

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/foi/m990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10-01-2015, and ending 09-30-2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION INC		D Employer identification number 71-0850123
	Doing business as		E Telephone number (870) 934-5119
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 117,448,795
	4802 EAST JOHNSON AVE		
City or town, state or province, country, and ZIP or foreign postal code JONESBORO, AR 72401		F Name and address of principal officer ROBERT TAYLOR MD 4802 EAST JOHNSON AVE JONESBORO, AR 72401	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website: WWW.NEABAPTISTCLINIC.COM		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		H(c) Group exemption number	
		L Year of formation 2000	M State of legal domicile AR

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC PROVIDES QUALITY (SEE SCHEDULE O, PG 41) MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	708
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,027,616
b Net unrelated business taxable income from Form 990-T, line 34	7b	303,517	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0	128,807
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	115,108,224	116,766,139
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-88,590	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	692,623	553,849
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	115,712,257	117,448,795
	14 Benefits paid to or for members (Part IX, column (A), line 4)	57,151	128,807
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	72,715,371	77,358,694
	b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	54,572,573	52,166,553
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	127,345,095	129,654,054
19 Revenue less expenses Subtract line 18 from line 12	-11,632,838	-12,205,259	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	21,796,621	17,293,728
	22 Net assets or fund balances Subtract line 21 from line 20	59,895,136	67,597,835
		-38,098,515	-50,304,107

Part II Signature Block

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

Sign Here	Signature of officer		2017-08-11	
	Date			
Paid Preparer Use Only	GREGORY DUCKETT SECRETARY		Type or print name and title	
	Print/Type preparer's name FRANCIS J BEDARD	Preparer's signature FRANCIS J BEDARD	Date	Check <input type="checkbox"/> if self-employed PTIN P00752421
	Firm's name DELOITTE TAX LLP		Firm's EIN 86-1065772	
	Firm's address 1033 DEMONBREUN SUITE 400 NASHVILLE, TN 37203		Phone no (615) 259-1811	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission

NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC PROVIDES COMPREHENSIVE, PERSONALIZED, QUALITY HEALTH CARE FOR PATIENTS THROUGHOUT THE NORTHEAST ARKANSAS REGION REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

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

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

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

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

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

4e Total program service expenses 114,289,994

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational activities, lobbying, endowments, and financial reporting.

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No responses, and numerical values. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, charitable contributions, and health insurance issuers.

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (16); 1b Enter the number of voting members included in line 1a, above, who are independent (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? (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? (Yes); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (Yes).

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: BEN BARYLSKE 4802 E JOHNSON AVE JONESBORO, AR 72401 (870) 936-8000

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							11,565,639	2,767,963	649,307	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 129

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a						
	b Membership dues 1b						
	c Fundraising events 1c						
	d Related organizations 1d						
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	128,807				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f ▶		128,807				
Program Service Revenue	2a PATIENT SERVICE REV	Business Code 541700	116,766,139	115,050,413	1,715,726		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶		116,766,139				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶						
	4 Income from investment of tax-exempt bond proceeds . . . ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses b					
		c Net income or (loss) from fundraising events . . . ▶					
	9a Gross income from gaming activities See Part IV, line 19	a					
		b Less direct expenses b					
		c Net income or (loss) from gaming activities . . . ▶					
	10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold b							
c Net income or (loss) from sales of inventory . . . ▶							
Miscellaneous Revenue		Business Code					
11a WELLNESS CENTER REV	900099	394,479	82,589	311,890			
b NON-OPERATING REVENUE	900099	159,370	159,370				
c							
d All other revenue							
e Total. Add lines 11a-11d ▶		553,849					
12 Total revenue. See Instructions ▶		117,448,795	115,292,372	2,027,616	0		

Part IX Statement of Functional Expenses

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

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

Input box for Schedule O response

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Travel, and Total functional expenses.

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	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	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	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	10a 14,109,801		
	b Less: accumulated depreciation	10b 10,302,845	5,087,157	10c 3,806,956
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		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	
Liabilities	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	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	463,354	22	307,580
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	47,233,869	25	54,289,506
	26 Total liabilities. Add lines 17 through 25	59,895,136	26	67,597,835
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-38,098,515	27	-50,304,107
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	-38,098,515	33	-50,304,107	
34 Total liabilities and net assets/fund balances	21,796,621	34	17,293,728	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	117,448,795
2	Total expenses (must equal Part IX, column (A), line 25)	2	129,654,054
3	Revenue less expenses Subtract line 2 from line 1	3	-12,205,259
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-38,098,515
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-333
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-50,304,107

Part 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		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		

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 41. THESE 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 COMMUNITY. NEA 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 COMMUNITY. ONE 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 PHILOSOPHY 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, SILVER SPLASH SILVER SNEAKERS, AB WORKOUTS, LATIN FIT, YOGA STRETCH 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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RANDY J KING DIRECTOR	0 23 39 77	X						0	560,578	61,567
JAMES W BOSWELL DIRECTOR (THRU 11/15)	0 23 39 77	X						0	729,218	71,305
BRAD H PARSONS DIRECTOR	1 15 38 85	X						0	282,376	47,439
MARK E SWANSON MD DIRECTOR (AS OF 12/15)	0 23 39 77	X						0	560,390	39,155
JASON BRANDT MD DIRECTOR/EMPLOYEE	40 00 0 00	X						685,501	0	18,000
MICHAEL MACKAY MD DIRECTOR/EMPLOYEE	40 00 0 00	X						615,408	0	18,000
MATTHEW HAUSTEIN MD DIRECTOR/EMPLOYEE	40 00 0 00	X						614,951	0	18,000
PAUL LEVY MD DIRECTOR/EMPLOYEE	38 85 1 15	X						542,825	0	26,550
NORBERT DELACEY MD DIRECTOR/EMPLOYEE	40 00 0 00	X						454,725	0	18,000
ROBERT ABRAHAM MD DIRECTOR/EMPLOYEE	40 00 0 00	X						413,696	0	24,000

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT TAYLOR MD PRESIDENT/DIRECTOR	38 85	X		X				408,039	0	24,000
K BRUCE JONES MD DIRECTOR/EMPLOYEE	38 85	X						396,480	0	24,000
MICHAEL TEDDER MD DIRECTOR/EMPLOYEE	40 00	X						382,713	0	5,000
MICHAEL ISAACSON MD DIRECTOR (THRU 4/16)	38 85	X						372,279	0	0
BROCK HARRIS MD DIRECTOR (THRU 6/16)	40 00	X						345,774	0	18,000
STEPHEN WOODRUFF MD TREAS/CMO/DIRECTOR	38 85	X		X				294,240	0	-6,099
NATHAN TURNEY MD DIRECTOR/EMPLOYEE	40 00	X						291,944	0	0
DOUGLAS MAGLOTHIN MD DIRECTOR (THRU 4/16)	40 00	X						241,702	0	24,000
RAY HALL JR MD DIRECTOR/EMPLOYEE	40 00	X						219,623	0	7,500
JAMES AMEIKA MD DIRECTOR (THRU 4/16)	40 00	X						132,917	0	8,000

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM HUBBARD MD V P /DIRECTOR (THRU 4/16)	40 00 0 00	X		X				116,067	0	0
OWEN K CRINER MD V P /DIRECTOR (AS OF 4/16)	40 00 0 00	X		X				291,725	0	18,000
GREGORY M DUCKETT SECRETARY	0 23 39 77			X				0	635,401	59,461
DARRELL JAMIE KING CEO	38 85 1 15			X				287,493	0	21,815
ANGINETTA CARLTON CFO (THRU 6/15)	40 00 0 00			X				113,449	0	660
BEN BARYLSKE CFO (AS OF 8/15)	40 00 0 00			X				47,377	0	0
KEVIN COLLINS MD PHYSICIAN	40 00 0 00					X		1,140,688	0	24,000
DHARMENDRA PATEL MD PHYSICIAN	40 00 0 00					X		820,525	0	18,000
JOHNATHAN LEDET MD PHYSICIAN	40 00 0 00					X		819,568	0	18,000
MARK WENDEL MD PHYSICIAN	40 00 0 00					X		808,511	0	25,550

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANTHONY WHITE MD PHYSICIAN	40 00 0 00					X		707,419	0	17,404

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 www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION INC

Employer identification number

71-0850123

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
10 An organization organized and operated exclusively to test for public safety.
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations.
g Provide the following information about the supported organization(s)

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2014 Schedule A, Part 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, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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 and C. If you checked 11c 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.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a 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)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
 - The organization satisfied the Activities Test. Complete **line 2** below.
 - The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** Activities Test. **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
 - b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations. **Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
 - b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 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
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. _____			
e From 2014. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$ _____			
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 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. _____			
d From 2014. _____			
e From 2015. _____			

Part VI Supplemental Information.

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2015
Open to Public Inspection

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION INC

Employer identification number
71-0850123

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

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

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

Table with 2 columns: Description (1c-1f) and Amount. Rows include Beginning balance, Additions during the year, Distributions during the year, and Ending balance.

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include 1a-1g: Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance.

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

- a Board designated or quasi-endowment
b Permanent endowment
c Temporarily restricted endowment
The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

Table with 3 columns: Description, Yes, No. Rows include 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, and Total.

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 71-0850123

Name: NORTHEAST ARKANSAS CLINIC CHARITABLE
FOUNDATION INC

Supplemental Information

Return Reference	Explanation
Part X, Line 2	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 CORPORATION 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 EXPENSE. 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)

Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization: NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION INC

Employer identification number: 71-0850123

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 7 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: BAPTIST MEMORIAL HEALTH CARE (1) FOUNDATION INC, 58-1544781, 501(c)(3), 128,807, DONATION.

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

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

Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
Part I, Line 2	<p>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 VALIDATING THEIR EXEMPT STATUS BEFORE WE CAN PROVIDE ANY IN-KIND GIVEAWAYS OR SERVICES WE ALSO MONITOR THE FUNDS TO ENSURE THEY ARE USED FOR THE PURPOSE GRANTED WE MAKE EVERY EFFORT TO DIRECT OUR FUNDING TO A PROGRAM FOR A SPECIFIC PURPOSE ORGANIZATIONS ARE ASKED TO SHOW RESULTS AND DOCUMENTATION ANNUALLY BEFORE THEIR REQUEST CAN BE CONSIDERED FOR FUTURE FUNDING THE REQUESTS ARE REVIEWED AND APPROVED BY VARIOUS INDIVIDUALS DEPENDING UPON THE TYPE AND AMOUNT OF THE REQUEST SMALL AMOUNTS MAY BE APPROVED BY THE SYSTEM 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 PRESIDENT/CEO FOR MORE INFORMATION ABOUT BAPTIST CHARITABLE GIVING GUIDELINES, PLEASE VISIT https://www.bmhgiving.org/</p>

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

2015

Open to Public Inspection

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.**

Name of the organization
NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION INC

Employer identification number
71-0850123

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 3	BAPTIST MEMORIAL MEDICAL GROUP, INC , AS SOLE MEMBER, HAS A GOVERNANCE COMMITTEE MADE UP OF THE BOARD OF DIRECTORS, WHO ALONG WITH THE HUMAN RESOURCE DEPARTMENT, UTILIZES INDEPENDENT COMPENSATION CONSULTANTS, COMPENSATION STUDIES, AND APPROVAL BY THE COMPENSATION COMMITTEE TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR AND OTHER KEY PERSONNEL
Part I, Line 4b	ELIGIBLE EXECUTIVES PARTICIPATE IN VARIOUS NON-QUALIFIED DEFERRED COMPENSATION PLANS ORGANIZED UNDER CODE SECTION 457(F) THE EXACT PURPOSE OF EACH PLAN VARIES BUT THEY INCLUDE COMPENSATION LIMITATION MAKE-UP PLANS, VOLUNTARY DEFERRAL PLANS, DEFERRAL OF A PORTION OF INCENTIVE BONUS TYPE PLANS, ETC ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EXECUTIVE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID NO PAYMENTS WERE MADE TO LISTED PERSONS IN PART VII UNDER THE VARIOUS NON-QUALIFIED DEFERRED COMPENSATION PLANS DURING THE YEAR
Part I, Line 7	THE BAPTIST MEMORIAL HEALTH CARE SYSTEM HAS ESTABLISHED A MANAGEMENT ACCOUNTABILITY AND FINANCIAL INCENTIVE PLAN THAT ENCOURAGES MANAGEMENT PARTICIPATION IN THE SIGNIFICANT IMPROVEMENTS OF THE QUALITY, FINANCIAL, GROWTH, AND HUMAN RESOURCE RELATED OPERATIONS OF THE ORGANIZATION AN INCENTIVE BONUS IS PAID TO ALL MANAGEMENT BASED ON ATTAINMENT OF GOALS IN THE AREAS OF 1) PATIENT SATISFACTION, 2) EMPLOYEE SATISFACTION, 3) PHYSICIAN SATISFACTION, 4) QUALITY AND SAFETY, 5) OPERATIONAL 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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
2 GREGORY M DUCKETT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	406,753	152,260	76,388	33,125	26,336	694,862	0
1 DARRELL JAMIE KINGCEO	(i)	287,493	0	0	0	21,815	309,308	0
	(ii)	0	0	0	0	0	0	0
2 KEVIN COLLINS MD PHYSICIAN	(i)	1,140,688	0	0	0	24,000	1,164,688	0
	(ii)	0	0	0	0	0	0	0
3 DHARMENDRA PATEL MD PHYSICIAN	(i)	820,525	0	0	0	18,000	838,525	0
	(ii)	0	0	0	0	0	0	0
4 JOHNATHAN LEDET MD PHYSICIAN	(i)	819,568	0	0	0	18,000	837,568	0
	(ii)	0	0	0	0	0	0	0
5 MARK WENDEL MD PHYSICIAN	(i)	808,511	0	0	0	25,550	834,061	0
	(ii)	0	0	0	0	0	0	0
6 ANTHONY WHITE MD PHYSICIAN	(i)	707,419	0	0	0	17,404	724,823	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.
▶ 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

2015

Open to Public Inspection

Name of the organization
NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION INC

Employer identification number
71-0850123

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$ 307,580						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation
PART II	<p>R EDWARD COOPER, M D , P A D/B/A ADVANCED ORTHOPEDICS, P C LINE 1 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 R EDWARD COOPER, M D , P A D/B/A ADVANCED ORTHOPEDICS, P C , THE INTERESTED PERSON LINE 1 COLUMN (c) NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC PURCHASED CERTAIN ASSETS FROM R EDWARD COOPER, M D , P A D/B/A ADVANCED ORTHOPAEDICS, P C ON AUGUST 15, 2012 THE PARTIES AGREED THAT \$62,500 OF THE PURCHASE PRICE WOULD BE PAID IN PERIODIC INSTALLMENTS REPRESENTED BY A PROMISSORY NOTE PAYABLE TO R EDWARD COOPER, M D , P A D/B/A ADVANCED ORTHOPAEDICS, P C PEDIATRIC ASSOCIATES OF JONESBORO, PLLC LINE 2 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 PEDIATRIC ASSOCIATES OF JONESBORO, PLLC, THE INTERESTED PERSONS LINE 2 COLUMN (c) NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC PURCHASED CERTAIN ASSETS FROM PEDIATRIC ASSOCIATES OF JONESBORO, PLLC ON SEPTEMBER 14, 2012 THE PARTIES AGREED THAT \$145,833 OF THE PURCHASE PRICE WOULD BE PAID IN PERIODIC INSTALLMENTS REPRESENTED BY A PROMISSORY NOTE PAYABLE TO PEDIATRIC ASSOCIATES OF JONESBORO, PLLC ARKANSAS UROLOGY CLINIC, LTD LINE 3 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 ARKANSAS UROLOGY CLINIC, LTD THE INTERESTED PERSONS LINE 3 COLUMN (c) NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC PURCHASED CERTAIN ASSETS FROM ARKANSAS UROLOGY CLINIC, LTD ON APRIL 30, 2013 THE PARTIES AGREED THAT \$183,333 OF THE PURCHASE PRICE WOULD BE PAID IN PERIODIC INSTALLMENTS REPRESENTED BY A PROMISSORY NOTE PAYABLE TO ARKANSAS UROLOGY CLINIC, LTD BROOKLAND MEDICAL CLINIC, INC LINE 4 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 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 FAMILY PRACTICE CLINIC, PLLC</p>

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	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) R EDWARD COOPER MD PA DBA ADVANCED ORTHO PAEDICS PC			X		62,500	12,500		No	Yes		Yes	
(1) PEDIATRIC ASSOCIATES OF JONESBORO PLLC			X		145,833	21,747		No	Yes		Yes	
(2) ARKANSAS UROLOGY CLINIC LTD			X		183,333	73,333		No	Yes		Yes	

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(4) BROOKLAND MEDICAL CLINIC INC			X		125,000	50,000		No	Yes		Yes	
FAMILY PRACTICE (1) CLINIC PLLC			X		250,000	150,000		No	Yes		Yes	

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

Department of the
Treasury
Internal Revenue
Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

2015

**Open to Public
Inspection**

Name of the organization
NORTHEAST ARKANSAS CLINIC CHARITABLE
FOUNDATION INC

Employer identification number

71-0850123

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 3	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 HEALTH SYSTEM, INC , PROVIDES CERTAIN LEGAL, FINANCE, QUALITY, AND PERSONNEL SERVICES PURSUANT TO A SHARED SERVICES AGREEMENT TO NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC IS A NON-STOCK CORPORATION WHOSE SOL E MEMBER IS NORTHEAST ARKANSAS BAPTIST HEALTH SYSTEM, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	NORTHEAST ARKANSAS BAPTIST HEALTH SYSTEM, INC , THE SOLE MEMBER OF NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC , ELECTS THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	NORTHEAST ARKANSAS BAPTIST HEALTH SYSTEM, INC IS THE SOLE MEMBER OF NORTHEAST ARKANSAS CLINIC CHARTABLE FOUNDATION, INC BAPTIST MEMORIAL HEALTH CARE CORPORATION, THE SOLE MEMBER OF NORTHEAST ARKANSAS HEALTH SYSTEM, APPROVES THE BOARD OF DIRECTORS ACTIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	NORTHEAST ARKANSAS BAPTIST HEALTH SYSTEM, INC IS THE SOLE MEMBER OF NORTHEAST ARKANSAS CLINIC 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 BAPTIST 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 INDEPENDENT ACCOUNTING AND TAX FIRM THE FORM 990 WAS NOT REVIEWED BY THE BOARD OF DIRECTORS BEFORE SUBMITTING IT TO THE IRS HOWEVER, BAPTIST MEMORIAL HEALTH CARE CORPORATION HAS A GOVERNANCE COMMITTEE THAT IS APPOINTED BY ITS BOARD OF DIRECTORS THE BAPTIST MEMORIAL HEALTH 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 CORPORATION GOVERNANCE COMMITTEE WILL REVIEW THE FORM 990 AFTER SUBMITTING IT TO THE IRS

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 HEALTH SYSTEM, INC REQUIRES THAT ALL EMPLOYEES, INCLUDING OFFICERS AND KEY EMPLOYEES, PERIODICALLY COMPLETE A CERTIFICATION AND ACKNOWLEDGEMENT OF THE BAPTIST MEMORIAL HEALTH CARE CORPORATION STANDARDS OF CONDUCT, WHICH INCORPORATES THE CONFLICT OF INTEREST POLICY BOARD MEMBERS DISCLOSE AND SIGN A CONFLICT OF INTEREST STATEMENT EACH DECEMBER IN THE EVENT THAT AN EMPLOYEE OR BOARD MEMBER BECOMES AWARE OF A POTENTIAL CONFLICT OF INTEREST, HE/SHE IS REQUIRED TO REPORT IT TO THEIR CHIEF EXECUTIVE OFFICER BEFORE TAKING ANY ACTION IF HE/SHE IS THE CHIEF EXECUTIVE OFFICER, THEN HE/SHE IS TO REPORT TO THE CHAIRMAN OF THE BOARD OF DIRECTORS THE SIGNED CONFLICT OF INTEREST STATEMENTS ARE REVIEWED BY THE SENIOR 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 EXIST, 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

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	BAPTIST MEMORIAL MEDICAL GROUP, INC 'S HUMAN RESOURCE DEPARTMENT, THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS, AND AN INDEPENDENT COMPENSATION CONSULTING FIRM PERFORM ANNUAL REVIEWS EACH DECEMBER AND APPROVE COMPENSATION OF THE CEO AND OTHER TOP MANAGEMENT PERSONNEL THEY USE COMPARABILITY DATA AND OTHER SOURCES AS NEEDED THE CEO AND OTHER TOP MANAGEMENT USE THE SAME TYPE OF INFORMATION TO APPROVE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES ON DECEMBER 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/ADMINISTRATOR

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII	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 , MEMPHIS, TN 38120-2177 MARK E SWANSON, M D - 350 N HUMPHREYS BLVD , MEMPHIS, TN 38120-2177

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	EQUITY TRANSFER -333

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XII, LINE 2c FINANCIAL STATEMENTS AND REPORTING	NORTHEAST ARKANSAS BAPTIST HEALTH SYSTEM, INC IS THE SOLE MEMBER OF NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC BAPTIST MEMORIAL HEALTH CARE CORPORATION, AS THE SOLE MEMBER 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 NECESSARY CHANGES AND RECOMMENDATIONS THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

**Open to Public
Inspection**

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

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHEAST ARKANSAS CLINIC CHARITABLE
FOUNDATION INC

Employer identification number

71-0850123

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

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

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

(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
See Additional Data Table							

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	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) HEALTH TECH AFFILIATES INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1278576	BUYING & LEASING REAL & PERSONAL PROPERTY	TN	N/A	C				Yes	
(2) BAPTIST MEMORIAL HEALTH SERVICES GROUP OF THE MID-SOUTH INC 350 N HUMPHREYS BLVD MEMPHIS, TN 381202177 62-1534210	HEALTH INSURANCE CONTRACTING	TN	N/A	C				Yes	
(3) SOUTHCREST PROPERTY OWNERS ASSOCIATION 7601 SOUTHCREST PKWY SOUTHAVEN, MS 38671 64-0768703	BOOKKEEPING & DATA PROCESSING FOR THE SOUTHCREST DEVELOPMENT	MS	N/A	C				Yes	
(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	C				Yes	

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- 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)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e	Yes	
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l	Yes	
1m	Yes	
1n		No
1o	Yes	
1p		No
1q	Yes	
1r		No
1s		No

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

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

Additional Data

Software ID:
Software Version:
EIN: 71-0850123
Name: NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
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 62-1407946	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	

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

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) BAPTIST MEMORIAL HOSPITAL-JONESBORO INC	Q	159,390	CASH
(1) BAPTIST MEMORIAL HEALTH CARE CORPORATION	E	7,315,689	CASH
(2) BAPTIST MEMORIAL HOSPITAL-JONESBORO INC	L	6,633,675	CASH
(3) BAPTIST MEMORIAL HOSPITAL-JONESBORO INC	K	2,908,324	CASH
(4) BAPTIST MEMORIAL HOSPITAL-JONESBORO INC	L	674,901	CASH
(5) BAPTIST MEMORIAL HOSPITAL-JONESBORO INC	M	661,671	CASH
(6) BAPTIST MEMORIAL HOSPITAL-JONESBORO INC	O	3,156,843	CASH
(7) BAPTIST MEMORIAL HEALTH CARE FOUNDATION INC	B	128,807	CASH