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CHANGE OF ACCOUNTING PERIOD

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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning MAR 1, 2009 **and ending** DEC 31, 2009

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
JACKSON HOSPITAL & CLINIC, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1725 PINE STREET, SUITE 1200

City or town, state or country, and ZIP + 4
MONTGOMERY, AL 36106-1117

D Employer identification number
63-6001820

E Telephone number
334-293-8000

G Gross receipts $ 154,686,817.

F Name and address of principal officer: DONALD G. HENDERSON
SAME AS C ABOVE

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 Website: ▶ WWW.JACKSON.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1946 **M** State of legal domicile: AL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: HEALTHCARE SERVICES - HOSPITAL: JACKSON HOSPITAL IS A COMMUNITY NOT-FOR-PROFIT HOSPITAL SERVING

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of employees (Part V, line 2a)	5	1837
6	Total number of volunteers (estimate if necessary)	6	90
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	499,289.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	466,788.

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	722,670.	12,050.
9	Program service revenue (Part VIII, line 2g)	173,010,386.	148,530,408.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,993,995.	2,143,217.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<671,083.>	<936,681.>
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	175,055,968.	149,748,994.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	141,043.	81,528.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	66,860,732.	56,731,713.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	107,537,816.	89,679,114.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	174,539,591.	146,492,355.
19	Revenue less expenses. Subtract line 18 from line 12	516,377.	3,256,639.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	215,474,956.	217,788,957.
21	Total liabilities (Part X, line 26)	137,501,452.	131,566,614.
22	Net assets or fund balances. Subtract line 21 from line 20	77,973,504.	86,222,343.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 11/3/10

▶ PETER VERRECCHIA, CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	J.C. Norman	Date 10/12/10	Check if self-employed ▶ ☐
Preparer's identifying number (see instructions)	P00081132		
Firm's name (or yours if self-employed), address, and ZIP + 4	WARREN, AVERETT, KIMBROUGH & MARINO, LLC 2500 ACTON ROAD BIRMINGHAM, ALABAMA 35243	EIN ▶ 63-1239864	
		Phone no. ▶ (205)979-4100	

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED DEC 01 2010

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2

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission SEE SCHEDULE O FOR CONTINUATION
HEALTHCARE SERVICES - HOSPITAL: JACKSON HOSPITAL IS A COMMUNITY NOT-FOR-PROFIT HOSPITAL SERVING MONTGOMERY AND THE ALABAMA RIVER REGION LICENSED FOR 344 BEDS. OUR COMPREHENSIVE HEALTHCARE SERVICES INCLUDE CARDIAC, CANCER, NEUROSCIENCES, ORTHOPEDICS AND WOMEN'S AND

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 501(c)(4) organizations and section 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.
SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code) (Expenses $ 67606089. including grants of $ 47,368.) (Revenue $ 85462307.)
JACKSON HOSPITAL OPERATES A GENERAL ACUTE CARE HOSPITAL THAT PROVIDES CERTAIN TERTIARY SERVICES SUCH AS NEUROLOGY AND NEUROSURGERY, CARDIOLOGY (INCLUDING CARDIAC CATHETERIZATION AND CARDIOVASCULAR SURGERY), AND ONCOLOGY. JACKSON HOSPITAL IS LICENSED FOR 344 BEDS THAT INCLUDE 30 INTENSIVE CARE BEDS AND 22 OBSTETRIC BEDS.

THE INPATIENT ANCILLARY AND SUPPORT SERVICES OFFERED BY JACKSON HOSPITAL ARE AS FOLLOWS; ACUTE DIALYSIS, BLOOD BANK, CARDIAC CATHETERIZATION LABORATORY, NUCLEAR MEDICINE, NURSERY (LEVEL II), PHARMACY, PHYSICAL THERAPY, POST ANESTHESIA CARE, RESPIRATORY CARE, ELECTROCARDIOLOGY, INTENSIVE CARE, LABOR AND DELIVERY, MRI, CARDIOVASCULAR SURGERY, CARDIOVASCULAR LABORATORY, CLINICAL AND

4b (Code) (Expenses $ 48754912. including grants of $ 34,160.) (Revenue $ 61632131.)
THE OUTPATIENT ANCILLARY AND SUPPORT SERVICES OFFERED BY JACKSON HOSPITAL ARE AS FOLLOWS; BLOOD BANK, CARDIAC CATHETERIZATION LABORATORY, EMERGENCY DEPARTMENT, ENDOSCOPY, LITHOTRIPSY, DIABETES TREATMENT CENTER, PAIN MANAGEMENT, PHYSICAL THERAPY, RESPIRATORY CARE, SLEEP LAB ELECTROCARDIOLOGY, MRI, CARDIOVASCULAR LABORATORY, CLINICAL LABORATORY, COMPUTERIZED TOMOGRAPHY, DIAGNOSTIC RADIOLOGY, AMBULATORY SURGERY, ULTRASOUND, AND WOUND CARE CENTER.

FOR THE TEN MONTHS ENDING DECEMBER 31, 2009, JACKSON HOSPITAL HAD 7,394 OUTPATIENT SURGERIES, 37,967 EMERGENCY DEPARTMENT VISITS, 40,211 OUTPATIENT VISITS, 8,261 ENDOSCOPY PROCEDURES, 317,386 OUTPATIENT LABORATORY TESTS.

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

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

4e **Total program service expenses** ▶ $ 116,361,001.

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
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 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*	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• 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 48? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: X)	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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*	14b		X
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		X
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		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	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*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	X	

Part IV 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 in the United States on Part IX, column (A), line 1? *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 employees? *If "Yes," complete Schedule J*	23	X	
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 lines 24b through 24d and complete Schedule K If "No", go to line 25*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	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 direct or indirect 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 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		X
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 in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

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	150		
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	X	
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	1837		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	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?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	X	
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		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
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 receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
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	**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?		8		
9	**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 *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a 12		
b	Enter the number of voting members that are independent	1b 12		
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 filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or 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	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
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	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X	
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	X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 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

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.

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

PETER C. VERRECCHIA - 334-293-8819

1725 PINE STREET, SUITE 1200, MONTGOMERY, AL 36106-1117

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RANDALL COOK, MD DIRECTOR	1.00	X						0.	0.	0.
WILBUR HUFHAM DIRECTOR	1.00	X						0.	0.	0.
KYLE KYSER DIRECTOR	1.00	X						0.	0.	0.
CHARLOTTE MUSSAFER DIRECTOR	1.00	X						0.	0.	0.
JAMES MCLAUGHLIN, MD DIRECTOR	1.00	X						0.	0.	0.
WILLIAM JORDAN, MD DIRECTOR	1.00	X						0.	0.	0.
JOEL MCCLINTON VICE-CHAIRMAN	1.00	X						0.	0.	0.
JIM RIDLING CHAIRMAN	3.00	X						0.	0.	0.
PATRICK RYAN, MD SECRETARY-TREASURER	1.00	X						0.	0.	0.
JOHN WILLIAMS, MD DIRECTOR	1.00	X						0.	0.	0.
KEN UPCHURCH, III DIRECTOR	1.00	X						0.	0.	0.
CHRISTOPHER DUGGAR, MD DIRECTOR	1.00	X						0.	0.	0.
DONALD HENDERSON CEO/PRESIDENT	40.00			X				396,499.	0.	15,355.
VICTORIA JONES V.P. OF OPERATIONS	40.00			X				152,769.	0.	60,233.
PETER VERRECCHIA CFO	40.00			X				86,347.	0.	5,867.
MARGARET VEREB PHYSICIAN	40.00					X		450,564.	0.	15,355.
JAMES MRACEK, II PHYSICIAN	40.00					X		341,043.	0.	13,321.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT HARRIS PHYSICIAN	40.00					X		353,573.	0.	15,355.
STEWART TANKERSLEY PHYSICIAN	40.00					X		168,797.	0.	10,422.
PAUL STRONG PHYSICIAN	40.00					X		174,429.	0.	14,738.
EDWARD SCHOLL FORMER OFFICER	40.00						X	405,936.	0.	4,270.
1b Total ▶								2,529,957.	0.	154,916.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 22

			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	X	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
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		X

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
AL POWER COMPANY P.O. BOX 1050090, ATLANTA, GA 30348-5090	UTILITIES/ELECTRIC	2,080,576.
LIFESOUTH COMMUNITY BLOOD P.O. BOX 830469, BIRMINGHAM, AL 35283-0469	BLOOD/BLOOD PRODUCTS	1,845,268.
JACKSON MED SOUTH P.O. BOX 689, JASPER, AL 35502-0689	SLEEP LAB STUDIES	1,394,724.
MONTGOMERY ANESTHESIA ASSOC. P.O. BOX 230725, MONTGOMERY, AL 26123-0725	ANESTHESIA	1,330,000.
PROASSURANCE INDEMNITY COMPANY, 13060 COLLECTION CENTER DRIVE, CHICAGO, IL 60693	MALPRACTICE PREMIUMS	1,150,174.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 39

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 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				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 12,050.				
	g Noncash contributions included in lines 1a-1f $				
	h **Total.** Add lines 1a-1f ▶	12,050.			
Program Service Revenue		Business Code			
	2a PATIENT SERVICE REVENU	900099	148,530,408.	148,530,408.	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a-2f ▶	148,530,408.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	2143217.			2,143,217.
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties ▶				
		(i) Real / (ii) Personal			
	6a Gross Rents 2,301,234.				
	b Less: rental expenses 4,937,823.				
	c Rental income or (loss) <2,636,589.>				
	d Net rental income or (loss) ▶	<2,636,589.>	<2,636,589.>		
	7a Gross amount from sales of assets other than inventory (i) Securities / (ii) Other				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss) ▶				
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a				
	b Less. direct expenses b				
	c Net income or (loss) from fundraising events ▶				
	9a Gross income from gaming activities See Part IV, line 19 a				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities ▶				
	10a Gross sales of inventory, less returns and allowances a				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory ▶				
	Miscellaneous Revenue	Business Code			
	11a CAFETERIA SALES	900099	1041168.	1041168.	
	b JOINT VENTURE	621500	499,289.		499,289.
	c COFFEE SHOP SALES	900099	54,652.	54,652.	
	d All other revenue	900099	104,799.	104,799.	
	e **Total.** Add lines 11a-11d ▶		1699908.		
	12 **Total revenue.** See instructions. ▶		149,748,994.	147,094,438.	499,289.	2,143,217.

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	65,571.	65,571.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	15,957.	15,957.		
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				
5 Compensation of current officers, directors, trustees, and key employees	717,070.		717,070.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	46,055,248.	34,541,437.	11,513,811.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	9,959,395.	7,469,546.	2,489,849.	
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	161,295.	120,971.	40,324.	
c Accounting	175,337.		175,337.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	2,303,251.	1,727,438.	575,813.	
12 Advertising and promotion	308,483.	231,362.	77,121.	
13 Office expenses				
14 Information technology	89,297.	66,973.	22,324.	
15 Royalties				
16 Occupancy				
17 Travel	68,261.	51,196.	17,065.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	4,414,339.	4,414,339.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,894,904.	9,894,904.		
23 Insurance	1,343,312.	1,007,484.	335,828.	
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 SUPPLIES	31,120,929.	23,340,697.	7,780,232.	
b PURCHASED SERVICES	18,030,547.	13,522,910.	4,507,637.	
c BAD DEBT EXPENSE	13,781,899.	13,781,899.		
d UTILITIES	3,237,899.	2,428,424.	809,475.	
e FOOD	1,229,528.	922,146.	307,382.	
f All other expenses	3,519,833.	2,757,747.	762,086.	
25 **Total functional expenses.** Add lines 1 through 24f	146492355.	116361001.	30,131,354.	0.
26 **Joint costs.** Check here ▶ ☐ 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	3,113,800.	1	5,459,721.
	2	Savings and temporary cash investments	8,723,551.	2	7,942,472.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	32,729,572.	4	28,782,115.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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	561,701.	7	536,978.
	8	Inventories for sale or use	4,016,665.	8	4,037,286.
	9	Prepaid expenses and deferred charges	1,910,419.	9	1,971,241.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D — 10a 238,523,337.			
	b	Less accumulated depreciation — 10b 121,917,502.	122,127,220.	10c	116,605,835.
	11	Investments - publicly traded securities	32,388,793.	11	44,264,004.
	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	9,903,235.	15	8,189,305.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	215,474,956.	16	217,788,957.
Liabilities	17	Accounts payable and accrued expenses	13,586,729.	17	11,662,287.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	108,795,000.	20	106,925,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables 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 to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	15,119,723.	25	12,979,327.
	26	**Total liabilities.** Add lines 17 through 25	137,501,452.	26	131,566,614.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	77,973,504.	27	86,222,343.
	28	Temporarily restricted net assets		28	
	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	77,973,504.	33	86,222,343.
	34	Total liabilities and net assets/fund balances	215,474,956.	34	217,788,957.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☐ 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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

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) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
JACKSON HOSPITAL & CLINIC, INC.	63-6001820

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

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

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

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

3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** 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 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)

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

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 supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar 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 include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2009.** 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% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** 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 - 2008.** 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 a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part 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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** 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% support tests - 2008.** 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 ▶ ☐

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

Name of the organization JACKSON HOSPITAL & CLINIC, INC.

Employer identification number 63-6001820

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

		Held at the End of the Tax 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 tax year ▶ _____

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

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

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

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

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

9 In Part 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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 Escrow and Custodial Arrangements. Complete if 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 the arrangement 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 Net investment earnings, gains, and 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) Accumulated depreciation	(d) Book value
1a Land	1,644,606.	5,556,497.		7,201,103.
b Buildings		70,639,044.	27,291,628.	43,347,416.
c Leasehold improvements		19,377,464.	9,906,381.	9,471,083.
d Equipment		135816697.	82,111,057.	53,705,640.
e Other		5,489,029.	2,608,436.	2,880,593.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				116605835.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must 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. (Col (b) must 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
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

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

1 (a) Description of liability	(b) Amount
Federal income taxes	
ACCRUED INTEREST	1,588,047.
PENSION LIABILITY	9,031,009.
UNAMORTIZED BOND PREMIUM	2,360,271.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	12,979,327.

2. FIN 48 Footnote. 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 Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
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 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	

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

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

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

Part 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 IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization JACKSON HOSPITAL & CLINIC, INC.

Employer identification number 63-6001820

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	X	
b	If "Yes," is it a written policy?	1b	X	
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	X	
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		X
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	X	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	X	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	X	
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 eligible for free or discounted care?	5c		X
6a	Does the organization prepare an annual community benefit report?	6a	X	
b	If "Yes," does the organization make it available to the public?	6b	X	

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)			4,412,073.	338,583.	4,073,490.	2.78%
b Unreimbursed Medicaid (from Worksheet 3, column a)			11,970,833.	6,996,469.	4,974,364.	3.40%
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			16,382,906.	7,335,052.	9,047,854.	6.18%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			11,964.		11,964.	.01%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			1,122,177.		1,122,177.	.77%
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			36,433.		36,433.	.02%
j **Total.** Other Benefits			1,170,574.		1,170,574.	.80%
k **Total.** Add lines 7d and 7j			17,553,480.	7,335,052.	10,218,428.	6.98%

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(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, & Collection Practices

				Yes	No
Section A. Bad Debt Expense					
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?		1	X	
2	Enter the amount of the organization's bad debt expense (at cost)	2	3,190,260.		
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	0.		
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, and 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	53,122,565.		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	48,470,207.		
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	4,652,358.		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other				
Section C. Collection Practices					
9a	Does the organization have a written debt collection policy?		9a	X	
b	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		X

Part IV Management Companies and Joint Ventures

	(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	JACKSON IMAGING				
2	CENTER, LLC	RADIOLOGY PROCEDURES	67.00%		33.00%
3	JACKSON SURGERY				
4	CENTER, LLC	OUTPATIENT SURGERY	60.00%		40.00%
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

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)
JACKSON HOSPITAL AND CLINC, INC. 1725 PINE STREET, SUITE 1200 MONTGOMERY, AL 36106-1117	X	X					X		

Part VI Supplemental Information

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 communities served.

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

PART I, LINE 7F: $13,781,899

PART III, LINE 4: ACCORDING TO THE FOOTNOTES TO THE FINANCIALS DOUBTFUL ACCOUNTS ARE WRITTEN OFF AGAINST THE ALLOWANCE AFTER ADEQUATE COLLECTION EFFORT IS EXHAUSTED AND RECORDED AS RECOVERIES OF BAD DEBTS IF SUBSEQUENTLY COLLECTED. FURTHERMORE, THE RATIO OF PATIENT CARE COST TO CHARGES WAS USED TO ESTIMATE BAD DEBT EXPENSE FOUND ON SCHEDULE H, PART III, SECTION A, LINE 2.

PART VI, LINE 2: JACKSON HOSPITAL IS A COMMUNITY NOT-FOR-PROFIT HOSPITAL SERVING MONTGOMERY AND THE ALABAMA RIVER REGION LICENSED FOR 344 BEDS. OUR COMPREHENSIVE HEALTHCARE SERVICES INCLUDE CARDIAC, CANCER, NEUROSCIENCES, ORTHOPEDICS AND WOMEN'S AND CHILDREN'S CARE, ALONG WITH 24-HOUR EMERGENCY SERVICES. IT RANKS AMONG THE LARGEST HOSPITALS IN ALABAMA AND IS WIDELY RECOGNIZED FOR PROVIDING EXCELLENCE IN CARE. EVEN WITH OUR LEADING-EDGE TECHNOLOGY AND FACILITIES, WE REMAIN TRUE TO OUR MISSION OF PROVIDING SUPERIOR PERSONAL HEALTHCARE IN A SAFE, COMPASSIONATE ENVIRONMENT WHILE FULFILLING OUR COMMITMENT AS A CHARITABLE ORGANIZATION.

WE BELIEVE THAT JACKSON HOSPITAL PLAYS A VITAL ROLE IN HELPING TO MAINTAIN THE HEALTH OF OUR COMMUNITY THROUGH THE PROVISION OF FREE HEALTHCARE

Part VI Supplemental Information

SERVICES, RESEARCH AND EDUCATIONAL PROGRAMS, AND COMMUNITY INVOLVEMENT AND FINANCIAL SUPPORT. THE FOLLOWING REPORT OUTLINES MORE THAN $12,286,511 IN FINANCIAL AND IN-KIND DONATIONS MADE OVER THE PAST FISCAL YEAR, MARCH 2009 THROUGH DECEMBER 2009.

COMMUNITY HEALTH IMPROVEMENT SERVICES:

A. COLORECTAL CANCER HEALTH SCREENING: TAKE-HOME COLORECTAL CANCER EXAM KITS AS WELL AS EDUCATIONAL MATERIALS WERE DISTRIBUTED EVERY TUESDAY THROUGHOUT THE MONTH OF MARCH IN HONOR OF COLORECTAL CANCER AWARENESS MONTH.

B. COMMUNITY HEALTH FAIRS: JACKSON HOSPITAL PARTICIPATED IN VARIOUS COMMUNITY HEALTH FAIRS THROUGHOUT THE YEAR. THE FAIRS OFFERED THE FOLLOWING SERVICES:

- FLU VACCINES
- BLOOD PRESSURE CHECKS
- BLOOD GLUCOSE CHECKS
- CHOLESTEROL CHECKS
- GENERAL HEALTH EDUCATION

C. SPORTS MEDICINE PHYSICALS: AS A RESULT OF THIS GREAT EFFORT BY JACKSON HOSPITAL EMPLOYEES, APPROXIMATELY 1,400 MALE AND FEMALE ATHLETES HAD THE OPPORTUNITY TO PARTICIPATE IN INTER-SCHOLASTIC SPORTS DURING THE SCHOOL YEAR. THIS FREE COMMUNITY SERVICE EVENT HELPED THOUSANDS OF PARENTS, TWENTY-FIVE SCHOOLS, AND HUNDREDS OF COACHES. NONE OF THIS COULD HAVE BEEN DONE WITHOUT THE VOLUNTEER EFFORTS OF OVER 100 INDIVIDUALS WHO GAVE OF

Part VI Supplemental Information

THEIR TIME TO SHOW CENTRAL ALABAMA HOW JACKSON HOSPITAL LIVES UP TO ITS REPUTATION AS A CARING HOSPITAL THAT PROVIDES SUPERIOR HEALTHCARE IN A SAFE, COMPASSIONATE ENVIRONMENT.

D. PALLIATIVE CARE: JACKSON HOSPITAL OFFERS A YEARLY ONE-DAY EVENT GIVING AWAY ADVANCE DIRECTIVES AS CHRISTMAS GIFTS. THIS EVENT IS OPEN TO THE PUBLIC. ONE NURSE, A CHAPLAIN, SOCIAL WORKER, AND TWO GUEST REPRESENTATIVES STAFF THIS EVENT. ESTIMATED COSTS ARE APPROXIMATELY $200.

PART VI, LINE 3: JACKSON HOSPITAL SCREENS ALL INPATIENT PATIENTS FOR THE ABILITY TO PAY, PATIENTS ARE INTERVIEWED PRIOR TO DISCHARGE AND A FINANCIAL INTAKE IS OBTAINED. BASED ON THAT INFORMATION, THE PATIENT IS CONSIDERED FOR FINANCIAL ASSISTANCE OR GOVERNMENT PROGRAMS THE PATIENT MAY BE ELIGIBLE. IF THE PATIENT DISCHARGES PRIOR TO THE INTERVIEW, A LETTER AND FINANCIAL INTAKE SHEET IS MAILED TO THE PATIENT. OUTPATIENT/ED PATIENTS ARE SCREENED FOR THE ABILITY TO PAY. A SIMILAR PROCESS IS FOLLOWED FOR OUTPATIENTS/ED PATIENTS AS THE INPATIENT PROCESS.

PART VI, LINE 4: JACKSON HOSPITAL'S PRIMARY SERVICE AREA IS COMPRISED OF MONTGOMERY, ELMORE AND AUTAUGA COUNTIES LOCATED IN THE EAST CENTRAL PART OF THE STATE OF ALABAMA. THESE COUNTIES ACCOUNT FOR APPROXIMATELY 82% OF JACKSON HOSPITAL'S INPATIENT ADMISSIONS AND APPROXIMATELY 85% OF JACKSON HOSPITAL'S OUTPATIENT VISITS. THE SECONDARY SERVICE AREA CONSISTS OF BULLOCK, BUTLER, CRENSHAW, DALLAS, LOWNDES, MACON AND PIKE COUNTIES LOCATED IMMEDIATELY WEST, SOUTH AND EAST OF THE PRIMARY SERVICE AREA. THE PRIMARY SERVICE AREA LARGEST EMPLOYERS ARE CONCENTRATED IN THE FOLLOWING PRODUCTS OR SERVICES; DEFENSE, STATE GOVERNMENT, EDUCATION AND AUTOMOBILE MANUFACTURING.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
JACKSON HOSPITAL & CLINIC, INC.

Employer identification number
63-6001820

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? [X] 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" to 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 (Form 990) 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
AUBURN UNIVERSITY FOUNDATION 317 SOUTH COLLEGE STREET AUBURN, AL 36849-5170	63-6022422	501(C)(3)	8,000.	0.			SCHOOL OF NURSING SPONSORSHIP
AMERICAN HEART & STROKE ASSOCIATION - 1101 NORTHCHASE PARKWAY STE 1 - MARIETTA, GA 30067	13-5613797	501(C)(3)	15,000.	0.			2009 MONTGOMERY HEART GALA
MONTGOMERY AREA WELLNESS COALITION 3060 MOBILE HIGHWAY MONTGOMERY, AL 36108	30-0092712	501(C)(3)	11,500.	0.			DONATIONS
MONTGOMERY AREA CHAMBER OF COMMERCE - P.O. BOX 79 - MONTGOMERY, AL 36101	63-0039380	501(C)(6)	14,600.	0.			2009 & 2010 TOTAL RESOURCE CAMPAIGN, 2010 DIVERSITY SUMMIT AND SPONSORSHIP

2 Enter total number of section 501(c)(3) and government organizations ▶ 4.

3 Enter total number of other organizations ▶

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) 2009**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

932101 02-02-10

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and 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
TUITION REIMBURSEMENT	10	15,957.	0.		

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

SCHEDULE I, PART I, LINE 2: INDIVIDUALS WHO ARE CURRENTLY EMPLOYED AS FULL-TIME BY JACKSON HOSPITAL AND HAVE SUCCESSFULLY COMPLETED THE 180 DAY PROBATIONARY PERIOD PRIOR TO REQUESTING ACCEPTANCE INTO THE PROGRAM ARE ELIGIBLE TO APPLY FOR TUITION REIMBURSEMENT WHEREAS PART-TIME EMPLOYEES WILL ONLY BE ELIGIBLE AT THE DISCREPANCY OF THE VICE PRESIDENT. THE EMPLOYEE MUST BE AN ACTIVE EMPLOYEE AT THE TIME OF SUBMITTING PROOF OF SUCCESSFUL COMPLETION OF THE COURSE(S) AND AT THE TIME OF ACCEPTING THE REIMBURSEMENT CHECK. TUITION REIMBURSEMENT IS $2,000 PER CALENDAR YEAR WITH A MAXIMUM TOTAL OF $8,000.

Part IV Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: MONTGOMERY AREA CHAMBER OF COMMERCE

(H) PURPOSE OF GRANT OR ASSISTANCE: 2009 & 2010 TOTAL RESOURCE CAMPAIGN, 2010 DIVERSITY SUMMIT AND SPONSORSHIP

2009 & 2010 TOTAL RESOURCE CAMPAIGN, 2010 DIVERSITY SUMMIT AND SPONSORSHIP

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

JACKSON HOSPITAL & CLINIC, INC.

Employer identification number

63-6001820

Part I Questions Regarding Compensation

			Yes	No
1a	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 ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ Personal services (e g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
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	X	
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 ☒ Independent compensation consultant ☐ Form 990 of other organizations ☒ Written employment contract ☐ Compensation survey or study ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
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		X
b	Any related organization?	5b		X
	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		X
b	Any related organization?	6b		X
	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		X
8	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	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is 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) Retirement and other 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 reportable compensation				
DONALD HENDERSON	(i)	395,947.	0.	552.	9,200.	6,155.	411,854.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
VICTORIA JONES	(i)	151,668.	0.	1,101.	60,218.	15.	213,002.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MARGARET VEREB	(i)	450,204.	0.	360.	0.	15,355.	465,919.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JAMES MRACEK, II	(i)	340,893.	0.	150.	0.	13,321.	354,364.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ROBERT HARRIS	(i)	353,021.	0.	552.	0.	15,355.	368,928.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
STEWART TANKERSLEY	(i)	168,665.	0.	132.	0.	10,422.	179,219.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PAUL STRONG	(i)	173,107.	0.	1,322.	0.	14,738.	189,167.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
EDWARD SCHOLL	(i)	404,624.	0.	1,312.	0.	4,270.	410,206.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE K (Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).
▶ Attach to Form 990. See separate instructions.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
JACKSON HOSPITAL & CLINIC, INC.

Employer identification number
63-6001820

Part I Bond Issues SEE SCHEDULE O FOR COLUMN (F) CONTINUATIONS

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No
A	THE MEDICAL CLINIC BOARD OF THE CITY OF MONTGOME	63-0888154	613058CG9	12/05/06	113,221,823.	REFUND PRINCIPAL AMOUNTS OUTSTANDING		X		X
B										
C										
D										
E										

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	115,784,596.				
2	Gross proceeds in reserve funds	7,739,010.				
3	Proceeds in refunding or defeasance escrows	101,105,708.				
4	Other unspent proceeds					
5	Issuance costs from proceeds	1,260,470.				
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	6,203,213.				
8	Year of substantial completion	2007				

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

Part III Private Business Use

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

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?		X								
b Are there any research agreements with respect to the financed property which may result in private business use?		X								
c 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?		X								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	.00 %		%		%		%		%	
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 section 501(c)(3) organization, or a state or local government ▶	.00 %		%		%		%		%	
6 Total of lines 4 and 5	.00 %		%		%		%		%	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV Arbitrage

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

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

Name of the organization: JACKSON HOSPITAL & CLINIC, INC.

Employer identification number: 63-6001820

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MONTGOMERY AND THE ALABAMA RIVER REGION LICENSED FOR 344 BEDS. OUR COMPREHENSIVE HEALTHCARE SERVICES INCLUDE CARDIAC, CANCER, NEUROSCIENCES, ORTHOPEDICS AND WOMEN'S AND CHILDREN'S CARE, ALONG WITH 24-HOUR EMERGENCY SERVICES. IT RANKS AMONG THE LARGEST HOSPITALS IN ALABAMA AND IS WIDELY RECOGNIZED FOR PROVIDING EXCELLENCE IN CARE. EVEN WITH OUR LEADING-EDGE TECHNOLOGY AND FACILITIES, WE REMAIN TRUE TO OUR MISSION OF PROVIDING SUPERIOR PERSONAL HEALTHCARE IN A SAFE, COMPASSIONATE ENVIRONMENT.

WE BELIEVE THAT JACKSON HOSPITAL PLAYS A VITAL ROLE IN HELPING TO MAINTAIN THE HEALTH OF OUR COMMUNITY THROUGH THE PROVISION OF FREE HEALTHCARE SERVICES, RESEARCH AND EDUCATIONAL PROGRAMS, AND COMMUNITY INVOLVEMENT AND FINANCIAL SUPPORT.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHILDREN'S CARE, ALONG WITH 24-HOUR EMERGENCY SERVICES. IT RANKS AMONG THE LARGEST HOSPITALS IN ALABAMA AND IS WIDELY RECOGNIZED FOR PROVIDING EXCELLENCE IN CARE. EVEN WITH OUR LEADING-EDGE TECHNOLOGY AND FACILITIES, WE REMAIN TRUE TO OUR MISSION OF PROVIDING SUPERIOR PERSONAL HEALTHCARE IN A SAFE, COMPASSIONATE ENVIRONMENT.

WE BELIEVE THAT JACKSON HOSPITAL PLAYS A VITAL ROLE IN HELPING TO MAINTAIN THE HEALTH OF OUR COMMUNITY THROUGH THE PROVISION OF FREE HEALTHCARE SERVICES, RESEARCH AND EDUCATIONAL PROGRAMS, AND COMMUNITY INVOLVEMENT AND FINANCIAL SUPPORT.

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

Name of the organization: JACKSON HOSPITAL & CLINIC, INC.

Employer identification number: 63-6001820

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ANATOMICAL LABORATORY, COMPUTERIZED TOMOGRAPHY, CORONARY CARE, DIAGNOSTIC RADIOLOGY, SURGICAL FACILITIES, AND ULTRASOUND.

FORM 990, PART VI, SECTION A, LINE 7A: ACTIVE MEMBERS HAVE THE EXCLUSIVE RIGHT TO VOTE ON THE APPROVAL OF THE ADMISSION OF ANY PERSON AS AN ACTIVE OR ASSOCIATE MEMBER OF THE NON-PROFIT CORPORATION. COMMUNITY MEMBERS ARE PERMITTED TO PARTICIPATE IN THE ELECTION OF THE MEMBERS OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7B: ALL VOTING RIGHTS OF MEMBERS ACCRUING TO MEMBERS GENERALLY, UNDER THE ALABAMA NONPROFIT CORPORATION ACT OR UNDER THE RESTATED ARTICLES OF INCORPORATION, ARE RESERVED TO THE ACTIVE MEMBERS, EXCEPT FOR THE PARTICIPATION OF COMMUNITY MEMBERS IN THE ELECTION OF THE MEMBERS OF THE BOARD OF TRUSTEES AND EXCEPT IN THOSE INSTANCES WHERE THE BOARD OF TRUSTEES, IN ITS DISCRETION, DESIRES TO REFER A PARTICULAR MATTER TO THE MEMEBERSHIP AS A WHOLE OR TO ANY RESTRICTED CLASS OR CLASSES FOR CONSIDERATION AND ADVICE AS PROVIDED HEREIN, PROVIDED, HOWEVER, THAT NO CLASS OF MEMBERS OTHER THAN ACTIVE MEMBERS SHALL, BY SUCH PROCEDURE, BE GIVEN THE RIGHT TO VOTE ON ANY MATTER REQUIRING THE VOTE OR APPROVAL OF MEMBERS GENERALLY UNDER THE ALABAMA NONPROFIT CORPORATION ACT OR THE VOTE OF ACTIVE MEMBERS UNDER THE RESTATED ARTICLES OF INCORPORATION. THE MATTERS UPON WHICH THE ACTIVE MEMBERS SHALL HAVE THE EXCLUSIVE RIGHT TO VOTE ARE THOSE MATTERS GENERALLY RESERVED TO MEMBERS IN THE ALABAMA NONPROFIT CORPORATION ACT AS IT MAY EXIST FROM TIME TO TIME, INCLUDING,

WITHOUT LIMITATION, THE FOLLOWING: THE LIQUIDATION, DISSOLUTION OR REORGANIZATION OF THE CORPORATION; THE SALE, EXCHANGE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTIES OF THE CORPORATION, BUT NOT THE POWER TO MORTGAGE OR CONVEY SUCH PROPERTY SOLELY FOR THE PURPOSE OF SECURING ANY INDEBTEDNESS OR OTHER OBLIGATIONS OF THE CORPORATION, WHICH THE BOARD OF TRUSTEES, ACTING ALONE, SHALL HAVE AND EXERCISE; THE APPROVAL OF THE AMENDMENT OF THESE RESTATED ARTICLES OF INCORPORATION; THE APPROVAL OF THE ADMISSION OF ANY PERSON AS AN ACTIVE OR ASSOCIATE MEMBER OF THE CORPORATION.

SUCH MATTERS SHALL BE SUBMITTED FOR VOTE OF THE ACTIVE MEMBERS UPON RECOMMENDATION OF THE BOARD OF TRUSTEES. NO ACTION UPON ANY SUCH MATTERS SHALL BE TAKEN BY THE ACTIVE MEMBERS (OR ANY OTHER MEMBER ENTITLED TO VOTE) WITHOUT NOTICE OF SUCH PURPOSE BEING GIVEN PRIOR TO THE MEETING, OTHER THAN THE ELECTION OF THE BOARD OF TRUSTEES WHICH SHALL OCCUR AT EACH ANNUAL MEETING WITHOUT REQUIREMENT OF FURTHER NOTICE.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PROVIDED TO THE BOARD FOR REVIEW AND IS AN AGENDA ITEM AT A REGULARLY SCHEDULED BOARD MEETING OPEN FOR ANY DISCUSSION BEFORE THE RETURN IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS UPDATED ANNUALLY FOR KEY HOSPITAL EMPLOYEES AND BOARD MEMBERS TO PROVIDE ANY CONFLICTS OF INTEREST. THE ANNUAL UPDATES OF THE CONFLICT OF INTEREST POLICY FORMS ARE REVIEWED BY ADMINISTRATION.

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

Name of the organization: JACKSON HOSPITAL & CLINIC, INC.

Employer identification number: 63-6001820

FORM 990, PART VI, SECTION B, LINE 15: AN OUTSIDE CONSULTING COMPANY REVIEWS THE COMPENSATION OF OFFICERS EVERY TWO YEARS TO ENSURE COMPENSATION IS COMPARABLE TO THE MARKET. THE HOSPITAL® EXECUTIVE COMMITTEE REVIEWS THE RECOMMENDATIONS OF THE OUTSIDE CONSULTING COMPANY AND APPROVES THE COMPENSATION AND ANY CHANGES TO THE COMPENSATION OF OFFICERS. THE EXECUTIVE COMMITTEE IS COMPOSED OF MEMBERS OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION C, LINE 19: AS A GENERAL RULE, THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. ANY WRITTEN REQUEST BY THE PUBLIC WOULD BE REVIEWED AND ACTED UPON BY THE BOARD.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME:

THE MEDICAL CLINIC BOARD OF THE CITY OF MONTGOMERY, ALABAMA

(F) DESCRIPTION OF PURPOSE:

REFUND PRINCIPAL AMOUNTS OUTSTANDING OF PREVIOUS BONDS, CONSTRUCTION

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
JACKSON HOSPITAL & CLINIC, INC.

Employer identification number
63-6001820

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

(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
OAK PARK HIGHLAND, LLC - 26-0752650 1725 PINE STREET MONTGOMERY, AL 36106	REAL ESTATE	ALABAMA	0.	204,011.	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) Disproportionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No
JACKSON IMAGING CENTER, LLC - 26-0339264, 1825 PARK PLACE, MONTGOMERY, AL 36106	IMAGING CENTER	AL	N/A	RELATED	3,118,152.	4,666,152.		X	N/A		X
JACKSON SURGERY CENTER, LLC - 20-4173305, 1725 PARK PLACE, MONTGOMERY, AL 36106	SURGERY CENTER	AL	N/A	RELATED	6,757,042.	9,521,653.		X	N/A		X
JMS HEALTH SERVICES, LLC - 63-1197315, 1722 PINE STREET, MONTGOMERY, AL 36106	HEALTH SERVICES	AL	N/A	UNRELATED	2,111,566.	942,026.		X	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n	Sharing of paid employees	1n		X
o	Reimbursement paid to other organization for expenses	1o		X
p	Reimbursement paid by other organization for expenses	1p		X
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		X

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 (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes	(f) No	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization		Employer identification number
File by the extended due date for filing the return See instructions	JACKSON HOSPITAL & CLINIC, INC.		63-6001820
	Number, street, and room or suite no If a P O box, see instructions 1725 PINE STREET, SUITE 1200		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions MONTGOMERY, AL 36106-1117		

Check type of return to be filed (File a separate application for each return):

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990 PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ PETER C. VERRECCHIA 1725 PINE STREET, SUITE 1200 - MONTGOMERY, AL 36106-1117
  Telephone No ▶ 334-293-8819 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until NOVEMBER 15, 2010

5 For calendar year _____, or other tax year beginning MAR 1, 2009, and ending DEC 31, 2009.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [X] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN

8a	If this application is for Form 990 BL, 990 PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$	
b	If this application is for Form 990 PF, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$	
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ J-C Title ▶ CPA-A Date ▶ 5/4/10

COPY