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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning JUL 1, 2007 and ending JUN 30, 2008

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☒ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
JEFFERSON HOSPITAL ASSOCIATION, INC.

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1600 WEST 40TH STREET

City or town, state or country, and ZIP + 4
PINE BLUFF, AR 71603

D Employer identification number
71-0329353

E Telephone number
(870)541-7100

F Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶WWW.JRMC.ORG

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A ☐ Yes ☐ No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶ N/A

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 500,636,022.

M Check ▶ ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	143,575.	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	Total (add lines 1a through 1d) (cash $ 143,575. noncash $)			1e 143,575.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 487,941,335.
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4 1,243,062.
	5	Dividends and interest from securities			5 2,788,237.
	6 a	Gross rents SEE STATEMENT 1	6a	616,936.	
	b	Less: rental expenses	6b		
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c 616,936.
	7	Other investment income (describe ▶)			7
	8 a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other: 8a 1,141,453.	
	b	Less: cost or other basis and sales expenses		8b 170,547.	
	c	Gain or (loss) (attach schedule)		8c 970,906.	
	d	Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 2			8d 970,906.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ 1,935. of contributions reported on line 1b)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 3			9c
	10 a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c
	11	Other revenue (from Part VII, line 103)			11 6,761,424.
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 500,465,475.
Expenses	13	Program services (from line 44, column (B))			13 469,169,333.
	14	Management and general (from line 44, column (C))			14 22,786,647.
	15	Fundraising (from line 44, column (D))			15
	16	Payments to affiliates (attach schedule)			16
	17	Total expenses Add lines 16 and 44, column (A)			17 491,955,980.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18 8,509,495.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 133,457,406.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4			20 -3,459,382.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21 138,507,519.

723001 12-27-07 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2007)

09360723 131843 107108 2007.08000 JEFFERSON HOSPITAL ASSOCIAT 107108_2

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	1,605,692.	0.	1,605,692.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	12,500.	0.	12,500.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	64,632,939.	56,121,485.	8,511,454.	
27 Pension plan contributions not included on lines 25a, b, and c	27	2,430,334.	2,110,285.	320,049.	
28 Employee benefits not included on lines 25a - 27	28	7,295,211.	6,334,511.	960,700.	
29 Payroll taxes	29	4,739,004.	4,114,929.	624,075.	
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	29,011,183.	25,190,726.	3,820,457.	
34 Telephone	34				
35 Postage and shipping	35	519,241.	450,863.	68,378.	
36 Occupancy	36	2,947,029.	2,558,937.	388,092.	
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40	38,493.	33,424.	5,069.	
41 Interest	41	1,678,867.	1,457,778.	221,089.	
42 Depreciation, depletion, etc. (attach schedule)	42	10,061,580.	8,736,579.	1,325,001.	
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 5	43g	366983907.	362059816.	4,924,091.	
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	491,955,980.	469,169,333.	22,786,647.	0.

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ N/A ; (ii) the amount allocated to Program services $ N/A ; (iii) the amount allocated to Management and general $ N/A ; and (iv) the amount allocated to Fundraising $ N/A

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Part III Statement of Program Service Accomplishments *(See the instructions)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? ▶
HEALTH CARE SERVICE PROVIDER

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a SEE STATEMENT 6

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐ 469,169,333.

b

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

c

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

d

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

e Other program services (attach schedule)
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶ 469,169,333.

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Part IV Balance Sheets *(See the instructions)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*				(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing		29,061,089.	45	33,373,715.
	46	Savings and temporary cash investments			46	
	47 a	Accounts receivable	47a 95,585,730.			
	b	Less: allowance for doubtful accounts	47b 40,668,416.	46,789,155.	47c	54,917,314.
	48 a	Pledges receivable	48a			
	b	Less: allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees			50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b	
	51 a	Other notes and loans receivable	51a			
	b	Less: allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use		4,994,666.	52	5,429,582.
	53	Prepaid expenses and deferred charges		1,805,321.	53	2,527,763.
	54 a	Investments - publicly-traded securities	▶ ☐ Cost ☐ FMV		54a	
	b	Investments - other securities	▶ ☐ Cost ☐ FMV		54b	
	55 a	Investments - land, buildings, and equipment basis	55a			
	b	Less accumulated depreciation	55b		55c	
	56	Investments - other SEE STATEMENT 7		37,614,572.	56	38,485,802.
	57 a	Land, buildings, and equipment basis	57a 180,825,562.			
	b	Less: accumulated depreciation STMT 8	57b 120,375,815.	64,573,856.	57c	60,449,747.
	58	Other assets, including program-related investments (describe ▶ SEE STATEMENT 9)		4,959,634.	58	2,287,846.
	59	**Total assets** (must equal line 74) Add lines 45 through 58		189,798,293.	59	197,471,769.
Liabilities	60	Accounts payable and accrued expenses		26,337,431.	60	30,057,746.
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees			63	
	64 a	Tax-exempt bond liabilities		30,003,456.	64a	28,906,504.
	b	Mortgages and other notes payable			64b	
	65	Other liabilities (describe ▶)			65	
	66	**Total liabilities.** Add lines 60 through 65		56,340,887.	66	58,964,250.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted		133,457,406.	67	138,507,519.
	68	Temporarily restricted			68	
	69	Permanently restricted			69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	**Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)		133,457,406.	73	138,507,519.
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73		189,798,293.	74	197,471,769.

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Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	186,032,973.
b	Amounts included on line a but not on Part I, line 12				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify): LOSS ON SALE OF ASSETS	b4	112,411.		
	Add lines b1 through b4			b	112,411.
c	Subtract line b from line a			c	185,920,562.
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify) SEE STATEMENT 10	d2	314,544,913.		
	Add lines d1 and d2			d	314,544,913.
e	Total revenue (Part I, line 12) Add lines c and d		▶	e	500,465,475.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	177,939,026.
b	Amounts included on line a but not on Part I, line 17:				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify): LOSS ON SALE OF ASSETS	b4	112,411.		
	Add lines b1 through b4			b	112,411.
c	Subtract line b from line a			c	177,826,615.
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify) SEE STATEMENT 11	d2	314,129,365.		
	Add lines d1 and d2			d	314,129,365.
e	Total expenses (Part I, line 17) Add lines c and d		▶	e	491,955,980.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 12		1,605,692.	531260.	12,949.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 15		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." 75c		X
	If "Yes," attach a statement that includes the information described in the instructions.		
d	Does the organization have a written conflict of interest policy? 75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
HORACE GREEN, M.D. 1600 WEST 40TH PINE BLUFF, AR 71603	0.	12,500.	0.	0.

Part VI Other Information *(See the instructions.)*

		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? 77		X
	If "Yes," attach a conformed copy of the changes.		
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? 78a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? 78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a	X	
b	If "Yes," enter the name of the organization ▶ SEE STATEMENT 13 and check whether it is ☐ exempt or ☐ nonexempt		
81 a	Enter direct and indirect political expenditures (See line 81 instructions) 81a 0.		
b	Did the organization file **Form 1120-POL** for this year? 81b		X

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Part VI Other Information *(continued)*

			Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85 a	*501(c)(4), (5), or (6).* Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86	*501(c)(7) organizations* Enter: a Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	*501(c)(12) organizations* Enter a Gross income from members or shareholders 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Part IX	88a	X	
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶	88b	X	
89 a	*501(c)(3) organizations* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.			
b	*501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A	89g		
90 a	List the states with which a copy of this return is filed ▶ NONE			
b	Number of employees employed in the pay period that includes March 12, 2007 90b 1821			
91 a	The books are in care of ▶ NATHAN VAN GENDEREN Telephone no. ▶ (870)541-7100 Located at ▶ 1600 WEST 40TH STREET, PINE BLUFF, AR ZIP + 4 ▶ 71603			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts	91b		X

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Part VI Other Information *(continued)*

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		X
	If "Yes," enter the name of the foreign country ▶ N/A			
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041**- Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92	N/A	

Part VII Analysis of Income-Producing Activities *(See the instructions)*

Note: *Enter gross amounts unless otherwise indicated*	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a PATIENT SERVICE REVENUE					487,941,335.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,243,062.	
96 Dividends and interest from securities			14	2,788,237.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	616,936.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	970,906.	
101 Net income or (loss) from special events			01		
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a SEE STATEMENT 14		238,029.		4,093,592.	2,429,803.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		238,029.		9,712,733.	490,371,138.
105 **Total** (add line 104, columns (B), (D), and (E))				▶	500,321,900.

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	SEE STATEMENT 16

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
SEE STATEMENT 15	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions)*

(a)	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☒ No
(b)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	☐ Yes	☒ No

Note: *If "Yes" to* (b), *file Form 8870* and *Form 4720 (see instructions).*

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Part XI Information Regarding Transfers To and From Controlled Entities. *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	X	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	JEFFERSON SURGERY CENTER, PLLC 1600 W. 40TH STREET PINE BLUFF, AR 71603	71-0810564	SEE STATEMENT 17	2134707.
b	JEFFERSON REGIONAL MEDICAL CENTER DEV 1600 W. 40TH STREET PINE BLUFF, AR 71603	71-0664723		2132157.
c	JEFFERSON MANAGEMENT SERVICES, INC. 1600 W. 40TH STREET PINE BLUFF, AR 71603	71-0582753		482,044.
	Totals			4748908.

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	X	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	JEFFERSON SURGERY CENTER, PLLC 1600 W. 40TH STREET PINE BLUFF, AR 71603	71-0810564	SEE STATEMENT 18	2091820.
b	JEFFERSON REGIONAL MEDICAL CENTER DEV 1600 W. 40TH STREET PINE BLUFF, AR 71603	71-0664723		1743493.
c	JEFFERSON MANAGEMENT SERVICES, INC. 1600 W. 40TH STREET PINE BLUFF, AR 71603	71-0582753		480,286.
	Totals			4315599.

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		X

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

Please Sign Here

▶ Signature of officer — Date 10/13/2010

▶ NATHAN VAN GENDEREN, CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst X)
, CPA	7/30/2010		P00856338

Firm's name (or yours if self-employed), address, and ZIP + 4: LARSONALLEN LLP, 600 WASHINGTON AVENUE, SUITE 1800, ST. LOUIS, MO 63101

EIN ▶ 41-0746749

Phone no. ▶ 314-925-4300

Form **990** (2007)

AS AMENDED

723164/12-27-07

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2007

Name of the organization: JEFFERSON HOSPITAL ASSOCIATION, INC.

Employer identification number: 71 0329353

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ALI AL-NASHIF 1708 BARNEY LANE, WHITE HALL, AR 7160	PHYSICIAN 40.00	300,226.	9,487.	
MARK RAMIRO 16 STRATTFORD LANE, PINE BLUFF, AR 71	PHYSICIAN 40.00	273,239.	8,379.	
ALEXANDER NAVARRO 1319 HOMESTEAD DRIVE, WHITE HALL, AR	PHYSICIAN 40.00	247,609.	7,615.	
TAMER ALSEBAI 122 GRIZZLY BEAR DRIVE, WHITE HALL, A	PHYSICIAN 40.00	235,400.	8,312.	
MALCOLM PEARCE 67 STONEGATE SHORES DRIVE, HOT SPRING	PHYSICIAN 40.00	225,758.	0.	
Total number of other employees paid over $50,000 ▶	452			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
EM/URGENT CARE INC. 8 SHACKLEFORD PLAZA, SUITE 207, LITTLE ROCK, AR 7	PHYSICIAN SERVICES	3,498,793.
REHAB CARE GROUP, INC. P.O. BOX 502096, ST. LOUIS, MO 63150-2096	THERAPY SERVICES	2,910,030.
AHEC 4010 MULBERRY, PINE BLUFF, AR 71603	PHYSICIAN SERVICES	1,802,814.
CARDIOVASULAR SURGERY 1609 W. 40TH, SUITE 202, PINE BLUFF, AR 71603	PHYSICIAN SERVICES	1,342,253.
JEFFERSON ANESTHESIOLOGY PO BOX 1272, PINE BLUFF, AR 71613-1272	PHYSICIAN SERVICES	1,206,523.
Total number of others receiving over $50,000 for professional services ▶	29	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
SODEXHO INC & AFFILIATES PO BOX 536922, ATLANTA, GA 30353-6922	NUTRITIONAL SERVICES	2,437,785.
HBE MEDICAL BUILDINGS DIVISION OF HBE CORP., 11330 OLIVE BLVD., ST. LOU	CONSTRUCTION	1,397,586.
MID SOUTH ADJUSTMENT CO COMPANY, INC., PO BOX 5282, PINE BLUFF, AR 71611	COLLECTION SERVICES	846,634.
G.A.G. BUILDERS INC. 6785 HWY 89 SOUTH, CABOT, AR 72023	CONSTRUCTION	740,267.
SENTINEL PHARMACY SOL 3195 EAGLE WATCH DRIVE, WOODSTOCK, GA 30189	CONTRACT MANAGEMENT	642,677.
Total number of other contractors receiving over $50,000 for other services ▶	39	

AS AMENDED

Part III Statements About Activities (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ _____ $ 22,705. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) VI-B, LINE I	1	X	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit? SEE STATEMENT 19	2b	X	
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE PART V-A, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) SEE STATEMENT 20	3a	X	
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966? N/A	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶			0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶			0.
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶			0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶			0.

AS AMENDED

Part IV **Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☒ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ _____

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ 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 charitable, etc., functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	(d) No	(e) Amount of support
Total ▶					

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

AS AMENDED

723121
12-27-07

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.** N/A
Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting*

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 **Organizations described on lines 10 or 11:** **a** Enter 2% of amount in column (e), line 24 ▶ 26a N/A

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b N/A

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c N/A

d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶ 26d N/A

e Public support (line 26c minus line 26d total) ▶ 26e N/A

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f N/A %

27 **Organizations described on line 12:** **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2006) (2005) (2004) (2003)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year:

(2006) (2005) (2004) (2003)

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶ 27c N/A

d Add: Line 27a total _____ and line 27b total _____ ▶ 27d N/A

e Public support (line 27c total minus line 27d total) ▶ 27e N/A

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f N/A

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g N/A %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h N/A %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

AS AMENDED

Part V **Private School Questionnaire** (See page 9 of the instructions.) N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

723141
12-27-07

AS AMENDED

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.) N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ▶ a ☐ if the organization belongs to an affiliated group. Check ▶ b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is - / The lobbying nontaxable amount is -			
Not over $500,000 — 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 — $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period — N/A

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B **Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes	X		22,705.
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			22,705.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. SEE STATEMENT 21

AS AMENDED

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:		
	(i) Cash	51a(i)	X
	(ii) Other assets	a(ii)	X
b	Other transactions:		
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)	X
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)	X
	(iii) Rental of facilities, equipment, or other assets	b(iii)	X
	(iv) Reimbursement arrangements	b(iv)	X
	(v) Loans or loan guarantees	b(v)	X
	(vi) Performance of services or membership or fundraising solicitations	b(vi)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c	X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

AS AMENDED

FORM 990 PAGE 2 990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
16	LAND	VARIES	SL			4,961,215.			4,961,215.			0.
17	BUILDING AND EQUIPMENT	VARIES	SL	.000	16	175,864,347.			175,864,347.	110,314,235.		10,061,580.
18				.000	16							0.
	* TOTAL 990 PAGE 2 DEPR					180,825,562.		0.	180,825,562.	110,314,235.	0.	10,061,580.

AS AMENDED

728102
04-27-07

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
VARIOUS RENTAL ACTIVITIES RELATING TO COMMUNICATION TOWER AND BUILDING SPACE	1	616,936.
TOTAL TO FORM 990, PART I, LINE 6A		616,936.

AS AMENDED

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
VARIOUS ASSETS SOLD			PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	1,141,453.	6,021,730.	19,842.	5871025.	970,906.
TO FM 990, PART I, LN 8	1,141,453.	6,021,730.	19,842.	5871025.	970,906.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
PARTY ON THE PATIO	550.	550.		0.	0.
GARDEN FUNDRAISER	1,385.	1,385.		0.	0.
TO FM 990, PART I, LINE 9	1,935.	1,935.		0.	0.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	-656,131.
ELIMINATION OF INVESTMENT IN SUB	-2,803,251.
TOTAL TO FORM 990, PART I, LINE 20	-3,459,382.

AS AMENDED

FORM 990 OTHER EXPENSES STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CHARITY CARE	29,547,897.	29,547,897.		
PROVISION FOR BAD DEBTS	15,462,760.	15,462,760.		
PROFESSIONAL FEES	12,420,783.	10,785,101.	1,635,682.	
PURCHASED SURVICES	14,916,355.	12,952,033.	1,964,322.	
AGENCY PERSONNEL	981,686.	852,409.	129,277.	
INSURANCE	1,755,171.	1,524,034.	231,137.	
BANK CHARGES	28,933.	25,123.	3,810.	
CATERING	499,838.	434,015.	65,823.	
GIFT SHOP PURCHASES	329,099.	285,760.	43,339.	
RECRUITING & MARKETING	1,617,209.	1,404,240.	212,969.	
RENT & LEASE	1,371,317.	1,190,729.	180,588.	
REPAIRS & MAINTENANCE	2,157,848.	1,873,683.	284,165.	
TRAVEL & TRAINING	521,305.	452,655.	68,650.	
MISCELLANEOUS	792,238.	687,909.	104,329.	
CONTRACTUAL ADJUSTMENTS	284,581,468.	284,581,468.		
TOTAL TO FM 990, LN 43	366,983,907.	362,059,816.	4,924,091.	

AS AMENDED

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE ONE

JEFFERSON HOSPITAL ASSOCIATION, INC. (JHA) OPERATES JEFFERSON REGIONAL MEDICAL CENTER (JRMC), A 471 BED TERTIARY CARE FACILITY LOCATED IN SOUTHEAST ARKANSAS THAT SERVES A POPULATION BASE OF 280,000 PEOPLE LIVING IN 11 COUNTIES. JRMC IS A NOT-FOR-PROFIT, SOLE COMMUNITY HOSPITAL, LICENSED BY THE ARKANSAS STATE HEALTH DEPARTMENT AND ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS.

JRMC HAS A LONG TRADITION OF PROVIDING SIGNIFICANT BENEFITS TO OUR COMMUNITY WHICH IS ROOTED IN OUR MISSION, "TO PROVIDE MEASURABLE QUALITY HEALTH SERVICES IN A CARING ENVIRONMENT WHICH FULFILL THE NEEDS OF OUR PATIENTS, PHYSICIANS, EMPLOYERS, EMPLOYEES AND COMMUNITY" AND VISION, "TO BE WIDELY RECOGNIZED AS THE HEALTH CARE LEADER AND REFERRAL CENTER OF CHOICE FOR SOUTH ARKANSAS BY PROVIDING QUALITY HEALTH CARE SERVICES IN A COST EFFECTIVE MANNER."

WE PROVIDE SEVERAL CENTERS OF EXCELLENCE PROVIDING A WIDE RANGE OF PROGRAMS AND MEDICAL SERVICES. THESE INCLUDE CARDIOLOGY, SURGERY, CRITICAL CARE, REHABILITATION, PSYCHIATRY, LABORATORY, GASTROENTEROLOGY, ORTHOPEDICS, NEUROLOGY, EMERGENCY, OBSTETRICS/GYNECOLOGY, RADIOLOGY, HOME HEALTH, HOSPICE, AND MANY MORE. WE ALSO OPERATE AND MANAGE SEVERAL SATELLITE CLINICS WHICH PROVIDE PRIMARY AND SPECIALTY HEALTHCARE TO THE COMMUNITY AND OUTLYING AREAS.

JRMC OPERATES AN EMERGENCY ROOM THAT IS OPEN TO ALL PERSONS REGARDLESS OF ABILITY TO PAY; HAS AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA; HAS A GOVERNING BODY IN WHICH INDEPENDENT PERSONS REPRESENTATIVE OF THE COMMUNITY COMPRISE A MAJORITY; ENGAGES IN THE TRAINING AND EDUCATION OF HEALTH CARE PROFESSIONALS; AND PARTICIPATES IN MEDICAID, MEDICARE CHAMPUS, TRICARE AND/OR OTHER GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS.

OUR COMMITMENT TO BRING NEW AND INNOVATIVE PROGRAMS AND SERVICES TO SOUTHEAST ARKANSAS IS EVIDENT. DURING FISCAL YEAR 2008, JRMC INVESTED OVER $14.9 MILLION IN CAPITAL ADDITIONS AND IMPROVEMENTS TO OUR FACILITIES AND EQUIPMENT. THIS WAS ACCOMPLISHED BY CONNECTING THOUGHTFUL, DELIBERATE, DISCIPLINED PLANNING, BUDGETING AND SPENDING WITH THE NEED

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TO PROVIDE STATE-OF-THE-ART TECHNOLOGIES IN A CARING ENVIRONMENT. JRMC CONTINUES TO BE THE FIRST OR ONE OF THE FIRST HOSPITALS IN THE STATE TO ACQUIRE AND IMPLEMENT MANY LEADING HEALTHCARE TECHNOLOGIES. WE ARE PROUD THAT WE CAN CONTINUE TO PROVIDE LEADING HEALTHCARE SERVICES TO EVERYONE IN SOUTHEAST ARKANSAS, REGARDLESS OF ABILITY TO PAY.

DURING 2007, JRMC ENROLLED TO PARTICIPATE IN THE HCAHPS PATIENT PERSPECTIVES ON CARE. THIS PRACTICE WAS CONTINUED DURING 2008. THIS DECISION WILL IMPROVE UPON OUR PREVIOUS PATIENT SATISFACTION SURVEYING PROCESS. WE HAVE STREAMLINED AND SIMPLIFIED THE QUESTIONNAIRE AND SURVEY PROCESS WHICH HAS RESULTED IN A HIGHER RESPONSE RATE, ENSURING WE HEAR FROM MOST OF OUR PATIENTS.

DURING THE PAST THREE YEARS, THE BOARD OF DIRECTORS VIA ITS AUDIT COMMITTEE HAS FOCUSED ON IMPLEMENTING SEVERAL RECOMMENDATION MADE BY FITCH RATING WHICH URGED NOT-FOR-PROFIT HEALTHCARE PROVIDERS TO ADOPT NINE SPECIFIC PROVISIONS OF SARBANES-OXLEY COMPLIANCE. DURING THIS PERIOD WE HAVE CONTINUED IMPLEMENTATION OF ALL NINE OF THE FITCH/SOX PROVISIONS. THESE INCLUDE: PROHIBITION OF SPECIFIED NON-AUDIT SERVICES BY AUDITORS, FIVE YEAR AUDIT PARTNER ROTATION, AUDITOR COMMUNICATIONS, AUDIT COMMITTEE STANDARDS, MANAGEMENT CERTIFICATION OF FINANCIAL STATEMENTS, BONUS FORFEITURE, ADOPTION OF A CODE OF ETHICS, AUDIT COMMITTEE FINANCIAL EXPERT, AND INTERNAL CONTROL EVALUATION. IN ADDITION TO THE COMPLETE ADOPTION OF THE FITCH/SOX PROVISIONS, THE JHA BOARD OF DIRECTORS HAS UNDERTAKEN A COMPREHENSIVE SELF-ASSESSMENT REGARDING ITS NOT-FOR-PROFIT STATUS UTILIZING A COMPLIANCE CHECK TOOL AND PROPOSED GUIDELINES PUBLISHED BY THE IRS. JHA HAS NO REASON TO BELIEVE ITS TAX EXEMPT STATUS HAS EVER BEEN IN JEOPARDY. THIS INITIATIVE IS PART OF A LARGER COMPLIANCE PROGRAM INTENDED TO ENSURE JHA CONTINUALLY SELF EVALUATES ITS REGULATORY COMPLIANCE.

TODAY'S PUBLIC DEMANDS MORE INFORMATION IN A FULLY TRANSPARENT MANNER. TO BE TRANSPARENT, WE MUST PROVIDE INFORMATION OPENLY, CANDIDLY, AND ACCURATELY. WE PROVIDE INFORMATION ON THE FOLLOWING TOPICS: INPATIENT PRICING, OUTPATIENT PRICING, QUALITY OUTCOMES, AND PATIENT SATISFACTION. THIS GOES OVER AND BEYOND THE EFFORTS AND REQUIREMENTS OF THE ARKANSAS HOSPITAL ASSOCIATION AND AMERICAN HOSPITAL ASSOCIATION. THE COMPLETE INFORMATION CAN BE VIEWED AT WWW.JRMC.ORG.

THESE ADDITIONS ARE OUTSTANDING, AND GREATLY ENHANCE JRMC'S

ABILITY TO OFFER EXCELLENT HEALTHCARE TO OUR POPULATION. THEY HAVE GROWN TO EXPECT IT. PERHAPS THEY WOULD BE SURPRISED TO KNOW THE CHARITABLE BENEFITS THAT THE MEDICAL CENTER PROVIDES TO SOUTHEAST ARKANSAS. UNCOMPENSATED CARE IS THE LARGEST CATEGORY AND AMOUNT OF CHARITABLE AND COMMUNITY BENEFIT. THERE ARE SEVERAL CATEGORIES OF UNCOMPENSATED CARE. FIRST, THERE ARE THE CHARGES AND COST OF PATIENT CARE FOR THOSE INDIVIDUALS WHO ARE WITHOUT ANY FORM OF THIRD PARTY INSURANCE COVERAGE AND WHO QUALIFY FOR CHARITY CARE. 100% OF THIS CARE WAS PROVIDED FREE. ALSO INCLUDED IN THE FIRST CATEGORY IS THE AMOUNT OF CHARITABLE AND COMMUNITY BENEFIT PROVIDED FOR THOSE INDIVIDUALS WHO ARE UNDER-INSURED. THESE ARE INDIVIDUALS WHO HAVE SOME FORM OF THIRD PARTY INSURANCE, BUT DO NOT HAVE SUFFICIENT FUNDS OR RESOURCES TO PAY FOR THE CHARGES AND COST WHICH EXCEED THEIR BENEFITS. THE FOLLOWING REPRESENTS THE AMOUNTS PROVIDED FREE TO BOTH UNINSURED AND UNDER-INSURED PATIENTS. CHARGES: $29,547,899, NET COST $8,785,868. THE NEXT CATEGORY AND AMOUNT OF CHARITABLE AND COMMUNITY BENEFIT PROVIDED AND REPORTED IS FOR THOSE INDIVIDUALS WHO HAVE SOME FORM OF GOVERNMENTAL COVERAGE (TYPICALLY MEDICAID). THE AMOUNTS REPORTED UNDER THIS CATEGORY ARE THE ACTUAL COSTS WHICH EXCEED THE AMOUNT PAID BY MEDICAID TO THE HOSPITAL. PATIENTS WERE NOT BILLED FOR THESE AMOUNTS AND SUCH WERE WRITTEN OFF. CHARGES $49,147,886, NET COST $9,398,019. THE FINAL CATEGORY OF UNCOMPENSATED CARE IS THE TOTAL COST OF CARE FOR THOSE INDIVIDUALS WHO EITHER HAD THIRD PARTY COVERAGE AND/OR EITHER DID NOT APPLY FOR OR QUALIFY FOR CHARITY CARE AND DID NOT PAY THEIR HOSPITAL BILL. THE COST OF PROVIDING THIS CARE IS A COST TO THE HOSPITAL AND A BENEFIT TO THE COMMUNITY. BY PROVIDING HEALTHCARE TO ALL MEMBERS OF THE COMMUNITY, REGARDLESS OF ABILITY OR WILLINGNESS TO PAY, THE COMMUNITY BENEFITS. CHARGES $11,560,490, NET COST $2,925,160. TOTAL UNCOMPENSATED CARE CHARGES $90,256,275, TOTAL NET UNCOMPENSATED CARE COST $21,109,047.

COMMITTED TO FURTHERING KNOWLEDGE AND ADVANCING HEALTHCARE IN THE COMMUNITY, JRMC MAKES A SUBSTANTIAL ANNUAL COMMITMENT OF DOLLARS AND HOURS TO ITS PHYSICIAN RESIDENCY TRAINING PROGRAM. JRMC ALSO SUBSIDIZES OUR JEFFERSON SCHOOL OF NURSING THAT DEVELOPS AND TRAINS THE NEXT GENERATION OF TALENTED NURSES. ADDITIONALLY, JRMC STRIVES TO MEET THE NEEDS OF ITS PATIENTS AND FAMILIES BEYOND PHYSICAL TREATMENT BY FUNDING A FULL-TIME PASTORAL CARE PROGRAM. COST $3,219,279
FROM SENIORS TO YOUNG PARENTS, FROM BUSINESS PROFESSIONALS TO STAY AT HOME MOTHERS, EVERYONE BENEFITS FROM BECOMING

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MORE AWARE OF HOW TO IMPROVE THEIR OWN HEALTH. JRMC PROVIDES A VAST ARRAY OF EDUCATIONAL CLASSES, EVENTS, AND FORUMS DESIGNED TO RAISE AWARENESS ABOUT HEALTH AND WELLNESS ISSUES FOR EVERY SEGMENT OF OUR POPULATION. RANGING FROM OUR "LEARN AT LUNCH" SERIES TO INDIVIDUAL CLASSES IN SPECIALIZED TOPICS, WE SEE HEALTH EDUCATION AS A MAJOR PART OF OUR MISSION. COST $172,348

MANY AREAS THROUGHOUT SOUTHEAST ARKANSAS, LIKE MANY RURAL AREAS IN THE SOUTHEAST AND DELTA, FACE NUMEROUS SOCIOECONOMIC CHALLENGES. OUR FOCUS HAS BEEN TO IDENTIFY THOSE FACTORS WHICH ARE CLOSELY RELATED TO OUR MISSION, VISION AND VALUES AND SUPPORT SUCH DEVELOPMENT ACCORDINGLY. EVERY TIME THE COMMUNITY'S SOCIOECONOMIC CHALLENGES ARE IMPROVED UPON, THE COMMUNITY BECOMES STRONGER AND THUS HEALTHIER. COST $777,902

JRMC DOES NOT SEE ITSELF AS THE GREATER WHOLE, BUT RATHER A SIGNIFICANT PART OF THE CONNECTIVE TISSUE WHICH HELPS MAKE UP THIS COMMUNITY AND SUPPORTS THE WHOLE. JRMC PARTICIPATES IN SEVERAL COMMUNITY OUTREACH PROGRAMS. COST $52,946

TOTAL COST OF COMMUNITY BENEFITS $25,331,522

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		469,169,333.

FORM 990 OTHER INVESTMENTS STATEMENT 7

DESCRIPTION	VALUATION METHOD	AMOUNT
BOARD DESIGNATED FUNDS	MARKET VALUE	38,485,802.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		38,485,802.

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FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 8

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	4,961,215.	0.	4,961,215.
BUILDING AND EQUIPMENT	175,864,347.	120,375,815.	55,488,532.
TOTAL TO FORM 990, PART IV, LN 57	180,825,562.	120,375,815.	60,449,747.

FORM 990 OTHER ASSETS STATEMENT 9

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DEFERRED FINANCING COSTS	438,409.	415,233.
INVESTMENTS IN AFFILIATES AND OTHER ASSEETS	4,521,225.	1,570,418.
457 PLAN - FMV ASSET		302,195.
TOTAL TO FORM 990, PART IV, LINE 58	4,959,634.	2,287,846.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 10

DESCRIPTION	AMOUNT
CONTRACTUAL ADJUSTMENTS	284,581,468.
CHARITY CARE	29,547,897.
EARNINGS FROM AFFILIATES	415,548.
TOTAL TO FORM 990, PART IV-A	314,544,913.

FORM 990 OTHER EXPENSES INCLUDED ON FORM 990 STATEMENT 11

DESCRIPTION	AMOUNT
CONTRACTUAL ADJUSTMENT	284,581,468.
CHARITY CARE	29,547,897.
TOTAL TO FORM 990, PART IV-B	314,129,365.

AS AMENDED

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JERREL BOAST 1704 ANNETTE DRIVE WHITE HALL, AR 71602	CHAIRMAN 1.00	0.	0.	0.
CHUCK MORGAN P.O. BOX 7878 PINE BLUFF, AR 71611	VICE CHAIRMAN 1.00	0.	0.	0.
DAVID BROWN P.O. BOX 7647 PINE BLUFF, AR 71611	SECRETARY 1.00	0.	0.	0.
FRANK ANTHONY 1215 WEST PULLEN PINE BLUFF, AR 71603	DIRECTOR 1.00	0.	0.	0.
DREW ATKINSON P.O. BOX 7008 PINE BLUFF, AR 71611	DIRECTOR 1.00	0.	0.	0.
JAMES CAMPBELL, JR., M.D. 1706 WEST 42ND PINE BLUFF, AR 71603	DIRECTOR 1.00	0.	0.	0.
MARTY CASTEEL 501 MAIN STREET PINE BLUFF, AR 71601	DIRECTOR 1.00	0.	0.	0.
ED COPELAND P.O. BOX 6608 PINE BLUFF, AR 71611	DIRECTOR 1.00	0.	0.	0.
LEE A. FORESTIERE, M.D., FACS 1609 WEST 40TH, SUITE 403 PINE BLUFF, AR 71603	DIRECTOR 1.00	0.	0.	0.
ANNETTE KLINE P.O. BOX 8068 PINE BLUFF, AR 71611	DIRECTOR 1.00	0.	0.	0.
JOE RATLIFF 1200 WEST 41ST PINE BLUFF, AR 71603	DIRECTOR 1.00	0.	0.	0.

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CLIFTON ROAF, DDS 1310 LINDEN STREET PINE BLUFF, AR 71601	DIRECTOR 1.00	0.	0.	0.
OMAR ATIQ, M.D. 7600 ROSSWOOD ROAD PINE BLUFF, AR 71603	JRMC CHIEF OF STAFF 15.00	17,500.	0.	0.
GEORGE ROBERSON, M.D., FACS 1801 WEST 40TH, SUITE 7B PINE BLUFF, AR 71603	MEDICAL DIRECTOR OF INTERNAL AND EX 15.00	27,783.	0.	0.
ROBERT P. ATKINSON 6 SOUTHERN PINES COVE PINE BLUFF, AR 71603	PRESIDENT & CEO 40.00	508,912.	176489.	3,750.
THOMAS HARBUCK 110 ISLAND VIEW COVE HOT SPRINGS, AR 71901	EXECUTIVE VICE PRESIDENT 40.00	386,682.	125167.	4,500.
WALTER JOHNSON 1120 S. EVANS RD. WHITE HALL, AR 71602	SENIOR VICE PRESIDENT & COO 40.00	288,398.	98,918.	4,699.
LOUISE HICKMAN 6900 TWIN OAKS LANE PINE BLUFF, AR 71603	VICE PRESIDENT PATIENT CARE SERVICE 40.00	168,329.	72,274.	0.
NATHAN VAN GENDEREN 14 CLANCY COURT LITTLE ROCK, AR 72223	VICE PRESIDENT & CFO 40.00	208,088.	58,412.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		1,605,692.	531260.	12,949.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 13
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
JEFFERSON SURGERY CENTER		X
JRMC DEVELOPMENT CORP.		X
JEFFERSON MANAGMENT SERVICES, INC.		X

AS AMENDED

FORM 990 OTHER REVENUE STATEMENT 14

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
OUTSIDE REF. LAB.	541900	47,508.			
PATHOLOGY BILLING	561000	177,357.			
CAFETERIA			03	913,290.	
PHARMACY-SUNDRY			03	2,249,594.	
VENDING MACHINES			03	32,436.	
WELLNESS CENTER			03	661,383.	
NURSING TUITION			03	236,889.	
LIFELINE					118,446.
CHILD CARE CENTER					560,757.
DELTA MEM HOSPITAL					47,143.
BRADLEY MEM HOSP					105,474.
DREW MEM HOSPITAL					128,354.
HEALTHWORKS					105,650.
MEDICAL RECORDS					11,617.
PURCHASE DISCOUNTS					153,742.
BCBS BILLING FEE					79,931.
MISCELLANEOUS					714,828.
AMB SURGERY CENTER					-8,921.
JOINT VENTURE INCOME	561000	2,766.			412,782.
RENTAL INCOME	532000	10,398.			
TO FORM 990, PART VII, LINE 103		238,029.		4,093,592.	2,429,803.

AS AMENDED

FORM 990 PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES AND DISREGARDED ENTITIES STATEMENT 15

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

JEFFERSON SURGERY CENTER, PLLC

ADDRESS

1600 W. 40TH STREET, PINE BLUFF, AR 71602

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
71-0810564	53.00%	AMB SURGERY	4,380,823.	1,711,225.

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

JRMC DEVELOPMENT CORP.

ADDRESS

1600 W. 40TH STREET, PINE BLUFF, AR 71602

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
71-0664723	100.00%	OFFICE MANAGEMENT	2,465,440.	18,658,621.

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

JEFFERSON MANAGEMENT SERVICES, INC.

ADDRESS

1600 W. 40TH STREET, PINE BLUFF, AR 71602

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
71-0582753	100.00%	PRACTICE MGMT & COLLECTIONS	6,241,519.	943,675.

AS AMENDED

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 16

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	REVENUE EARNED FROM THE CARE OF PATIENTS IS USED TO PAY FOR THE SALARIES, SUPPLIES, CAPITAL EXPENDITURES AND OTHER EXPENSES INCURRED TO PROVIDE SUCH CARE. ALLOCABLE SHARE OF PARTNERSHIP INCOME FROM MATERIALS MGMT. & GROUP PURCHASING PROGRAMS ON BEHALF OF THE ORGANIZATION'S AFFILIATED HOSPITAL(S), STRUCTURED TO REDUCE THE COST OF MEDICAL RELATED SUPPLIES INCURRED BY THE ORGANIZATION'S AFFILIATED HOSPITAL(S).
103	REVENUE EARNED FROM VARIOUS RELATED SERVICES SUCH AS A NURSING SCHOOL, RADIOLOGY SCHOOL, USE OF FACILITIES FOR PUBLIC EDUCATION, AND OTHER PROGRAMS USED TO PROVIDE A FULL COMPLETEMENT OF HEALTHCARE SERVICES FOR THE COMMUNITY.

AS AMENDED

FORM 990 DESCRIPTION OF TRANSFER PART XI, LINE 106 STATEMENT 17

NAME OF CONTROLLED ENTITY	EMPLOYER ID
JEFFERSON SURGERY CENTER, PLLC	71-0810564

DESCRIPTION OF TRANSFER

ASC PURCHASED OPERATING SERVICES

NAME OF CONTROLLED ENTITY	EMPLOYER ID
JEFFERSON REGIONAL MEDICAL CENTER DEVELOPMENT, INC.	71-0664723

DESCRIPTION OF TRANSFER

OPERATING SERVICES, RENT AND UTILITIES, CAPITAL

NAME OF CONTROLLED ENTITY	EMPLOYER ID
JEFFERSON MANAGEMENT SERVICES, INC.	71-0582753

DESCRIPTION OF TRANSFER

OPERATING SERVICES AND CAPITAL

AS AMENDED

FORM 990 DESCRIPTION OF TRANSFER STATEMENT 18
PART XI, LINE 107

NAME OF CONTROLLED ENTITY	EMPLOYER ID
JEFFERSON SURGERY CENTER, PLLC	71-0810564

DESCRIPTION OF TRANSFER

PAYMENTS ON OPERATING SERVICES PROVIDED TO JSC

NAME OF CONTROLLED ENTITY	EMPLOYER ID
JEFFERSON REGIONAL MEDICAL CENTER DEVELOPMENT, INC.	71-0664723

DESCRIPTION OF TRANSFER

OPERATING SERVICES, RENT AND UTILITIES, CAPITAL

NAME OF CONTROLLED ENTITY	EMPLOYER ID
JEFFERSON MANAGEMENT SERVICES, INC.	71-0582753

DESCRIPTION OF TRANSFER

PAYMENTS ON OPERATING EXPENSES PROVIDED TO JMSI

AS AMENDED

SCHEDULE A EXPLANATION OF TRANSACTIONS STATEMENT 19
PART III, LINE 2B

SHORT-TERM RECEIVABLES FROM WHOLLY OWNED SUBSIDIARIES FOR FUNDS USED IN DAILY OPERATIONS

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 20
PART III, LINE 3A

SCHOLARSHIPS AND GRANTS ARE PRESENTED AT GRADUATION EACH YEAR TO DESERVING NURSING STUDENTS. THE STUDENTS ARE NOMINATED BY THE APRG COMMITTEE AND THE LIST IS THEN PRESENTED TO THE FACULTY FOR SELECTION. THE CRITERIA FOR SELECTION INCLUDES: EXCELLENT ACADEMIC & CLINICAL PERFORMANCE, LEADERSHIP ABILITY, DEDICATION TO THE NURSING PROFESSION, AND FINANCIAL NEED.

SCHEDULE A STATEMENT OF LOBBYING ACTIVITIES - PART VI-B STATEMENT 21

A PORTION OF DUES PAID TO ARKANSAS HOSPITAL ASSOCIATION AND AMERICAN HOSPITAL ASSOCIATION ARE USED FOR LOBBYING EXPENSES.