	31,912



SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

MISSISSIPPI BAPTIST MEDICAL CENTER INC

Employer identification number

64-0881013

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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	<b>Total.</b> 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	<b>Public support.</b> Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
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	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					<b>12</b>	
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage						
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))					14
15	Public support percentage for 2016 Schedule A, Part II, line 14					15
16a	<b>33 1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>					
b	<b>33 1/3% support test—2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>					
17a	<b>10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>					
b	<b>10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>					
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>					

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

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

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

**19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	<b>2a</b>	
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	<b>2b</b>	
<b>3</b> Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	<b>3a</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	<b>3b</b>	

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

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

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

Part V

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

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

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

Additional Data

Software ID:  
Software Version:  
EIN: 64-0881013  
Name: MISSISSIPPI BAPTIST MEDICAL CENTER 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.  
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

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

Name of the organization MISSISSIPPI BAPTIST MEDICAL CENTER INC	Employer identification number 64-0881013
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (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)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?	Yes		45,284
<b>j</b>	Total. Add lines 1c through 1i			45,284
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
PART II-B, LINE 1, LOBBYING ACTIVITIES	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.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493227026859									
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>			<div>OMB No 1545-0047</div> <div>2017</div> <div>Open to Public Inspection</div>								
Name of the organization MISSISSIPPI BAPTIST MEDICAL CENTER INC				Employer identification number 64-0881013									
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>													
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													
		<div>Held at the End of the Year</div> <table><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>				2a		2b		2c		2d	
2a													
2b													
2c													
2d													
a Total number of conservation easements													
b Total acreage restricted by conservation easements													
c Number of conservation easements on a certified historic structure included in (a)													
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register													
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>													
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>													
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 <div><div>(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X</div><div>► \$ ► \$</div></div>													
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 <div><div>a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X</div><div>► \$ ► \$</div></div>													
For Paperwork Reduction Act Notice, see the Instructions for Form 990.													
		Cat No 52283D		Schedule D (Form 990) 2017									

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

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		2,292,775		2,292,775
b Buildings		5,954,267	942,583	5,011,684
c Leasehold improvements		8,545	427	8,118
d Equipment		3,939,422	336,205	3,603,217
e Other		82,984	13,612	69,372
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				10,985,166

Schedule D (Form 990) 2017

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) ESTIMATED SETTLEMENTS WITH THIRD PARTIES	802,168
(2) DUE FROM AFFILIATES	57,488,376
(3) ASSETS WHOSE USE IS LIMITED	-23,042
(4) CONSTRUCTION IN PROCESS	1,249,404
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	59,516,906

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ESTIMATED SETTLEMENTS WITH THIRD PARTIES	524,039
DUE TO AFFILIATES	120,400,256
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	120,924,295

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

☒

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII**    **Supplemental Information** *(continued)*

Return Reference	Explanation



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 64-0881013  
**Name:** MISSISSIPPI BAPTIST MEDICAL CENTER INC

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	FROM THE COMBINED AUDITED FINANCIAL STATEMENTS OF BAPTIST MEMORIAL HEALTH CARE CORPORATION AND AFFILIATES AS OF SEPTEMBER 30, 2018, AND 2017, BAPTIST MEMORIAL HEALTH CARE CORPORAT ION (BMHCC) HAD NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS UNDER FASB ASC TOPIC 740, INCOM E TAXES, REQUIRING ADJUSTMENTS TO ITS COMBINED FINANCIAL STATEMENTS IN THE EVENT BMHCC WE RE TO RECOGNIZE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IT WOULD BE REC OGNIZED IN THE COMBINED FINANCIAL STATEMENTS AS INTEREST EXPENSE GENERALLY, BMHCC IS NO L ONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR TAX YEARS PRIOR TO 2014 (FISCAL YEAR ENDED SE PTEMBER 30, 2015)

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

MISSISSIPPI BAPTIST MEDICAL CENTER INC

Employer identification number

64-0881013

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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
<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 %		
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	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			10,098,935	985,416	9,113,519	2 060 %
b Medicaid (from Worksheet 3, column a)			45,396,681	41,656,143	3,740,538	0 840 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			408,966	195,169	213,797	0 050 %
d Total Financial Assistance and Means-Tested Government Programs			55,904,582	42,836,728	13,067,854	2 950 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,576	0	3,576	0 %
f Health professions education (from Worksheet 5)			925,180	313,298	611,882	0 140 %
g Subsidized health services (from Worksheet 6)			152,776,146	134,541,316	18,234,830	4 120 %
h Research (from Worksheet 7)			175,098	206,618	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			30,850	0	30,850	0 010 %
j Total. Other Benefits			153,910,850	135,061,232	18,881,138	4 270 %
k Total. Add lines 7d and 7j			209,815,432	177,897,960	31,948,992	7 220 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			40,950		40,950	0.010 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
<b>10 Total</b>			40,950		40,950	0.010 %

**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	2,354,865	
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	1,044,859	
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	77,025,342	
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	98,919,995	
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-21,894,653	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.			
<input checked="" type="checkbox"/> Cost accounting system			
<input type="checkbox"/> Cost to charge ratio			
<input type="checkbox"/> Other			

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

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)

	Facility reporting group	Other (describe)	ER—other	ER—24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	
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)  
 MISSISSIPPI BAPTIST MEDICAL CENTER INC

**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

**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b> Yes	
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	No
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>HTTPS //WWW BAPTISTONLINE ORG/ABOUT/CHNA</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>HTTPS //WWW BAPTISTONLINE ORG/ABOUT/CHNA</u>	<b>10</b> Yes	
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**

MISSISSIPPI BAPTIST MEDICAL CENTER INC

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

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

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

MISSISSIPPI BAPTIST MEDICAL CENTER INC

**Name of hospital facility or letter of facility reporting group**

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

**Policy Relating to Emergency Medical Care**

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

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

MISSISSIPPI BAPTIST MEDICAL CENTER INC

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No



**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.

[illegible]

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

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

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

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

**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

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

**990 Schedule H, Supplemental Information**

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	MISSISSIPPI BAPTIST MEDICAL CENTER, INC IS COMMITTED TO INVOLVEMENT IN THE COMMUNITY AND ORGANIZES VARIOUS PROGRAMS AND ACTIVITIES WHICH ARE OFFERED TO THE PUBLIC TO PROMOTE COMMUNITY HEALTH THERE ARE A NUMBER OF LOW OR NO-COST SCREENINGS INCLUDING HEART, LUNG, AND MAMMOGRAMS IN ADDITION, MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC (THE PARENT), OPERATES BAPTIST HEALTH LINE, WHICH OFFERS PHYSICIAN REFERRALS, HOSPITAL SERVICES REFERRALS, SCHEDULING OF CLASSES, AND THE HEALTH INFORMATION LIBRARY THERE ARE ALSO RISK MANAGEMENT TOOLS, SUCH AS THE HEART TEST, THE HEALTH TEST, THE WOMEN'S HEALTH CHECK, THE DIABETES HEALTH CHECK, AND THE CANCER TEST IN ADDITION, THERE ARE CLASSES OFFERED TO THE COMMUNITY AT NO COST IN ADDITION TO THE PASTORAL CARE DEPARTMENT, THE PARENT ORGANIZATION OPERATES THE "CARRY THE MISSION" PROGRAM THROUGH A COMMITTEE OF EMPLOYEES WHO VOLUNTEER THEIR TIME TO SERVE "CARRY THE MISSION" IS FUNDED BY EMPLOYEE DONATIONS, WHICH ARE MATCHED AT 50 CENTS FOR EVERY DOLLAR RAISED FUNDS RAISED GO TO BENEFIT VARIOUS AREAS IN THE COMMUNITY 40% FOR EMPLOYEE ASSISTANCE, 40% TO LOCAL NONPROFITS THAT MEET THE ESTABLISHED CRITERIA, AND 20% SUPPORTS BAPTIST HEALTH FOUNDATION, INC
PART III, LINE 2	MISSISSIPPI BAPTIST MEDICAL CENTER, INC 'S BAD DEBT EXPENSE WAS DETERMINED AS FOLLOWS A BAD DEBT REPORT IS RUN TO PULL ALL PATIENTS THAT HAVE BEEN MOVED TO A BAD DEBT ACCOUNT LOCATION WE THEN TAKE THE TOTAL ACCOUNT BALANCE OF ALL THE PATIENTS IN THE BAD DEBT LOCATION AND DIVIDE IT BY THE TOTAL CHARGES OF THE SAME PATIENT LOCATION WE MULTIPLY THE RESULTING RATIO BY THE TOTAL COST OF THE SAME PATIENT POPULATION WHICH PROVIDES US WITH THE COST ASSOCIATED WITH THE TOTAL AMOUNT OF THE ACCOUNT BALANCE MOVED TO BAD DEBT STATUS

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 3	MISSISSIPPI BAPTIST MEDICAL CENTER, INC 'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE BAPTIST MEMORIAL HEALTH CARE CORPORATION'S FINANCIAL ASSISTANCE POLICY WAS DETERMINED AS FOLLOWS WE IDENTIFY THE PATIENTS ELIGIBLE FOR FREE OR DISCOUNTED CARE UNDER BAPTIST MEMORIAL HEALTH CARE CORPORATION'S FINANCIAL ASSISTANCE POLICY THIS INFORMATION IS INCLUDED IN THE PATIENT'S RECORD WE ALSO INCLUDE PATIENTS WHO REFUSE TO COMPLETE THE FINANCIAL ASSISTANCE PAPERWORK IF A PATIENT IS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE, IF INFORMATION PROVIDED BY THE PATIENT IS INCOMPLETE, OR WHEN A SELF-PAY MINIMUM DISCOUNT NOTE IS ENTERED IN THE PATIENT RECORD, WE RUN A REPORT WHICH PROVIDES US THE COST ASSOCIATED WITH THE TOTAL AMOUNT OF BAD DEBT ATTRIBUTABLE TO THOSE PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE
PART III, LINE 4	BAPTIST MEMORIAL HEALTH CARE CORPORATION, THE SOLE MEMBER OF MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC , WHICH IS THE SOLE MEMBER OF MISSISSIPPI BAPTIST MEDICAL CENTER, 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 ALLOWANCE FOR DOUBTFUL ACCOUNTS IS DISCUSSED IN A SEPARATE PARAGRAPH BEGINNING ON PAGE 7 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	MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC , THE SOLE MEMBER OF MISSISSIPPI BAPTIST MEDICAL CENTER, INC , ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITY IT SERVES PRIMARILY BY PERFORMING CONSUMER SURVEYS EACH MONTH THE SURVEYS ARE CONDUCTED ON A RANDOM SELECTION OF CONSUMERS FROM THE 17 COUNTIES IN THE MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC AREA AND MEASURE MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC 'S PERFORMANCE AGAINST OTHER MAJOR HOSPITALS IN THE AREA, AS WELL AS PROVIDE INFORMATION ON UTILIZATION OF HEALTH SERVICES, SATISFACTION WITH HEALTH CARE SERVICES, AND PUBLIC PERCEPTION OF MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC AS A WHOLE MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC ENGAGES NEW SOUTH RESEARCH TO CONDUCT THE SURVEYS VIA TELEPHONE AND ALSO CONDUCTS SURVEYS OF PARTICIPANTS FOLLOWING COMMUNITY SEMINARS AND EDUCATIONAL CLASSES
PART VI, LINE 3	PATIENTS ARE INFORMED OF THEIR ELIGIBILITY FOR ASSISTANCE IN PERSON UPON ENTERING THE HOSPITAL FACILITY EACH PATIENT IS ASSIGNED AN ADMISSIONS PERSON WHO PROVIDES WRITTEN INFORMATION AS WELL AS VERBAL INFORMATION IN ADDITION, THE PATIENT MAY OBTAIN INFORMATION AS FOLLOWS (A) A COPY IS GIVEN TO THE PATIENT DURING THE ADMISSIONS AND 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



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 4	MISSISSIPPI BAPTIST MEDICAL CENTER INC 'S PRIMARY SERVICE AREA CONSISTS OF THE JACKSON METROPOLITAN AREA, WHICH IS LOCATED IN THE CENTRAL PORTION OF MISSISSIPPI THE AREA IS MADE UP OF HINDS, MADISON, AND RANKIN COUNTIES AND CONSISTS OF APPROXIMATELY 485,000 PEOPLE, WITH SIX OTHER HOSPITALS SERVING THE AREA THE AVERAGE MEDIAN HOUSEHOLD INCOME FOR 2011-2015 WAS \$37,324 FOR HINDS COUNTY, WHICH IS SLIGHTLY BELOW THE OVERALL AVERAGE FOR MISSISSIPPI AND SIGNIFICANTLY LESS THAN THE NATIONAL AVERAGE MADISON AND RANKIN COUNTIES HAVE AVERAGE HOUSEHOLD INCOMES FOR THE SAME PERIOD OF \$64,376 AND \$58,801, WHICH EXCEED THE OVERALL AVERAGE FOR MISSISSIPPI AS WELL AS NATIONWIDE AVERAGE IT IS ESTIMATED THAT 15-20% OF THE POPULATION IS UNINSURED
PART VI, LINE 5	MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC (MBHS) IS THE PARENT COMPANY OF AN AFFILIATED HEALTH CARE GROUP MBHS OFFERS VARIOUS PROGRAMS AND ACTIVITIES TO THE PUBLIC IN ORDER TO PROMOTE COMMUNITY HEALTH THERE ARE MANY LOW OR NO COST SCREENINGS OFFERED TO THE COMMUNITY INCLUDING HEART, LUNG, AND MAMMOGRAMS A NUMBER OF EDUCATIONAL CLASSES ON A WIDE VARIETY OF HEALTH TOPICS ARE ALSO OFFERD TO THE COMMUNITY AT NO COST IN ADDITION, MBHS OPERATES BAPTIST HEALTH LINE, WHICH OFFERS SEVERAL SERVICES, INCLUDING HOSPITAL SERVICES REFERRALS, SCHEDULING OF CLASSES FOR HOSITAL SERVICES, AND THE HEALTH INFORMATION LIBRARY THE BAPTIST HEALTH LINE PROFESSIONALS ALSO OFFER BAPTIST'S RISK ASSESSMENT TOOLS, INCLUDING THE HEART TEST, THE HEALTH TEST, THE WOMEN'S HEALTH CHECK, THE DIABETES HEALTH CHECK, AND THE CANCER TEST MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC OFFERS PASTORAL CARE FOR PATIENTS AND VISITORS MBHS HAS A TEAM OF CHAPLAINS, EACH ASSIGNED TO A DIFFERENT AREA OF THE HOSPITAL, TO MINISTER AND BRING COMFORT AND CARE TO PATIENTS AND THEIR CAREGIVERS IN ADDITION TO PROGRAMS AND SERVICES, MBHS SUPPORTS ITS LOCAL COMMUNITY THROUGH FINANCIAL DONATIONS EMPLOYEES ALSO VOLUNTEER THEIR TIME ON VARIOUS COMMUNITY PROGRAMS

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	MISSISSIPPI BAPTIST MEDICAL CENTER, 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

**Schedule H (Form 990) 2017**

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 64-0881013

**Name:** MISSISSIPPI BAPTIST MEDICAL CENTER INC

## Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u>											
Name, address, primary website address, and state license number											
1	MISSISSIPPI BAPTIST MEDICAL CENTER 1225 NORTH STATE STREET JACKSON, MS 39202 HTTPS://WWW.BAPTISTONLINE.ORG/LOCATION 14-281	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
MISSISSIPPI BAPTIST MEDICAL CENTER, INC	<p>PART V, SECTION B, LINE 5 THE CHNA EMPLOYED A MULTI-METHOD APPROACH THAT INCLUDED A REVIE W OF EXISTING POPULATION HEALTH DATA (SECONDARY DATA ANALYSIS) PAIRED WITH FOCUS GROUP INT ERVIEWS AND SURVEY DATA COLLECTED FROM THE COMMUNITY (PRIMARY DATA ANALYSIS) PRIMARY DATA ANALYSIS SURVEY METHODOLOGYIN CONDUCTING OUR HEALTH SURVEY QUESTIONNAIRE, WE EMPLOYED A C OMBINATION OF ONLINE AND PAPER SURVEYS WE ALSO ASKED KEY INFORMANTS FROM OUR FOCUS GROUP TO PARTICIPATE IN THE SURVEY IN AN EFFORT TO IDENTIFY SERVICE GAPS AND HEALTH PRIORITIES OF THESE COMMUNITIES, WE ACTIVELY SOUGHT THE VIEWS OF HEALTH CARE CONSUMERS, THE INSURED, UNINSURED, POOR, AND UNDERSERVED WE ALSO SOUGHT INPUT FROM COMMUNITY LEADERS AND OTHERS W HO REPRESENTED THE BROADER INTEREST OF THE COMMUNITY THE SURVEY WAS COMPLETED BY 257 PEOP LE THE SURVEY WAS WRITTEN BASED ON THE AVAILABLE GUIDELINES FOR CONDUCTING A CHNA AND ESTA BLISHED OBJECTIVES IT WAS REVIEWED BY MEMBERS OF THE CHNA OVERSIGHT COMMITTEE AND WAS ENT ERER INTO SURVEY MONKEY SURVEY MONKEY (WWW SURVEYMONKEY COM) IS AN ONLINE SURVEY DEVELOPM ENT CLOUD BASED COMPANY THAT PROVIDES CUSTOMIZABLE SURVEYS, AS WELL AS A SUITE OF BACK-END PROGRAMS THAT INCLUDE DATA ANALYSIS, SAMPLE SELECTION, BIAS ELIMINATION, AND DATA REPRESE NTATION TOOLS THE ONLINE SURVEY WAS DISTRIBUTED VIA EMAIL, WEBSITE, FACEBOOK, TWITTER, AND OTHER MEANS OF ELECTRONIC COMMUNICATION A PAPER COPY OF THE SURVEY WAS ALSO DISTRIBUTED TO ALLOW FOR INCOME DIVERSITY AMONG RESPONDERS THESE PAPER SURVEYS WERE DISTRIBUTED TO A FREE NONPROFIT HEALTH CLINIC SERVICING THE POOR, UNINSURED, AND UNDERINSURED, WHERE ADULTS WERE ASKED TO COMPLETE THE SURVEY THESE RESULTS WERE COLLECTED AND ADDED TO THE ONLINE S URVEY FOR DATA ANALYSIS BY HOSPITAL PERSONNEL PRIMARY DATA ANALYSIS FOCUS GROUP METHODOLO GYA CRITICAL COMPONENT IN GATHERING RELEVANT COMMUNITY NEEDS DATA IS CONDUCTING FOC US GROUP INTERVIEWS WITH KEY COMMUNITY MEMBERS WHO REPRESENT THE BROADER INTERESTS OF THE COMMUNITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH ONE FOC US GROUP WAS CONDUCTED WITH KEY INFORMANTS FROM ACROSS THE THREE COUNTIES REPRESENTING OUR PRIMARY SERVICE AREA (HINDS, MADISON, AND RANKIN COUNTIES) THIS FOCUS GROUP CONSISTED OF COMMUNITY LEADERS FROM VARIOUS SECTORS, INCLUDING EDUCATION, GOVERNMENT, HEALTH CARE, FAI TH-BASED ORGANIZATIONS, AND NONPROFITS THE FOCUS GROUP ALSO REPRESENTED INSURED AND UNINS URED COMMUNITY MEMBERS SINCE THESE GROUPS FACE DIFFERENT ISSUES WHEN ACCESSING HEALTH CARE SERVICES WE ALSO SOUGHT INPUT FROM PEOPLE REPRESENTING BOTH URBAN AND RURAL AREAS IN THE FOCUS GROUP TO GET A BETTER PICTURE OF THE UNIQUE HEALTH CARE NEEDS AND BARRIERS THESE CO MMUNITIES FACE A PAPER SURVEY WAS CONDUCTED IN THE FOCUS GROUP, IN WHICH THE ATTENDEES WER E ASKED TO FILL OUT THEIR RESPONSES, SERVING AS A GUIDE FOR THE INTERVIEW SECONDARY DATA A NALYSIS RESEARCH METHODOLOGYTO DESCRIBE THE DEMOGRAPHIC, SOCIO-ECONOMIC, AND HEALTH STATU S OF OUR SERVICE AREA POPULATI</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
MISSISSIPPI BAPTIST MEDICAL CENTER, INC	ON, WE DREW FROM AUTHORITATIVE SECONDARY DATA SOURCES, INCLUDING THE U S CENSUS BUREAU, C ENTERS FOR DISEASE CONTROL AND PREVENTION, COUNTY HEALTH RANKINGS AND ROADMAPS, COMMUNITY COMMONS, AND OTHERS WHEN POSSIBLE, SECONDARY DATA ARE COMPARED BY COUNTY TO STATE AND NAT IONAL AVERAGES AND TO HEALTHY PEOPLE 2020 GOALS HEALTHY PEOPLE 2020 GOALS ARE 10-YEAR, SC IENCE-BASED GOALS INTENDED AS BENCHMARKS FOR IMPROVING THE HEALTH OF ALL AMERICANS PRIORI TIZING COMMUNITY HEALTH NEEDSINFORMATION GATHERED THROUGH THE KEY INFORMANT INTERVIEWS THR OUGH THE FOCUS GROUP, THE CHNA ONLINE SURVEY, AND PAPER COPIES OF THE SURVEY, PAIRED WITH PUBLIC HEALTH INFORMATION, VITAL STATISTICS, AND ECONOMIC DATA PROVIDE A VERY GOOD VANTAGE POINT OF THE HEALTH NEEDS THAT EXIST IN THE COMMUNITY TO GAIN A BETTER UNDERSTANDING OF T HE NEEDS OF THE UNDERSERVED, THE FOCUS GROUP AND SURVEY HAD SPECIFIC ELEMENTS THAT WERE US ED TO ASSIST WITH GATHERING IDEAS ABOUT HOW TO BETTER SERVE THE PEOPLE IN OUR COMMUNITY WH O FACE THE GREATEST HEALTH DISPARITIES THIS INCLUDES LOW-INCOME POPULATIONS, MINORITY POP ULATIONS, SENIOR CITIZENS AND THE AGED, CHILDREN AND THE YOUTH, UNINSURED AND UNDERINSURED POPULATIONS, DISABLED INDIVIDUALS, THE HOMELESS, ETC A CONSIDERABLE AMOUNT OF CARE AND A TTENTION WERE PLACED IN HOW TO SOLICIT AND RECEIVE INPUT FROM THESE KEY POPULATION GROUPS THE RESULTS WERE COMPARED AND CROSS-REFERENCED WITH THE EXISTING DATA (SECONDARY DATA) THA T WAS COLLECTED AND ANALYZED THIS APPROACH PROVIDED A MORE HOLISTIC VIEW OF THE HEALTH NE EDS THAT EXIST IN THE COMMUNITY COMMUNITY HEALTH NEEDS WERE THEN PRIORITIZED ACCORDING TO THE DEGREE OF OVERLAP BETWEEN THE VARIOUS DATA SOURCES (PRIMARY AND SECONDARY), THE SEVERITY OF THE HEALTH INDICATOR OR NEED, THE RESOURCES THAT EXIST WITHIN THE COMMUNITY TO ADDR ESS THOSE NEEDS, AND THE RESOURCES MISSISSIPPI BAPTIST MEDICAL CENTER, INC AND MISSISSIPP I HOSPITAL FOR RESTORATIVE CARE, INC HAVE TO DEPLOY IN ADDRESSING HEALTH NEEDS WHILE THER E ARE MANY HEALTH NEEDS THAT EXIST WITHIN THE COMMUNITY, WE CANNOT ADEQUATELY ADDRESS EVER Y NEED NEEDS NOT ADDRESSED IN THIS CHNA REPORT WERE DECIDED BASED ON ANY NUMBER OF REASON S INCLUDING A LACK OF RESOURCES, A LACK OF FINANCIAL RESOURCES, OR THE NEED BEING SUFFICIE NTLY ADDRESSED BY OTHER COMMUNITY PARTNERS, PROGRAMS, AND INITIATIVES ADDITIONAL INPUT WAS SOLICITED FROM THE FOLLOWING ORGANIZATIONS REPRESENTING KEY INFORMANTS, WITH SPECIFIC INF ORMATION RELATED TO PUBLIC HEALTH AND/OR RURAL HEALTH AS WELL AS ORGANIZATIONS REPRESENTIN G MINORITIES AND THE TRADITIONALLY UNDERSERVED -- MISSISSIPPI STATE DEPARTMENT OF HEALTH- - MISSION FIRST-- STEWPOT COMMUNITY SERVICES-- MIDTOWN PARTNERS, INC -- UNITED WAY OF THE CAPITAL AREA-- R E A L CHRISTIAN FOUNDATION

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</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
MISSISSIPPI BAPTIST MEDICAL CENTER, INC	PART V, SECTION B, LINE 6A MISSISSIPPI BAPTIST MEDICAL CENTER, INC CONDUCTED ITS CHNA WITH MISSISSIPPI HOSPITAL FOR RESTORATIVE CARE, INC

**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
MISSISSIPPI BAPTIST MEDICAL CENTER, INC	<p>PART V, SECTION B, LINE 11 MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC (MBHS) CONDUCTED A JOINT IMPLEMENTATION STRATEGY FOR BOTH MISSISSIPPI BAPTIST MEDICAL CENTER, INC (MBMC) AND MISSISSIPPI HOSPITAL FOR RESTORATIVE CARE, INC (RCH) BETWEEN AUGUST AND DECEMBER 2015. THE FOLLOWING IMPLEMENTATION STRATEGY OUTLINES BAPTIST'S PLAN TO ADDRESS THE SIGNIFICANT NEEDS IDENTIFIED BASED ON THE FINDINGS OF THE CHNA COMPLETED AUGUST 31, 2015. THOSE THREE PRIORITIES ARE LISTED BELOW:</p> <p>1. PREVENTION AND MANAGEMENT OF CHRONIC DISEASE AND RELATED CONDITIONS</p> <p>2. IMPROVEMENT OF ACCESS TO CARE</p> <p>3. DECREASE HEALTH RISK BEHAVIORS THROUGH EDUCATION</p> <p>BUILDING UPON THE PRIOR CHNA AND IMPLEMENTATION STRATEGY OF THE CURRENT CHNA, THE HOSPITAL CONTINUES TO DO THE FOLLOWING PRIORITIZED HEALTH NEEDS:</p> <p>1. PREVENTION AND MANAGEMENT OF CHRONIC DISEASE AND RELATED CONDITIONS</p> <p>MBMC OFFERS A VARIETY OF SCREENINGS AND PROVIDER COLLABORATIONS WHICH ARE DESIGNED TO DETECT HEALTH ISSUES BEFORE THEY BECOME PROBLEMS, AND TO BRING VARIOUS PROVIDERS WITHIN THE COMMUNITY TOGETHER TO INCREASE THE CAPACITY, EFFICIENCY AND POTENTIAL EFFECTIVENESS OF COLLECTIVE HEALTHCARE RESOURCES. THESE INCLUDE:</p> <p>1. HEART SCREENINGS</p> <p>A. HEART SELECT - THIS LOW-COST SCREENING IS OFFERED WEEKDAYS AT THE HOSPITAL IN THE CARDIOVASCULAR OUTPATIENT DIAGNOSTICS AREA. IT INCLUDES A CT SCAN WHICH DETECTS CALCIUM DEPOSITS IN CORONARY ARTERIES. THE PRESENCE OF CALCIUM DEPOSITS CORRELATES DIRECTLY TO CORONARY PLAQUE AND RISK OF CORONARY DISEASE.</p> <p>B. STROKE SELECT - THIS LOW-COST SCREENING IS OFFERED WEEKDAYS AT THE HOSPITAL. IT INCLUDES A CAROTID ULTRASOUND WHICH IS A PAINLESS TEST THAT USES HIGH-FREQUENCY SOUND WAVES TO CREATE PICTURES OF THE INSIDES OF THE TWO CAROTID ARTERIES. A CAROTID ARTERY IS ON EACH SIDE OF THE NECK. BLOCKAGE IN THESE ARTERIES GREATLY INCREASES RISK FOR A STROKE.</p> <p>C. LUNG SELECT - THIS LOW-COST SCREENING IS OFFERED WEEKDAYS AT THE HOSPITAL. IT INCLUDES A LOW-DOSE CT SCAN TO DETECT ABNORMALITIES THAT MAY BE TOO SMALL TO BE SEEN ON A ROUTINE X-RAY. THE RADIOLOGIST FEE IS INCLUDED IN THE COST. A PHYSICIAN'S ORDER IS REQUIRED ALONG WITH A LUNG CANCER SCREENING COUNSELING APPOINTMENT. FOR INDIVIDUALS WHO DO NOT HAVE A PHYSICIAN, WE OFFER AN APPOINTMENT WITH A THORACIC SURGEON FOR THE CONSULTATION.</p> <p>D. HEART BASIC - THIS LOW-COST SCREENING IS OFFERED WEEKDAYS AT BAPTIST MEDICAL CLINICS IN THE METRO AREA. IT INCLUDES BLOOD PRESSURE, FASTING/LIPID PROFILE, GLUCOSE, RESTING EKG, AND HEART RISK ASSESSMENTS.</p> <p>E. RACE - THIS LOW-COST SCREENING IS OFFERED WEEKDAYS AT BAPTIST CARDIOVASCULAR SURGERY CLINIC ON CAMPUS AT MISSISSIPPI BAPTIST MEDICAL CENTER, INC. IT INCLUDES A CAROTID ULTRASOUND, AN ABDOMINAL ULTRASOUND, ABI, COMPARISON OF BLOOD PRESSURE IN THE ARMS AND LEGS TO DETECT ARTERY BLOCKAGE IN THE LEGS, AND BLOOD PRESSURE.</p> <p>2. COLLABORATION EFFORTS</p> <p>A. CANCER COLLABORATIVE - ONGOING MEANINGFUL DIALOGUE IS IN PROGRESS WITH ST. DOMINIC HEALTH SERVICES AND UNIVERSITY MISSISSIPPI MEDICAL CENTER TO EXPLORE A COMMUNITY/COLLECTIVE</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
MISSISSIPPI BAPTIST MEDICAL CENTER, INC	<p>E APPROACH TO DELIVERING CANCER SERVICES IN THE COMMUNITY B CLINICAL INTEGRATION - ONGOI NG EFFORTS ARE IN PROGRESS TO GROW THE MISSISSIPPI AFFILIATED NETWORK (MAN), A STATEWIDE I NITIATIVE OF MORE THAN 2,000 PROVIDERS THAT IS GROUNDED IN PROVIDING CARE FROM A VALUE BAS ED APPROACH C MISSION FIRST CLINIC - ESTABLISHED IN 1999, MISSION FIRST PROVIDES COMPREH ENSIVE MEDICAL AND MINISTRY SERVICES IN INNER CITY JACKSON (MS) MBMC WILL CONTINUE THIS I MPORTANT PARTNERSHIP TO PROVIDE QUALITY HEALTHCARE IN THE FORM OF LOW COST MEDICAL AND DEN TAL TREATMENTS TO THE UNINSURED OF JACKSON PRIORITIZED HEALTH NEED 2 IMPROVEMENT OF ACCES S TO CAREMISSISSIPPI BAPTIST MEDICAL CENTER, INC OFFERS A VARIETY OF EVENTS TO PROVIDE AC CESS TO PREVENTIVE HEALTH CARE IN ADDITION TO THE ABOVE LISTED SCREENINGS ON PRIORITY #1, BELOW IS A RECAP OF SPECIFIC EVENTS OFFERED THUS FAR 1 EMERGENCY ROOM SERVICES A MBMC WILL PROVIDE, WITHOUT DISCRIMINATION AND IN FULL COMPLIANCE WITH THE EMERGENCY MEDICAL TRE ATMENT AND LABOR ACT (EMTALA), CARE FOR EMERGENCY MEDICAL CONDITIONS TO INDIVIDUALS REGARD LESS OF THEIR ELIGIBILITY FOR CHARITY CARE, FINANCIAL ASSISTANCE OR GOVERNMENT ASSISTANCE 2 MEDICAL STAFFING PLAN A BAPTIST MAINTAINS AN ONGOING PHYSICIAN RECRUITMENT EFFORT WHER EBY ON AN ANNUAL BASIS PHYSICIAN MANPOWER NEEDS ARE IDENTIFIED AND EFFORTS ARE MADE TO BRI NG NEW PHYSICIAN PROVIDERS TO THE COMMUNITY TO FILL UNDERSERVED NEEDS, THEREBY PROVIDING I NCREASED ACCESS FOR THE COMMUNITY 3 CARDIOVASCULAR EVENTS A HEART DAY - THIS SCREENING E VENT WAS THE PARENT OF THE HEART BASIC SCREENING AND IS OFFERED ANNUALLY ON THE FIRST SATU RDAY IN FEBRUARY IT INCLUDES THE SAME COMPONENTS AS THE HEART BASIC SCREENING B AAA DAY - THIS EVENT, OFFERED EVERY OTHER YEAR, IS A SCREENING FOR ABDOMINAL AORTIC ANEURYSMS</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
4 CANCER EVENTS	<p>A HOPE CONFERENCE - CANCER SERVICES SPONSORED AND PARTICIPATED IN THE ANNUAL HOPE CONFERENCE FOR CANCER PATIENTS, SURVIVORS AND THEIR FAMILIES THE CONFERENCE FEATURED EDUCATIONAL INFORMATION AS WELL AS PHYSICIAN SPEAKERS ON A VARIETY OF CANCER TOPICS B CLINICAL BREAST EXAM SCREENING - IN CONJUNCTION WITH BREAST CANCER AWARENESS ACTIVITIES IN OCTOBER, A CLINICAL BREAST EXAM SCREENING WAS OFFERED IN OCTOBER ALONG WITH AN EDUCATIONAL SEMINAR ONE OF THE BAPTIST RADIOLOGISTS PRESENTED THE EDUCATIONAL INFORMATION AND TWO SURGEONS PERFORMED THE CLINICAL BREAST EXAMS C SKIN SCREENINGS - BAPTIST CANCER SERVICES AND THE BAPTIST CLINICS OFFERED SKIN SCREENINGS FOR THE COMMUNITY THESE WERE PERFORMED BY FAMILY PRACTITIONERS AND PLASTIC SURGEONS 5 ACCESS TO PRIMARY CARE A BAPTIST MEDICAL CLINICS - BAPTIST OWNS EIGHT PRIMARY CARE CLINICS LOCATED IN VARIOUS COMMUNITIES SURROUNDING MBMC CARE IS PROVIDED BY 25 LICENSED PROVIDERS WITH AVERAGE PATIENT VISITS EXCEEDING 109,000 ANNUALLY B MISSION FIRST CLINIC - ESTABLISHED IN 1999, MISSION FIRST PROVIDES COMPREHENSIVE MEDICAL AND MINISTRY SERVICES IN INNER CITY JACKSON (MS) MBMC WILL CONTINUE THIS IMPORTANT PARTNERSHIP TO PROVIDE QUALITY HEALTHCARE IN THE FORM OF LOW COST MEDICAL AND DENTAL TREATMENTS TO THE UNINSURED OF JACKSON C CONVENIENT CARE WALMART CLINIC - THIS PRIMARY CARE RETAIL CLINIC IS OPEN SEVEN DAYS A WEEK AND APPOINTMENTS ARE NOT NEEDED TWO LICENSED PROVIDERS TREAT APPROXIMATELY 5,000 PATIENTS ANNUALLY D BAPTIST PREMIER MEDICAL - THIS CLINIC, FORMERLY KNOWN AS PREMIER MEDICAL GROUP OF MISSISSIPPI, WAS ACQUIRED BY MBMC IN OCTOBER OF 2015 THE AVERAGE NUMBER OF PATIENTS SEEN IS APPROXIMATELY 8,500 EACH MONTH THERE ARE 18 PHYSICIANS AND 6 NURSE PRACTITIONERS WHO PROVIDE SPECIALTY CARE FOR THE FOLLOWING - GENERAL INTERNAL MEDICINE - FAMILY MEDICINE - ENDOCRINOLOGY - INFECTIOUS DISEASES - PULMONARY AND SLEEP MEDICINEPRIORITYZED HEALTH NEED 3 DECREASE HEALTH RISK BEHAVIORS THROUGH EDUCATION MBMC RECOGNIZES THE NEED FOR COMMUNITY EDUCATION ON A VARIETY OF HEALTH TOPICS TO PREVENTIVE HEALTH CARE WHILE THIS IS A CHALLENGE IN THE CURRENT DIGITAL WORLD, BAPTIST CONTINUES TO OFFER RELATED EDUCATIONAL SEMINARS, SUPPORT GROUPS, AND GENERAL AWARENESS ACTIVITIES ES BOTH AS LIVE OFFERINGS AND ALSO VIA SOCIAL MEDIA BELOW IS A RECAP OF SPECIFIC EVENTS OFFERED TO DATE 1 CARDIOVASCULAR EDUCATION A PROVIDED SPEAKER FOR HEART HEALTHY SEMINAR FOR ENTERGY CORPORATION EMPLOYEES B CARDIOVASCULAR EDUCATIONAL SEMINAR HELD AT CHRIST UNITED METHODIST CHURCH C CARDIOVASCULAR SENIOR TOUR GROUP AT BAPTIST CARDIOVASCULAR OUTPATIENT DIAGNOSTIC AREA THE GROUP TOURED THE AREA AND WAS GIVEN INFORMATION ON THE VARIOUS TYPES OF CARDIOVASCULAR TESTS D CARDIOVASCULAR SURGEON PRESENTED TO LOCAL COMMUNITY GROUPS E PROVIDED STAFF EDUCATION AT METHODIST REHABILITATION FACILITY F PROVIDED A SPEAKER, MEETING PLACE, AND REFRESHMENTS FOR MONTHLY MENDED HEARTS SUPPORT GROUP G PROVIDED THE DISTRIBUTION OF CPR KITS AT C</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
4 CANCER EVENTS	<p>LINTON HIGH SCHOOL AND FOREST HIGH SCHOOL H CIRCULATED MAILERS ABOUT HEART DISEASE AND A CCESS TO OUR HEART SCREENINGS IN THE TRI-COUNTY AREA 2 CANCER EDUCATION A AN EDUCATIONA L SEMINAR ABOUT COLON CANCER WAS PRESENTED BY ONE OF OUR PHYSICIANS TO THE COMMUNITY B P ROVIDED BREAST CANCER AWARENESS MATERIALS TO VARIOUS CHURCHES, SCHOOLS, AND COMMUNITY ORGA NIZATIONS C AS A RESULT OF THE CHANGES IN HEALTH CARE AND INSURANCE FOR THE GENERAL PUBL IC, ALONG WITH THE NEED TO EDUCATE WOMEN ABOUT EARLY DETECTION FOR BREAST CANCER, WE BEGAN OFFERING CLINICAL BREAST EXAMS (CBE) ALONG WITH AN EDUCATIONAL SEMINAR ANNUALLY IN OCTOBE R OF 2013 THIS INCLUDES A 30-MINUTE SEMINAR/Q&amp;A SESSION WITH A RADIOLOGIST ON STAFF AND C BE DEMONSTRATION BY OUR BREAST HEALTH NAVIGATOR D THE "POWER OF PINK" BREAST CANCER AWAR ENESS CAMPAIGN, WHICH INCLUDED EDUCATIONAL PUBLIC SERVICE ANNOUNCEMENTS FEATURING BAPTIST PHYSICIANS AND CLINICIANS EMPHASIZING THE IMPORTANCE OF MAMMOGRAMS E CIRCULATED MAILERS ABOUT LUNG CANCER AND ACCESS TO OUR LUNG SELECT SCREENING IN THE TRI-COUNTY AREA F PROVI DED A SPEAKER, MEETING PLACE, AND REFRESHMENTS FOR TWO CANCER SUPPORT GROUPS WHICH MEET QU ARTERLY FOR BREAST AND GYNECOLOGICAL CANCERS G PROVIDED MEETING SPACE AND LUNCH FOR THE QUARTERLY MEETINGS OF LYMPHEDEMA EDUCATION AND PREVENT (LEAP) SUPPORT GROUP 3 STROKE EDUC ATION A PROVIDED EDUCATIONAL INFORMATION IN THE MEDICAL CENTER LOBBY FOR STROKE EDUCATION B PARTICIPATED AS PART OF A COLLABORATIVE EFFORT WITH OTHER LOCAL HOSPITALS IN THE CITY -WIDE STROKE SUPPORT GROUP AND MAILED MONTHLY REMINDERS TO STROKE PATIENTS 4 GENERAL EDU CATION A CIRCULATED A QUARTERLY NEWSLETTER, "HEALTHSOURCE", ELECTRONICALLY TO APPROXIMATE LY 30,000 PEOPLE IN THE METRO AREA B PROVIDED EDUCATIONAL FLYERS FOR A VARIETY OF SERVIC ES AND PROMOTED OUR HEALTHY LIFE SCREENINGS TO THE EMPLOYEES OF THE JACKSON AIRPORT AT THE IR ANNUAL HEALTH FAIR C OUR BAPTIST "BE WELL CLINIC" PARTICIPATED IN VARIOUS HEALTH FAIR S WITH CORPORATE CLIENTS AND THEIR EMPLOYERS PROVIDING SPEAKERS AND SCREENINGS D REGULAR LY POSTED TO FACEBOOK, TWITTER, AND OTHER SOCIAL MEDIA PLATFORMS ON SCREENINGS AND VARIOUS EDUCATION OPPORTUNITIES 5 COLLABORATION EFFORTS A CANCER COLLABORATIVE - AN ONGOING ME ANINGFUL DIALOGUE IS IN PROGRESS WITH ST DOMINIC HEALTH SERVICES AND UNIVERSITY MEDICAL C ENTER TO EXPLORE A COMMUNITY/COLLECTIVE APPROACH TO DELIVERING CANCER SERVICES IN THE COMM UNITY B CLINICAL INTEGRATION - ONGOING EFFORTS ARE IN PROGRESS TO GROW THE MISSISSIPPI A FFILIATED NETWORK (MAN), A STATEWIDE INITIATIVE OF MORE THAN 2,000 PROVIDERS THAT IS GROUND DED IN PROVIDING CARE FROM A VALUE BASED APPROACH UNADDRESSED HEALTH NEEDS WHILE THERE ARE MANY HEALTH NEEDS THAT EXIST WITHIN THE COMMUNITY, WE CANNOT ADEQUATELY ADDRESS EVERY NEE D NEEDS IDENTIFIED IN THE CHNA REPORT BUT NOT ADDRESSD IN THIS IMPLEMENTATION STRATEGY WERE SELECTED BASED ON ANY NUMBER OF REASONS INCLUDING A LACK OF RESOURCES, A LACK OF FINAN CIAL RESOURCES, OR THE NEED BE</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
4 CANCER EVENTS	ING SUFFICIENTLY ADDRESSED BY OTHER COMMUNITY PARTNERS, PROGRAMS, AND INITIATIVES

**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
MISSISSIPPI BAPTIST MEDICAL CENTER, INC	PART V, SECTION B, LINE 13B 1 MONEY INCOME INCLUDES 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 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
MISSISSIPPI BAPTIST MEDICAL CENTER, INC	PART V, SECTION B, LINE 16A THE FAP FOR MISSISSIPPI BAPTIST MEDICAL CENTER, INC CAN BE FOUND AT THE FOLLOWING LINK <a href="https://www.baptistonline.org/patients-and-visitors/financial-assistance">HTTPS //WWW BAPTISTONLINE ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE</a> MISSISSIPPI BAPTIST MEDICAL CENTER, INC PART V, SECTION B, LINE 16B THE FAP APPLICATION FOR MISSISSIPPI BAPTIST MEDICAL CENTER, INC CAN BE FOUND AT THE FOLLOWING LINK <a href="https://www.baptistonline.org/patients-and-visitors/financial-assistance">HTTPS //WWW BAPTISTONLINE ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE</a> MISSISSIPPI BAPTIST MEDICAL CENTER, INC PART V, SECTION B, LINE 16C THE PLAIN LANGUAGE SUMMARY OF THE FAP FOR MISSISSIPPI BAPTIST MEDICAL CENTER, INC CAN BE FOUND AT THE FOLLOWING LINK <a href="https://www.baptistonline.org/patients-and-visitors/financial-assistance">HTTPS //WWW BAPTISTONLINE ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE</a>

**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
MISSISSIPPI BAPTIST MEDICAL CENTER, INC	PART V, SECTION B AS SOLE MEMBER OF MISSISSIPPI BAPTIST MEDICAL CENTER, INC (MBMC), MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC (MBHS) WAS ACQUIRED BY BAPTIST MEMORIAL HEALTH CARE CORPORATION (BMHCC) IN MAY 2017 MBHS'S FINANCIAL ASSISTANCE POLICY (FAP) AND PRACTICES WERE INTEGRATED WITH BMHCC'S EFFECTIVE SEPTEMBER 1, 2017 BMHCC'S CORPORATE INTERNAL AUDIT AND CONSULTING SERVICES DEPARTMENT COMPLETED A DETAILED COMPLIANCE AUDIT OF THE INTERNAL REVENUE CODE (IRC) SECTION 501(R) AND THE RELATED TREASURY REGULATIONS IN OCTOBER/NOVEMBER 2017 THIS REVIEW WAS COMPLETED FOR ALL EIGHTEEN BMHCC HOSPITALS, AND THE SCOPE INCLUDED ALL FOUR KEY 501(R) COMPLIANCE COMPONENTS - THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), FAP, AMOUNTS GENERALLY BILLED, AND THE BILLING AND COLLECTION PRACTICES THE CORPORATE INTERNAL AUDIT DEPARTMENT REVIEW ALSO INCLUDED THE RELATED POLICIES AND PROCEDURES, PROCESSES AND PRACTICES OF THE FAP DETERMINATION, MANUAL AND SYSTEM APPLICATION OF THE DISCOUNTS TO THE PATIENT ACCOUNTS, AS WELL AS THE BILLING STATEMENT LANGUAGE REQUIREMENTS FOR ALL BMHCC HOSPITALS AND CLINICS INEFFICIENCIES AND MINOR, INADVERTENT DEFICIENCIES WERE CORRECTED EXPEDIENTLY DURING THIS REVIEW, DOCUMENTATION EVIDENCED THAT THE CHNA IMPLEMENTATION STRATEGY (CHNA-IS) WAS REVIEWED AND RECOMMENDED BY THE BOARD'S MISSION EFFECTIVENESS COMMITTEE IN THEIR DECEMBER 7, 2015 MEETING HOWEVER, MBHS WAS UNABLE TO LOCATE EVIDENCE OF FORMAL ADOPTION BY THE MBMC BOARD OF TRUSTEES ACCORDINGLY, IN RESPONSE TO THE AUDIT RESULTS, A RESOLUTION TO OFFICIALLY ADOPT THE CHNA-IS WAS APPROVED BY THE BOARD ON JANUARY 30, 2018 THIS ISSUE WAS DISCOVERED IN OCTOBER 2017 AND CORRECTED BY THE JANUARY 2018 RESOLUTION MOREOVER, WHEN MBHS WAS ACQUIRED BY BMHCC, MBMC FILED A ONE MONTH, SHORT-YEAR FORM 990 TO CHANGE ITS YEAREND FROM AUGUST 31 TO SEPTEMBER 30 TO ALIGN WITH BMHCC'S FISCAL YEAR THIS TAX YEAR ALIGNMENT PRACTICE WAS THE REASONABLE CAUSE WHICH INADVERTENTLY LED TO MBMC NOT HAVING CONDUCTED A CHNA-IS EVERY 3 YEARS AS SPECIFIED IN THE REGULATIONS MBMC DID NOT UNDERSTAND THAT EVEN A ONE MONTH, SHORT-YEAR FILING WAS CONSIDERED A FULL TAX YEAR FOR PURPOSES OF THE REQUIREMENT AS A RESULT, A GAP YEAR WAS CREATED IN THE 3-YEAR CHNA PERIOD THE CHNA PROCESS FOR ALL HOSPITALS IS NOW BEING MANAGED BY BMHCC CORPORATE THEREFORE, THE MBHS HOSPITALS ARE INCLUDED IN THE SAME COMPLIANCE PROCESS AS ALL OF THE OTHER BMHCC HOSPITALS THE NEXT ROUND OF CHNA ASSESSMENTS WILL BE ISSUED IN SEPTEMBER 2019 CORPORATE INTERNAL AUDIT'S REVIEW ALSO IDENTIFIED THAT MBMC'S FAP AND/OR BILLING AND COLLECTION POLICIES DID NOT CONTAIN ALL OF THE REQUIRED SPECIFICATIONS FOR EXAMPLE, POLICIES DID NOT SPECIFY THE COLLECTION TIME PERIODS AND NOTIFICATION REQUIREMENTS, DETAIL POTENTIAL EXTRAORDINARY COLLECTION ACTIONS (ECAS) AVAILABLE AND/OR EXPLAIN THE PROCESS FOR OBTAINING A FREE COPY OF THE FAP AND/OR FINANCIAL ASSISTANCE APPLICATION THESE ISSUES WERE IDENTIFIED BY BMHCC'S CORPORATE INTERNAL AUDIT DEPARTMENT AROUND

**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
MISSISSIPPI BAPTIST MEDICAL CENTER, INC	D AUGUST 2017 THESE ISSUES WERE CORRECTED IN SEPTEMBER 2017 WITH THE INTEGRATION AND SYST EM IMPLEMENTATION OF THE BMHCC FAP ALL FAP UPDATES AND CORRECTIONS WERE MADE TO THE BMHCC WEBSITE IN SEPTEMBER 2017, AND AT THE SAME TIME, MBHS'S FAP WEBSITE DOCUMENTATION WAS INT EGRATED WITH BMHCC'S MINOR ISSUES WITH THE BILLING STATEMENTS FOR SELF-PAY PATIENTS WERE D ISCOVERED BY BMHCC'S CORPORATE INTERNAL AUDIT DEPARTMENT BETWEEN AUGUST AND DECEMBER 2017 NONE OF THE HOSPITALS' THIRD-PARTY BILLING VENDORS WERE MAILING A PLAIN LANGUAGE STATEMEN T (PLS) WITH THEIR BILLING STATEMENTS ADDITIONALLY, THESE STATEMENTS DID NOT INCLUDE REQU IRED BILLING STATEMENT LANGUAGE THESE ISSUES WERE CORRECTED IN STAGES INCLUDING THE SEPT E MBER 2017 FAP IMPLEMENTATION, RECONTRACTING WITH BILLING VENDORS, CENTRALIZING BUSINESS OF FICE FUNCTIONS, AND IMPLEMENTING BILLING SERIES WITH COMPLIANT STATEMENT LANGUAGE TWO MIN OR ERRORS WITH THE APPLIED FAP DISCOUNT AMOUNTS WERE NOTED DURING THE CORPORATE INTERNAL A UDIT DEPARTMENT REVIEW FIRST, DUE TO A PARAGON SYSTEM ISSUE, THE SELF-PAY MINIMUM DISCOUN T WAS APPLIED AT 71%, AS OPPOSED TO 74%, FOR THE PERIOD OF SEPTEMBER 2017 THROUGH JANUARY 2018, RESULTING IN REFUNDS OF \$26,186 TO 139 PATIENTS FOR OVERPAYMENTS SECOND, FAP DISCOU NTS TOTALING \$46,736 WERE UNDER APPLIED FOR 420 PATIENT VISITS THIS ERROR RESULTED IN REF UNDS OF \$27,720 TO 313 PATIENTS FOR OVERPAYMENTS THE DATES OF SERVICE REVIEWED RANGED FRO M FEBRUARY 2018 THROUGH JANUARY 2019 UPON DISCOVERING THE ERRORS DESCRIBED ABOVE, BMHCC, THE SOLE MEMBER OF MBHS, AS SOLE MEMBER OF MBMC, TOOK IMMEDIATE CORRECTIVE ACTION BMHCC C ONSIDERS THESE ERRORS TO BE MINOR AND INADVERTENT OR DUE TO REASONABLE CAUSE UNDER APPLICA BLE 501(R) REGULATIONS AND INTERPRETATIONS ACCORDINGLY, MBMC HAS NOT FILED AN EXCISE TAX RETURN OR PAID ANY RELATED TAX IMPOSED UNDER IRC SECTION 4959 AND HAS ALWAYS STRIVED TO CO MPLY WITH ALL RELEVANT LAWS AND REGULATIONS BMHCC HAS ESTABLISHED PRACTICES AND BOTH FORM AL AND INFORMAL PROCEDURES IN PLACE REASONABLY DESIGNED TO ADDRESS, MONITOR, AND PROMOTE I TS COMPLIANCE WITH THE REQUIREMENTS OF IRC 501(R), AS WELL AS CONSISTENTLY ALLOCATE FINANCI AL ASSISTANCE TO THE PATIENTS THEY SERVE IN ADDITION, AS OF FEBRUARY 2018, ALL BMHCC HOS PITALS ARE NOW OPERATING ON THE SAME EPIC COMPUTER SYSTEM PLATFORM UNDER THE SAME FAP PRO CESSSES FOR DETERMINING THE FAP DISCOUNT PERCENTAGE HAVE BEEN CENTRALIZED BMHCC'S CORPORAT E INTERNAL AUDIT DEPARTMENT WILL CONDUCT FOLLOW-UP REVIEWS FOR 501(R) COMPLIANCE, AS WELL AS ANNUAL SYSTEM REVIEWS FOR THE ACCURACY AND APPROPRIATENESS OF THE FAP DISCOUNT DETERMIN ATION AND APPLICATION IN AN EFFORT TO BE FULLY TRANSPARENT, BMHCC AND MBMC HAVE CHOSEN TO PROACTIVELY DISCLOSE THESE MINOR AND INADVERTENT OMISSIONS AND ERRORS ON THIS FORM 990



**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
**▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
**▶ Attach to Form 990.**  
**▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Employer identification number**  
64-0881013

Name of the organization  
MISSISSIPPI BAPTIST MEDICAL CENTER INC

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input checked="" type="checkbox"/> Discretionary spending account                 </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </div> </div>		
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	<b>1b</b>	No
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	No
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </div> <div> <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Approval by the board or compensation committee                 </div> </div>		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <div style="margin-left: 20px;"> <b>a</b> Receive a severance payment or change-of-control payment?                 </div>	<b>4a</b>	No
<div style="margin-left: 20px;"> <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?                 </div>	<b>4b</b>	Yes
<div style="margin-left: 20px;"> <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?                 </div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4c</b>	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <div style="margin-left: 20px;"> <b>a</b> The organization?                 </div>	<b>5a</b>	No
<div style="margin-left: 20px;"> <b>b</b> Any related organization?                 </div> If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	No
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <div style="margin-left: 20px;"> <b>a</b> The organization?                 </div>	<b>6a</b>	No
<div style="margin-left: 20px;"> <b>b</b> Any related organization?                 </div> If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	No
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	Yes
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

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

See Additional Data Table**Schedule J (Form 990) 2017**

**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	MOST OFFICERS, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES RECEIVE A PERQUISITE ALLOWANCE WHICH IS INCLUDED IN THEIR SALARIES
PART I, LINE 1B	MOST OFFICERS, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES RECEIVE A PERQUISITE ALLOWANCE. THE ALLOWANCE IS INCLUDED IN THEIR SALARIES AND IS TAXABLE TO THEM AS ADDITIONAL INCOME. BAPTIST MEMORIAL HEALTH CARE CORPORATION, A RELATED ORGANIZATION OF MISSISSIPPI BAPTIST MEDICAL CENTER, INC., ALSO HAS AN ACCOUNTABLE PLAN, BUT A DISCRETIONARY SPENDING ACCOUNT IS NOT PART OF AN ACCOUNTABLE PLAN.
PART I, LINE 3	BAPTIST MEMORIAL HEALTH CARE CORPORATION, A RELATED ORGANIZATION OF MISSISSIPPI BAPTIST MEDICAL CENTER, INC., USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - COMPENSATION SURVEY OR STUDY - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.
PART I, LINE 4B	MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC. ESTABLISHED A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN, A NON-QUALIFIED, UNFUNDED DEFERRED COMPENSATION PLAN EFFECTIVE JULY 1, 2010, FOR THE BENEFIT OF CERTAIN MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES OF THE SYSTEM. THE PURPOSE OF THE PLAN IS TO ENHANCE THE ABILITY OF THE SYSTEM TO ATTRACT AND RETAIN QUALIFIED MANAGEMENT PERSONNEL WITH A MARKET-COMPETITIVE SUPPLEMENTAL RETIREMENT BENEFIT ON A TAX-DEFERRED BASIS. THE FOLLOWING INDIVIDUALS LISTED ON PART VII RECEIVED SUPPLEMENTAL NON-QUALIFIED PLAN PAYMENTS DURING THE CALENDAR YEAR: MICHAEL D. MAPLES - \$211,689; WILLIAM B. GRETE - \$50,287; BOBBIE K. WARE - \$43,379; LEE ANN FOREMAN - \$6,112.
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: 64-0881013  
Name: MISSISSIPPI BAPTIST MEDICAL CENTER 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				
1SAMUEL T LAWSON MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	340,044	263,252	587	0	27,935	631,818	0
1BOBBIE K WARE CEO (AS OF 8/17)	(i)	0	0	0	0	0	0	0
	(ii)	330,102	0	59,637	16,675	13,084	419,498	0
2GREGORY M DUCKETT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	417,017	138,516	88,118	42,336	30,164	716,151	0
3JASON M LITTLE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	910,132	334,216	137,805	31,500	27,332	1,440,985	0
4MICHAEL D MAPLES VP CHIEF OF MEDICAL OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	359,583	0	227,374	7,283	23,811	618,051	0
5WILLIAM F THOMPSON CFO	(i)	0	0	0	0	0	0	0
	(ii)	355,830	0	1,121	10,800	29,105	396,856	0
6BRENDA HOWIE CNO	(i)	0	0	0	0	0	0	0
	(ii)	160,445	0	5,260	6,504	12,134	184,343	0
7JUSTIN RHODES CEO BAPTIST MEDICAL GROUP	(i)	0	0	0	0	0	0	0
	(ii)	260,525	0	1,112	10,763	20,576	292,976	0
8LEE ANN FOREMAN VP HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	244,687	0	7,348	8,127	17,973	278,135	0
9STEVE STANIC VP CHIEF INFO OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	320,784	0	2,841	4,718	19,968	348,311	0
10AJAY VONGALA MD PHYSICIAN	(i)	282,548	75,179	206	0	11,307	369,240	0
	(ii)	0	0	0	0	0	0	0
11JATINDER HOTHI MD PHYSICIAN	(i)	238,561	100,751	199	0	10,546	350,057	0
	(ii)	0	0	0	0	0	0	0
12MATTHEW GEORGE MD PHYSICIAN	(i)	294,057	78,053	705	0	25,008	397,823	0
	(ii)	0	0	0	0	0	0	0
13SRIDEVI ALLA MD PHYSICIAN	(i)	258,241	84,409	206	0	13,914	356,770	0
	(ii)	0	0	0	0	0	0	0
14SUDHEER TANGELLA MD PHYSICIAN	(i)	289,852	85,621	463	0	11,703	387,639	0
	(ii)	0	0	0	0	0	0	0
15GARY C ANDERSON FORMER PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	660,825	0	20,028	19,016	24,616	724,485	0
16WILLIAM B GRETE FORMER VP GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	236,013	0	118,733	10,812	21,100	386,658	0

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MISSISSIPPI BAPTIST MEDICAL CENTER INC

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2017**

**Open to Public Inspection**

**Employer identification number**

64-0881013

**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 SHAREHOLDERS OFFICERS OF A TAXABLE ENTITY WITHIN BAPTIST MEMORIAL HEALTH CARE CORPORATION JASON M LITTLE GREGORY M DUCKETT WILLIAM F THOMPSON LEE ANN FOREMAN

# 990 Schedule O, Supplemental Information

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

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MISSISSIPPI BAPTIST MEDICAL CENTER, INC IS A NON-PROFIT, NON-STOCK CORPORATION, OF WHICH MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC IS THE SOLE MEMBER AND HAS SOLE VOTING CONTROL B APTIST MEMORIAL HEALTH CARE CORPORATION IS THE SOLE MEMBER OF MISSISSIPPI BAPTIST HEALTH S YSTEMS, INC

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MISSISSIPPI BAPTIST MEDICAL CENTER, INC 'S BOARD, WITH APPROVAL BY BAPTIST MEMORIAL HEALTH CARE CORPORATION, IS APPOINTED BY MISSISSIPPI BAPTIST HEALTH SYSTEMS, INC , THE SOLE MEMBER OF MISSISSIPPI BAPTIST MEDICAL CENTER, INC



## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

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

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	MISSISSIPPI BAPTIST MEDICAL CENTER, 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	GREGORY M DUCKETT - 350 N HUMPHREYS BLVD , MEMPHIS, TN 38120 JASON M LITTLE - 350 N HUMPHREYS BLVD , MEMPHIS, TN 38120

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER PURCHASED SERVICES PROGRAM SERVICE EXPENSES 26,799,699 MANAGEMENT AND GENERAL EXPENSES 3,654,111 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 30,453,810 PHYSICIAN FEES PROGRAM SERVICE EXPENSES 13,752,838 MANAGEMENT AND GENERAL EXPENSES 723,834 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 14,476,672

**990 Schedule O, Supplemental Information**

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



SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MISSISSIPPI BAPTIST MEDICAL CENTER INC

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number  
64-0881013

Part I

Identification of Disregarded Entities

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

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

Part II

Identification of Related Tax-Exempt Organizations

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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

See Additional Data Table

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

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

[illegible]

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

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

Additional Data

Software ID:  
Software Version:  
EIN: 64-0881013  
Name: MISSISSIPPI BAPTIST MEDICAL CENTER INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 45-2842963	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 45-3032246	FACILITATE MEDICAL & SCIENTIFIC RESEARCH	TN	501(C)(3)	509(A)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
1225 NORTH STATE STREET JACKSON, MS 39202 47-3403762	SOLICIT, RAISE, MANAGE, APPLY & INVEST FUNDS IN SUPPORT OF BAPTIST ENTITIES	MS	501(C)(3)	509(A)(3)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
1225 NORTH STATE STREET JACKSON, MS 39202 45-2896080	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	509(A)(1)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
1225 NORTH STATE STREET JACKSON, MS 39202 64-0844470	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	509(A)(1)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
1003 MONROE AVE MEMPHIS, TN 38104 62-1599670	EDUCATION OF HEALTH CARE PROFESSIONALS	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HOSPITAL	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 58-1521475	MANAGEMENT, ADMINISTRATIVE & FINANCIAL SERVICES	TN	501(C)(3)	509(A)(3)	N/A		No
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 58-1544781	SOLICIT, RAISE, MANAGE, APPLY & INVEST FUNDS IN SUPPORT OF BAPTIST	TN	501(C)(3)	509(A)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 58-1456556	CARRY OUT THE HEALTH CARE MISSIONS OF THE BAPTIST CONVENTIONS OF AR, MS, TN	TN	501(C)(3)	509(A)(3)	N/A	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 62-1509127	PROVISIONS OF HEALTH CARE PROVIDERS & HOME MEDICAL EQUIPMENT/SERVICES	TN	501(C)(3)	509(A)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 58-1562973	HOME HEALTH CARE & HOSPICE SERVICES	TN	501(C)(3)	509(A)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 62-0123940	HEALTH CARE FACILITY/HOSPITAL	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
100 HOSPITAL STREET BOONEVILLE, MS 38829 64-0663760	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 81-3257997	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
7601 SOUTHCREST PARKWAY SOUTHAVEN, MS 38671 64-0682111	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
2520 5TH STREET NORTH COLUMBUS, MS 39701 62-1519754	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
631 RB WILSON DR HUNTINGDON, TN 38344 62-1166050	HEALTH CARE FACILITY/HOSPITAL	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 26-1214372	HEALTH CARE FACILITY/HOSPITAL	AR	501(C)(3)	509(A)(1)	NEA BAPTIST HEALTH SYSTEM INC	Yes	
PO BOX 946 OXFORD, MS 38655 64-0772726	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
HIGHWAY 51 SOUTH COVINGTON, TN 38019 62-1113167	HEALTH CARE FACILITY/HOSPITAL	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1201 BISHOP ST UNION CITY, TN 38261 62-1138045	HEALTH CARE FACILITY/HOSPITAL	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
200 HIGHWAY 30 WEST NEW ALBANY, MS 38652 63-0997281	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 62-1545731	PROVISION OF HEALTH CARE PROVIDERS FOR BAPTIST ENTITIES	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 62-1407946	BAPTIST EMPLOYEE HEALTH PLAN	TN	501(C)(9)		BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 58-1645396	HEALTH CARE FACILITY/HOSPITAL	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 62-1538114	NON-EMERGENCY CLINICS	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 81-3655778	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	509(A)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 45-3032372	ESTABLISH, MAINTAIN & MANAGE A PATIENT SAFETY ORGANIZATION	TN	501(C)(3)	509(A)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 46-1953140	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 45-3303607	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
80 HUMPHREYS CENTER MEMPHIS, TN 38120 35-2461541	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 45-3303687	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 62-1112364	COLLECTION AGENCY FOR BAPTIST ENTITIES	TN	501(C)(3)	509(A)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
1225 NORTH STATE STREET JACKSON, MS 39202 75-3068151	CLINICS	MS	501(C)(3)	509(A)(1)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 45-2832975	HEALTH CARE SERVICE PROVIDER	TN	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
1225 NORTH STATE STREET JACKSON, MS 39202 64-0306253	HOLDING COMPANY	MS	501(C)(3)	509(A)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
1225 NORTH STATE STREET JACKSON, MS 39202 64-0833383	HEALTH CARE FACILITY/HOSPITAL	MS	501(C)(3)	509(A)(1)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
1225 NORTH STATE STREET JACKSON, MS 39202 80-0812322	HOLDING COMPANY	MS	501(C)(3)	509(A)(1)	MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 38120 27-1799652	HEALTH CARE SERVICE PROVIDER	AR	501(C)(3)	509(A)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
4802 E JOHNSON AVE JONESBORO, AR 72401 71-0850123	HEALTH CARE SERVICE PROVIDER	AR	501(C)(3)	509(A)(1)	NEA BAPTIST HEALTH SYSTEM INC	Yes	

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



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

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

[illegible]

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

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

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
BAPTIST MEDICAL CENTER - LEAKE INC	D	50,329	CASH
MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	D	119,196,104	CASH
BAPTIST HEALTH FOUNDATION INC	E	151,230	CASH
BAPTIST MEMORIAL HEALTH CARE CORPORATION	E	181,436,473	CASH
MEDICAL FOUNDATION OF CENTRAL MISSISSIPPI INC	E	528,838	CASH
MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	K	432,429	CASH
BAPTIST MEDICAL CENTER - LEAKE INC	L	228,316	CASH
BAPTIST MEDICAL CENTER - YAZOO INC	L	209,805	CASH
MEDICAL FOUNDATION OF CENTRAL MISSISSIPPI INC	L	379,725	CASH
MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	L	245,272	CASH
BAPTIST MEMORIAL HEALTH CARE CORPORATION	M	40,024,200	CASH
BAPTIST OUTPATIENT IMAGING LLC	M	7,650,347	CASH
MEDICAL PRACTICE SOLUTIONS INC	M	147,944	CASH
MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	M	51,792,288	CASH
MISSISSIPPI BAPTIST HEALTH SYSTEMS INC	R	5,764,765	CASH