DLN: 93493223001147

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at www.IRS.gov/foim990

OMB No 1545-0047

Open to Public Inspection

		2015 ca	C Name of organization		ling 09-30-201	6	D Emplo	yer ide	entification number
_	ddress c		NORTHEAST ARKANSAS CL FOUNDATION INC	INIC CHARITABLE			71-08	35012	.3
_	ame cha nitial retu	-	Doing business as				-		
Fi	ınal		Number and street (or P.C) box if mail is not delivered to street ad	dress) Room/su	t <u>a</u>	E Teleph	one nun	nber
_	/termina nended i		4802 EAST JOHNSON AVE	box ii iliali is flot delivered to screet ad	idiess) Kooni, sui	te	(870)	934-	5119
—Ap	plication	n pending	City or town, state or prov JONESBORO, AR 72401	vince, country, and ZIP or foreign postal o	code				
			· ·				_ J		\$ 117,448,795
			F Name and address of ROBERT TAYLOR MD	of principal officer			his a group ordinates?		n for ☐ Yes 🔽
			4802 EAST JOHNSON JONESBORO, AR 724			No			1 C3 V
I Ta	ıx-exem	pt status	▼ 501(c)(3)		or 527		all subord: uded?	nates	□Yes □ No
	ebsite	:: ► WW	W NEABAPTISTCLINIC		·		•		(see instructions)
K For	m of ora	anızatıon	✓ Corporation Trust	Association Other ►			up exempt formation 20		mber ▶ ¶ State of legal domicile AR
		gariization	♥ Corporation Trust	Association Other P					
Pa	rt I		mary	mission or most significant activ	utios				
	N C	ORTHE <i>A</i>	AST ARKANŠAS CLINIC	mission or most significant activ C CHARITABLE FOUNDATION, I	INC PROVID				
e .	MI	EDICAL	HEALTHCARE REGAR	DLESS OF RACE, CREED, SEX, N	NATIONAL OF	RIGIN, HAN	DICAP, O	RAGE	
) Sep									
Governance	2 0	heck th	ıs hox ▶ □ ıf the organı	zation discontinued its operations	or disposed o	of more than	25% of its	net a	ssets
	- 0	TICCK CII	is box F If the organis	zation discontinued its operations	or disposed t	or more than	25 70 01 103		33003
Activities &			_	governing body (Part VI, line 1a			ŀ	3	16
Mtle			· -	embers of the governing body (Par			ŀ	4	0
cti			•	oyed in calendar year 2015 (Part				5	708
٩			,	nate if necessary)				6 7a	0
				e from Part VIII, column (C), line come from Form 990-T, line 34			• •	7a 7b	2,027,616
	D INC	ct dilicie	itea basilless taxable ili	come nom roum 550 1, mie 54	<u> </u>		or Year	_ / b_	Current Year
	8	Contri	butions and grants (Part	VIII, line 1h)		-	or rear	0	128,807
<u>g</u>	9	Program service revenue (Part VIII, line 2g)					115,108,		116,766,139
Ravenue	10	-	,	, column (A), lines 3, 4, and 7d)	-88,		0		
ã	11		•	ımn (A), lines 5, 6d, 8c, 9c, 10c,	692,		553,849		
	12						115,712,	257	117,448,795
	13	12)	and cimilar amounts no	aid (Part IX, column (A), lines 1–3	3)			151	128,807
	14		·	s (Part IX, column (A), line 4) .	•		37,	0	0
	15		•	employee benefits (Part IX, colur			77,358,694		
Expenses	16-	5-10)		(Dart IV column (A) line 11a)			72,715,	0	0
tb ea	16a b		ndraising expenses (Part IX, o	(Part IX, column (A), line 11e) .					
ā	17			mn (A), lines 11a-11d, 11f-24e)		54,572,	573	52,166,553
	18			-17 (must equal Part IX, column			127,345,		129,654,054
	19		•	act line 18 from line 12			-11,632,		-12,205,259
ε α						Beginning	of Current	Year	End of Year
Net Assets or Fund Balances	20	Total	assets (Part X. line 16)				21,796,	621	17,293,728
AB	21		•	5)			59,895,		67,597,835
F.E.	22		•	Subtract line 21 from line 20 .			-38,098,	_	-50,304,107
Pa	rt II	Sign	ature Block						<u> </u>
my k	nowled	lge and i		have examined this return, includ and complete Declaration of pre					
							2017-08-11		
Sigr		Signa	ature of officer				Date		
Her	e		ORY DUCKETT SECRETARY						
		<i>y</i>	or print name and title	Preparer's signature	In	ate		PTIN	
Paid	Ч		RANCIS J BEDARD	FRANCIS J BEDARD		Ch	neck if	P0075	2421
	u pare	_r	ırm's name	X LLP			m's EIN > 8	6-1065	772
	-	1 1	ırm's address ▶ 1033 DEMON	BREUN SUITE 400		Ph	one no (615	5) 259-1	811
USE	Onl	у	NASHVILLE, T	N 37203					

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

. √Yes No

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

domestic government on Part IX, collumn (A), line 17 If "Yes," complete Schedule I, Parts I and III	orm	990 (2015)			Page 4
domestic government on Part IX, column (A), line 12 II "Yes," complete Schedule I, Parts I and II 1 2 2 10 4th the organization report from the half should of grains or of the massistance to or for domestic individuals on Part IX, column (A), line 27 II "Yes," complete Schedule I, Parts I and III 2 10 4th the organization as well with the part of the p	Par	t IV Checklist of Required Schedules (continued)			
IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	21	481	21	Yes	
current and former officers, directors, trustees, key employees, and highest compensated employees? If Yes, complete Schedule J. 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more times. 24b though 24d and complete Schedule K. If 'Wo," go to line 25a. 25 Did the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception? 26 Did the organization minest any proceeds of fax-exempt bonds beyond a temporary period exception? 27 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 28 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 29 Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported an any of the organizations prior forms 990 or 990-127. If 'Yes,' complete Schedule L, Part II of the progranization 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 an any of the organizations prior forms 990 or 990-127. If 'Yes,' complete Schedule L, Part II 29 Did the organization reported 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, brighest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II of the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If 'Yes,' complete Schedule L, Part IV institutions for applicable lining thresholds, conditions, and exceptions? If 'Yes,' complete Schedule L, Part II in the pagnization of the organization of the	22		22		No
as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule It, "I'vs," or on line 25a. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d	23	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"	23	Yes	
to the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d Just the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Just the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Just the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule, I, Part I Just the organization has not been reported on any of the organizations prior forms 99 of 990 etc? 25d Just 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 organizations prior forms 99 of 990 etc? 25d Just the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that is the creamage of the prior of the part I Just the organization has not been reported on any of the organizations prior forms 99 of 990 etc? 25d Just 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 these grantation in the prior of the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable lining trives holds, conditions, and exceptions) 27d A mentity of which a current or former officer, director, trustee, or key employee? If "yes," complete Schedule L, Part IV 28d No 39d Did the organization or prior with organization with a current organization may prior organization organization with a current	24a	as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d	24a		No
to defease any tax-exempt bonds? 1 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . 1 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-E22 If "Yes," complete Schedule I, Part I . 25b No 11 'Yes," complete Schedule I, Part I I . 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualided persons? If "Yes," complete Schedule I, Part I I . 27 Did the organization provide a grant or other assistance to an officer, director, trustee, or key employees, or disqualided persons? If "Yes," complete Schedule I, Part I I . 28 Was the organization a party to a business transaction with one of the following parties (see Schedule I., Part I IV instructions for applicable filing thresholds, conditions, and exceptions). 29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part I IV . 29 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part I IV . 29 A nentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part I IV . 29 A nentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule III . 29 No 30 Did the organization receive more than \$25,001 in non-cash contributions? If "Yes," complete Schedule III . 30 No 31 Did the organization sell, exchange, dispose of, or transfer more than \$25% of its net assets? If "Yes,	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior complete Schedule L, Part I . 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 proportions of the proportion of the prop		to defease any tax-exempt bonds?	24 c		
Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I I 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-E27 If "Yes," complete Schedule L, Part II Is 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 disquifed persons? If "Yes," complete Schedule L, Part II If "Yes," complete Schedule L, Part III Is the organization provide a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Is Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV Instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Is A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Is A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Is Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Is Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Is Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule M Is Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule M Is Did the organization on and 10 701-31 If "Yes," complete Schedule R, Part I, Ill, or IV, Is Did the organization on and a controlled entity with	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? 25b No 11 "Yes," complete Schedule L, Part I I 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 26 Yes 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28a No A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28b No 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N. Part IV. 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N. Part II. 31 Did the organization sell, exchange, dispose of, or transfer more than \$25% of its net assets? 32 If "Yes," complete Schedule N, Part II. 33 Did the organization sell, exchange, dispose of, or transfer more than \$25% of its net assets? 34 Was the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization. Part		Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IIV instructions for applicable filing thresholds, conditions, and exceptions) 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IIV instructions for applicable filing thresholds, conditions, and exceptions) 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28 No A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28 No C An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N. 30 No 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 31 If "Yes," complete Schedule N, Part II. 32 No 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part II. 34 Was the organization on have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Inne 2 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Inne 2 36 Section 501(c)(3) organizations. Did the	b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		No
contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . 28 No b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . 28 No c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II . 30 No 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . 31 No 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . 31 No 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I I. 33 No 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Did the organization on Did the organization receive any payment from or engage in any transaction with a controlled entity within	26	or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?	26	Yes	
instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, director, trustee, or key employee (or a family member thereof) was an officer, director, director, trustee, or key employee (or a family member thereof) was an officer, director, director, trustee, or key employee (or a family member thereof) was an officer, director, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule N. Part IV. 28b No 10c No	27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family	27		No
Part IV	28				
Part IV. An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule I, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part II. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? The inversity of the organization conduct more because any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 To dit the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI The section 501(c)(3) organization conduct more dear purposes? If "Yes," complete Schedule R, Part VI The section 501(c)(1) and partically of the organization conduct more dear purposes? If "Yes," complete Schedule R, Part VI The section 501(c)(1) organization co	а	ρΔ.1	28a		No No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 No 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 No 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . 31 No 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 33 If "Yes," complete Schedule N, Part II . 34 No 35 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . 36 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . 37 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 38 Pod the organizations. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . 39 No 30 No 31 No 32 No 33 No 34 Yes 35 Yes 36 No 37 Did the organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . 36 No 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI lines 11b and 19? 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	b	na.1	28b		No
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was	28c		No
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		29		No
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 No 32 No 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Yes 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 If "Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 No 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI and the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	30		30		No
If "Yes," complete Schedule N, Part II	31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	32	3 , 3 , 1 ,	32		No
and Part V, line 1	33		33		No
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)? If "Yes," complete Schedule R, Part V, line 2	34		34	Yes	
entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
organization? If "Yes," complete Schedule R, Part V, line 2	b		35b	Yes	
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 No	36		36		No
I as I Yes I	37	g , , , , , , , , , , , , , , , , , , ,	37		No
	38		38	Yes	

Form	990 (2015)			Page !
Pa	rt 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	<u></u>	<u></u>	 _
1.	Enter the number reported in Box 2 of Form 1006 Enter 10 if not applicable 1.		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 83 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0	<u> </u> 		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
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			
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	
	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
ь	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
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	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).	 		
а	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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
	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	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	<u> </u>		
	Initiation fees and capital contributions included on Part VIII, line 12 10a	<u> </u> 		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ļ		
11	Section 501(c)(12) organizations. Enter			I
 а	Gross income from members or shareholders	<u> </u> 		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
1 2 2	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	a		
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	13 a		
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			
c	Enter the amount of reserves on hand	 -		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
ь	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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.

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 16			
	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	Enter the number of voting members included in line 1a, above, who are independent 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Νο
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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	9	Yes	
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Code	e.)
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10 a		Νo
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No
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?	16b		
Se	ection 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 record BEN BARYLSKE 4802 E JOHNSON AVE JONESBORO, AR 72401 (870) 936-8000	s		

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	tion i han d on is	ne l both	oox, an d	officer stee)	Former	(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
See Additional Data Table										
			_							
-										
	1									
	-									
	1	I					_			Form 990 (2015)

	(A) Name and Title	(B) Average hours per week (list any hours	more t	han on is	one both	box, an	heck unless officer stee)	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W	-	(F) Estima mount o compens from t	ited f other ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		rganizati relati organiza	ed
See	Additional Data Table												
											+		
							1				+		
											+		
											-		
							1				+		
1b	Sub-Total		٠	•			. ▶						
c d	Total from continuation shee	•				•	. 🏲		11,565,639	2,767,963			549,307
	Total (add lines 1b and 1c)							- >	, ,	· ·			77,307
2	Total number of individuals (i \$100,000 of reportable com							e) w	no received more ti	ian			
										_		Yes	No
3	Did the organization list any on line 1a? <i>If "Yes," complete</i>	·				,		yee, •	or highest comper	sated employee	3		No
4	For any individual listed on li organization and related orga individual										_	V	
5	Did any person listed on line	1a receive or acc	rue cor	nnen	satu	on fr	om anv	• upr	related organization	or individual for	4	Yes	

-	bla any person noted on the rate entre of accide compensation from any ameriace	4 0	gan	 	01 11	 •
	services rendered to the organization? If "Yes," complete Schedule J for such person					

ee			
	3		No
•	4	Yes	
for			
	5		No.

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
LARRY PATRICK, 302 CR 7593 JONESBORO, AR 72401	ANESTHESIOLOGIST	433,333
OKSANA REDKO, 2916 RIDGEPOINT DR JONESBORO, AR 72404	ANESTHESIOLOGIST	433,333
RICHARD SHEPPARD, 5406 WOODBURY CV PARAGOULD, AR 72450	ANESTHESIOLOGIST	243,717
PAUL BLUMERICH, 4521 LOCHMOOR CR JONESBORO, AR 72401	ANESTHESIOLOGIST	239,967
JONATHAN CRAFTON, 302 QUAIL RUN PARAGOULD, AR 72450	ANESTHESIOLOGIST	236,517
Total number of independent contractors (including but not limited to those listed above	a) who recoved more than	

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

		Check if Schedule O contains a response	or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
হ হ	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 1b					
Ē, ē	С	Fundraising events 1c					
iffs ar A	d	Related organizations 1d					
£, €	e	Government grants (contributions) 1e					
ons Si	f	All other contributions, gifts, grants, and 1f	128,807				
outi her		similar amounts not included above —					
	g	Noncash contributions included in lines 1a-1f \$ —					
Cont	h	Total. Add lines 1a-1f		128,807			
		В	Susiness Code				
H.	2a	PATIENT SERVICE REV	541700	116,766,139	115,050,413	1,715,726	
<u>*</u>	ь						
<u>د</u>	С						
ž.	d						
Ē	e						
Program Service Revenue	f	All other program service revenue					
<u>&</u>	g	Total. Add lines 2a-2f	>	116,766,139			
	3	Investment income (including dividends, and other similar amounts)					
	4	Income from investment of tax-exempt bond proc	-				
	5	Royalties	▶				
		· · · ·	(II) Personal				
	6a	Gross rents					
	ь	Less rental expenses					
	С	Rental income or (loss)					
	d	Not rental income or (loca)	•				
		(ı) Securities	(II) Other				
	7a	Gross amount from sales of					
		assets other than inventory					
		Less cost or					
	b	other basis and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)					
<u>•</u>	8a	Gross income from fundraising events (not including					
eu n		\$					
Other Revenue		of contributions reported on line 1c) See Part IV, line 18					
i e		a					
ŧ	ь	Less direct expenses b					
•	c	Net income or (loss) from fundraising eve	ents >				
	9a	Gross income from gaming activities See Part IV, line 19					
		а					
	l	Less direct expenses b					
	С	Net income or (loss) from gaming activiti	es				
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold b					
	1	Net income or (loss) from sales of inventor	ory >				
		Miscellaneous Revenue B	usiness Code				
	11a	WELLNESS CENTER REV	900099	394,479	82,589	311,890	
	b	NON-OPERATING REVENUE	900099	159,370	159,370		
	С						
	d	All other revenue					
	e		🟲	553,849			
	12	Total revenue. See Instructions	•	117,448,795	115,292,372	2,027,616	

Part IX Statement of Functional Expenses

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	128,807	128,807		
2	Grants and other assistance to domestic individuals See Part IV, line 22	,	,		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15				
4	and 16				
5	Compensation of current officers, directors, trustees, and key employees	6,954,700	5,911,495	1,043,205	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	59,542,336	50,610,986	8,931,350	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,417,905	2,905,219	512,686	
9	Other employee benefits	4,294,669	3,650,469	644,200	
10	Payroll taxes				
		3,149,084	2,676,721	472,363	
11	Fees for services (non-employees)				
a	Management				
b	Legal	8,547	7,265	1,282	
C	Accounting				
d e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11q amount exceeds 10% of line 25, column (A)				
9	amount, list line 11g expenses on Schedule O)	10,949,673	9,307,222	1,642,451	
12	Advertising and promotion	478,116	406,399	71,717	
13	Office expenses	1,964,531	1,669,851	294,680	
14	Information technology				
15	Royalties				
16	Occupancy	5,680,552	4,828,469	852,083	
17	Travel	197,370	78,948	118,422	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	107,160	42,864	64,296	
20 24	Interest	24,591	20,902	3,689	
21 22	Payments to affiliates	1 (22 000	1 300 300	242.600	
22 23	Depreciation, depletion, and amortization	1,623,998 1,012,936	1,380,398 860,996	243,600 151,940	
24 24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	1,012,930	800,990	131,340	
а	TAX & LICENSES (UBI)	5,000	4,250	750	
b	MEDICAL SUPPLIES	28,605,768	28,605,768	0	
c	REPAIRS & MAINTENANCE	925,115	786,348	138,767	
d	TAX & LICENSES	305,721	259,863	45,858	
е 	All other expenses	277,475	146,754	130,721	
25	Total functional expenses. Add lines 1 through 24e	129,654,054	114,289,994	15,364,060	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	τχ	Check if Schedule O contains a response or note to any line in this Part X			
		onesa a constante e constante a recipione e any anticon any anticon and a service any	(A)		(B)
	1		Beginning of year		End of year
	1	Cash-non-interest-bearing	8,903	1	9,218
	2	Savings and temporary cash investments	689,661	2	3,150,308
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	13,216,982	4	8,563,503
	5	Loans and other receivables from current and former officers, directors, trustees key employees, and highest compensated employees Complete Part II of Schedule L	,	5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
SS	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use	1,257,997	8	746,366
	9	Prepaid expenses and deferred charges	1,234,672	9	629,960
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 14,109,80			
	ь	Less accumulated depreciation 10b 10,302,84	5,087,157	10 c	3,806,956
	11	Investments—publicly traded securities	1,551,755	11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets	301,249	14	301,249
	15	Other assets See Part IV, line 11	0	15	86,168
	16	Total assets.Add lines 1 through 15 (must equal line 34)	21,796,621	16	17,293,728
	17	Accounts payable and accrued expenses	12,197,913	17	13,000,749
	18	Grants payable	, ,	18	, ,
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
jabilities.		key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	463,354	22	307,580
<u>ë</u>	23	Secured mortgages and notes payable to unrelated third parties	100,001	23	
_	24			24	
	25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties,		24	
	25	and other liabilities not included on lines 17-24) Complete Part X of Schedule D			
			47,233,869	25	54,289,506
	26	Total liabilities. Add lines 17 through 25	59,895,136	26	67,597,835
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶			
alan	27	Unrestricted net assets	-38,098,515	27	-50,304,107
8	28	Temporarily restricted net assets		28	
Ĭ	29	Permanently restricted net assets		29	
Net Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
1881	31	Paid-in or capital surplus, or land, building or equipment fund		31	
تر A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	-38,098,515	33	-50,304,107
	34	Total liabilities and net assets/fund balances	21,796,621	34	17,293,728

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Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				🔽
1	Total revenue (must equal Part VIII, column (A), line 12)	1		117,4	148,795
2	Total expenses (must equal Part IX, column (A), line 25)	2		129.6	554,054
3	Revenue less expenses Subtract line 2 from line 1	3			205,259
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				<u></u>
5	Net unrealized gains (losses) on investments	4		-38,0	98,515
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-33:		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-50,304,10		
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗸
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig of the audit, review, or compilation of its financial statements and selection of an independent accountant		2 c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ie	3a		No
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		3b		

Additional Data

Software ID: Software Version:

EIN: 71-0850123

Name: NORTHEAST ARKANSAS CLINIC CHARITABLE

FOUNDATION INC

Form 990, Part III, Line 4a

4a (Code) (Expenses \$ 114,289,994 including grants of \$ 128,807) (Revenue \$ 115,292,372)

NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC. (NEA CLINIC) PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE OPERATION AND STABILITY OF NEA CLINIC, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES, AND FURTHER, THAT THE MISSION OF THE NEA CLINIC IS TO SERVE THE COMMUNITY WITH RESPECT TO PROVIDING HEALTHCARE SERVICES AND HEALTHCARE EDUCATION SEE CONTINUATION AT SCHEDULE O, PAGE 41THESE ACTIVITIES INCLUDE WELLNESS PROGRAMS, COMMUNITY EDUCATION PROGRAMS, SPECIAL PROGRAMS FOR THE ELDERLY, HANDICAPPED, MEDICALLY UNDERSERVED. AND A VARIETY OF BROAD COMMUNITY SUPPORT ACTIVITIES THEREFORE, IN KEEPING WITH ITS COMMITMENT TO SERVE ALL MEMBERS OF ITS COMMUNITY, NEA CLINIC PROVIDES THE FOLLOWING --FREE CARE AND/OR SUBSIDIZED CARE, --CARE PROVIDED TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST, AND--HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITYNEA CLINIC IS THE LARGEST AND MOST COMPREHENSIVE PHYSICIAN-LED AND PROFESSIONALLY MANAGED MULTI-SPECIALTY GROUP PRACTICE IN THE REGION NEA CLINIC IS MADE UP OF OVER 110 PHYSICIANS PROVIDING CARE IN MORE THAN 35 MEDICAL SPECIALTIES THE MISSION OF NEA CLINIC IS TO PROVIDE COMPREHENSIVE, PERSONALIZED, QUALITY HEALTH CARE FOR PATIENTS THROUGHOUT THE NORTHEAST ARKANSAS REGION SINCE FORMING IN 1977, NEA CLINIC HAS BECOME A MULTI-SPECIALTY, AWARD-WINNING CLINIC AND PARTNER WITH BAPTIST MEMORIAL HOSPITAL-JONESBORO. WE HAVE BECOME A LEADER IN CLINICAL RESEARCH AND A KEY PROVIDER OF MEDICAL SPECIALTY SERVICES WITH HUNDREDS OF THOUSANDS OF CLINIC VISITS EACH YEAR NEA CLINIC PROVIDES CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS FROM WHICH WE MAY RECEIVE LESS THAN MARKET VALUE REIMBURSEMENT. RECOGNIZING ITS MISSION TO THE COMMUNITY, SERVICES ARE PROVIDED TO MEDICARE, MEDICAID AND UNINSURED PATIENTS TO THE EXTENT REIMBURSEMENT IS BELOW COST, NEA CLINIC RECOGNIZES THESE AMOUNTS AS CHARITY CARE IN MEETING ITS MISSION TO THE ENTIRE COMMUNITY DURING THE YEAR ENDING SEPTEMBER 30, 2016, THE UNREIMBURSED VALUE OF PROVIDING CARE TO THESE PATIENTS WAS \$52,132,025 CHARITY CARE IS ALSO PROVIDED THROUGH MANY REDUCED PRICED SERVICES AND FREE PROGRAMS OFFERED THROUGHOUT THE YEAR BASED UPON ACTIVITIES AND SERVICES THAT NEA CLINIC BELIEVES WILL SERVE A BONA FIDE COMMUNITY HEALTH NEED THROUGH ITS AFFILIATION WITH BAPTIST MEMORIAL HEALTH CARE CORPORATION, NEA CLINIC PROVIDES THE FOLLOWING PROGRAMS AND SERVICES FOR THE COMMUNITY --COMMUNITY HEALTH FAIRS--PHYSICAL EXAMS FOR STUDENTS ACTIVE IN COMPETITIVE SPORTS--PROVISION OF STAFF NURSES TO HELP SENIOR CITIZENS HEALTH FAIR--EMPLOYEE ACTIVITIES TO RAISE MONEY FOR UNITED WAY, AMERICAN HEART ASSOCIATION, AND MARCH OF DIMES--PROVISIONS OF PHYSICIANS FOR SPEAKING ENGAGEMENTS ON TOPICAL HEALTH ISSUES TO THE COMMUNITYONE OF THE BIGGEST PROGRAMS AT NEA CLINIC IS THE WELLNESS CENTER THE WELLNESS CENTER AT NEA CLINIC HAS A STATE OF THE ART CARDIO THEATRE, SELECTORIZED EQUIPMENT, FREE WEIGHTS, INDOOR RUBBERIZED RUNNING TRACK, INDOOR HEATED POOL, JUICE BAR AND NUTRITION CENTER, LOCKER ROOMS, PERSONAL TRAINING AND MORE WE STRIVE TO DO WHATEVER IS NECESSARY TO HELP OUR MEMBERS MEET THEIR GOALS OUR TRAINING PHILOSPHY IS BASED ON THE PERIODIZATION OF RESISTANCE TRAINING. SOUND NUTRITION, AND CARDIOVASCULAR TRAINING. THIS IS KNOWN AS OUR TRIANGLE OF SUCCESS THE NEA WELLNESS CENTER IS A SILVER SNEAKER. CERTIFIED FACILITY ANYONE WHO HAS SILVER SNEAKERS AS A BENEFIT ON THEIR MEDICAL INSURANCE CAN COME TO THE WELLNESS CENTER FREE OF CHARGE WE OFFER VARIOUS CLASSES SUCH AS AAA WATER AEROBICS, LATIN BOOTCAMP, SILVERSPLASH SILVER SNEAKERS, AB WORKOUTS, LATIN FIT, YOGASTRETCH SILVER SNEAKERS, CARDIO CIRCUIT SILVER SNEAKERS, MSROM SILVER SNEAKERS, AND ZUMBA, JUST TO NAME A FEW

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

(F) Estimated amount of other

compensation

from the

organization and related organizations

61,567

71,305

47,439

39,155

18,000

18,000

18,000

26,550

18,000

24,000

0

0

0

0

0

615,408

614,951

542,825

454,725

413,696

Compensated Employees, and Inde	pendent Cor	itracto	15						
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th persoi and a	ion (nan o n is b	ne b oth	ox,ι an o	unles s fficer	5	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated emptoxies	Former	2/1099-MISC)	2/1099-MISC)
RANDY J KING DIRECTOR	0 23 39 77	×						0	560,578
JAMES W BOSWELL DIRECTOR (THRU 11/15)	0 23 39 77	х						0	729,218
BRAD H PARSONS DIRECTOR	1 15 38 85	X						0	282,376
MARK E SWANSON MD DIRECTOR (AS OF 12/15)	0 23 39 77	×						0	560,390
JASON BRANDT MD DIRECTOR/EMPLOYEE	40 00	×						685,501	0

40 00

0.00 40 00

0 00 38 85

1 15 40 00

0 00 40 00

0.00

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MICHAEL MACKEY MD

DIRECTOR/EMPLOYEE

DIRECTOR/EMPLOYEE

DIRECTOR/EMPLOYEE

NORBERT DELACEY MD

DIRECTOR/EMPLOYEE

ROBERT ABRAHAM MD

DIRECTOR/EMPLOYEE

PAUL LEVY MD

MATTHEW HAUSTEIN MD

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(F) Estimated amount

of other

compensation

from the

organization and related organizations

24,000

24,000

5,000

18,000

-6,099

24,000

7,500

8,000

0

0

0

0

0

0

345,774

294,240

291,944

241,702

219,623

132,917

Compensated Employees, and Inde	pendent Cor	ntracto	rs						
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position and individual trustee or director	ion (han o n is b	ne b ooth	ox, i an o	unless ifficer stee)	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
ROBERT TAYLOR MD PRESIDENT/DIRECTOR	38 85 1 15	×		x				408,039	0
K BRUCE JONES MD DIRECTOR/EMPLOYEE	38 85 1 15	×						396,480	0
MICHAEL TEDDER MD DIRECTOR/EMPLOYEE	40 00	х						382,713	0
MICHAEL ISAACSON MD DIRECTOR (THRU 4/16)	38 85 1 15	х						372,279	0
·									

40 00

0 00 38 85

1 15 40 00

0 00 40 00

0 00 40 00

0 00 40 00

0.00

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BROCK HARRIS MD

DIRECTOR (THRU 6/16)

STEPHEN WOODRUFF MD

TREAS/CMO/DIRECTOR

NATHAN TURNEY MD

DIRECTOR/EMPLOYEE

DOUGLAS MAGLOTHIN MD

DIRECTOR (THRU 4/16)

DIRECTOR/EMPLOYEE

DIRECTOR (THRU 4/16)

JAMES AMEIKA MD

RAY HALL JR MD

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

(F) Estimated amount of other compensation from the

organization and

related organizations

18,000

59,461

21,815

660

24,000

18,000

18,000

25,550

0

0

0

0

0

47,377

1,140,688

820,525

819,568

808,511

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below	Posit more the perso and a or of	nan (nan o n is b i dire	ne b oth ctor,	ox, i an o /trus	unless fficer stee)	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
	dotted line)	Individual trustee or director	Institutional Trustee	된	key employee	Highest compensated employee	ner		
WILLIAM HUBBARD MD V P / DIRECTOR (THRU 4/16)	40 00	×		x				116,067	0
OWEN K CRINER MD V P / DIRECTOR (AS OF 4/16)	40 00	х		х				291,725	0
GREGORY M DUCKETT SECRETARY	0 23 39 77			x				0	635,401
DARRELL JAMIE KING CEO	38 85 1 15			х				287,493	0
ANGINETTA CARLTON	40 00			х				113,449	0

0 00 40 00

0.00 40 00

0 00 40 00

0 00 40 00

0 00 40 00

0 00

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CFO (THRU 6/15)

CFO (AS OF 8/15)

KEVIN COLLINS MD

DHARMENDRA PATEL MD

JOHNATHAN LEDET MD

MARK WENDEL MD

BEN BARYLSKE

PHYSICIAN

PHYSICIAN

PHYSICIAN

PHYSICIAN

(A) (B) Name and Title Position (do not check Average more than one box, unless person is both an officer

Compensated Employees, and Independent Contractors

hours per
week (list
any hours
for related
organization
below
dotted line)
organızatıor below

40 00

0 00

.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

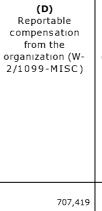
Individual

(C)

and a director/trustee)

employee

Institutiona



(E)

Reportable

(F)

Estimated amount

of other

compensation

from the

organization and

related organizations

17,404

ANTHONY WHITE MD

PHYSICIAN

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493223001147

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

www.irs.gov/form990.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

Name of the organization **Employer identification number** NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION INC 71-0850123 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

-		A Charch, convention	or charcines, o	i association of churc	iles described i	II Section 170(D)(+)(A)(I).	
2		A school described in	section 170(b)(1)(A)(ii).(Attach So	chedule E (Form	n 990 or 990-	EZ))	
3		A hospital or a cooper	atıve hospital	service organization (described in sec	tion 170(b)(1)(A)(iii).	
4	Ė	A medical research or	ganızatıon ope	erated in conjunction v	with a hospital d	lescribed in se	ction 170(b)(1)(A)(iii). Enter the
		hospital's name, city,	and state					
5					iversity owned	or operated by	a governmental unit o	lescribed in section
6	_	170(b)(1)(A)(iv). (Co	•	•	described in es	action 170/h)/	1)(A)(v)	
7		An organization that n	-	-			, , , , ,	ionoral public
•	ļ	described in section 1				om a governin	ental unit of from the g	jenerar public
8		A community trust des				tII)		
9	<u> </u>	An organization that r	normally recei	ves (1) more than 33	1/3% of its sup	port from cont	rıbutıons, membership	fees, and gross
	ļ						and (2) no more than	
							11 tax) from businesse	s acquired by the
10	_	An organization after Jun		eesection 509(a)(2).			on 509(a)(4)	
11	_	An organization organ		•		•		ut the nurnoses of
							509(a)(2) See sectio	
							l complete lines 11e, 1	
а		Type I. A supporting o						
		supported organization organization You mus				ty of the direc	tors or trustees of the	supporting
b		Type II. A supporting				with its supp	orted organization(s), b	ov having control or
_	l	management of the su						
		must complete Part IV						
c		Type III functionally i						grated with, its
d	_	supported organization		•	•), and E. I with its supported org	anization(s) that is
•	ļ						rement and an attentiv	` '
		(see instructions) You						·
е		Check this box if the o					ıs a Type I, Type II, T	ype III functionally
f	Ento	integrated, or Type III r the number of support		, ,	5 5	on		
g g	LIILE	Provide the following i	_				· · · · · · · · · · · · · · · · · · ·	
9		Trovide the following r	mormation ab	out the supported orge	amzacion(3)			
		(i)	(ii)EIN	(iii)	(iv)		(v)	(vi)
Nan	ne of s	upported organization	(,	Type of	Is the organ	nızatıon	A mount of	A mount of other
				organization	listed in your		monetary support	support (see
				(described on lines	docume	ent?	(see instructions)	instructions)
				1- 9 above (see instructions))				
					Yes	No		
Tota	I							
				•			•	

Pa	rt II Support Schedule for (Complete only if you Part III. If the organize	checked the bo	ox on line 5, 7, o	or 8 of Part I o	r if the organiza	ition failed to	qualify under
Se	ection A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			p. 0 0 0 1 0 1 0 1 1	/
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f)Total
	fiscal year beginning in)	(a)2011	(0)2012	(0)2013	(u)2014	(e) 2013	(1)1 Otal
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2	Tax revenues levied for the						
_	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
6	(f) Public support. Subtract line 5 from line 4						
Se	ection B. Total Support			1			
	Calendar year	(a)2011	(b) 2012	(c) 2013	(d)2014	(e) 2015	(f) Total
(or	fiscal year beginning in) 🟲	(a)2011	(0)2012	(0)2013	(u)2014	(e)2013	(1) 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						
11	Total support. Add lines 7						
12	through 10 Gross receipts from related activit	Les. etc. (see inst	tructions)			12	
13	First five years.If the Form 990 is			third fourth or i	fifth tax vear as a)(3) organization
	check this box and stop here	_			·		- -
Se	ection C. Computation of Pul	blic Support F	Percentage				
14	Public support percentage for 201	5 (line 6, column	(f) divided by line	11, column (f))		14	
15	Public support percentage for 2014	4 Schedule A, Pa	rt II, line 14			15	
16a	33 1/3% support test—2015. If the	organization did	not check the box	on line 13, and	line 14 is 33 1/3%	or more, chec	k this box
b	and stop here. The organization qu. 33 1/3% support test—2014. If the				, and line 15 is 33	1/3% or more	► ☐ , check this
17a	box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization Part VI how the organization me	—2015. If the organization meets the fa	anization did not c acts-and-circums	heck a box on lir tances test, chec	k this box and sto	op here. Explai	
b	organization 10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part VI how the organiza	nızatıon meets th	e "facts-and-circ	umstances" test	, check this box ar	nd stop here.	
18	supported organization Private foundation. If the organizat	ion did not check	a box on line 13,	. 16a, 16b, 17a, i	or 17b, check this	box and see	▶┌
	instructions						▶□

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part

	II. If the organization	1 fails to qualify	y under the tes	ts listed below	<u>, piease compie</u>	ete Part .	11.)	
_Se	ction A. Public Support	T	1	1	1			_
/ a = 6	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)20	15	(f) ⊤otal
(OF 1	iscal year beginning in) ► Gifts, grants, contributions, and							
-	membership fees received (Do							
	not include any "unusual grants ")							
2	Gross receipts from admissions,							
	merchandise sold or services							
	performed, or facilities furnished							
	in any activity that is related to							
	the organization's tax-exempt purpose							
3	Gross receipts from activities							
-	that are not an unrelated trade or							
	business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either							
5	paid to or expended on its behalf The value of services or facilities							
5	furnished by a governmental unit							
	to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2,							
	and 3 received from disqualified							
	persons							
b	Amounts included on lines 2 and 3 received from other than							
	disqualified persons that exceed							
	the greater of \$5,000 or 1% of							
	the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c							
	from line 6)							
	ction B. Total Support							
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)20	15	(f) Total
9	iscal year beginning in) ► A mounts from line 6							
10a	Gross income from interest,							
10a	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources							
b	Unrelated business taxable							
	income (less section 511 taxes)							
	from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated							
	business activities not included							
	ın lıne 10b, whether or not the							
	business is regularly carried on							
12	Other income Do not include							
	gain or loss from the sale of capital assets (Explain in Part							
	VI)							
13	Total support. (Add lines 9, 10c,							
	11, and 12)	ion the commit	l nia fir-t - '	threat formal	64h +a		017.30	
14	First five years.If the Form 990 is f	or the organization	on's first, second	, tnira, fourth, or	ππ tax year as a	section	01(c)(.	· · · · · · · · · · · · · · · · · · ·
	check this box and stop here	lia Cummant D						<u>▶</u>
	ction C. Computation of Pub			4.2 1 (0)				
15	Public support percentage for 2015			13, column (f))		15		
16	Public support percentage from 20:	14 Schedule A, P	art III, line 15			16		
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge				
17	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colur	mn (f))	17		
18	Investment income percentage from	n 2014 Schedule	A, Part III, line 1	١7		18		
	33 1/3% support tests—2015. If the				t line 15 is more t		3% and	lline 17 is not
1 7 a	more than 33 1/3%, check this box	•		•			•	↑ IIIIe 17 is not
h	33 1/3% support tests—2014. If the							•
	18 is not more than 33 1/3%, check	-						
20	Private foundation. If the organization		-	· ·		•	_	▶ □

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
4a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?			
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^2$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
.0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10 a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Par	rt IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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 restrictions, if any, applied to such powers during the tax year			
2	Did the organization operate for the benefit of any supported organization other than the supported organization that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) to operated, supervised or controlled the supporting organization			
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors of trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same per that controlled or managed the supported organization(s)			
Se	ection D. All Type III Supporting Organizations			
	·		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prictax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies the organization's governing documents in effect on the date of notification, to the extent not previously provided.	of		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard			
	ection E. Type III Functionally-Integrated Supporting Organizations			
1 b	The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
а	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how to organization determined that these activities constituted substantially all of its activities			
Ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or truster each of the supported organizations? <i>Provide details in Part VI</i>	es of 3a		
ь	• Did the organization exercise a substantial degree of direction over the policies, programs and activities of ear of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

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

CI	neck here if the organization satisfied the Integral Part Test as a qualifying tr	ust on N	ov 20,1970 See inst	ructions. All other
Τy	pe III non-functionally integrated supporting organizations must complete S	ections	A through E	
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	A verage monthly value of securities	1a		
)	A verage monthly cash balances	1b		
5	Fair market value of other non-exempt-use assets	1 c		
t	Total (add lines 1a, 1b, and 1c)	1 d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	neck here if the current year is the organization's first as a non-functionally-i	ntegrate	d Type III supporting (organization (see

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 accom	plish exempt purposes						
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in					
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons					
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval re-	quired)						
6 Other distributions (describe in Part VI) See instru	uctions						
7 Total annual distributions. Add lines 1 through 6							
8 Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide					
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015				
f 1 Distributable amount for 2015 from Section C, line $f 6$							
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)							
3 Excess distributions carryover, if any, to 2015							
а							
<u>b</u>							
С							
d From 2013							
e From 2014							
f Total of lines 3a through e							
Applied to underdistributions of prior years Applied to 2015 distributable amount							
i Carryover from 2010 not applied (see							
j Remainder Subtract lines 3g, 3h, and 3i from 3f							
4 Distributions for 2015 from Section D, line 7							
<u> </u>							
a Applied to underdistributions of prior years							
b Applied to 2015 distributable amount							
c Remainder Subtract lines 4a and 4b from 4							
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)							
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)							
7 Excess distributions carryover to 2016. Add lines 31 and 4c							
8 Breakdown of line 7							
<u>a</u>							
b							
c Excess from 2013							
d From 2014							
e From 2015							

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DLN: 93493223001147

Supplemental Financial Statements

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

Department of the Treasury Internal Revenue Service

SCHEDULE D

(Form 990)

Information about Schedule D (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

Open to Public Inspection

OMB No 1545-0047

NO	me of the organization RTHEAST ARKANSAS CLINIC CHARITABLE			Empi	oyer identii	rication nu	ımber	
	UNDATION INC	_		_	850123			
Pa	rt I Organizations Maintaining Donor Advis Complete if the organization answered "Yes	sed Funds or O f s" on Form 990, F	ther Similar Fi Part IV, line 6.	unds d	r Accou	nts.		
		onor advised funds		(b)	Funds and	other acco	unts	
	Total number at end of year							
	Aggregate value of contributions to (during year)							
;	Aggregate value of grants from (during year)							
	Aggregate value at end of year							
•	Did the organization inform all donors and donor advisors funds are the organization's property, subject to the organization	-		or advis	ed	Γ Υe	:s ┌	- No
•	Did the organization inform all grantees, donors, and don used only for charitable purposes and not for the benefit conferring impermissible private benefit?				purpose	ΓYe	is F	_ No
2a	rt II Conservation Easements. Complete if the	ne organization a	nswered "Yes" o	n Form	1 990. Par			140
	Purpose(s) of conservation easements held by the organ	<u> </u>		711 1 0 1 11	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	cry mic		
	Preservation of land for public use (e.g., recreation ceducation)	•	Preservation of a	n histori	cally impo	tant land a	area	
	Protection of natural habitat	· -	Preservation of a	certifie	, . d historic s	tructure		
	Preservation of open space	1						
<u>.</u>	Complete lines 2a through 2d if the organization held a q	ualified conservation	on contribution in t	he form	of a conse	rvation		
•	easement on the last day of the tax year	danned conservation	on contribution in t	ile lollil	or a conse	i vacion		
					Held at	the End of	the Y	ear
а	Total number of conservation easements			2a				
b	Total acreage restricted by conservation easements			2b				
c	Number of conservation easements on a certified histori	c structure included	dın (a)	2c				
d	Number of conservation easements included in (c) acqui	red after 8/17/06, a	and not on a	2d				
3	Number of conservation easements modified, transferred	l, released, extingui	shed, or terminate	d by the	e organizati	on during	the	
	tax year ▶							
ŀ	Number of states where property subject to conservation	n easement is locate	ed ▶					
5	Does the organization have a written policy regarding the violations, and enforcement of the conservation easeme		g, inspection, hand	dling of	Γ	_ Yes [_ _{No}	
•	Staff and volunteer hours devoted to monitoring, inspect year	ing, handling of viola	ations, and enforci	ng cons	ervation ea	asements (during t	the
	>							
,	A mount of expenses incurred in monitoring, inspecting, I	nandling of violation	s, and enforcing co	onserva	tion easem	ents durın	g the y	ear
3	Does each conservation easement reported on line 2(d) (B)(i) and section $170(h)(4)(B)(ii)$?	above satisfy the re	equirements of sec	tion 17		_ Yes [_ _{No}	
)	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the f the organization's accounting for conservation easement	ootnote to the organ						
ar	t III Organizations Maintaining Collections			or Oth	er Simila	ar Asset	s.	
	Complete if the organization answered "Yes If the organization elected, as permitted under SFAS 11	•				halanaa al	h a a t	
.a	works of art, historical treasures, or other similar assets service, provide, in Part XIII, the text of the footnote to	held for public exhi	bition, education,	or resea	rch in furth			
b	If the organization elected, as permitted under SFAS 11 works of art, historical treasures, or other similar assets service, provide the following amounts relating to these	held for public exhi						
(i) Revenue included on Form 990, Part VIII, line 1			> \$			_	
(i	i) Assets included in Form 990, Part X		1					
2	If the organization received or held works of art, historical following amounts required to be reported under SFAS 1.3		er sımılar assets fo					
а	Revenue included on Form 990, Part VIII, line 1				▶ \$			_
								_

b Assets included in Form 990, Part X

Part	Organiza (continued)	ations Maintaining	Collections of A	Art, His	stori	cal Tr	easures,	or Oth	ner Similar A	ssets	
3	Using the organiz	zation's acquisition, acce (check all that apply)	ession, and other re	cords, ch	hec k a	ny of th	e following	that are	a sıgnıfıcant us	e of its	
а	Public exhib	oition		d	Г	Loan	or exchang	e prograi	ms		
b	Scholarly re	search		e		Other					
c		n for future generations									
4	•	tion of the organization's	s collections and ex	olain ho	wthev	furthe	the organi	zation's	exempt purpose	ın	
•	Part XIII	eron or the organization.		.pram no	,	rarene	che organi	240000	exempe purpose		
5		did the organization solic to raise funds rather th							ımılar Ye s		^
Par	t IV Escrow	and Custodial Arra	ngements.						'		
1a	Is the organization	on an agent, trustee, cus 990, Part X?	todian or other inte	rmediary	for co	ontribut	ions or oth	er asset:	s not	5 N	o
b	If "Yes," expla	in the arrangement in Pa	art XIII and comple	te the fol	llowing	g table			Am	ount	
c	Beginning bala	nce	·		•			1c			
d	Additions durir	ng the year						1d			
e	Distributions d	uring the year						1e			
f	Ending balance	9						1 f			
2 a	Did the organizat	ion include an amount o	n Form 990, Part X,	line 21,	for es	crow or	custodial	account	liability? Yes		0
ь	75.11.4										
		the arrangement in Part rent Funds. Comple									
7.0	Liidowiii	ient i unus. comple	(a)Current year		nor yea		(c)Two years		Three years back	(e)Four y	ears back
1 a	Beginning of year	r balance									
b	Contributions										
c	Net investment e losses	earnings, gains, and									
d	Grants or schola	rships									
е	Other expenditur	res for facilities									
f	Administrative e	xpenses									
g	End of year balar										
2	Provide the estim	nated percentage of the	current year end ba	lance (lır	ne 1g,	columr	(a)) held a	ns			
а	Board designated	l or quası-endowment 🕨									
b	Permanent endow	vment ▶									
с		ricted endowment > on lines 2a, 2b, and 2c	should equal 100%								
3a		nent funds not in the pos	session of the orga	nızatıon	that a	re held	and admın	ıstered fo	or the	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	T
	organization by (i) unrelated orga	anizations							3a	(i) Yes	No
	-	ızatıons								(ii)	
b	` ,	, are the related organiz								b	
4		XIII the intended uses o		endowm	nent fu	nds					
Раг		uildings, and Equip e if the organization a		Form 9	90, P	art IV	line 11a.	See For	m 990, Part X	, line 10	
	•	ription of property			(;	a) ther bası	(I) ther basis	Accumulated (c) depreciation		ok value
1 a	Land										
b	Buildings										
_								260.010	0.7.0	.7	140.000
	Leasehold improve Equipment	aments		•			4	360,913 3,748,888	217,98 10,084,85	+	3 664 030
	Other			•			1	J,/40,000	10,004,85		3,664,030
Total	I. Add lines 1a thro	ough 1e <i>(Column (d) mus</i>	t equal Form 990, Pa	rt X. colu	mn (B). line 1	O(c)).		•		3,806,956

	(Form 990) 2015			Page 3
Part VII	Investments—Other Securities. C See Form 990, Part X, line 12.	Complete if the org	anızatıon answered 'Ye	es' on Form 990, Part IV, line 11b.
	(a) Description of security or catego	ory	(b)Book value	(c)Method of valuation
(4)5	(including name of security)			Cost or end-of-year market value
	al derivatives -held equity interests			
(3)Other				
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	•		
	Investments—Program Related.			
	Complete if the organization answer	ed 'Yes' on Form 9		
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
				cost of end of year market value
				+
-				
	nn (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX		<u>ition answered 'Yes' o</u> scription	n Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
	(u) be.	Seription		(B) Book Value
-				
-				
	omn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the o		od Wasi on Form 000	Dort IV log 110 or 115
Pail A	See Form 990, Part X, line 25.	rganization answer	ed tes on Form 990,	Part IV, line Tie or Til.
1.	(a) Description of liability	(b) Book val	ne	
Federal inc	ome taves			
1 ederal lilic	one taxes			
DUE TO AF	FFILIATES	54,289	9,506	
	nn (b) must equal Form 990, Part X, col (B) line 25)	▶ 54,289		's financial statements that ******

Part	Reconciliation of Revenue per Audited Financial Statements With Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a		Return
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)............. 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b		
C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)		
Part :			r Return.
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	1	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	· · · •	+
∠ a	Donated services and use of facilities		
a b	Prior year adjustments		
C			
d	Other losses		
e	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 2e	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	. 4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		
	Total expenses Aud lines 3 and 40. (This must equal Form 550, Fait 1, line 10)	5	1
Part	XIII Supplemental Information		
Part V	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lin V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complet mation		ide any additional
	Return Reference Explanation		
See Ad	dditional Data Table		
		-	

Page 5	chedule D (Form 990) 2015				
	ormation <i>(continued)</i>	Part XIII Supplemental Informa			
	Explanation	Return Reference			
	I.				

Additional Data

Software Version:

Software ID:

EIN: 71-0850123

Name: NORTHEAST ARKANSAS CLINIC CHARITABLE

FOUNDATION INC

Supplemental Information

Return Reference

Part X, Line 2

Explanation

FROM THE COMBINED AUDITED FINANCIAL STATEMENT OF BAPTIST MEMORIAL HEALTH CARE

CORPORATION

AND SUBSIDIARIES AS OF SEPTEMBER 30, 2016 AND 2015, BAPTIST MEMORIAL HEALTH CARE CORPORAT

ION HAD NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS UNDER FASB ASC TOPIC 740, INCOME TAXES,
REQUIRING ADJUSTMENTS TO ITS COMBINED FINANCIAL STATEMENTS IN THE EVENT BAPTIST MEMORIAL
HEALTH CARE CORPORATION WERE TO RECOGNIZE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX
POSITIONS, IT WOULD BE RECOGNIZED IN THE COMBINED FINANCIAL STATEMENTS AS INTEREST EXPENS
E GENERALLY, BAPTIST MEMORIAL HEALTH CARE CORPORATION IS NO LONGER SUBJECT TO INCOME TAX
EXAMINATIONS FOR TAX YEARS PRIOR TO 2012 (FISCAL YEAR ENDED SEPTEMBER 30, 2013)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493223001147 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Employer identification number Name of the organization NORTHEAST ARKANSAS CLINIC CHARITABLE 71-0850123 FOUNDATION INC **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) BAPTIST MEMORIAL 58-1544781 501(c)(3) 128,807 DONATION **HEALTH CARE** (1) FOUNDATION INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

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

(b) Number of

(a) Type of grant of ass	Sistance	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	(1) Description of non-cash assistance		
Part IV Supplemen	ntal Informa	tion. Provide the info	rmation required in P	art I, line 2, Part III,	column (b), and any other a	additional information.		
Return Reference	Explanat	ion						
Part I, Line 2	ALL ORGANIZATIONS ARE REQUIRED TO SUBMIT PROOF OF TAX EXEMPT STATUS THAT'S VERIFIED BY THE IRS DATABASE BEFORE THEY CAN PROCEED WITH THEIR REQUEST THEY MAY USE OUR ONLINE CHARITABLE REQUEST APPLICATION TO SUBMIT A REQUEST IF THEY ARE NOT A 501 (C)(3) ORGANIZATION, THEY ARE REQUIRED TO SUBMIT A COPY OF THEIR DETERMINATION LETTER FROM THE IRS							

IVALIDATING THEIR EXEMPT STATUS BEFORE WE CAN PROVIDE ANY IN-KIND GIVEAWAYS OR SERVICES WE ALSO MONITOR THE FUNDS TO ENSURE THEY ARE USED FOR THE PURPOSE GRANTED WE MAKE EVERY EFFORT TO DIRECT OUR FUNDING TO A PROGRAM FOR A SPECIFIC PURPOSE ORGANIZATIONS ARE ASKED TO SHOW RESULTS AND DOCUMENTATION ANNUALLY BEFORE THEIR REQUEST CAN BE CONSIDERED FOR FUTURE FUNDING THE REQUESTS ARE REVIEWED AND APPROVED BY VARIOUS INDIVIDUALS DEPENDING UPON THE TYPE AND AMOUNT OF THE REQUEST SMALL AMOUNTS MAY BE APPROVED BY THE SYSTEM COORDINATOR, CASH SPONSORSHIPS MAY

BE APPROVED BY THE SYSTEM DIRECTOR OF COMMUNICATIONS, ANYTHING OVER \$10,000 MAY BE APPROVED BY THE BAPTIST MEMORIAL HEALTH CARE FOUNDATION SENIOR V P , AND ANYTHING OVER \$50,000 NEEDS APPROVAL BY THE CORPORATE

Compensation Information

DLN: 93493223001147

OMB No 1545-0047

2015

Schedule J (Form 990)

Department of the

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.

Open to Public

Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** NORTHEAST ARKANSAS CLINIC CHARITABLE

FUU	NDATI	ON INC		71-0850123			
Pa	rt I	Questions Regarding Compensation					
						Yes	No
1a		ck the appropiate box(es) if the organization provide , Part VII, Section A , line 1a Complete Part III to					
		First-class or charter travel	Γ	Housing allowance or residence for personal use			
		Travel for companions	Γ	Payments for business use of personal residence			
		Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Г	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)	 		
b		ny of the boxes in line 1a are checked, did the organ ibursement or provision of all of the expenses descr			1b		
2		the organization require substantiation prior to reim ctors, trustees, officers, including the CEO/Executiv		· · · · · · · · · · · · · · · · · · ·	2		
3	orga	cate which, if any, of the following the filing organiza inization's CEO/Executive Director Check all that a d by a related organization to establish compensation	apply				
		Compensation committee	Γ	Written employment contract			
		Independent compensation consultant	Г	Compensation survey or study			
		Form 990 of other organizations	Γ	Approval by the board or compensation committee			
4		ng the year, did any person listed on Form 990, Par related organization	t VII	I, Section A, line 1a with respect to the filing organization			
а	Rec	eive a severance payment or change-of-control pay	men	t?	4a		Νo
b	Part	ricipate in, or receive payment from, a supplemental	none	qualified retirement plan?	4b	Yes	
c	Part	ricipate in, or receive payment from, an equity-based	d cor	mpensation arrangement?	4c		Νo
	If"Y	es" to any of lines 4a-c, list the persons and provid	le th	e applicable amounts for each item in Part III			
5	For	, 501(c)(3), 501(c)(4), and 501(c)(29) organization persons listed on Form 990, Part VII, Section A, lin pensation contingent on the revenues of					
а	The	organization?			5a		Νo
b	,	related organization? 'es," on line 5a or 5b, describe in Part III			5b		Νo
6	For	persons listed on Form 990, Part VII, Section A, lin pensation contingent on the net earnings of	ie 1a	, did the organization pay or accrue any			
а	The	organization?			6 a		No
b	Any	related organization?			6b		Νo
	If"Y	es," on line 6a or 6b, describe in Part III					
7		persons listed on Form 990, Part VII, Section A , lin ments not described in lines 5 and 6? If "Yes," desc			7	Yes	
8	subj	e any amounts reported on Form 990, Part VII, paic ect to the initial contract exception described in Re art III			8		No
9		es" on line 8, did the organization also follow the rection 53 4958-6(c)?	butta	able presumption procedure described in Regulations	9		

ruge Z								
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.								
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual								
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in			

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base (1) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(1) compensation	compensation	compensation				Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015

Page 2

Part I. Line 4b

Part I, Line 7

Schedule J (Form 990) 2015

457(F) THE EXACT PURPOSE OF EACH PLAN VARIES BUT THEY INCLUDE COMPENSATION LIMITATION MAKE-UP PLANS, VOLUNTARY DEFERRAL PLANS, DEFERRAL OF A PORTION OF INCENTIVE BONUS TYPE PLANS, ETC. ANY AMOUNT ULTIMATELY PAID UNDER THE THE YEAR

PROGRAM TO THE EXECUTIVE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J. PART II, COLUMN B IN THE YEAR PAID NO PAYMENTS WERE MADE TO LISTED PERSONS IN PART VII UNDER THE VARIOUS NON-QUALIFIED DEFERRED COMPENSATION PLANS DURING

STUDIES, AND APPROVAL BY THE COMPENSATION COMMITTEE TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S

ELIGIBLE EXECUTIVES PARTICIPATE IN VARIOUS NON-QUALIFIED DEFERRED COMPENSATION PLANS ORGANIZED UNDER CODE SECTION

Page 3

Schedule J (Form 990) 2015

ITHE 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

CEO/EXECUTIVE DIRECTOR AND OTHER KEY PERSONNEL

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 PREFORMANCE 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

Software ID: **Software Version:**

EIN: 71-0850123

Name: NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION INC

Form 990, Schedule J, Pa (A) Name and Title		- Officers, Direct	tors, Trustees, Ke	y Employees, and	Highest Compens	sated Employees		
(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable		(F) Compensation in
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1RANDY J KINGDIRECTOR	(1)	0	n	n	0	0	0	0
	(11)	376,478	137,227	46,873	42,666	18,901		0
1JAMES W BOSWELL	(1)	0	0	0	0	18,901	622,145	0
DIRECTOR (THRU 11/15)	(11)	499,372	124,791	105,055	43,875			0
2BRAD H PARSONSDIRECTOR						27,430	800,523	
ZDRAU II PARSUNSDIRECTUR	(1)	220,008	0	0	0	0	0	0
		220,000	34,420	27,948	26,821	20,618	329,815	U
3MARK E SWANSON MD DIRECTOR (AS OF 12/15)	(I) (II)	0 489,210	0	0	0	0	0	0
	\'''	105,210	38,096	33,084	17,500	21,655	599,545	U
4JASON BRANDT MD DIRECTOR/EMPLOYEE	(1)	685,501	0	0	0	18,000	703,501	0
	(11)	0	0	О	0	-0		0
5MICHAEL MACKEY MD DIRECTOR/EMPLOYEE	(1)	615,408	0	0	0	18,000	633,408	0
DIRECTOR/EMPLOTEE	(11)	0	0	0	0			0
6MATTHEW HAUSTEIN MD	(1)	614,951	0	0	0	18,000	632,951	0
DIRECTOR/EMPLOYEE	(11)	0	0	0	0			0
7PAUL LEVY MD	(1)	542,825	0	0	0	26,550	569,375	0
DIRECTOR/EMPLOYEE	(11)	0	0	0	0			0
8NORBERT DELACEY MD	(1)	454,725	0	0	0	18,000	472,725	0
DIRECTOR/EMPLOYEE	(11)	0	0	0	0		4/2,/23	0
9ROBERT ABRAHAM MD	(1)	413,696		0		24.000	127.606	
DIRECTOR/EMPLOYEE	(11)	0		0	0	24,000	437,696	0
122222777				_		0	0	
10ROBERT TAYLOR MD PRESIDENT/DIRECTOR	(1)	408,039	0	0	0	24,000	432,039	0
	(11)	0	0	0	0	0	0	0
11K BRUCE JONES MD DIRECTOR/EMPLOYEE	(1)	396,480	0	0	0	24,000	420,480	0
	(11)	0	0	0	0		-	0
12MICHAEL TEDDER MD	(1)	382,713	0	0	0	5,000	387,713	0
DIRECTOR/EMPLOYEE	(11)	0	0	0	0			0
13MICHAEL ISAACSON MD	(1)	372,279			^	0	372,279	0
DIRECTOR (THRU 4/16)	(11)	0			0		372,279	0
14BROCK HARRIS MD		0.15.77.1				0	0	
DIRECTOR (THRU 6/16)	(1)	345,774	0	0	0	18,000	363,774	0
	(")	o de la companya de	0	0	0	0	. 0	0
15STEPHEN WOODRUFF MD TREAS/CMO/DIRECTOR	(1)	294,240	0	0	0	-6,099	288,141	0
	(11)	0	0	o	0	-0		0
16NATHAN TURNEY MD DIRECTOR/EMPLOYEE	(1)	291,944	0	0	0	0	291,944	0
DIRECTORY EMPLOTEE	(11)	0	0	0	0			0
17DOUGLAS MAGLOTHIN MD	(1)	241,702	^	^	^	24,000	265,702	0
DIRECTOR (THRU 4/16)	(11)	0	0	0	0	24,000		0
18RAY HALL JR MD	(1)	210 622				0	0	
DIRECTOR/EMPLOYEE	(1)	219,623	0	0 	0 	7,500	227,123	0
190WEN K CRINER MD	$\perp \perp \perp$	20:				0	0	
V P /DIRECTOR (AS OF 4/16)	(1)	291,725 	0	0	0	18,000	309,725	0
	(")	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(I)-(D) column (B) (ii) (i) (iii) reported as deferred compensation Base Other Bonus & on prior Form 990 Compensation incentive reportable compensation compensation 21GREGORY M DUCKETT (1) SECRETARY [(II) 406,753 152,260 76,388 33,125 26,336 694,862 1 DARRELL JAMIE KINGCEO 287,493 21,815 309,308 [(II) 2KEVIN COLLINS MD 1,140,688 24,000 1,164,688 PHYSICIAN [(II) 3 DHARMENDRA PATEL MD (1) 820,525 18,000 838,525 PHYSICIAN (II) 4JOHNATHAN LEDET MD 819,568 18,000 837,568 PHYSICIAN [(II) 5MARK WENDEL MD 808,511 25,550 834,061 PHYSICIAN (II) **6**ANTHONY WHITE MD 707,419 17,404 724,823 PHYSICIAN [(II)

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Schedule L

► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493223001147

2015

Open to Public Inspection

NORTHEAST ARKA	nter the amount of tax incurred by organization managers or disqualified person nter the amount of tax incurred by organization managers or disqualified persons. II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line organization reported an amount on Form the organization or form the organization organization organization? To From To From Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part I Name of interested (b) Relationship between (c) Amount of assistance							fication	number				
Part I Exce)(29)		zations		10b		
									z, Part cription		(d) Corr	ected?	
1 (d) Italii	ic of disqualin	red person	(b) itel		•	med person and	1 "	-	saction	'	Yes	No	
											103		
							1			-			
			In line 2, above, reimbursed by the organization										
	mount of tax	incurred by orga	anızatıon ma	nagers or di	squalified pers	sons during the	yearı	ınder	section				
4958 .									▶ \$				
3 Enter the a	mount of tax,	, if any, on line 2	, above, reii	mbursed by t	he organizatio	on			▶ \$				
				_									
					0.57.5.11/		0.0	0 0		2.6	6.1		
						line 38a, or Fo	rm 99	0, Par	t IV, lin	ie 26, o	rifthe		
org	amzation rep	orteu an amount	OII FOIIII 99	o, Pait X, III	16 3, 6, 01 22								
(a) Name of	1, ,	(d) Loan t	·n	(e)Original	(f)Balance	(a)	In	(h	`	(i)Wri	tten		
interested with					1								
person	interested with	on İoan	organizatio	n?	1 ' ' 1		1 1 1				r -		
							committe			ttee?	7 د		
			То	From			Yes	No	Yes	No	Yes	No	
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Fotal	<u>I</u>			1		207 500				1	ı		
Total			ofilios To		Dausaus	307,580							
						rt IV lpo 27							
										D			
		. ,	•	(c) A moun	t or assistance	e (d) Type o	orassis	stance	e (e)	Purpos	e of assi	stance	
perso	(a) Name of interested (b) Relationsh												
		9				1							
				1									
				-		+			_				
				-		+			-				
				-		+			-				
									-				

Schedule L (Form 990 or 990-E	Z) 2015					Page 2
Part IV Business Trans	actions Involvir	g Interested P	ersons.	0 201	20	
Complete if the o	(b) Relationship between interested person and the	(c) A mount of	m 990, Part IV, line 2 (d) Description of transaction	(e) Sh o organi	naring f zation's	
	organization			Yes		
			•		<u> </u>	
	Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. ame of interested person (b) Relationship between interested person and the organization (c) A mount of transaction (d) Description of transaction's revenues? Yes No Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions) Return Reference Explanation					
					<u> </u>	
		(c) A mount of transaction (d) Description of transaction (e) Sharing of organization's revenues? Yes No Page				
Part V Supplemental I	nformation					_
		ses to questions o	n Schedule L (see instruc	tions)		
Return Reference			Explanation			_
PART II	(b) CERTAIN NORTHEAST PERCENT OF ADVANCED OF ARKANSAS OF EDWARD CONTHE PARTIES INSTALLMEN M D , P A DOWN PLLC LINE 2 EMPLOYEES MORE THAN ASSOCIATES (c) NORTHEA ASSETS FRO PARTIES AGI INSTALLMEN ASSOCIATES (b) CERTAIN NORTHEAST PERCENT OF THE INTERES	OFFICERS, DIRECT ARKANSAS CLINITHE TOTAL COMPONITION OF THE TOTAL COMPO	TORS, AND HIGHLY CO CC CHARITABLE FOUND BINED VOTING POWER C, THE INTERESTED PI LE FOUNDATION, INC /B/A ADVANCED ORTH- 62,500 OF THE PURCH- 0 BY A PROMISSORY NO RTHOPAEDICS, P C PEI FAIN OFFICERS, DIREC RKANSAS CLINIC CHA HE TOTAL COMBINED PLLC, THE INTERESTE LINIC CHARITABLE FOU BOSS OF THE PURCHASE 0 BY A PROMISSORY NO 0 BY A PROMISSORY NO 0 PLC ARKANSAS UROL CTORS, AND HIGHLY CO IC CHARITABLE FOUND BINED VOTING POWER NE 3 COLUMN (c) NORT	MPENS ATION OFR E ERSON I PURCH, OPAEDI ASE PRI DITE PAY DIATRIC TORS, A RITABL VOTING D PERS JNDATI JRO, PLI E PRICE DOGY CI DMPENS ATION OF ARK THEAST	ATED EMPLOYEES, INC WHO OWN M DWARD COOPER, LINE 1 COLUMN (ASED CERTAIN ASCS, P C ON AUGU CE WOULD BE PAUTO ON ASSOCIATES OF CONTROL ON ASSOCIATED ASSOCIATED CONTROL ON AS	SOF TORE THAN 35 M D , P A D/B/A E) NORTHEAST GSETS FROM R JST 15, 2012 ID IN PERIODIC RD COOPER, F JONESBORO, PENSATED NC WHO OWN ATRIC MN SED CERTAIN R 14, 2012 THE EN PERIODIC RIC COLUMN SOF TORE THAN 35 C CLINIC, LTD IC CHARITABLE

FAMILY PRACTICE CLINIC, PLLC

NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC WHO OWN MORE THAN 35 PERCENT OF THE TOTAL COMBINED VOTING POWER OF BROOKLAND MEDICAL CLINIC, INC THE INTERESTED PERSONS LINE 4 COLUMN (c) NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC PURCHASED CERTAIN ASSETS FROM BROOKLAND MEDICAL CLINIC, INC ON JULY 1, 2013 THE PARTIES AGREED THAT \$125,000 OF THE PURCHASE PRICE WOULD BE PAID IN PERIODIC INSTALLMENTS REPRESENTED BY A PROMISSORY NOTE PAYABLE TO BROOKLAND MEDICAL CLINIC, INC FAMILY PRACTICE CLINIC, PLLC LINE 5 COLUMN (b) CERTAIN OFFICERS, DIRECTORS, AND HIGHLY COMPENSATED EMPLOYEES OF

NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC WHO OWN MORE THAN 35 PERCENT OF THE TOTAL COMBINED VOTING POWER OF FAMILY PRACTICE CLINIC, PLLC THE INTERESTED PERSONS LINE 5 COLUMN (c) NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC PURCHASED CERTAIN ASSETS FROM FAMILY PRACTICE CLINIC, PLLC ON JANUARY 1, 2014 THE PARTIES AGREED THAT \$250,000 OF THE PURCHASE PRICE WOULD BE PAID IN PERIODIC INSTALLMENTS REPRESENTED BY A PROMISSORY NOTE PAYABLE TO

Additional Data

Software ID: Software Version:

EIN: 71-0850123

Name: NORTHEAST ARKANSAS CLINIC CHARITABLE

FOUNDATION INC

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

(a) Name of interested person	(b) Relationship with organization	loan	(d) Lo or froi organiz	m the	(e)O riginal principal amount	(f) Balance due	(g) defa	In ult?	(h Appro by boa commi	oved ard or	(i)Wri agreen	
			То	From			Yes	No	Yes	No	Yes	No
(1) R EDWARD COOPER MD PA DBA ADVANCED ORTHOPAEDICS PC			X		62,500	12,500		Νo	Yes		Yes	
(1) PEDIATRIC ASSOCIATES OF JONESBORO PLLC			×		145,833	21,747		No	Yes		Yes	
(2) ARKANSAS UROLOGY CLINIC LTD			X		183,333	73, 333		No	Yes		Yes	

(a) Name of (b) Relationship (c) Purpose of (d) Loan to (e)O riginal (f)Balance due (g) In (h) (i)Written with organization default? Approved lagreement? interested Ioan or from the principal lorganization? by board or amount person committee? Τо From Yes No Yes No Yes No 125.000 50.000 (4) Νo lYes Yes BROOKLAND MEDICAL CLINIC TNC

250,000

150,000

Nο

Yes

Yes

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

1111	-
	FAMILY PRACTIC

(1) CLINIC PLLC

efile GRAPHI	C print	- DO NOT PROCESS		DLN: 93493223001147					
SCHEDULE (Form 990 c 990-EZ) Department of the Treasury Internal Revenue Service	e e	Complete to provi Form 990 or	ide information for res 990-EZ or to provide a Attach to Form 99	or 990-EZ) and its instruct	ens on	2015 Open to Public Inspection			
Name of the orga NORTHEAST ARKANS FOUNDATION INC	AS CLINIC C	HARITABLE	on		Employer identif	ication number			
Return Reference		Explanation							
Form 990, Part VI, Section A, line 3	· · · · · · · · · · · · · · · · · · ·								

990 Schedule O. Supplemental Information Return Explanation Reference Form 990. Part I NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION. INC IS A NON-STOCK CORPORATION WHOSE SOL VI, Section A. E MEMBER IS NORTHEAST ARKANSAS BAPTIST HEALTH SYSTEM. INC.

line 6

990 Schedule O. Supplemental Information Return Explanation Reference Form 990. Part I NORTHEAST ARKANSAS BAPTIST HEALTH SYSTEM. INC . THE SOLE MEMBER OF NORTHEAST ARKANSAS CLIN VI, Section A. I IC CHARITABLE FOUNDATION. INC . ELECTS THE BOARD OF DIRECTORS

line 7a

990 Schedule O. Supplemental Information Return Explanation Reference Form 990. Part I NORTHEAST ARKANSAS BAPTIST HEALTH SYSTEM. INC. IS THE SOLE MEMBER OF NORTHEAST ARKANSAS CL. VI. Section A. INIC CHARTIABLE FOUNDATION. INC BAPTIST MEMORIAL HEALTH CARE CORPORATION. THE SOLE MEMBER

OF NORTHEAST ARKANSAS HEALTH SYSTEM. APPROVES THE BOARD OF DIRECTORS ACTIONS

line 7b

990 Schedule O, Supplemental Information Return

Reference Form 990, Part

line 11

VI, Section B. INIC CHARITABLE FOUNDATION, INC. BAPTIST MEMORIAL HEALTH CARE CORPORATION IS THE THE SOLE MEMBER OF NORTHEAST ARKANSAS BAPTIST HEALTH SYSTEM, INC. THE FORM 990 IS REVIEWED BY BAPTI ST MEMORIAL HEALTH CARE CORPORATION'S PRESIDENT/CEO, SR V P/CFO, AND THE CLINIC CFO IN ADDITION, THE FORM 990 IS REVIEWED ON A ROTATING BASIS OF EVERY FOUR YEARS BY AN OUTSIDE I

S BEFORE SUBMITTING IT TO THE IRS HOWEVER. BAPTIST MEMORIAL HEALTH CARE CORPORATION HAS A

Explanation

NORTHEAST ARKANSAS BAPTIST HEALTH SYSTEM, INC. IS THE SOLE MEMBER OF NORTHEAST ARKANSAS CL.

NDEPENDENT ACCOUNTING AND TAX FIRM THE FORM 990 WAS NOT REVIEWED BY THE BOARD OF DIRECTOR

ORATION GOVERNANCE COMMITTEE WILL REVIEW THE FORM 990 AFTER SUBMITTING IT TO THE IRS.

GOVERNANCE COMMITTEE THAT IS A PPOINTED BY ITS BOARD OF DIRECTORS. THE BAPTIST MEMORIAL HE ALTH CARE CORPORATION GOVERNANCE COMMITTEE CONSISTS OF THREE OR MORE MEMBERS ALL OF WHICH MAY OR MAY NOT BE MEMBERS OF THE BOARD OF DIRECTORS. THE BAPTIST MEMORIAL HEALTH CARE CORP.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	NORTHEAST ARKANSAS BAPTIST HEALTH SYSTEM, INC IS THE SOLE MEMBER OF NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER OF NORTHEAST ARKANSAS BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS SOLE MEMBER OF NORTHEAST ARKANSAS BAPTIST MEMORIAL HEALTH SYSTEM, INC REQUIRES THAT ALL EMPLOY EES, INCLUDING OFFICERS AND KEY EMPLOY EES, PERIODICALLY COMPLETE A CERTIFICATION AND ACKNOWLEDGEMENT OF THE EBAPTIST MEMORIAL HEALTH CARE CORPORATION STANDARDS OF CONDUCT, WHICH INCORPORATES THE CONFLICT OF INTEREST POLICY BOARD MEMBERS DISCLOSE AND SIGN A CONFLICT OF INTEREST STATEMEN TEACH DECEMBER IN THE EVENT THAT AN EMPLOYEE OR BOARD MEMBER BECOMES AWARE OF A POTENTIA L 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 REPOR TO THE CHAIRMAN OF THE BOARD OF DIRECTORS THE SIGNED CONFLICT OF INTEREST STATEMENTS AR E REVIEWED BY THE SENIOR V P AND CORPORATE COUNSEL, AND ARE MAINTAINED IN THE BAPTIST MEMORIAL HEALTH CARE CORPORATION LEGAL DEPARTMENT IF A CONFLICT OF INTEREST IS FOUND TO EXIS T, IT WILL BE THE RESPONSIBILITY OF THE CEO, WITH THE INVOLVEMENT OF THE BAPTIST MEMORIAL HEALTH CARE CORPORATION LEGAL DEPARTMENT, TO RESOLVE THE ISSUE.

990 Schedule O, Supplemental Information

Doturn

Reference	Explanation
Form 990, Part	BAPTIST MEMORIAL MEDICAL GROUP, INC 'S HUMAN RESOURCE DEPARTMENT, THE GOVERNANCE COMMITTEE
VI, Section B,	OF THE BOARD OF DIRECTORS, AND AN INDEPENDENT COMPENSATION CONSULTING FIRM PERFORM ANNUAL
line 15	REVIEWS EACH DECEMBER AND APPROVE COMPENSATION OF THE CEO AND OTHER TOP MANAGEMENT PERSON
	NEL THEY USE COMPARABILITY DATA AND OTHER SOURCES AS NEEDED THE CEO AND OTHER TOP MANAGE
	MENT USE THE SAME TYPE OF INFORMATION TO APPROVE COMPENSATION OF OTHER OFFICERS AND KEY EM
	PLOYEES ON DECEMBER 14, 2014 THE COMPENSATION WAS REVIEWED AND APPROVED FOR THE CALENDAR
	YEAR ENDING DECEMBER 31, 2015 FOR THE PRESIDENT, THE VICE PRESIDENTS, AND THE CEO/ADMINIST
	RATOR

Evolopation

990 Schedule O. Supplemental Information Return Explanation Reference Form 990. Part NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION. INC. MAKES COPIES OF ITS FORMS 1023. 990. VI. Section C. AND 990T AVAILABLE FOR PUBLIC INSPECTION TO ANY ONE WHO REQUESTS THEM AS REQUIRED BY THE I line 18 RS

990 Schedule O. Supplemental Information Return Explanation Reference Form 990. Part I NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION. INC. MAKES ITS GOVERNING DOCUMENTS. CONFL VI, Section C. I ICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

line 19

990 Schedule O, Supplemental Information Return Explanation Reference Form 990. Part RANDY J KING - 350 N HUMPHREYS BLVD . MEMPHIS. TN 38120-2177 GREGORY M DUCKETT - 350 N HUMPHREYS BLVD, MEMPHIS, TN 38120-2177 JAMES W BOSWELL - 350 N HUMPHREYS BLVD, MEMP HIS, TN 38120-2177 MARK E SWANSON, M.D. - 350 N. HUMPHREYS BLVD., MEMPHIS, TN 38120-2177

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Part | EQUITY TRANSFER -333

XI, line 9

Return Reference	Explanation
PART XII. LINE	NORTHEAST ARKANSAS BAPTIST HEALTH SYSTEM. INC. IS THE SOLE MEMBER OF NORTHEAST ARKANSAS CL

2c FINANCIAL INIC CHARITABLE FOUNDATION. INC. BAPTIST MEMORIAL HEALTH CARE CORPORATION. AS THE SOLE MEM. STATEMENTS AND

990 Schedule O. Supplemental Information

REPORTING

BER OF NORTHEAST ARKANSAS BAPTIST HEALTH SYSTEM, INC., HAS AN AUDIT COMMITTEE THAT CHOOSES THE AUDIT FIRM. OVERSEES AND REVIEWS THE AUDIT REPORTS. AND THEN FOLLOWS UP ON ANY NECESS. ARY CHANGES AND RECOMMENDATIONS. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R Polated O

DLN: 93493223001147

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public Inspection

Employer identification number

71-0850123

Department of the Treasury Internal Revenue Service

Name of the organization

NORTHEAST ARKANSAS CLINIC CHARITABLE

(Form 990)

FOUNDATION INC

► Attach to Form 990.

Information about Schedule R (Form 990) and its instructions is at <u>www.irs.qov/form990</u>.

Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I (c) (d) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year. (c) (d) (e) (f) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? No Yes See Additional Data Table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2015

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.

(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 e) ortionate otions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	part	ral or aging	(k) Percentage ownership
				,		Yes	No	ļ	Yes	No	
See Additional Data Table											
Part IV Identification of Related Organizations Taxabl		L				<u> </u>					

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	Section (b)(: contro entit	1512 13) olled :y?
HEALTH TECH AFFILIATES (1)INC	BUYING & LEASING REAL & PERSONAL PROPERTY	TN	N/A	С				Yes	No
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1278576									
BAPTIST MEMORIAL HEALTH SERVICES GROUP OF THE MID-SOUTH INC	HEALTH INSURANCE CONTRACTING	TN	N/A	С				Yes	
350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1534210									
SOUTHCREST PROPERTY (3)OWNERS ASSOCIATION 7601 SOUTHCREST PKWY	BOOKKEEPING & DATA PROCESSING FOR THE SOUTHCREST DEVELOPMENT	MS	N/A	С				Yes	
SOUTHAVEN, MS 38671 64-0768703									
(4) GERMANTOWN BUSINESS PARK OWNERS ASSOCIATION 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 20-1158216	BOOKKEEPING & DATA PROCESSING FOR THE GERMANTOWN BUSINESS PARK DEVELOPMENT	TN	N/A	С				Yes	

					, u	gc O		
Part V Transactions With Related Organizations Complete if the organization ans	wered "Yes" on Form	990, Part IV, line	: 34, 35b, or 36.					
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No		
f L During the tax year, did the orgranization engage in any of the following transactions with one or more	e related organizations li	sted in Parts II-IV?	ı					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Ne		
f b Gift, grant, or capital contribution to related organization(s)				1 b	Yes			
${f c}$ Gift, grant, or capital contribution from related organization(s)				1 c		N		
f d Loans or loan guarantees to or for related organization(s)				1d		N		
e Loans or loan guarantees by related organization(s)				1e	Yes			
f Dividends from related organization(s)				1f		N		
g Sale of assets to related organization(s)				1 g		N		
h Purchase of assets from related organization(s)				1h		N		
i Exchange of assets with related organization(s)								
j Lease of facilities, equipment, or other assets to related organization(s)								
k Lease of facilities, equipment, or other assets from related organization(s)				1k	Yes			
Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes			
m Performance of services or membership or fundraising solicitations by related organization(s) .				1m	Yes	ı		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		N		
o Sharing of paid employees with related organization(s)				10	Yes			
p Reimbursement paid to related organization(s) for expenses				1 p		N		
q Reimbursement paid by related organization(s) for expenses				1 q	Yes	_		
r Other transfer of cash or property to related organization(s)				1r		N		
${f s}$ Other transfer of cash or property from related organization(s)				1 s		N		
If the answer to any of the above is "Yes," see the instructions for information on who must comple	ete this line, including co	overed relationships	and transaction thresholds	;		_		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	nount II	nvolved			
Additional Data Table								

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

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

revenue) that was not a related organization. See instructions i			ertaın invest										
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section (01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1 1	
	•			-									



Software ID: **Software Version:**

EIN: 71-0850123

Name: NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION INC

Form 990 Schodu	la D Dart II - Idan	tification of Polated T	ax-Exempt Organizations

Form 990, Schedule R, Part II - Identification of R (a) Name, address, and EIN of related organization	elated Tax-Exempt Org (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	Section (b)(1 contro entit	n 512 13) olled
BAPTIST MEMORIAL HEALTH CARE SYSTEM INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1456556	CARRY OUT THE HEALTH CARE MISSIONS OF THE BAPTIST CONVENTIONS OF AR, MS, TN	TN	501(c)(3)	509(a)(3)	N/A	Yes	
BAPTIST MEMORIAL COLLEGE OF HEALTH SCIENCES INC 1003 MONROE MEMPHIS, TN 381043110 62-1599670	EDUCATION OF HEALTH CARE PROFESSIONALS	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HOSPITAL INC	Yes	
BAPTIST MEMORIAL HEALTH SERVICES INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1509127	PROVISION OF HEALTH CARE PROVIDERS & HOME INFUSION EQUIPMENT	TN	501(c)(3)	509(a)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
BAPTIST MEMORIAL HOSPITAL INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-0123940	HEALTH CARE/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
MEDICAL FINANCIAL SERVICES INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1112364	COLLECTION AGENCY FOR BAPTIST FACILITIES	TN	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
BAPTIST MEMORIAL HOSPITAL-BOONEVILLE INC 100 HOSPITAL ST BOONEVILLE, MS 38829 64-0663760	HEALTH CARE/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
BAPTIST MEMORIAL HOSPITAL-DESOTO INC 7601 SOUTHCREST PKWY SOUTHAVEN, MS 38671 64-0682111	HEALTH CARE/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
BAPTIST MEMORIAL HOSPITAL-GOLDEN TRIANGLE INC 2520 FIFTH ST COLUMBUS, MS 39703 62-1519754	HEALTH CARE/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
BAPTIST MEMORIAL HOSPITAL-HUNTINGDON INC 631 RB WILSON DR HUNTINGDON, TN 38344 62-1166050	HEALTH CARE/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
BAPTIST CLINICAL RESEARCH INSTITUTE INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3032246	FACILITATE MEDICAL & SCIENTIFIC RESEARCH	TN	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
BAPTIST MEMORIAL HOSPITAL-NORTH MISSISSIPPI INC 2301 S LAMAR OXFORD, MS 38655 64-0772726	HEALTH CARE/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
BAPTIST MEMORIAL HOSPITAL-TIPTON INC 1995 HWY 51 SOUTH COVINGTON, TN 38019 62-1113167	HEALTH CARE/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
BAPTIST MEMORIAL HOSPITAL-UNION CITY INC 1201 BISHOP ST UNION CITY, TN 38261 62-1138045	HEALTH CARE/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
BAPTIST MEMORIAL HOSPITAL-UNION COUNTY INC 200 HWY 30 WEST MEW ALBANY, MS 38652 63-0997281	HEALTH CARE/HOSPITAL	MS	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
BAPTIST MEMORIAL REGIONAL REHABILITATION SERVICES INC 2100 EXETER RD GERMANTOWN, TN 38138 58-1645396	HEALTH CARE/HOSPITAL	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
BAPTIST MEMORIAL HOME CARE INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1562973	HOME HEALTH CARE & HOSPICE SERVICES	TN	501(c)(3)	509(a)(2)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
BAPTIST MEMORIAL MEDICAL GROUP INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1545731	PROVISION OF HEALTH CARE PROVIDERS FOR BAPTIST FACILITIES	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
BAPTIST MEMORIAL PATIENT SAFETY ORGANIZATION INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3032372	ESTABLISHING, MAINTAINING & MANAGING A PATIENT SAFETY ORGANIZATION	TN	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
BAPTIST MEMORIAL MEDICAL MINI EMP HLTH & WELFARE TRUST 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177	BAPTIST EMPLOYEE HEALTH PLAN	TN	501(c)(3)		BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
BAPTIST MINOR MEDICAL CENTERS INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1538114	NON-EMERGENCY MEDICAL CLINICS	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	

nt Organizatio

Form 990, Schedule R, Part II - Identification of Re	eļated Tax-Exempt Orga	nizations	1		1	1	
(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
BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1544781	SOLICIT, RAISE, MANAGE, APPLY & INVEST IN SUPPORT OF BAPTIST ENTITIES	TN	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
BAPTIST MEMORIAL HOSPITAL-JONESBORO INC 4802 E JOHNSON AVE JONESBORO, AR 72401 26-1214372	HEALTH CARE/HOSPITAL	AR	501(c)(3)	509(a)(1)	NEA BAPTIST HEALTH SYSTEMINC	Yes	
NEA BAPTIST HEALTH SYSTEM INC 4800 E JOHNSON AVE JONESBORO, AR 72401 27-1799652	HEALTH CARE SERVICE PROVIDER	AR	501(c)(3)	509(a)(3)	BAPTIST MEMORIAL HEALTH CARE CORPORATION	Yes	
BAPTIST MEMORIAL HEALTH CARE CORPORATION 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 58-1521475	MANAGEMENT, ADMINISTRATIVE & FINANCIAL SERVICES FOT AFFILIATES	TN	501(c)(3)	509(a)(3)	N/A		No
THE STERN CARDIOVASCULAR FOUNDATION INC 350 N HUMPHREYS BLVD mEMPHIS, TN 381202177 27-4396698	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
BAPTIST CANCER CENTER PHYSICIANS FOUNDATION INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-2842963	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
INTEGRITY ONCOLOGY FOUNDATION INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3303687	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
MEMPHIS LUNG PHYSICIANS FOUNDATION INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-2832975	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
BOSTON BASKIN CANCER FOUNDATION INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 45-3303607	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3)	509(a)(1)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	
GASTROINTESTINAL SPECIALISTS FOUNDATION INC 80 HUMPHREYS CENTER MEMPHIS, TN 38120 35-2461541	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3)	170(b)(1)(A)(III)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	_
BMG FAMILY PHYSICIANS GROUP FOUNDATION INC 2859 VAN LEER DR BARTLETT, TN 38134 46-1953140	HEALTH CARE SERVICE PROVIDER	TN	501(c)(3)	170(b)(1)(A)(III)	BAPTIST MEMORIAL MEDICAL GROUP INC	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (i) (c) (e) (h) (i) Legal (d) (f) General (g) (k) Predominant Disproprtionate Code V-UBI amount (a) (b) Share of total Share of endor Domicile Direct Percentage income(related, allocations? Name, address, and EIN of Primary activity Controlling of-year assets Managing (State ıncome Box 20 of Schedule ownership related organization unrelated, Partner? Entity or excluded from K-1 Foreign tax under (Form 1065) Country) sections 512-514) No Yes No Yes BAPTIST-DESOTO AMBULATORY MS N/A SURGERY SURGERY CENTER 40 BURTON HILLS BLVD STE 500 NASHVILLE, TN 37215 20-0804946 N/A **BAPTIST-EAST MEMPHIS** AMBULATORY ΤN SURGERY SURGERY CENTER **80 HUMPHREYS CENTER** 101 MEMPHIS, TN 38120 62-1846584 BAPTIST-GERMANTOWN AMBULATORY ΤN N/A SURGERY SURGERY CENTER LP 40 BURTON HILLS BLVD STE 500 NASHVILLE, TN 37215 62-1829424 BAPTIST & PHYSICIANS OF AMBULATORY N/A MS SURGERY CENTER OF N MS SURGERY 40 BURTON HILLS BLVD STE 500 NASHVILLE, TN 37215 62-0925692 BAPTIST N MS IMAGING DIAGNOSTIC MS N/A SERVICES SERVICES LLC 504 AZALEA DR OXFORD, MS 38655 26-2641267

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (h) (i) General Legal (d) (f) (g) Disproprtionate (k) (a) (b) Predominant Code V-UBI Share of end-Domicile Direct Share of total or allocations? Percentage Name, address, and EIN of Primary activity income(related, amount in (State Controlling of-year assets Managing ıncome owners hip related organization unrelated. Box 20 of Schedule Partner? Entity or excluded from K-1 Foreign tax under (Form 1065) Country) sections 512-514) Yes No Yes No EAST MEMPHIS UROLOGY AMBULATORY ΤN N/A CENTER LP UROLOGICAL SERVICES 40 BURTON HILLS BLVD **STE 500** NASHVILLE, TN 37215 62-1810940 MEDICAL ALTERNATIVES ΤN N/A HOME INFUSION PRODUCTS & SERVICES TO 6949 APPLING FARMS PKWY STE 109 PATIENTS MEMPHIS, TN 38133 62-1488427 MEDICAL N/A MEMPHIS BIOMED ΤN RESEARCH **VENTURES I LP** 17 W PONTOTOC STE 200 MEMPHIS, TN 38103 94-3424417 **AMBULATORY** N/A MIDTOWN SURGERY ΤN CENTER LP SURGERY 40 BURTON HILLS BLVD STE 500 NASHVILLE, TN 37215 62-1619344 NORTHWEST TENNESSEE AMBULATORY ΤN N/A SURGERY CENTER LLC SURGERY

1722 E REELFOOT UNION CITY, TN 38261

62-1685508

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (h) (i) General Legal (d) (f) (g) |Disproprtionate|Code V-UBI amount (k) (a) (b) Predominant or Domicile Direct Share of total Share of endallocations? Percentage Name, address, and EIN of Primary activity income(related, (State Controlling of-year assets Managing ıncome Box 20 of Schedule owners hip related organization unrelated. Partner? Entity or excluded from K-1 Foreign tax under (Form 1065) Country) sections 512-514) Yes No Yes No SM-B BUILDING LLC PHYSICIAN ΤN N/A OFFICES 5900 POPLAR AVE STE 100 MEMPHIS, TN 38119 62-1834236 MEDICAL OFFICE ΤN N/A WOLF RIVER MEDICAL CENTER LP BLDG 350 N HUMPHRESY BLVD MEMPHIS, TN 381202177 62-1510287 N/A CANCER CARE CENTER OF CANCER CARE MS UNION CITY LP SERVICES 322 HOSPITAL BLVD JACKSON, MS 38305 26-3425045 N/A MAYS & SCHNAPP PAIN PAIN MANAGEMENT TNCENTER SERVICES 55 HUMPHREYS CENTER **BLVD STE 200** MEMPHIS, TN 38120 62-1512849 CONVENIENT CARE RADIOLOGY & N/A MS DIAGNOSTIC CENTER DIAGNOSTIC PLLC SERVICES 555 HWY 6 EAST BATESVILLE, MS 38606 64-0914382

(j) (c) (h) (e) General (d) (g) Legal |Disproprtionate| (k) Code V-UBI (a) (b) Predominant Share of total Share of endor Domicile Direct allocations? Percentage Name, address, and EIN of Primary activity income(related, amount in Managing (State Controlling of-year assets ıncome related organization Box 20 of Schedule ownership unrelated, Partner? Entity or excluded from K-1 Foreign tax under (Form 1065) |Country)| sections 512-514) Yes Yes No No REHABILITATION ΤN IN/A SERVICES

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

BAPTIST MEMORIAL
REHABILITATION
HOSPITAL GP

680 FOURTH STREET LOUISVILLE, KY 40202

46-1613457

Form 990, Schedule R, Part V - Transactions With Related Organizations (a) (b) (c) (d) Name of related organization Transaction A mount Involved Method of determining amount type(a-s) involved (1) BAPTIST MEMORIAL HOSPITAL-JONESBORO INC 159,390 CASH (1) BAPTIST MEMORIAL HEALTH CARE CORPORATION 7,315,689 CASH (2) BAPTIST MEMORIAL HOSPITAL-JONESBORO INC 6,633,675 CASH CASH (3) BAPTIST MEMORIAL HOSPITAL-JONESBORO INC 2,908,324 (4) BAPTIST MEMORIAL HOSPITAL-JONESBORO INC 674,901 CASH (5) BAPTIST MEMORIAL HOSPITAL-JONESBORO INC М 661,671 CASH CASH (6) BAPTIST MEMORIAL HOSPITAL-JONESBORO INC 0 3,156,843 (7) BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC В 128,807 CASH