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Durich

OMB No 1545-0047

2009

990 Form

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)

Open to Public Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection For the 2009 calendar year, or tax year beginning , 2009, and ending Check if Please C Name of organization, number and street, city, town, state, and ZIP code D Employer identification number applicable Address change 56-2439708 label or print or Name change JEFFERSON COMMUNITY HEALTH CARE INC E Telephone number type Initial return 504-366-9484 See Specific G Gross receipts 1855 AMES BLVD Terminated 9165612. Instructions MARRERO LA 70072-Amended return H(a) Is this a group return Application RANDOLPH Name and address of principal officer FISHER for affiliates? pending AMES BLVD MARRERO 70072-Are all affiliates included?
If "No" attach a list Tax-exempt status 501(c)(3) (insert no) 4947(a)(1) or Yes No (see instructions) J Website Group exemption number Corporation K Form of organization Trust L Year of formation 2004 M State of legal domicile Summary Part I Briefly describe the organization's mission or most significant activities PROVIDE MEDICAL CARE TO UNINSURED AND INDIGENT POPULATION Activities & Governance ORLEANS METRO AREA Check this box ▶ │ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 13 73 Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 Total gross unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** 5894207. Contributions and grants (Part VIII, line 1h) . 7584662. Program service revenue (Part VIII, line 2g) 862851 1548790. 36195. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 32160. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2100. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6795353 9165612. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3484195. 2914052. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses, (Part IX, column (D), line 25)▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1083013 2891075. 18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25) 3997065 6375270. 19 Revenue less expenses Subtract line 18 from line 12 FC FIVED 2798288. 2790342. Beginning of Year End of Year RS-CSC 20 Total assets (Part X, line 16) 6877268 7974383. 297 MAY **1 1** 2011 21 Total liabilities (Part X, line 26) 2841194 1480473. 1036074 22 Net assets or fund balances Subtract line 21 from line 20 6493910. Part II Signature Block OGL SINNED STATES Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge ation of preparer (other than officer) is based on all information of which preparer has any knowledge INTERIM CEO Type or print name and title Preparer's identifying number Check if self-Preparer's Date

11/10/2010

71360-

CPA

JR

HUGHES

MILI PINEVILLE

Е

employed ▶

EIN

Phone no ▶

May the IRS discuss this return with the preparer shown above? (See instructions) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

WILLIAM

1815B

Paid

Preparer's

Use Only

signature

Firms name (or yours

Yes Form 990

433-98-9692

48-1257317

For	n 990 (2009) JE	FFERSON C	OMMUNITY H	EALTH CAL	RE INC		56-243	970	8 C	Р	age 2
Pa	rt III Stateme	nt of Program	Service Accomp	olishments							
1	Briefly describe	the organization's	mission		-						
	•		ERVICES TO	UNINSUR	ED AND	INDIGENT	POPULATI	ON	OF	TH	Ε
	NEW ORLE	ANS METRO	AREA								
					······································						
2	_	-	significant program	services during t	ne year which	were not listed	on	П	Yes	∇	N.a
	the prior Form 99		es on Schedule O					Ш	162		NO
3			ting, or make signific	cant changes in h	ow it conducts	any program s	ervices?		Yes	X i	No
•	-	e these changes o		3		,		ч			
4	Describe the exe	empt purpose achie	evements for each o	f the organization	's three larges	t program servi	ces by expenses				
			ganizations and sect				amount of grants	and			
	allocations to oth	ners, the total expe	nses, and revenue,	ıf any, for each pr	ogram service	reported					
4a	(Code) (Expenses \$	5271379	 including grant 	s of \$) (Revenue \$		154	87	90.
40	(0000) (Expenses ¢	02,10.5	· molecumg gram	5 0 , 0		, (, , , , , , , , , , , , , , , , , ,				
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	MEDICARE										
											
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4b	(Code) (Expenses \$		including grants	of \$) (Revenue \$)
											
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4c	(Code) (Expenses \$		including grants	of \$) (Revenue \$)
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			0-6-4-1-0-1							···	
		NUCAS (LIASCRIDA II									
4d	Other program ser (Expenses \$	Mices (Describe ii	including grants of	: ç	\/D	evenue S		١			

Part IV Checklist of Required Schedules

- Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- Is the organization required to complete Schedule B, Schedule of Contributors?
- 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
- Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, 4 Part II
- 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
- Did the organization maintain any donor advised funds or any similar funds or 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
- Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
- Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III
- 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 . . .
- Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? 10 If "Yes," complete Schedule D, Part V
- is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable
 - Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
 - Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
 - Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
- Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 487 If "Yes," complete Schedule D, Part X
- 12 Did the organization obtain a separate, independent audited financial statement for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

No 12A Was the organization included in a consolidated, independent audited financial statement for the tax year? Yes If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A

Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Part II

- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 to individuals located outside the United States? If "Yes," complete Schedule F, Part III
- 17 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I
- Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- Did the organization operate one or more hospitals? If "Yes," complete Schedule H

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Fo	rm 991	(2000)

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14a

	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	1	1	İ
	in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	}		
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			
	current and former officers, directors, trustees, key employees, and highest compensated employee's? If "Yes,"	İ		
	complete Schedule J	23	X	
24 <i>a</i>		Ì		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		X
b		24b		ļ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			ļ
	to defease any tax-exempt bonds?	24c		<u> </u>
d	3 , 1 4 3 4 4	24d		<u> </u>
25a				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	Х	<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			1
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or] [ļ
	990EZ? If "Yes," complete Schedule L, Part I	25b		X
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	<u> </u>	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1		
	_substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X_
28	Was the organization a party to a business transaction with one of the following parties, directly or indirectly			
	(see Schedule L, Part IV instructions for definitions of "direct" and "indirect" and applicable filing thresholds,			
	conditions, and exceptions)			ı
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	1 1		
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family			
	member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1 1	l	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X_
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		X_
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		
36	Section 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X_
38	Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 19?		X	
		Forn	n 990	(2009)

Section Sect	G	Part V Statements Regarding Other IRS Filings and Tax Compliance					
b Effect the number of Forms W-22G included in the 1a Enter -0 -if not applicable c Did the organization comply with backup withholding rules for reportable gamming (gambling) winnings to prize winners? 2						Yes	No
b Enter the number of Forms W-2G included in line 1a. Eiter-0- if not applicable of Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize withore? 2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendary year ending with or within the year covered by this return. 3b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note if the sum of lines 1a and 2a is greater than 250, you may be required to effect this return (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. 4a. At any time during the calendary 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)? 5b If "Yes," enter the name of the foreign country. ► 5ce the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5b Was the organization and yit to a prohibited tax shelter transaction? 5c If "Yes," to question 5 or 50, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax shelter Transaction? 5c If "Yes," the Ax Shelter Transaction? 5d Dest the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solic any contributions that were not tax deductible? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible. 7d Organizations that may receive deductible contributions under section 170(c). 8 Did the organization and payment in excess of \$75 made partly as a co	1:	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	ļ				
c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 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. Statements, filed for the calendar year ending with or within the year covered by this return. Statements, filed for the calendar year ending with or within the year covered by the control of the state than 28 to greater than 250, you may be required toe-file this return (see instructions). But the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? It is return? Statements, filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. 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)? State of the manner 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. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? State of Many taxable party notify the organization that it was or is a party to a prohibited ax shelter transaction? State of Many taxable party notify the organization that it was or is a party to a prohibited ax shelter transaction? State of Many taxable party notify the organization that was an unal gross receipts that are normally greater than \$100,000, and did the organization and party to a prohibited ax shelter transaction? State of Many taxable party notify the organization include with every solicitation an express statement that such contributions or grists were not tax deductible? Organization state many receive deductible contributions under sectio		U.S. Information Returns. Enter -0- if not applicable	1a	5 6	5		
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b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 5a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 5a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a Al 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)? 5b If "Yes," enter the name of the foreign country P 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 apparty to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to question 5a or 5b, did the organization file Form 8896-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c Does the organization solicit any contributions that were not tax deductible? 5c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Ay the "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization more and include with every solicitation and express statement that such contributions or gifts were not tax deductible? 6c Did the organization notity the donor of the value of the goods or services provided? 7c Did the organization notity the donor of the value of the goods	22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
Note: If the sum of lines 1a and 2 as greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by the return? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b A AI any time during the calendar year, did the organization have an inferest 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)? b If "Yes," enter the name of the foreign country P See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Sa Was the organization apprity to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization apprity to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization apprity to a prohibited tax shelter transaction? 5c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c Dest the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicid any contributions that were not tax deductible? 5c Dest the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c Diginal tax deflectible? 5d Diginal tax deflectible? 5d Diginal tax deflectible? 5d Diginal tax deflectible? 5d Diginal tax deflectible? 5d Diginal tax deflectible? 5d Diginal tax deflectible? 5d Diginal tax deflectible? 5d Diginal tax deflectible? 5d Diginal tax deflectible? 5d Diginal tax deflectible? 5d Diginal tax deflectible? 5d Diginal tax deflectible? 5d Diginal tax deflectible? 5d Diginal tax deflectible? 5d D		Statements, filed for the calendar year ending with or within the year covered by this return	2a	73	3	,	
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment ta	x returns?		2b	X	
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benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7b Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations.Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11a B Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 2a Section 4947(a)(1) non-exempt charitable trusts.Is the organization filing Form 990 in lieu of Form 1041? 12a		required to file Form 8282?	1 1		7c		
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2a Section 4947(a)(1) non-exempt charitable trusts.ls the organization filing Form 990 in lieu of Form 1041?							
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			1071		120	I	

J	Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thr	ough 7b	below	and for a	∍ "No"	
_	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sch	edule O	See II	struction	s	
Sec	tion A. Governing Body and Management				Yes	No
1	a Enter the number of voting members of the governing body	1a		13		
t	Enter the number of voting members that are independent	1b		13		
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		X
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990	was file	d٦	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5		Х
6	Does the organization have members or stockholders?			6		Х
7 a	Does the organization have members, stockholders, or other persons who may elect one of more members					
	of the governing body?			7a		X.
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following?					
а	The governing body?			8a	X	
	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached					
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
ect	ion B Policies (This Section B requests information about policies not required by the Internal Revenue Co	de)				
			-		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters	i, -				
	affiliates, and branches to ensure their operations are consistent with those of the organization?			10b	ļ	Х
11	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization	ns				
	must describe in Schedule O the process, if any, the organization uses to review the Form 990			11	x	
2a	Does the organization have a written conflict of interest policy? If "No", go to line 13			12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give					
	rise to conflicts?			12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this is done .			12c	X	
13	Does the organization have a written whistleblower policy?			13		X
	Does the organization have a written document retention and destruction policy?			14	Х	
	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	on				
а	The organization's CEO, Executive Director, or top management official?			15a	\times	
	Other officers or key employees of the organization?			15b	X	
	Describe the process in Schedule O (see instructions)			' '		
6a	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]	Х
	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		
	on C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed					
	Section 6104 requires an organization to make its Forms 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					
۵	Describe in Schedule O whether (and if so, how), the organization makes it governing documents, conflict of it	nterest				
	policy, and financial statements available to the public					
	State the name, physical address, and telephone number of the person who possesses the books and records	of the				
	organization ►DANA DELPIT 1855 AMES MAINE C. LA 504-3		424			
	Organization - Transfer Date - Transfer Date - Date					

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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization'scurrent officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization'scurrent key employees. See instructions for definition of "key employee."
- List the organization's fivecurrent 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization'sformer 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

		(C)						(D)	(E)	(F)
Name and Title	Average hours per week	চ Individual trustee or director	Institutional trustee	eck Officer	$\overline{}$	Highest compensated employee	ply) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
RENETTA ALLEN							1			
NURSE PRACTION	40					Χ		122140.	0	0
JOSHUA WILLIAM						i				
PHYSICIAN	40					Х		131682.	0	0
BHARATHI PANDI										
PHYSICIAN	40					X		137425.	0	0
JAYA WARRIER										
PHYSICIAN	40				Î	X		164698.	0	0
GENELLE PRICE		T								
PHYSICIAN	40					Х		180913.	0	0
JEREMY DUMAS					\neg					
MEDICAL DIRECT	40	1	1	þ	< [X	Ì	192744.	0	0
CAROL SMITH										
CEO	40			þ	< │	Х		244733.	0	0
JOCELYN PREVOS										
BOARD CHAIR	2	X	- }		ļ	ŀ		0	0	0
MICHAEL PARKER		Ī								
VICE CHAIRMAN	2	Х	ł		J	ĺ		0	0	0
SHELITHA DOMIN										
SECRETARY	2	x						0	0	0
SHIRLEY DAVIS							T			
BOARD MEMBER	2	X	- 1	-	l			0	0	0
SYLVESTER WILL					\top					
BOARD MEMBER	2	х	1			1		0	0	0
JULIE BILLUPS					T					·—···
TREASURER	2	х	1		-			0	0	0
ROBERT TORRY			$\neg \dagger$	_	_		\top			
BOARD MEMBER		х	}]	0	0	0
WALTER TILLERY			_	+	+		-			
BOARD MEMBER	2	x						0	0	0

\$100 000 in compensation from the organization >

Part VII Section A. Officers, Directo	s, Trustees	, Key	Emplo	yees	s, an	d Hıg	hest	Compensated Emp	oloyee\$continued	l)	ray
(A)	(B)			(C	>)			(D)	(E)		(F)
Name and title	Average	age Position (check all that					pply)	Reportable	Reportable	Est	timated
	hours per	rl q ặ	<u> </u>	유	<u>آ</u>	육포	ارج	compensation	compensatio	n am	ount of
	week	or director	Institutional truste	Officer	Key employee	Highest compensated employee	Former	from	from related	- -	other
		cto	व्	¬	dm	st c	4	the	organization	s comp	pensatio
		7 2	a		oye	Ü		organization	(W-2/1099-MIS	C) fro	m the
		ste	rus		ď	pen	1	(W-2/1099-MISC)		orga	anızatıon
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b Total		1.	L				•	1174335.	0		0
! Total number of individuals (including but	not limited to	thos	e listed	l abo	ove)					compensat	
from the organization > 7					,			Tournois man \$155	,ooo iii ropoitabil	, componed	
		-									es No
Did the organization list anyformer officer,	director or t	rustee	e. kev e	lame	ovee	or h	uahes	st compensated			23 140
employee on line 1a? If "Yes," complete S			-		-	, •		5. 55p554.54		3	l x
For any individual listed on line 1a, is the						nd of	her c	omnensation from		1 0 1	1 1
the organization and related organizations								•			
individual	greater than	ι ψ150	,000	" '	C3,	comp	nete .	Schedule 3 for such		4 3	хĺ
Did any person listed on line 1a receive or	accine com	nancs	ation fr	nm a		nrelai	ted a	raanization for		1 7 1 2	^ 1
services rendered to the organization? If "					-			rganization to		5	l x
ection B. Independent Contractors	res, comple	się uc	medule	3 10	/i Sui	on per	13011				1
	mnencated	ından	ondon!		tract	ore th		sowed more than 6	100 000 of		
	impensaleu	muep	endeni	COII	llact	015 (1)	ial ie	ceived more than 5	100,000		
compensation from the organization											
(A)								(B)	Ì	(C)	
Name and busines		T 7\	147 -	T C /	<u> </u>	7.7.0	0.55	Description of ser		Compens	
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56-2439708 Form 990 (2009) JEFFERSON COMMUNITY HEALTH CARE INC Page 9 Part VIII Statement of Revenue (C) (D) (A) (B) Unrelated Revenue Total revenue Related or excluded from tax exempt business revenue under sections function 512, 513, or 514 revenue 1a Federated campaigns 1a Contributions, gifts, grants and other similar amounts 1b Membership dues 1c Fundraising events 1d Related organizations Government grants (contributions) 7584662. 1e All other contributions gifts grants, and similar amounts 1f not included above Noncash contributions included in lines 1a-1f 7584662. Total, Add lines 1a-1f Program Service Revenue Business Code 1548790. 1548790. 621400 SERVICE REVENUES All other program service revenue 1548790 Total Add lines 2a-2f Investment income (including dividends, interest, and 3 32160. 32160 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal Gross Rents . 6a Less rental expenses b Rental income C or (loss) đ Net rental income or (loss) Gross amount from (i) Securities (II) Other 7a sales of assets other than inventory Less cost or other b basis and sales expenses Gain or (loss) С đ Net gain or (loss) Gross income from fundraising events (not including \$ Other Revenue of contributions reported on line 1c) See Part IV, line 18 Less direct expenses b ▶ Net income or (loss) from fundraising events Gross income from gaming activities See Part IV, line 19 Less direct expenses Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances Less cost of goods sold b Net income or (loss) from sales of inventory \blacktriangleright Miscellaneous Revenue Business Code 11a b С All other revenue d Total Add lines 11a-11d Total Revenue Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9165612. 1548790. 32160. 9c, 10c, and 11e

Part IX Statement of Functional Expenses

educational campaign and fundraising solicitation

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) (B) Program service (D) Fundraising (A) Total expenses (C) Management and Do not include amounts reported on lines 6b, 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments. organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees 1174334. 948862. 225472. 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1862004. 1504499. 357505. 7 Other salaries and wages Pension plan'contributions (include section 401(k) 82167. and section 403(b) employer contributions) 66391. 15776. Other employee benefits 159999. 129279. 30720. Payroil taxes 205691. 166198. 39493. 10 11 Fees for services (non-employees) 692567. 559594. 132973. Management а 55397. 44761. h Legal 10636. 23937. Accounting 19341. 4596. c Lobbying ď Professional fundraising services See Part IV, line 17 Investment management fees 7965 6436. 1529. Other a 12 Advertising and promotion 173926. 173926. Office expenses 430116. 347534. 82582. 13 3159. 2552. 14 Information technology 607. Royalties 15 392531. 317165. 75366. Occupancy 16 211339. 170762. 17 Travel 40577. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 133344. 107742. 25602. 19 11970. 9672. 20 2298. 21 Payments to affiliates 22 Depreciation, depletion, and amortization 4168. 3368. 800. 52270. 42234. 10036. Insurance 23 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) TELEPHONE 100668. 81340. 19328. TAXES AND LICENSES 65031. 52545. 12486. MISCELLANEOUS 80774. 65265. 15509. MEDICAL SUPPLIES d 451913. 451913. All other expenses 6375270. 5271379. 1103891. Total functional expenses Add lines 1 through 24f 25 Joint Costs Check here ▶ if following SOP 98-2 Complete this line only if the org reported in column (B) joint costs from a combined

		Datance Offeet	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	5186167	. 1	3066229
	2	Savings and temporary cash investments		2	1603194
	3	Pledges and grants receivable, net		3	315607
	4	Accounts receivable, net	914671	. 4	1925992
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of Sch. L.	20663	. 5	12503.
	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	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	12451.
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 1123991.			
	b	Less accumulated depreciation 10b 114612.	749843.	10c	1009379.
	11	Investments - publicly traded securities .	····	11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets	·	14	
	15	Other assets See Part IV, line 11	5924.	15	29028.
	16	Total assets Add lines 1 through 15 (must equal line 34)	6877268.	16	7974383.
	17	Accounts payable and accrued expenses	191499.	17	382230.
	18	Grants payable		- 18	
	19	Deferred revenue	2649695.	19	1098243.
	20	Tax-exempt bond liabilities .		20	
ဖွ	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
ap		employees, highest compensated employees, and disqualified		1 1	
ا ا		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 to unrelated third parties		24	
ı	25	Other liabilities Complete Part X of Schedule D	0041104	25	1.400.473
	26	Total liabilities. Add lines 17 through 25	2841194.	26	1480473.
		Organizations that follow SFAS 117, check here ► 💢 and			
Se		complete lines 27 through 29, and lines 33 and 34.	1026072	07	6493910.
auc	27	Unrestricted net assets	4036073.	27	6493910.
Bal	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
2		Organizations that do not follow SFAS 117, check here			
SOI	20	and complete lines 30 through 34. Capital stock or trust principal, or current funds	i	20	
Net Assets or Fund Balance	30	Capital Stock of trust principal, of current fullos		30	
As	-	Paid in or capital cumble, or land, building, or common find			
	31	Paid-in or capital surplus, or land, building, or equipment fund Petained earnings, endowment, accumulated income, or other funds.			
Ne	31 32	Retained earnings, endowment, accumulated income, or other funds	4036073	32	6493910
Net	31 32 33		4036073. 6877267.		6493919. 7974383.

Form 9	990 (2009) JEFFERSON COMMUNITY HEALTH CARE INC	56-2439708	Pa	ge 12
Par	t 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		X
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
С	If "Yes" to line 2a, or 2b, does the organization have a committee that assumes responsibility for oversight	nt of the		
	audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were			
	issued on a consolidated basis, separate basis, or both	2d		
	separate basis Consolidated basis both consolidated and separate basis			
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	X	
b	If "Yes," did the organization undergo the required audit or audits?	3b		X
		Form	990	(2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organizations or a section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Nar	me of the organization						Emplo	yer ider	itificatio	n numb	er	
	JEFFERSON C	AH YTINUMMC	ALTH CARE INC				5	6-24	39708	3		
E	Part I Reason	for Public Charity	Status (All organization	s must com	plete th	his par	t) See ii	nstructio	ns			
The	organization is not a p	rivate foundation beca	ause it is (For lines 1 through	1, check on	ily one	box)						
1	A church, conventi	on of churches, or ass	sociation of churches described	section 17	'0(b)(1))(A)(ı).						
2	A school described	insection 170(b)(1)(A	A)(ii) (Attach Schedule E)									
3	A hospital or a coo	perative hospital servi	ice organization described isec	tion 170(b)((1)(A)(n	11)						
4	A medical research	organization operate	d in conjunction with a hospita	described s	rection	n 170(b)(1)(A)(i	ıı) Enter	the hosp	pital's na	me,	
	city, and state											
5	An organization op-	erated for the benefit of	of a college or university owne	d or operate	d by a	govern	nmental	unit des	cribedset	tion		
	_ 170(b)(1)(A)(iv) (C	omplete Part II)										
6	A federal, state, or	local government or g	overnmental unit described see	ction 170(b)(1)(A)((v).						
7	An organization that	t normally receives a	substantial part of its support f	rom a gover	rnmenta	al unit	or from	the gene	ral publi	С		
	described in section	n 170(b)(1)(A)(vi) (Co	mplete Part II)									
8	A community trust of	described insection 17	70(b)(1)(A)(vi) (Complete Part	II)								
9		•	1) more than 33 1/3 % of its su									
			npt functions - subject to certai									
			nd unrelated business taxable i				tax) fror	n busine	sses			
			0, 1975 Sesection 509(a)(2)									
10	F-1 - "		exclusively to test for public sa									
11	_ ,	•	exclusively for the benefit of, to	-				-				
	–	. =,	ed organizations described in s	-					ection		_	
)—i`'		ne type of supporting organizat		•		d [ה	III - Othe			
_ [a ∐ Type I □ By shocking this bo	b ∐ Type II	c ∐ Type III - F anization is not controlled dire				_	J		;1		
e (and other than one or more pu							1		
	•	oundation managers	and other man one or more pu	pliciy suppo	iteu oit	yanıza	tions de	aciibeu i	11 360000	'		
	E00/a)/1) or cochon	500/51/21										
	509(a)(1) or section		rmination from the IRS that it is	a Tynel T	vne II (or Tyn	e III sun	nortina				
f	If the organization re	eceived a written dete	rmination from the IRS that it is	s a Type I, T	ype II o	ог Тур	e III sup	porting				٢
	If the organization re organization, check	eceived a written dete this box	•	• •				-				
f g	If the organization re organization, check Since August 17, 20	eceived a written dete this box 106, has the organizati	ion accepted any gift or contrib	ution from a	any of t	the follo	owing pe	-		ſ	Yes	No
	If the organization re organization, check Since August 17, 20 (i) A person who di	eceived a written dete this box 106, has the organizati rectly or indirectly cor	ion accepted any gift or contrib itrols, either alone or together	ution from a	any of t	the follo	owing pe	-	[11q(ı)	Yes	No
	If the organization re organization, check Since August 17, 20 (i) A person who di and (iii) below, t	eceived a written deteithis box 106, has the organization rectly or indirectly conthe governing body of	. non accepted any gift or contributions, either alone or together the supported organization?	ution from a	any of t	the follo	owing pe	-		11g(i)	Yes	No
	If the organization re organization, check Since August 17, 20 (i) A person who di and (iii) below, t (ii) A family membe	eceived a written deteithis box 106, has the organization rectly or indirectly conthe governing body of a person describe	. non accepted any gift or contributions, either alone or together the supported organization? ad in (i) above?	ution from a	any of t	the follo	owing pe	-	1	11g(i) 11g(ii) 11g(ii)	Yes	No
g	If the organization re organization, check Since August 17, 20 (i) A person who di and (iii) below, t (ii) A family membe (iii) A 35% controller	eceived a written deter this box 106, has the organization rectly or indirectly con the governing body of the governing body of the of a person described dientity of a person described	. non accepted any gift or contributions, either alone or together the supported organization? ed in (i) above? escribed in (i) or (ii) above?	ution from a	any of t	the follo	owing pe	-	1	11g(ii)	Yes	No
g <u>h</u>	If the organization re organization, check Since August 17, 20 (i) A person who di and (iii) below, t (ii) A family membe (iii) A 35% controller	eceived a written deter this box 106, has the organization rectly or indirectly con the governing body of the governing body of the of a person described dientity of a person described	. non accepted any gift or contributions, either alone or together the supported organization? ad in (i) above?	ution from a	any of the	the folk	owing pe	ersons?	1	11g(ii) 11g(iii)	Yes	
g <u>h</u>	If the organization re organization, check Since August 17, 20 (i) A person who di and (iii) below, t (ii) A family membe (iii) A 35% controlled Provide the following	eceived a written determine this box 106, has the organization rectly or indirectly confine governing body of the governing body of the described entity of a person described information about the	ion accepted any gift or contrib ntrols, either alone or together the supported organization? ed in (i) above? escribed in (i) or (ii) above? e supported organization(s)	ution from a	any of the	the folk	owing pe	ersons?		11g(ii) 11g(iii) (vii) A		
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g <u>h</u>	If the organization re organization, check Since August 17, 20 (i) A person who di and (iii) below, t (iii) A family membe (iii) A 35% controlled Provide the following	eceived a written determine this box 106, has the organization rectly or indirectly confine governing body of the governing body of the described entity of a person described information about the	ion accepted any gift or contributions, either alone or together the supported organization? ad in (i) above? escribed in (i) or (ii) above? e supported organization(s) (iii) Type of organization (described on lines 1-9	(iv) is the or	gan-	(v) D	owing pe	ersons?	s the ation in	11g(ii) 11g(iii) (vii) A	moun	
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g <u>h</u>	If the organization re organization, check Since August 17, 20 (i) A person who di and (iii) below, t (iii) A family membe (iii) A 35% controlled Provide the following	eceived a written determine this box 106, has the organization rectly or indirectly confine governing body of the governing body of the described entity of a person described information about the	ion accepted any gift or contributors, either alone or together the supported organization? ed in (i) above? escribed in (i) or (ii) above? e supported organization(s) (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) is the or ization in co	gan-	(v) D notify organize col (i) c	id you the stion in ort?	(vi) I organiz col orgai in the	s the ation in (i) nized	11g(ii) 11g(iii) (vii) A	moun	
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g <u>h</u>	If the organization re organization, check Since August 17, 20 (i) A person who di and (iii) below, t (iii) A family membe (iii) A 35% controlled Provide the following	eceived a written determine this box 106, has the organization rectly or indirectly confine governing body of the governing body of the described entity of a person described information about the	ion accepted any gift or contributors, either alone or together the supported organization? ed in (i) above? escribed in (i) or (ii) above? e supported organization(s) (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) is the or ization in co	gan-	(v) D notify organize col (i) c	id you the stion in ort?	(vi) I organiz col orgai in the	s the ation in (i) nized	11g(ii) 11g(iii) (vii) A	moun	
g <u>h</u>	If the organization re organization, check Since August 17, 20 (i) A person who di and (iii) below, t (iii) A family membe (iii) A 35% controlled Provide the following	eceived a written determine this box 106, has the organization rectly or indirectly confine governing body of the governing body of the described entity of a person described information about the	ion accepted any gift or contributors, either alone or together the supported organization? ed in (i) above? escribed in (i) or (ii) above? e supported organization(s) (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) is the or ization in co	gan-	(v) D notify organize col (i) c	id you the stion in ort?	(vi) I organiz col orgai in the	s the ation in (i) nized	11g(ii) 11g(iii) (vii) A	moun	
g <u>h</u>	If the organization re organization, check Since August 17, 20 (i) A person who di and (iii) below, t (iii) A family membe (iii) A 35% controlled Provide the following	eceived a written determine this box 106, has the organization rectly or indirectly confine governing body of the governing body of the described entity of a person described information about the	ion accepted any gift or contributors, either alone or together the supported organization? ed in (i) above? escribed in (i) or (ii) above? e supported organization(s) (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) is the or ization in co	gan-	(v) D notify organize col (i) c	id you the stion in ort?	(vi) I organiz col orgai in the	s the ation in (i) nized	11g(ii) 11g(iii) (vii) A	moun	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checked the b	oox on line 5, 7,	or 8 of Part I)				
Se	ction A. Public Support						
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	1		İ		}	
	include any "unusual grants ")	541380.	652931.	885854.	5894207.	75846621	5559034.
2	Tax revenues levied for the organization's		1				
	benefit and either paid to or expended on						
	its behalf		}				
3	The value of services or facilities						
-	furnished by a governmental unit to the				1		
	organization without charge	İ				}	
4	Total. Add lines 1 through 3	541380.	652931.	885854.	5894207.	75846621	5559034.
5	The portion of total contributions by each			·L		<u> </u>	
Ū	person (other than a governmental unit						
	or publicly supported organization)						i I
	included on line 1 that exceeds 2% of		, "				
	the amount shown on line 11,		•				
	column (f)						
6	Public support. Subtract line 5 from line 4		•			٦.	5559034.
_	ection B. Total Support		 				333331.
-	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	541380.	652931.			75846621	
8	Gross income from interest, dividends,	0.2000.	0023021		333123.1		
0	payments received on securities loans,						
	rents, royalties and income from similar		-	-		- [_
	sources	1247.	2566.	12693.	36195.	32160.	84861.
9	Net income from unrelated business	1247	2500.	12000.	30133.	32100.	04001.
9	activities, whether or not the business is						
	regularly carried on .				i		
10	Other income Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part IV)				ľ	1	
4.4	Total support Add lines 7 through 10	l.		I		1 1	5643895.
11	Gross receipts from related activities, etc. (se	e instructions)				12	3013033.
12	First five years. If the Form 990 is for the org.	-	second third fo	urth or fifth tax s	L		
13	organization, check this box andstop here	amzation s mst,	secona, mila, io	uitii, oi intii tax y	rear as a section	1 30 1(0)(3)	▶ □
50	ection C. Computation of Public Supp	ort Percenta	· · · · · · · · · · · · · · · · · · ·				
	Public support percentage for 2009 (line 6, co			nn (fl)		14	99.46 %
				1111 (17)		15	99.34 %
15 160	33 1/3% support test - 2009.If the organization			3 and line 14 is			
ioa	and stop here The organization qualifies as a				33 1/3 /0 01 11101	e, encor this box	` • 🗵
_	33 1/3% support test - 2008 If the organization		-		15 is 33 1/3% o	r more check thi	
D	and stop here. The organization qualifies as a				13 15 33 1/3 /0 0	r more, check un	►
47.	10% facts-and-circumstances test - 2009 If the				Sa or 16b and I	ine 14	
1/a	is 10% or more, and if the organization meets						
	in Part IV how the organization meets the "fac				•		
	•	is-and-circumsta	ances lest the	organization qua	annes as a public	cly supported	▶ □
	organization		المصامع المال		S- 16b 17a	and line	
b	10% facts-and-circumstances test - 2008 if the						
	15 is 10% or more, and if the organization me						
	Explain in Part IV how the organization meets	the "racts-and-c	ircumstances" te	est The organiza	ition qualifies as	a publicly	. \Box
	supported organization						▶ [_j
18	Private foundation If the organization did not	check a box in li	ine 13, 16a, 16b	, 17a, or 17b, ch	eck this box and	i see	. 🗀
	instructions						>
					Schedule	A (Form 990 or	990-EZ) 2009

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions

OMB No 1545-0047 2009

Open to Public Inspection

	ne of the organization	Employer identification number					
	EFFERSON COMMUNITY HEALTH CAR		56-2439708				
F	art I Organizations Maintaining Donor Adv	ised Funds or Other Similar Funds	or A	ccounts.			
	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)		ļ				
3	Aggregate grants from (during year)		ļ				
4	Aggregate value at end of year		ļ				
5	Did the organization inform all donors and donor advisor		vised fi	unds			
	are the organization's property, subject to the organization	<u> </u>		Yes No			
6	Did the organization inform all grantees, donors, and dor						
	for charitable purposes and not for the benefit of the don						
Р		the organization answered `Yes" to Form	990, Pa	art IV, line 7			
1	Purpose(s) of conservation easements held by the organ						
	Preservation of land for public use (e.g., recreation of			n historically important land area			
	Protection of natural habitat	☐ Preservati	on of c	ertified historic structure			
	Preservation of open space						
2	Complete lines 2a-2d if the organization held a qualified	conservation contribution in the form of a co	onserva	ation easement on the last day of the			
	tax year						
			1	Held at the End of the Year			
a				2a			
	Total acreage restricted by conservation easements			2b			
C	Number of conservation easements on a certified historic		2c				
	Number of conservation easements included in (c) acquire		_	2d			
3	Number of conservation easements modified, transferred	, released, extinguished, or terminated by t	ne orga	anization during			
	the taxable year	and an arranged to the second					
4	Number of states where property subject to conservation		ا ماماد	·one			
5	Does the organization have a written policy regarding the	•	n violat				
_	and enforcement of the conservation easements it holds?		durina	∐ Yes ∐ No			
6	Staff and volunteer hours devoted to monitoring, inspecting	· · · · · · · · · · · · · · · · · · ·	-				
7	Amount of expenses incurred in monitoring, inspecting, a Does each conservation easement reported on line 2(d) a						
8		Bove satisfy the requirements of section 1	/ ((11)(4)	Yes No			
0	and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conser	vation essements in its revenue and expen	ee etat				
9	include, if applicable, the text of the footnote to the organi						
	conservation easements	zation's infancial statements that describes	i tric or	garnzation 3 accounting for			
Рa	t III Organizations Maintaining Collections	of Art Historical Treasures, or Oth	ner Sir	milar Assets			
	Complete if the organization answered `Yes" to F						
1 :	If the organization elected, as permitted under SFAS 116,		balance	e sheet works of art, historical			
	treasures, or other similar assets held for public exhibition						
	text of the footnote to its financial statements that describe	·		,,			
H	If the organization elected, as permitted under SFAS 116,	to report in its revenue statement and bala	nce sh	eet works of art, historical trea-			
	sures, or other similar assets held for public exhibition, ed						
	relating to these items	,					
	(i) Revenues included in Form 990, Part VIII, line 1	_		▶ S			
	(ii) Assets included in Form 990, Part X	-		▶ S			
2	If the organization received or held works of art, historical	treasures, or other similar assets for financ	ial gain	provide the following amounts			
-	required to be reported under SFAS 116 relating to these						
a	Revenues included in Form 990, Part VIII, line 1	_		▶ \$			
	Assets included in Form 990, Part X			▶ \$			

Sch	edule D (Form 990) 20	09 JEFFERSON	COMMUNITY H	EALTH CARE	INC 5	6-2439708	Page 2
P	art III Organi (continue	-	Collections of Art,	Historical Treasu	res, or Other Simi	lar Assets	
3	Using the organization	on's accession and other	records, check any of th	ne following that are a	significant use of its co	llection items (che	ck all that
	apply)						
á	Public exhibition			d Loan or exch	ange programs		
ŀ	Scholarly research	ch		e Other			
(Preservation for f	future generations			-	-	
4	Provide a description	of the organization's co	flections and explain how	v they further the organ	nization's exempt purpo	se in Part XIV	
5	During the year, did t	he organization solicit or	r receive donations of art	, historical treasures, o	or other similar assets t	o be sold	
	=	-	s part of the organization			☐ Yes	No
Pa		Escrow and Custod	<u> </u>		ation answered Yes"	to Form 990, Parl	t IV, line 9,
		ed an amount on Form 9	•				
1a			an or other intermediary f	or contributions or other	er assets not included		
	on Form 990, Part X?	=	•			Yes	□No
ь			and complete the follows	ng table			☐ ···
		3	,	J	Γ	Amou	nt
c	Beginning balance				1	1c	
	Additions during the y	vear .			F	ld	
	Distributions during th				F	le	
		.c year	•		}- -	lf	
	Ending balance	saluda an amaunt an Ea	rm 000 Dark V line 313		<u> </u>		W.
	=	nclude an amount on For	im 990, Part X, line 217			∐ Yes	⊠ No
	If "Yes," explain the air	·	oloto if organization once	rared ' Vee" to Form 0	00. Dod IV Inc. 10		
Fe	ert V Endown	T	olete if organization answ	1	· _ ·	and the Favorier	
_		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ack (e) Four ye	ars back
1 a	Beginning of year	!			•		
	balance _						
þ	Contributions	<u> </u>					
C	Investment earnings		1				
	or losses .				· · · · · · · · · · · · · · · · · · ·		
d	Grants or scholarships			<u> </u>			
е	Other expenditures			-			
	for facilities and						
	programs			- 1			
f	Administrative						
	expenses						
a	End of year balance						
2		percentage of the year e	end balance held as				
_ a	Board designated or qu		0.00%				
	Permanent endowmen						
	Term endowment ►	0.00%					
	_		ion of the organization th	est are hold and admin	stand for the argent	tion by	/a= Na
		·	ion of the organization th	iat are nelo ano aomin	istered for the organiza	·	es No
	(i) unrelated organiza					3a(i)	
	(ii) related organization					3a(ii)	
	• • •	_	isted as required on Sch			3b	
			rganization's endowmen				
Par		ents - Land, Buildin			Part X, line 10		
	Description of i	nvestment	(a) Cost or other	(b) Cost or other	(c) Depreciation	(d) Book	value
			basis (investment)	basis (other)	<u></u>		
1a	Land	į		····			
b	Buildings	{					
С	Leasehold improvemen	its	459,928.		46,991.	412,9	937.
	Equipment	Ī	664,063.		67,622.		
	Other	Ī					
		nn (d) should equal Forn	n 990, Part X, column (B), line 10(c))		▶ 1,009,3	378.

	edule D (Form 990) 2009 JEFFERSON COMMUNITY HEALTH CARE	E INC 56	-24	39708	Page 4
P	rt XI Reconciliation of Change in Net Assets from Form 990 to Fir	nancial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	9,165,	612.
2	Total expenses (Form 990, Part IX, column (A), line 25)	·	2	6,375,	270.
3	Excess or (deficit) for the year Subtract line 2 from line 1	ĺ	3	2,790,	342.
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		· · · ·
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net) Add lines 4-8		9		
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10	2,790,	342.
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements	With Revenue per	Retu	rn	
1	Total revenue, gains, and other support per audited financial statements		1	<u> </u>	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1			
a	_	a			
b	F	b			
C	' ' '	С			
d	Other (Describe in Part XIV)	d	-	ı	
е	Add lines 2a through 2d		<u> 2e</u>	-	
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line	1			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIV)	b	٦.	1	
_ C	Add lines 4a and 4b .		4c		———
5	Total revenue Add lines3 and 4c (This should equal Form 990, Part I, line 12) **EXAMPLE CONTRACTOR STATES TOTAL STATES TOTAL STATES TOTAL STATES **EXAMPLE CONTRACTOR STATES TOTAL STATES TOTAL STATES **EXAMPLE CONTRACTOR STATES TOTAL STATES **EXAMPLE CONTRACTOR STATES TOTAL STATES **EXAMPLE CONTRACTOR STATES TOTAL STATES **EXAMPLE CONTRACTOR STATES TOTAL STATES **EXAMPLE CONTRACTOR STATES TOTAL STATES **EXAMPLE CONTRACTOR STATES **EXAMPLE CONTRACTO	Mith Everence no	5 7 Dot		
		with Expenses pe	rket	urn	
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25		1		
2	Donated services and use of facilities	J	ł		
a b	Prior year adjustments		\dashv		
c	Losses reported on Form 990, Part IX, line 25	1	\dashv		
d	Other (Describe in Part XIV) .	 	\dashv		
e	Add lines 2a through 2d	<u> </u>			
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line				
	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIV)	 	1		
	Add lines 4a and 4b		4c		
5	Total expenses Add lines3 and 4c (This should equal Form 990, Part I, line 18)		5		
Par	XIV Supplemental Information	······································			
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this	· ·			e 4.
				·	

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23 Attach to Form 990. ► See separate instructions

OMB No 1545-0047

2009

Open to Public Employer identification number

JEFFERSON COMMUNITY HEALTH CARE INC 56-2439708 **Questions Regarding Compensation** Part I Yes Nο 1 a Check the appropriate 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 indemnification 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 of the expenses described above? If "No," complete Part III to explain 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? 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 Independent compensation consultant Form 990 or other organizations

Written employment contract Compensation survey or study Approval by the board or compensation committee

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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement?

If 'Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations 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?

b Any related organization?

If Yes" to line 5a or 5b, describe in Part III

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?

b Any related organization?

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

Were any amounts reported in Form 990, Part VII, paid or accrued 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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

_ <u>5a</u>	 X
5b	X

8

7

SCHEDULE L (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

► See instructions.

OMB No 1545-0047 2009

Employer identification number

Open To Public Inspection

JEFFERSON COMMUNITY HEALTH CARE INC							56-2439708							
Part I	Excess Benefit Transacti	ons(section	n 501(c)(3) a	nd section 5	501(c)(4)	organizati	ons only)							
	Complete if the organization	on answere	d Yes" on I	Form 990, P	art IV, In	ne 25a or 2	25b, or Fo	rm 990-l	EZ, Part	V, line 4	0b			
	(a) Name of disqualified s	orcon				(b) Descri	ntion of tr	neaction	•		(c) Cor	rected	
1	(a) Name of disqualified p	erson				(b) Descri	pilon oi ii	ansaction	! 			/es	No	
DR PAN	DIT BHARATHI			EXCES								Χ		
DR JAY	A WARRIER			EXCESS BENEFIT TRANS		NSACTIONS				X				
	<u> </u>													
				ļ										
	the amount of tax imposed on	the organiz	ation manag	ers or disqu	alified pe	ersons dur	ing the ye	ar	_	_	-	_	→ ¬	
	section 4958				•				► \$ ► \$			1,571.		
3 Enter	the amount of tax, if any, on lin	ie 2, above,	, reimbursed	by the orga	nization		-	-						
Dord II	Loans to and/or From	Intoroct	od Borcon											
Part II	Complete if the organization				art IV lin	e 26. or Fr	orm 990-F	7 Part V	/ line 38	Ra .				
(a) Name o	of interested person & purpose		to or from	(c) Orig			nce due		default?	· · · · · · · · · · · · · · · · · · ·	proved	(a) \	Written	
(a) Italiic c	in interested person a purpose	` '	anization?	principal		(0, 25.2		()			ard or	1		
		and organization		amount					committee?		ſ			
		To	From	† 				Yes	No	Yes	No	Yes	No	
CAROL	SMITHEMP LOAN		Х	45,8	300	12,	503.	X		_ X	-		X	
												Ĺ		
								<u></u>						
Total			<u> </u>		▶ \$	12,	503.				,			
Part III	Grants or Assistance		_											
	Complete if the organization													
(a) Na	me of interested person	(b)	•	between interested person (c) Ar the organization			(c) Amo	unt of gr	ant or ty	pe of a	ssista	ince		
			and											
														
					-								-	
														
Part IV	Business Transaction	s Involvi	na Interes	ted Perso	ns.									
	Complete if the organization		_			28a, 28b	or 28c							
(a) Na			ship betweer		T	Amount of	· · · · · · · · · · · · · · · · · · ·) Descrip	tion of tr	ansactio	on (e)	Shar	ing of	
person and the organiz				j					organization's					
								r	revenues?					
								Ye	s	No				
										-· <u>-</u>				

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No 1545-0047 2009

> Open to Public Inspection

JEFFERSON COMMUNITY HEALTH CARE INC	56-2439708
SECTION VI-B LINE 11	
UPON COMPLETION, THE FORM 990 IS FIRST REVIEWED WITH THE	ORGANIZATIONS
FINANCE COMMITTEE WHO UPON REVIEW MAKES RECOMMENDATION TO	O THE FULL BOAR
THE BOARD REVIEWS COMMITTEE REPORT AND ACCEPTS FORM 990	FOR FILING
SECTION VI-B LINE 12C	
AT ANNUAL MEETING ANY EVENT WHERE A CONFLICT MY BE SUSPEC	CTED IS
IMMEDIATELY ADDRESSED	·
SECTION VI-B LINE 15	
- OUTSIDE DATA IS COMPILED WITH SALARY COMPARISONS, REVIEWS	OF OTHER
ENTITIES FORM 990 AND COMPARISONS WITH LIKE-SIZED AND FUN	NDED CHCS FOR
THE BOARDS CONSIDERATION	
SECTION VI-B LINE 19	
COPIES OF THE FORM 990 ARE AVAILABLE UPON REQUEST AND POS	STED ON THE
ORGANIZATIONS WEB SITE	
	•