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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

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

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
North Mississippi Medical Center Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
830 South Gloster Street

City or town, state or country, and ZIP + 4
Tupelo, MS 38801

D Employer identification number
64-0662976

E Telephone number
(662) 377-3977

G Gross receipts $ 819,394,994

F Name and address of Principal Officer
Joe Reppert
830 South Gloster Street
Tupelo, MS 38801

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

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ www nmhs net/

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1982

M State of legal domicile DE

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
North Mississippi Medical Center is a 650-bed regional referral center in Tupelo, MS, which serves more than 700,000 people in 24 counties in north MS, northwest AL and portions of TN

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of employees (Part V, line 2a)	5	4,521
6	Total number of volunteers (estimate if necessary)	6	187
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1,498,951	1,573,839
9	Program service revenue (Part VIII, line 2g)	524,155,255	548,169,826
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,200,468	18,695,131
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,622,936	12,953,646
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	558,477,610	581,392,442
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		143,387
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	226,233,420	235,709,920
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	279,882,078	291,053,684
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	506,115,498	526,906,991
19	Revenue less expenses Subtract line 18 from line 12	52,362,112	54,485,451

		Beginning of Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	772,548,432	778,530,707
21	Total liabilities (Part X, line 26)	163,098,038	203,545,693
22	Net assets or fund balances Subtract line 21 from line 20	609,450,394	574,985,014

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

Please Sign Here

****** | 2010-08-15
Signature of officer | Date

Joe Reppert Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature		Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4	BKD LLP 190 E Capitol Street Suite 500 Jackson, MS 392012190		EIN ▶ Phone no ▶ (601) 948-6700

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

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

1 Briefly describe the organization's mission

See Additional Data Table

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 $ 473,782,680 including grants of $ 143,387) (Revenue $ 548,169,826)

North Mississippi Medical Center (NMMC) serves more than 700,000 people in 24 counties in north Mississippi, northwest Alabama and portions of Tennessee In fiscal year 2009, there were over 26,000 inpatient admissions, over 71,000 emergency department visits, and over 265,000 outpatient visits NMMC uses Press Ganey, the largest patient satisfaction survey company in the nation, that works with more than 7,000 healthcare facilities Randomly selected patients are asked about their experience with NMHS inpatient, outpatient, ER, home health and long term care services Area residents have access to a medical staff representing more than 40 medical specialties, as well as centers of excellence in cancer treatment and research, neurology, neurosurgery, cardiac surgery, cardiology, pulmonology, rehabilitation, chemical dependency and neonatal programs In addition, the NMMC Home Health Agency serves patients in 17 counties in north Mississippi and offers many complex and extremely high-tech procedures that can be performed in the home setting NMMC is designated as a Level II trauma center by the Mississippi State Department of Health To receive this designation, facilities must offer a full range of trauma capabilities, including an Emergency Department, a full service surgical suite, intensive care unit and diagnostic imaging, as well as make a commitment to consistently meet national guidelines or standards in caring for trauma patients In 2006 NMMC-Tupelo received the Malcolm Baldrige National Quality Award for innovative practices, a commitment to excellence and outstanding results This award is a symbol of world-class performance and is the nation's highest Presidential honor for organizational performance excellence NMMC is a participant in QUEST (Quality, Efficiency, Safety, with Transparency), a national initiative sponsored by fellow 2006 Baldrige recipient Premier NMMC benchmarks its quality measures against the very best hospitals and health systems in the United States This collaborative effort enables NMMC's physicians, nurses and analysts to learn from those with the best results in patient satisfaction, cost of care and appropriateness of care QUEST is one way that NMMC is continually working to improve patient safety and quality while safely reducing health care costs

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

One of the primary ways North Mississippi Medical Center (NMMC) serves the community is by providing care to various populations for which it receives no compensation or receives compensation at rates significantly less than established rates The Board of Directors of NMMC has established a policy under which NMMC provides care, without charge, to needy members of its community The charity care policy states that NMMC will provide necessary hospital services to patients free of charge with household income levels based on the federal poverty guidelines adjusted based on the median income for Mississippi compared to the median income nationally The Mississippi adjusted poverty guidelines is approximately 75% of the Federal Poverty Rate The policy further provides patients with household income levels above the Mississippi adjusted poverty guidelines will be liable for no more than the amount that their household income exceeds the applicable federal poverty guidelines The policy applies to individuals who reside in NMMC's 24-county service area, as defined by the policy Patients from outside the service area may also be granted charity care based on the judgment of NMMC management depending on their individual circumstances The policy also requires the patient to cooperate fully with NMMC's request for information with which to verify the patient's eligibility Following that policy, NMMC maintains records to identify and monitor the level of charity care it provides These records include the amount of charges foregone for services and supplies furnished under its charity care policy Charges foregone, based on established rates, totaled approximately $61,000,000 in fiscal year 2009 Based on the gross charges provided to charity patients compared to total hospital gross charges, 5% of all services in fiscal year 2009 were provided on a charity basis The net cost of charity care provided by NMMC was approximately $24,170,000 in fiscal year 2009 The total cost estimate is based on the ratio of costs to charges for NMMC All of the foregone charges mentioned above are netted against patient service revenue to arrive at net patient service revenue as reflected as program service revenue on Part VIII of Form 990 in order to be consistent with financial statement reporting and are not reported as functional expenses on the tax return

4c (Code) (Expenses $ 1,776,000 including grants of $) (Revenue $)

North Mississippi Medical Center employs registered nurses and certified health educators that provide services to schools in the service area at no cost to the school systems These nurses and educators provide basic healthcare and instructional services to the students in the schools they serve The net cost of providing these services was approximately $1,233,000 in fiscal year 2009 NMMC also employs certified athletic trainers who provide services to high schools in the service area at no cost The trainers work with the sports teams at these schools on a daily basis during practice and training, as well as at in-season competitions The cost of providing these services was approximately $543,000 in fiscal year 2009

(Code) (Expenses $ 351,000 including grants of $) (Revenue $)

See Schedule O for Description

(Code) (Expenses $ 125,000 including grants of $) (Revenue $)

See Schedule O for Description

4d Other program services (Describe in Schedule O)

(Expenses $ 476,000 including grants of $) (Revenue $)

4e Total program service expenses $ 476,034,680 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	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? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	131		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	4,521		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 14		
b	Enter the number of voting members that are independent . .	1b 10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		No
11	Is there any officer, director or 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	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed _____

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

☐ own website ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

JOE REPPERT
830 SOUTH GLOSTER STREET
Tupelo, MS 38801
(662) 377-3977

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(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			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								2,360,628	1,809,093	289,669

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 104

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

(A) Name and business address	(B) Description of services	(C) Compensation
Renal Care Group PO Box 415000 NASHVILLE, TN 372415000	Acute Dialysis Fees	1,917,842
Advanced Perfusion 201 Poplar Springs Drive TUPELO, MS 388040000	Perfusionist Fees	1,766,312
Tupelo Emergency Group PO Box 82368 LAFAYETTE, LA 705982368	Physician Fees	1,725,286
Mayo Collaborative DBA Mayo Med Laboratories MINNEAPOLIS, MN 554809146	Lab Testing	1,428,724
McKesson Info Solutions	Purch Maintenance	1,144,039

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 36

Part VIII **Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d 431,336				
	e	Government grants (contributions) 1e 1,142,503				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)** ▶	1,573,839			
Program Service Revenue		Business Code				
	2a	Net Patient Service Revenue 900,099	545,379,989	545,379,989		
	b	RELATED RENTAL INCOME 900,099	2,789,837	2,789,837		
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 548,169,826				
	3	Investment income (including dividends, interest other similar amounts) ▶	13,910,723			13,910,723
	4	Income from investment of tax-exempt bond proceeds ▶	6,399			6,399
	5	Royalties	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 242,746,360 / 34,200				
	b	Less cost or other basis and sales expenses: 237,954,009 / 48,543				
	c	Gain or (loss): 4,792,351 / -14,343				
	d	Net gain or (loss) ▶	4,778,009			4,778,009
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events ▶	0			
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶	0			
	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 ▶	0			
		Miscellaneous Revenue / Business Code				
	11a	Employee Drug Sales 900,099	8,056,628			8,056,628
	b	Cafeteria Revenue 900,099	1,963,388	1,963,388		
	c	Child Development Center Revenue 900,099	948,696			948,696
	d	All other revenue _____	1,984,934			1,984,934
	e	**Total. Add lines 11a-11d** $ 12,953,646				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	581,392,442	550,133,214		29,685,389

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	143,387	143,387		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,237,393		1,237,393	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	167,188,099	143,292,896		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,851,116	4,851,116		
9	Other employee benefits	50,237,748	50,237,748		
10	Payroll taxes	12,195,564	10,186,324	2,009,240	
11	Fees for services (non-employees)				
a	Management	19,440,282		19,440,282	
b	Legal	451,918		451,918	
c	Accounting	231,315		231,315	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	874,734		874,734	
g	Other	21,900,058	21,666,503	233,555	
12	Advertising and promotion	1,853,125	1,853,125		
13	Office expenses	113,373,333	113,373,333		
14	Information technology	16,401,984	16,401,984		
15	Royalties . .	0			
16	Occupancy	8,681,739	8,681,739		
17	Travel	3,355,415	3,355,415		
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	1,310,027	1,310,027		
20	Interest	2,286,956	2,286,956		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	34,111,066	34,111,066		
23	Insurance	2,498,671		2,498,671	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Bad Debt Expense	54,838,211	54,838,211		
b	Collection Fees	2,296,475	2,296,475		
c	Recruitment Expense	2,223,131	2,223,131		
d	Repairs and Maintenance	1,816,310	1,816,310		
e	Taxes and Licenses	1,528,083	1,528,083		
f	All other expenses	1,580,851	1,580,851		
25	**Total functional expenses.** Add lines 1 through 24f	526,906,991	476,034,680	50,872,311	0
26	**Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	56,717,475	1	62,078,733
	2	Savings and temporary cash investments	8,352,309	2	5,722,530
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	96,223,517	4	92,119,202
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	9,389,559	8	10,123,497
	9	Prepaid expenses and deferred charges	21,752,918	9	483,114
	10a	Land, buildings, and equipment cost basis — 10a: 659,411,938			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 440,350,570	219,648,071	10c	219,061,368
	11	Investments—publicly traded securities	301,154,475	11	379,937,070
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		12	
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	59,310,108	15	9,005,193
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	772,548,432	16	778,530,707
Liabilities	17	Accounts payable and accrued expenses	36,142,619	17	80,110,178
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	125,464,634	20	118,583,485
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*	1,490,785	25	4,852,030
	26	**Total liabilities.** *Add lines 17 through 25*	163,098,038	26	203,545,693
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	607,311,153	27	572,704,399
	28	Temporarily restricted net assets	2,139,241	28	2,280,615
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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	609,450,394	33	574,985,014
	34	Total liabilities and net assets/fund balances	772,548,432	34	778,530,707

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes" to lines 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?		2c	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?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?		3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
North Mississippi Medical Center Inc

Employer identification number
64-0662976

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

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

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

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 described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV)						
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 501(c)(3) organization, check this box and **stop here** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 30 June, 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 IV)						
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 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
North Mississippi Medical Center Inc

Employer identification number
64-0662976

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in 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 accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 why in Part XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance					
b	Contributions					
c	Investment earnings or losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		4,805,632		4,805,632
b Buildings		229,864,847	127,015,982	102,848,865
c Leasehold improvements				
d Equipment		401,662,549	305,098,419	96,564,130
e Other		23,078,910	8,236,169	14,842,741
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				219,061,368

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Other Receivables	1,508,013
Trusteed Bond Funds	26,184
Accrued Interest Receivable	40,288
Deferred Comp Trust Fund	943,555
Due from Affiliates	3,338,648
Unamortized Bond Issue Costs	867,890
Int in Net Assets of Aff Fnd	2,280,615
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Fair Value of Int Rate Swaps	4,852,030
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	4,852,030

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	581,392,442
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	526,906,991
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	54,485,451
4	Net unrealized gains (losses) on investments	4	4,317,274
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-3,848,875
9	Total adjustments (net) Add lines 4 - 8	9	468,399
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	54,953,850

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

1	Total revenue, gains, and other support per audited financial statements			1	581,860,841
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	4,317,274		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-3,848,875		
e	Add lines **2a** through **2d**			2e	468,399
3	Subtract line **2e** from line **1**			3	581,392,442
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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	581,392,442

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	526,906,991
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	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	526,906,991
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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	526,906,991

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Schedule D, Part XII, Line 2d		Loss on Extinguishment of Bonds of $487,630 and change in fair value of interest rate swaps of $3,361,245
Footnote to the organization's financial statements that reports the	organization's liability for uncertain tax positions under FIN 48	The Medical Center applies FASB ASC Topic 740 for Income Taxes, which clarifies the accounting for uncertainty in income tax positions, and provides guidance on when tax positions are recognized in an entity's financial statements and how the values of these positions are determined

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.
▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
North Mississippi Medical Center Inc

Employer identification number
64-0662976

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a		
b	If "Yes," is it a written policy?	1b		
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____%	3a		
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____%	3b		
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4		
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a		
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a		
6b	If "Yes," does the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from *worksheets 1 and 2)*						
b Unreimbursed Medicaid (from *worksheet 3, column a)*						
c Unreimbursed costs—other means-tested government programs (from *Worksheet 3, column b)*						
d **Total** Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from (worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

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

Part III Bad Debt, Medicare, and Collection Practices *(Optional for 2008)*

Section A—Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost) 2			
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy 3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B—Medicare

5	Enter total revenue received from Medicare (including DSH and IME) 5		
6	Enter Medicare allowable costs of care relating to payments on line 5 6		
7	Enter line 5 less line 6—surplus or (shortfall) 7		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit, and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C—Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
North Mississippi Medical Center 830 S Gloster Street Tupelo, MS 38801	X								
NMMC Behavioral Health 4579 South Eason Tupelo, MS 38801									Behavioral Health Facility
Baldwyn Nursing Facility 739 4th Street Baldwyn, MS 38824									Skilled Nursing Facility
NMMC Women's Hospital 4566 South Eason Tupelo, MS 38801									Women's Care Facility
NMMC Breast Care Center 4376 South Eason Tupelo, MS 38801									Breast Care Facility
NMMC Family Practice Residency Center 1680 South Green Street Tupelo, MS 38801									Family Care Facility
NMMC Home Care and Hospice 422A E President Street Tupelo, MS 38801									Home Care and Hospice Facility
NMMC Longtown Rehab 4381 South Eason Blvd Tupelo, MS 38801									Rehabilitation Clinic
NMMC Cancer Center 990 South Madison Tupelo, MS 38801									Cancer Center
NMMC Wellness Center 1030 South Madison Tupelo, MS 38801									Wellness Center
Pontotoc Wellness Center 38 West Reynolds Street Pontotoc, MS 38863									Wellness Center
Baldwyn Wellness Center 920 North Fourth Street Suite A Baldwyn, MS 38824									Wellness Center

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

2 **Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

3 **Patient Education of Eligibility for Assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

4 **Community Information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
North Mississippi Medical Center Inc

Employer identification number
64-0662976

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶

3 Enter total number of other organizations . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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
Scholarships & Academic Reimbursements	100	143,387			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
Part I, Line 2		The Hospital grants scholarships and academic reimbursements to employees based on an application process Employees that are selected for this program must maintain a 2 5 GPA for an Associate and Bachelors Degree and a 3 0 GPA for a Masters degree and above The Hospital reimburses the employee the cost of the tuition at the in-state rate for courses that are defined in the curriculum provided by the College attended

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
North Mississippi Medical Center Inc

Employer identification number
64-0662976

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in 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	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Chuck Stokes	(i) (ii)	295,887		5,950	26,654	1,984	330,475	
Bruce Toppin	(i) (ii)	205,282		5,617	15,016	2,976	228,891	
Gerald Wages	(i) (ii)	398,314		221,036	36,000	2,976	658,326	
Max Taylor MD	(i) (ii)	350,047		1,032	15,500	2,976	369,555	
Laura Brower	(i) (ii)	209,330		5,103	15,146	2,976	232,555	
Bruce Ridgway	(i) (ii)	174,526		6,504	35,999	2,976	220,005	
Harold Kornfhurer	(i) (ii)	145,609		5,050	7,364	2,976	160,999	
Ken Davis	(i) (ii)	198,153			16,417	1,116	215,686	
Michael O'Dell	(i) (ii)	294,555		1,032	20,500	2,976	319,063	
Brian Condit	(i) (ii)	275,206		552	15,500	2,976	294,234	
Dennis E Smith Jr	(i) (ii)	177,011	89,249	216	10,761	2,976	280,213	
Terry Perrine Jr	(i) (ii)	180,009	63,681	1,584	20,500	2,976	268,750	
Glennal Verbois	(i) (ii)	212,627	18,326	468		2,976	234,397	
John Heer	(i) (ii)	600,547		27,218	15,500	2,976	646,241	
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
Part I, Line 4b		Participants John Heer $17,918 Gerald Wages $200,365 Terms & Conditions North Mississippi Health Services, Inc (NMHS) adopted the Management Deferred Annuity Plan (the Plan) on October 1, 1998 Participants in the Plan are designated by the Compensation Committee of the Board of Directors of NMHS At the beginning of each Plan Year, NMHS shall pay a contribution, less withholding for taxes, to the Participant's annuity contract, which is a deferred annuity contract selected, owned, and controlled by the Participant The contribution is determined by multiplying the participant's compensation in the preceding plan year by a percentage set forth in Appendix B of the Plan A participant is terminated from the Plan on the earliest of (1) the date the Board determines the employee is no longer a participant, (2) the date the Participant retires, (3) the date that the Participant dies, or (4) the date the Participant no longer is employed by NMHS for reasons other than retirement or death

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 64-0662976
Name: North Mississippi Medical Center Inc

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Chuck Stokes	(I) (II)	295,887		5,950	26,654	1,984	330,475	
Bruce Toppin	(I) (II)	205,282		5,617	15,016	2,976	228,891	
Gerald Wages	(I) (II)	398,314		221,036	36,000	2,976	658,326	
Max Taylor MD	(I) (II)	350,047		1,032	15,500	2,976	369,555	
Laura Brower	(I) (II)	209,330		5,103	15,146	2,976	232,555	
Bruce Ridgway	(I) (II)	174,526		6,504	35,999	2,976	220,005	
Harold Kornfhurer	(I) (II)	145,609		5,050	7,364	2,976	160,999	
Ken Davis	(I) (II)	198,153			16,417	1,116	215,686	
Michael O'Dell	(I) (II)	294,555		1,032	20,500	2,976	319,063	
Brian Condit	(I) (II)	275,206		552	15,500	2,976	294,234	
Dennis E Smith Jr	(I) (II)	177,011	89,249	216	10,761	2,976	280,213	
Terry Perrine Jr	(I) (II)	180,009	63,681	1,584	20,500	2,976	268,750	
Glennal Verbois	(I) (II)	212,627	18,326	468		2,976	234,397	
John Heer	(I) (II)	600,547		27,218	15,500	2,976	646,241	

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
North Mississippi Medical Center Inc

Employer identification number
64-0662976

Part I Bond Issues *(Required for 2008)*

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Mississippi Hospital Equip & Facilities Authority	64-0732320	605360QQ2	12-10-2008	24,102,103	to refund a prior issue 9/10/97		X		X
B	Mississippi Hospital Equip & Facilities Authority	64-0732320	605360LM6	12-01-2008	31,068,000	to refund a prior issue 1/23/01		X		X
C	Mississippi Hospital Equip & Facilities Authority	64-0732320	605360QK5	04-02-2008	45,580,719	to refund a prior issue 7/2/03		X		X
D	Mississippi Hospital Equip & Facilities Authority	64-0732320	605360QL3	04-04-2008	29,175,000	to refund a prior issue 7/2/03		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

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2008

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Name of the organization
North Mississippi Medical Center Inc

Employer identification number
64-0662976

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that 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) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the 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

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that 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 grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that 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
See Additional Data Table					

Additional Data

Software ID:
Software Version:
EIN: 64-0662976
Name: North Mississippi Medical Center Inc

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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**
Urology PA	See Schedule O	237,366	Rental of office space		No
North Mississippi Pain Management	See Schedule O	160,352	Rental of office space		No
Tupelo Anesthesia Group	See Schedule O	73,188	Rental of office space		No
BancorpSouth	See Schedule O	175,237	Service Charges & Trust Fees		No
Tupelo Anesthesia Group	See Schedule O	267,882	Physician & Consulting Fees		No
Tupelo Anesthesia Group	See Schedule O	226,908	Collection Fees		No
Uroloy PA	See Schedule O	1,142,700	Lithotripter Services		No

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
North Mississippi Medical Center Inc

Employer identification number
64-0662976

Identifier	Return Reference	Explanation
Form 990, Page 2, Part III, Line 4d		North Mississippi Medical Center's Community Health Department assists in educating the community on health-related issues by organizing and presenting various health fairs and seminars The events are held at local businesses, schools, and community organizations and address various healthcare topics in addition to offering various screenings and tests at a nominal fee or at no charge The cost associated with the outreach activities were approximately $351,000 in fiscal year 2009 North Mississippi Medical Center provides direct financial support to several local nursing schools, which approximated $125,000 in fiscal year 2009

Identifier	Return Reference	Explanation
Form 990, Page 6, Part VI, Section A, Line 6		North Mississippi Medical Center, Inc is a not-for-profit, nonstock, membership corporation of which North Mississippi Health Services, Inc is the sole member and has sole voting control

Identifier	Return Reference	Explanation
Form 990, Page 6, Part VI, Section A, Line 7a		The Governance Committee of North Mississippi Health Services, Inc (NMHS), which is made up of past Chairmen, nominate candidates for the Board These candidates are then approved by the Board of NMHS

Identifier	Return Reference	Explanation
Form 990, Page 6, Part VI, Section A, Line 7b		The Board of North Mississippi Health Services, Inc approves all transactions that exceed $1 million

Identifier	Return Reference	Explanation
Form 990, Page 6, Part VI, Section A, Line 10		The Form 990 goes through a review process in the Accounting Department The accountant for each facility reviews the returns for reasonableness and accuracy All totals are tied to the audit reports, and all amounts are cross-referenced to schedules or other parts of the actual return Once the accountant reviews, the Accounting Supervisor and the Director of Accounting reviews The Supervisor does a detailed review by checking the return for the same items that the accountant checked for Then the Director does a more high level review, reading the return for reasonableness and comparing prior year amounts to current year amounts Finally, the VP of Finance reviews the return for reasonableness The returns are then sent to the Executive VP/Treasurer to be reviewed The Treasurer signs the return and it is then sent to the IRS

Identifier	Return Reference	Explanation
Form 990, Page 6, Part VI, Section B, Line 12c		An annual conflict of interest questionnaire is required to be completed by all officers and directors of the organization The questionnaire is reviewed by North Mississippi's Health Services, Inc 's compliance officer and Conflict Committee The Conflict Committee reviews conflict transactions and makes recommendations to the board of directors regarding conflict transactions in accordance with the organization's conflict of interest policy All members of the Conflict Committee are prohibited from engaging in transactions with the organization or its affiliates during their tenure on the Conflict Committee and one year after their service concludes

Identifier	Return Reference	Explanation
Form 990, Page 6, Part VI, Section B, Line 15a&b		An independent compensation consulting firm, The Hay Group, is used to help establish the compensation of the CEO, Executive Director, other officers, and key employees The firm presents their independent analysis, which contains comparability data, to the Compensation Committee of North Mississippi Health Services, Inc In addition to this, the VP of Human Resources obtains another independent analysis from another compensation consulting firm in order to verify the information provided by The Hay Group The compensation of the individuals are then approved by the Compensation Committee The individual whose compensation is being discussed is not present during the discussion or approval of their compensation The discussions and decisions regarding the compensation are documented in the minutes of the meetings Compensation of these individuals is approved annually

Identifier	Return Reference	Explanation
Form 990, Page 6, Part VI, Section C, Line 19		The governing documents, conflict of interest policy, and financial statements are available to the public upon request A consolidated statement of operations is available on the organization's website

Identifier	Return Reference	Explanation
Form 990, Page 7, Part VII, Column (B)	Estimate of average hours worked per week devoted to related organization	Bruce Toppin 1 hr North Mississippi Medical Clinics, Inc 1 hr Tupelo Service Finance 1 hr Tishomingo Health Services, Inc 1 hr Clay County Medical Corporation 1 hr Webster Health Services, Inc 1 hr Marion Regional Medical Center 1 hr Pontotoc Health Services, Inc 1 hr North Mississippi Emergency Services, Inc 1 hr North Mississippi Management Services, Inc 30 hrs North Mississippi Health Services, Inc Gerald Wages 1 hr North Mississippi Medical Clinics, Inc 1 hr Tupelo Service Finance 1 hr Tishomingo Health Services, Inc 1 hr Clay County Medical Corporation 1 hr Webster Health Services, Inc 1 hr Marion Regional Medical Center 1 hr Pontotoc Health Services, Inc 1 hr North Mississippi Emergency Services, Inc 1 hr North Mississippi Management Services, Inc 30 hrs North Mississippi Health Services, Inc Joe Reppert 1 hr North Mississippi Medical Clinics, Inc 1 hr Tupelo Service Finance 1 hr Tishomingo Health Services, Inc 1 hr Clay County Medical Corporation 1 hr Webster Health Services, Inc 1 hr Marion Regional Medical Center 1 hr Pontotoc Health Services, Inc 1 hr North Mississippi Emergency Services, Inc 1 hr North Mississippi Management Services, Inc 30 hrs North Mississippi Health Services, Inc John Heer 1 hr Tupelo Service Finance 1 hr North Mississippi Emergency Services, Inc 1 hr North Mississippi Management Services, Inc 36 hrs North Mississippi Health Services, Inc Max Taylor 40 hrs North Mississippi Medical Clinics, Inc

Identifier	Return Reference	Explanation
Form 990, Page 11, Part XI, Line 3 a&b		North Mississippi Health Services, Inc and subsidiaries (the System) is required under the Single Audit Act of 1984, as amended in 1996, and OMB Circular A-133 to undergo an audit because of its receipt of federal contract awards An audit was conducted for the year ended September 30, 2009 for the System North Mississippi Medical Center, Inc is a subsidiary of the System and was included in this audit

Identifier	Return Reference	Explanation
Schedule K, Part I		North Mississippi Medical Center, along with certain North Mississippi Health Services affiliates (collectively known as the Obligated Group), periodically issue tax exempt revenue bonds under the terms of a related master indenture Only North Mississippi Medical Center's related share is reported in this schedule The 1997 Series 1, the 2001 Series 1, and the 2003 Series 1 & 2 revenue bonds were reoffered in 2008 The CUSIP numbers and issue prices reported on this schedule are for the reofferings A Form 8038 was not filed for the reofferings since they are not considered a reissuance for tax purposes The numbers reported then will not agree to the original Form 8038 filed for the prior issues

Identifier	Return Reference	Explanation
Schedule L, Part IV, Column (b)		Urology, PA - Entity more than 5% owned by Hughes Milam, director Pain Management - Entity more than 5% owned by Richard Heyer, director Tupelo Anesthesia Group - Entity more than 5% owned by Richard Heyer, director BancorpSouth - Entity which Jim Kelley, Director, is an officer

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
North Mississippi Medical Center Inc

Employer identification number
64-0662976

Part I Identification of Disregarded Entities

(A) Name, address, and EIN 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

(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
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
North MS Health Link Inc 830 S Gloster Street Tupelo, MS38801 64-0715886	Medical Services	DE	NA	C Corp			
North MS Enterprises Inc 830 S Gloster Street Tupelo, MS38801 64-0658059	Medical Services	DE	NA	C Corp			
Professional Practice Management Inc 830 S Gloster Street Tupelo, MS38801 72-1390014	Med Serv Mgmt	DE	NA	C Corp			
Acclaim Inc 830 S Gloster Street Tupelo, MS38801 72-1356116	Hlth Care Claims	DE	NA	C Corp			
North MS Support Services Inc 830 S Gloster Street Tupelo, MS38801 26-0718275	Support Services	DE	NA	C Corp			

Part V Transactions with Related Organizations

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

		Yes	No
1 During the tax year, did the orgranization 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 **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e	Yes	
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r	Yes	

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

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 64-0662976
Name: North Mississippi Medical Center Inc

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
North MS Management Services Inc 830 S Gloster Street Tupelo, MS38801 64-0762694	Mgmt & Admin	DE	501(c)(3)	11-I	NA
North MS Health Services Inc 830 S Gloster Street Tupelo, MS38801 64-0653269	Mgmt Services	DE	501(c)(3)	11-II	NA
Clay County Medical Corporation 830 S Gloster Street Tupelo, MS38801 64-0668465	Hospital	DE	501(c)(3)	3	NA
Tishomingo Health Services Inc 830 S Gloster Street Tupelo, MS38801 64-0741047	Hospital	DE	501(c)(3)	3	NA
Pontotoc Health Services Inc 830 S Gloster Street Tupelo, MS38801 64-0751410	Hospital	DE	501(c)(3)	3	NA
North MS Medical Clinics Inc 830 S Gloster Street Tupelo, MS38801 64-0787918	Med Clinics	DE	501(c)(3)	3	NA
Tupelo Service Finance Inc 844 Cliff Gookin Blvd Tupelo, MS38801 64-0508308	Collections	DE	501(c)(3)	3	NA
Webster Health Services Inc 830 S Gloster Street Tupelo, MS38801 64-0819193	Hospital	DE	501(c)(3)	3	NA
Marion Regional Medical Center Inc 830 S Gloster Street Tupelo, MS38801 64-0926753	Hospital	DE	501(c)(3)	3	NA
North MS Emergency Services Inc 830 S Gloster Street Tupelo, MS38801 64-0780130	ER Physicians	DE	501(c)(3)	9	NA

Additional Data

Software ID:
Software Version:
EIN: 64-0662976
Name: North Mississippi Medical Center Inc

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
Max Taylor MD , Director	1 0	X							351,079	18,476
Robin McGraw , Director	1 0	X								
LE Gibens , Director	1 0	X								
Richard Heyer MD , Director	1 0	X								
Skipper Holliman , Director	1 0	X								
David Irwin MD , Director	1 0	X								
Jim Kelley , Director	1 0	X								
Zell Long , Director	1 0	X								
Hughes Milam MD , Director	1 0	X								
Mabel Murphree PhD , Director	1 0	X								
Scott Reed , Director	1 0	X								
Chris Rogers , Director	1 0	X								
Al Tidwell , Director	1 0	X								
Mary Werner , Director	1 0	X								
Bruce Toppin , Secretary	1 0			X					210,899	17,992
Gerald Wages , Treasurer	1 0			X					619,350	38,976
Joe Reppert , Executive Vice President & CFO	1 0			X						
Steve Altmiller , President	40 0			X						
John Heer , Interim President	1 0			X					627,765	18,476
Laura Brower , Vice President	40 0				X			214,433		18,122
Bruce Ridgway , Vice President	40 0				X			181,030		38,975
Harold Kornfhurer , Service Line Administrator	40 0				X			150,659		10,340
Michael O'Dell , Chief Qual Officer	40 0					X		295,587		23,476
Brian Condit , Med Dir Rehab Services	40 0					X		275,758		18,476
Dennis E Smith Jr , Family Med Physician	40 0					X		266,476		13,737
Terry Perrine Jr , Family Med Physician	40 0					X		245,274		23,476
Glennal Verbois , Physician	40 0					X		231,421		2,976
Chuck Stokes , Former President	40 0						X	301,837		28,638
Ken Davis , Chief Medical Officer	40 0						X	198,153		17,533

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

North Mississippi Medical Center (NMMC) is a 650-bed regional referral center in Tupelo, MS. NMMC serves more than 700,000 people in 24 counties in north Mississippi, northwest Alabama and portions of Tennessee. NMMC is the largest hospital that is part of the North Mississippi Health Services (NMHS) organization. The mission of NMHS is to continuously improve the health of the people of our region. NMMC works to achieve this corporate mission to improve the health of the people of this region by providing conveniently accessible, cost-effective health care of the highest quality.