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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

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

OMB No 1545-0047

**2009**

**Open to Public Inspection**

**A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009**

**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
ST DOMINIC-JACKSON MEMORIAL HOSPITAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
969 LAKELAND DRIVE

City or town, state or country, and ZIP + 4
JACKSON, MS 392164699

**D Employer identification number**
64-0303091

**E Telephone number**
(601) 200-2000

**G** Gross receipts $ 355,359,180

**F** Name and address of principal officer
CLAUDE HARBARGER
969 LAKELAND DRIVE
JACKSON, MS 392164699

**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 stdom com

**K** Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation 1946

**M** State of legal domicile MS

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities
ST DOMINIC-JACKSON MEMORIAL HOSPITAL OPERATES A 535 BED PATIENT FACILITY FOR THE CITIZENS OF THE JACKSON, MISSISSIPPI METROPOLITAN AREA BEING MISSION DRIVEN AND SERVICE ORIENTED, LEADERSHIP AT ST DOMINIC HOSPITAL RECOGNIZES THAT HEALTHCARE SERVICES AND PROGRAMS SHOULD BE EXTENDED FAR OUTSIDE THE HOSPITAL'S PHYSICAL WALLS AND INTO THE COMMUNITY TO HAVE THE GREATEST IMPACT, ESPECIALLY FOR THE UNDERSERVED OUR CIVIC AND SOCIAL RESPONSIBILITIES LIE NOT ONLY IN PROVIDING QUALITY HEALTHCARE FOR THE SICK BUT ALSO IN PROVIDING HEALTHCARE EDUCATION AND ILLNESS PREVENTION FOR THOSE WHO ARE MARGINALLY CHALLENGED AND WITH LIMITED ACCESS TO MAINSTREAM HEALTHCARE SOURCES

**Activities & Governance**

| | | | |
|---|---|---|---|
| **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** | 15 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 13 |
| **5** | Total number of employees (Part V, line 2a) | **5** | 3,382 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 333 |
| **7a** | Total gross unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 0 |
| **b** | Net unrelated business taxable income from Form 990-T, line 34 | **7b** | -16,686 |

| | | Prior Year | Current Year |
|---|---|---|---|
| **Revenue** | | | |
| **8** | Contributions and grants (Part VIII, line 1h) | 38,558 | 188,926 |
| **9** | Program service revenue (Part VIII, line 2g) | 320,975,170 | 343,709,934 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 104,516 | 481,382 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 10,089,172 | 10,476,078 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 331,207,416 | 354,856,320 |
| **Expenses** | | | |
| **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 2,392,056 | 2,257,545 |
| **14** | Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| **15** | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 130,985,722 | 161,141,545 |
| **16a** | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| **b** | Total fundraising expenses (Part IX, column (D), line 25) ▶0 | | |
| **17** | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 181,199,594 | 189,501,081 |
| **18** | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 314,577,372 | 352,900,171 |
| **19** | Revenue less expenses Subtract line 18 from line 12 | 16,630,044 | 1,956,149 |
| **Net Assets or Fund Balances** | | **Beginning of Current Year** | **End of Year** |
| **20** | Total assets (Part X, line 16) | 270,340,683 | 282,756,831 |
| **21** | Total liabilities (Part X, line 26) | 83,590,651 | 78,920,718 |
| **22** | Net assets or fund balances Subtract line 21 from line 20 | 186,750,032 | 203,836,113 |

## 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**

****** | 2010-11-02
Signature of officer | Date

CLAUDE HARBARGER PRESIDENT
Type or print name and title

**Paid Preparer's Use Only**

| | | | |
|---|---|---|---|
| Preparer's signature ▶ MARSHA H DIECKMAN CPA | Date 2010-11-02 | Check if self-empolyed ▶ ☐ | Preparer's identifying number (see instructions) |
| Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ HORNE LLP<br>1020 Highland Colony Pkwy Ste 400<br>Ridgeland, MS 39157 | | | EIN ▶<br>Phone no ▶ (601) 326-1000 |

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

## Part III Statement of Program Service Accomplishments

**1** Briefly describe the organization's mission

ST DOMINIC'S RECOGNIZES ITS BASIC PARTICIPATION IN THE MISSION OF THE CHURCH WHICH INVOLVES TWO MAIN MINISTRIES EDUCATION AND HEALTH CARE THREE ACTIVITIES--COMMUNICATING A CHRISTIAN MESSAGE, ESTABLISHING COMMUNITY AND PERFORMING SERVICE--EXPRESS OUR MISSION OF CHRISTIAN HEALING

**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

**4a** (Code ) (Expenses $ 336,519,552 including grants of $ 2,257,545 ) (Revenue $ 339,141,335 )

GENERAL HOSPITAL SERVICES

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

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

**4d** Other program services (Describe in Schedule O )

(Expenses $ including grants of $ ) (Revenue $ )

**4e** **Total program service expenses** ▶ $ 336,519,552

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | No |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II* | 4 | Yes | |
| 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 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | | No |
| 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 | Yes | |
| | ● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *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 | | No |
| 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* | 12A | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I* | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II* | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III* | 16 | | No |
| 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 | | No |
| 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 | | No |
| 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 | | No |
| 20 | Did the organization operate one or more hospitals? *If "Yes," complete Schedule H* | 20 | Yes | |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | | |
|---|---|---|---|---|
| **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** | Yes | |
| **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** | | No |
| **23** | Did the organization answer "Yes" to Part VII, Section A, questions 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** | Yes | |
| **24a** | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25* | **24a** | | No |
| **b** | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | **24b** | | |
| **c** | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | **24c** | | |
| **d** | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | **24d** | | |
| **25a** | **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | **25a** | | No |
| **b** | 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** | | No |
| **26** | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II* | **26** | | No |
| **27** | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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** | | No |
| **28** | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| **a** | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28a** | | No |
| **b** | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28b** | Yes | |
| **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 owner? *If "Yes," complete Schedule L, Part IV* | **28c** | | No |
| **29** | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | **29** | | No |
| **30** | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | **30** | | No |
| **31** | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | **31** | | No |
| **32** | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | **32** | | No |
| **33** | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I* | **33** | Yes | |
| **34** | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1* | **34** | Yes | |
| **35** | Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | **35** | | No |
| **36** | **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** | | No |
| **37** | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | **37** | | No |
| **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** | Yes | |

## 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 | 180 | | |
| b | Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return | 2a | 3,382 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? | | 3a | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O* | | 3b | Yes | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | 4a | | No |
| b | If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5b | | No |
| c | If "Yes" to 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 | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | 6b | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? | | 7a | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7f | | No |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | 7g | | No |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | 7h | | No |
| 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 | | No |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | | |
| a | Did the organization make any taxable distributions under section 4966? | | 9a | | No |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | 9b | | No |
| 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 lines 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 | 15 | | |
| b | Enter the number of voting members that are independent | 1b | 13 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | | | No |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | | | | No |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | | | | No |
| 6 | Does the organization have members or stockholders? | | | Yes | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | | | Yes | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | |
| a | The governing body? | | | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | | | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | | No |

## 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 | | No |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | Yes | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | |
| 12a | Does the organization have a written conflict of interest policy? *If "No," go to line 13* | 12a | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | Yes | |
| 13 | Does the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line a or b, 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 | Yes | |
| 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 | Yes | |

## Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

JENNIFER SINCLAIR
969 LAKELAND DR
JACKSON, MS 392164699
(601) 200-6955

## 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, and **current** key employees 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See add'l data | | | | | | | | | | |
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| | | | |
|---|---|---|---|
| **1b Total** . . . . . ▶ | 6,945,406 | 0 | 534,453 |

**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 ▶ 111

| | | | 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** | | No |
| **4** | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* . . . . . | **4** | Yes | |
| **5** | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person* . . . . . | **5** | | No |

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| ALLIED EMERGENCY SERVICES PC<br>PO BOX 2120<br>RIDGELAND, MS 39158 | ER PHYSICIANS | 6,164,051 |
| PHYSICIANS ANESTHESIA GROUP PA<br>PO BOX 460<br>JACKSON, MS 39296 | CONTRACT MEDICAL SERVICES | 1,532,721 |
| JACKSON HEART CLINIC<br>970 LAKELAND DRIVE<br>JACKSON, MS 39216 | CONTRACT MEDICAL SERVICES | 1,434,697 |
| BARLOW EDDY JENKINS PA<br>1530 NORTH STATE STREET<br>JACKSON, MS 39202 | ARCHITECTURAL SERVIES | 885,787 |
| BRUNINI GRANTHAM AND GROWER<br>PO BOX 119<br>JACKSON, MS 39205 | LEGAL SERVICES | 551,938 |
| **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 ▶ 17 | | |

## 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 188,926 | | | | |
| | g | Noncash contributions included in lines 1a-1f $ | | | | | |
| | h | **Total.** Add lines 1a-1f | | 188,926 | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | PROGRAM REVENUE | 621,990 | 339,141,335 | 339,141,335 | | |
| | b | PHARMACEUTICAL SALES | 446,110 | 3,972,521 | 3,972,521 | | |
| | c | SPA SALES | 812,900 | 596,078 | 596,078 | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | **Total.** Add lines 2a–2f | | 343,709,934 | | | |
| | 3 | Investment income (including dividends, interest and other similar amounts) | | 973,667 | | | 973,667 |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | | | (i) Real | (ii) Personal | | | |
| | 6a | Gross Rents | 4,186,025 | | | | |
| | b | Less rental expenses | | | | | |
| | c | Rental income or (loss) | 4,186,025 | | | | |
| | d | Net rental income or (loss) | | 4,186,025 | | | 4,186,025 |
| | | | (i) Securities | (ii) Other | | | |
| | 7a | Gross amount from sales of assets other than inventory | | 10,575 | | | |
| | b | Less cost or other basis and sales expenses | | 502,860 | | | |
| | c | Gain or (loss) | | -492,285 | | | |
| | d | Net gain or (loss) | | -492,285 | | | -492,285 |
| Other Revenue | 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 | MISCELLANEOUS INCOME | 900,099 | 2,299,917 | | | 2,299,917 |
| | b | CAFETERIA SALES | 722,210 | 2,108,177 | | | 2,108,177 |
| | c | DAY CARE CENTER | 624,410 | 566,052 | | | 566,052 |
| | d | All other revenue | | 1,315,907 | | | 1,315,907 |
| | e | **Total.** Add lines 11a–11d | | 6,290,053 | | | |
| | 12 | **Total revenue.** See Instructions | | 354,856,320 | 343,709,934 | 0 | 10,957,460 |

## 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 | 2,257,545 | 2,257,545 | | |
| 2 | Grants and other assistance to individuals in the U S See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees . . . . | | | | |
| 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 | 126,551,015 | 114,335,673 | 12,215,342 | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . | 13,844,178 | 12,507,868 | 1,336,310 | |
| 9 | Other employee benefits . . . . . | 11,974,229 | 10,818,416 | 1,155,813 | |
| 10 | Payroll taxes . . . . . | 8,772,123 | 7,925,393 | 846,730 | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management . . . . . | 355,356 | 355,356 | | |
| b | Legal . . . . . | 578,974 | | 578,974 | |
| c | Accounting . . . . . | 247,450 | | 247,450 | |
| d | Lobbying . . . . . | | | | |
| e | Professional fundraising *See Part IV, line 17* . . | | | | |
| f | Investment management fees . . . . . | | | | |
| g | Other . . . . . | | | | |
| 12 | Advertising and promotion . . . . | 1,442,622 | 1,442,622 | | |
| 13 | Office expenses . . . . . | | | | |
| 14 | Information technology . . . . . | | | | |
| 15 | Royalties . . | | | | |
| 16 | Occupancy . . . . . | 2,679,226 | 2,679,226 | | |
| 17 | Travel . . . . . | 628,830 | 628,830 | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . | | | | |
| 19 | Conferences, conventions, and meetings . . . . | | | | |
| 20 | Interest . . . . . | | | | |
| 21 | Payments to affiliates . . . . . | | | | |
| 22 | Depreciation, depletion, and amortization . . . . | 20,807,771 | 20,807,771 | | |
| 23 | Insurance . . . . . | 6,471,640 | 6,471,640 | | |
| 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 | 60,505,026 | 60,505,026 | | |
| b | BAD DEBTS | 25,458,572 | 25,458,572 | | |
| c | PHARMACEUTICAL DRUGS | 21,647,684 | 21,647,684 | | |
| d | EQUIPMENT RENTAL AND MA | 13,353,561 | 13,353,561 | | |
| e | MEDICAL PROFESSIONAL FE | 11,761,812 | 11,761,812 | | |
| f | All other expenses | 23,562,557 | 23,562,557 | | |
| 25 | **Total functional expenses.** Add lines 1 through 24f | 352,900,171 | 336,519,552 | 16,380,619 | 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 | | 41,604,207 | 1 | 41,573,521 |
| | 2 | Savings and temporary cash investments | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 52,548,648 | 4 | 58,033,809 |
| | 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 | | | 7 | |
| | 8 | Inventories for sale or use | | 5,592,927 | 8 | 6,156,699 |
| | 9 | Prepaid expenses and deferred charges | | 15,247,051 | 9 | 20,144,704 |
| | 10a | Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* | 10a 411,442,055 | | | |
| | b | Less accumulated depreciation | 10b 257,631,574 | 150,256,006 | 10c | 153,810,481 |
| | 11 | Investments—publicly traded securities | | | 11 | |
| | 12 | Investments—other securities See Part IV, line 11 | | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | 5,091,844 | 15 | 3,037,617 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 270,340,683 | 16 | 282,756,831 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 27,790,742 | 17 | 34,438,750 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability *Complete Part IV of Schedule D* | | | 21 | |
| | 22 | 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 | | 55,799,909 | 25 | 44,481,968 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 83,590,651 | 26 | 78,920,718 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.** | | | | |
| | 27 | Unrestricted net assets | | 186,750,032 | 27 | 203,836,113 |
| | 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 | | 186,750,032 | 33 | 203,836,113 |
| | 34 | Total liabilities and net assets/fund balances | | 270,340,683 | 34 | 282,756,831 |

## 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 | | No |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| c | If "Yes," to 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 | Yes | |
| 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 separated 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 | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | | |

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# SCHEDULE A (Form 990 or 990EZ)

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
ST DOMINIC-JACKSON MEMORIAL HOSPITAL

**Employer identification number**
64-0303091

**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 **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 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 IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

## 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 (Explain in Part IV ) Do not include gain or loss from the sale of capital assets | | | | | | |
| 11 **Total support** (Add lines 7 through 10) | | | | | | |

12 Gross receipts from related activities, etc (See instructions ) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

## 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 for 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 the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—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 IRC 509(a)(2)

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

### Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 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 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 ▶

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

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

Department of the Treasury
Internal Revenue Service

# Political Campaign and Lobbying Activities

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

**If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

**If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

| Name of the organization | Employer identification number |
|---|---|
| ST DOMINIC-JACKSON MEMORIAL HOSPITAL | 64-0303091 |

## Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

## Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

## Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| **(a)** Name | **(b)** Address | **(c)** EIN | **(d)** Amount paid from filing organization's funds If none, enter -0- | **(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|---|---|---|---|---|
| | | | | |

**Part II-A** **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check ☐ if the filing organization belongs to an affiliated group

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing Organization's Totals | (b) Affiliated Group Totals |
|---|---|---|
| **1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) | | |
| **b** Total lobbying expenditures to influence a legislative body (direct lobbying) | | |
| **c** Total lobbying expenditures (add lines 1a and 1b) | | |
| **d** Other exempt purpose expenditures | | |
| **e** Total exempt purpose expenditures (add lines 1c and 1d) | | |
| **f** Lobbying nontaxable amount Enter the amount from the following table in both columns | | |
| **g** Grassroots nontaxable amount (enter 25% of line 1f) | | |
| **h** Subtract line 1g from line 1a If zero or less, enter -0- | | |
| **i** Subtract line 1f from line 1c If zero or less, enter -0- | | |

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: |
|---|---|
| Not over $500,000 | 20% of the amount on line 1e |
| Over $500,000 but not over $1,000,000 | $100,000 plus 15% of the excess over $500,000 |
| Over $1,000,000 but not over $1,500,000 | $175,000 plus 10% of the excess over $1,000,000 |
| Over $1,500,000 but not over $17,000,000 | $225,000 plus 5% of the excess over $1,500,000 |
| Over $17,000,000 | $1,000,000 |

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

## 4-Year Averaging Period Under Section 501(h)
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)**

### Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) Total |
|---|---|---|---|---|---|
| **2a** Lobbying non-taxable amount | | | | | |
| **b** Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| **c** Total lobbying expenditures | | | | | |
| **d** Grassroots non-taxable amount | | | | | |
| **e** Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| **f** Grassroots lobbying expenditures | | | | | |

## Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| | | (a) Yes | (a) No | (b) Amount |
|---|---|---|---|---|
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a | Volunteers? | | No | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | | No | |
| e | Publications, or published or broadcast statements? | | No | |
| f | Grants to other organizations for lobbying purposes? | | No | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | No | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? If "Yes," describe in Part IV | Yes | | 28,392 |
| j | Total lines 1c through 1i | | | 28,392 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

## Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of $2,000 or less? | 2 | | |
| 3 | Did the organization agree to carryover lobbying and political expenditures from the prior year? | 3 | | |

## Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

| | | | |
|---|---|---|---|
| 1 | Dues, assessments and similar amounts from members | 1 | |
| 2 | Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).** | | |
| a | Current year | 2a | |
| b | Carryover from last year | 2b | |
| c | Total | 2c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

## Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part II-B, Line 1i | Explanation of Other Lobbying Activities | ST DOMINIC-JACKSON MEMORIAL HOSPITAL PAID DUES TO THE MISSISSIPPI HOSPITAL ASSOCIATION THE MISSISSIPPI HOSPITAL ASSOCIATION REPORTS THAT 23 66% OR $28,392 OF DUES PAID WERE FOR LOBBYING EXPENSES |

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**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**
ST DOMINIC-JACKSON MEMORIAL HOSPITAL

**Employer identification number**
64-0303091

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or 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)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

## Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain 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 Investment earnings or losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

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

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

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

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

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

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

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | 18,122,270 | | 18,122,270 |
| b Buildings | | 148,707,419 | 97,799,375 | 50,908,044 |
| c Leasehold improvements | | | | |
| d Equipment | | 243,030,527 | 159,832,199 | 83,198,328 |
| e Other | | 1,581,839 | | 1,581,839 |
| **Total.** Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 153,810,481 |

**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.** *(Column (b) should equal Form 990, Part X, col (B) line 12 )* ▶ | | |

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

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

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

| (a) Description | (b) Book value |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should 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 | |
| LIABILITY FOR PENSION BENEFITS | 44,481,968 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 25 )* ▶ | 44,481,968 |

**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 Financial Statements

| | | | |
|---|---|---|---|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 354,856,320 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 352,900,171 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 1,956,149 |
| 4 | Net unrealized gains (losses) on investments | 4 | 7,082,577 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | 148,617 |
| 8 | Other (Describe in Part XIV) | 8 | 7,898,738 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 15,129,932 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 17,086,081 |

## 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 | 364,792,270 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains on investments | 2a | 7,082,577 | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | 4,351,186 | | |
| e | Add lines **2a** through **2d** | | | 2e | 11,433,763 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 353,358,507 |
| 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 | 1,497,813 | | |
| c | Add lines **4a** and **4b** | | | 4c | 1,497,813 |
| 5 | Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12 ) | | | 5 | 354,856,320 |

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 353,972,149 |
| 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 | 4,188,636 | | |
| e | Add lines **2a** through **2d** | | | 2e | 4,188,636 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 349,783,513 |
| 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 | 3,116,658 | | |
| c | Add lines **4a** and **4b** | | | 4c | 3,116,658 |
| 5 | Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18 ) | | | 5 | 352,900,171 |

## 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, 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

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part XI, Line 8 - Other Adjustments | | PENSION TRANSITION ADJUSTMENT PER FAS 158 11317941 ST DOMINIC MEDICAL ASSOCIATES BEGINNING UNRESTRICTED NET ASSETS -3419203 |
| Part XII, Line 2d - Other Adjustments | | AFFILIATE REVENUE INCLUDED IN FINANCIAL STATEMENTS 4351186 |
| Part XII, Line 4b - Other Adjustments | | AFFILIATE ELIMINATING ENTRY INCLuDED IN FINANCIAL STATEMENTS 206155 EXPENSES INCLUDED IN REVENUE ON FINANCIAL STATEMENTS 1291658 |
| Part XIII, Line 2d - Other Adjustments | | AFFILIATE EXPENSE INCLUDED IN FINANCIAL STATEMENTS 4188643 ROUNDING -7 |
| Part XIII, Line 4b - Other Adjustments | | CONTRIBUTIONS TO AFFILIATED ORGANIZATIONS INCLUDED IN 0 CHANGES TO NET ASSETS FOR FINANCIAL STATEMENT PURPOSES 1825000 EXPENSES INCLUDED IN REVENUE ON FINANCIAL STATEMENTS 1291658 |

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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**
ST DOMINIC-JACKSON MEMORIAL HOSPITAL

**Employer identification number**
64-0303091

## 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 | Yes | |
| b | If "Yes," is it a written policy? | 1b | Yes | |
| 2 | If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals<br>☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals<br>☐ 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<br>☐ 100% ☑ 150% ☐ 200% ☐ Other _____ | 3a | Yes | |
| 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<br>☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____ | 3b | Yes | |
| 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 | | No |
| 5a | Does the organization budget amounts for free or discounted care provided under its charity care policy? | 5a | Yes | |
| b | If "Yes," did the organization's charity care expenses exceed the budgeted amount? | 5b | Yes | |
| c | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care? | 5c | | No |
| 6a | Does the organization prepare an annual community benefit report? | 6a | Yes | |
| 6b | If "Yes," does the organization make it available to the public? | 6b | Yes | |
| | 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) | | | 7,411,047 | 4,812,799 | 2,598,248 | 0 740 % |
| b Unreimbursed Medicaid (from Worksheet 3, column a) | | | 33,327,060 | 30,238,002 | 3,089,058 | 0 880 % |
| c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) | | | 1,569,098 | 1,557,518 | 11,580 | 0 % |
| d **Total** Charity Care and Means-Tested Government Programs | | | 42,307,205 | 36,608,319 | 5,698,886 | 1 620 % |
| **Other Benefits** | | | | | | |
| e Community health improvement services and community benefit operations (from (Worksheet 4) | | | 1,219,322 | | 1,219,322 | 0 350 % |
| f Health professions education (from Worksheet 5) | | | 155,812 | | 155,812 | 0 040 % |
| g Subsidized health services (from Worksheet 6) | | | 4,869,242 | | 4,869,242 | 1 380 % |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions to community groups (from Worksheet 8) | | | 627,645 | | 627,645 | 0 180 % |
| j **Total** Other Benefits | | | 6,872,021 | | 6,872,021 | 1 950 % |
| k **Total.** Add lines 7d and 7j | | | 49,179,226 | 36,608,319 | 12,570,907 | 0 |

**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**

**Section A. Bad Debt Expense**

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1 | Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15? | 1 | Yes | | |
| 2 | Enter the amount of the organization's bad debt expense (at cost) | 2 | 3,281,555 | | |
| 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 | 2,986,215 | | |
| 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 | 108,446,079 |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 119,444,652 |
| 7 | Subtract line 6 from line 5 This is the surplus or (shortfall) | 7 | -10,998,573 |
| 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 | Yes | | |
| 9b | If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI | 9b | Yes | | |

**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 St Dominic Ambulatory Surgery Center LLC | Outpatient surgery center | 51 000 % | 0 % | 49 000 % |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 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) |
|---|---|---|---|---|---|---|---|---|---|
| ST DOMINIC - JACKSON MEMORIAL HOSPITAL<br>969 LAKELAND DRIVE<br>JACKSON, MS 392164699 | 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

Part I, Line 3c St Dominic- Jackson Memorial Hospital ("St Dominic Hospital")does not currently have a discount policy based on criteria other than patient's income and family size

Part I, Line 6a The community benefit report for St Dominic Hospital is consolidated with the parent organization, St Dominic Health Services, Inc

Part I, Line 7g St Dominic Hospital did not include losses on its owned physician clinics as subsidized health services In order to meet the needs of the community we serve, St Dominic continues its ministry in various service lines that are not profitable to the organization Examples of these services include but are not limited to Behavioral Health, Obstetrics, Emergency Department, Infusion Therapy, etc

Part I, Line 7 St Dominic Hospital used a cost-to-charge ratio based on worksheet 2

Part III, Line 4 St Dominic Hospital makes every effort to assist patients who cannot pay their medical bills Even with these efforts, many of these accounts ultimately end up in bad debt expense for the organization We have completed an evaluation of the Hospital's bad debt expense by running a sample of accounts against credit bureau data and found 91% of the accounts written off were to patients with income levels less than 300% of the federal poverty income level These patients would have qualified for assistance under the Hospital's financial assistance program had they provided supporting documentation We did not include bad debt expense in our community benefit numbers but based on this analysis, we believe they should be included In order to calculate the cost of providing services that were ultimately written off to bad debt, we use the cost to charge ratio from the Medicare cost report We will continue to look for ways to improve our patients' compliance so these amounts can be written off to charity rather than bad debt when appropriate The financial statement footnote reads- Patient accounts receivable is reported at estimated net realizable amounts for services rendered collectible from federal and state agencies (under the Medicare and Medicaid programs), managed health plans, commercial insurance companies, workers' compensation, employers and patients The allowance for doubtful accounts is based on historical losses and on analysis of currently outstanding amounts This account is generally increased by charges to a provision for bad debts and decreased by write-offs of accounts determined by management to be uncollectible

Part III, Line 8

Part III, Line 9b St Dominic Hospital has a Board approved collection policy and has written contracts in place with its collection agencies so the appropriate collection activities are followed The collection agencies that St Dominic uses are fully informed about the Hospital's financial aid policy and assist in educating our patients They routinely send financial aid applications to patients and refer those patients back to the Hospital's financial counselors when appropriate

PART VI, LINE 8 St Dominic Hospital (consolidated with St Dominic Health Services, Inc ) prepares annually a community benefit report which is distributed to key members of our local community and State government but there are currently no requirements to do so in the State of Mississippi

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

Part VI, Line 2 St Dominic Hospital assesses the community we serve through various sources which include 1-Needs assessment performed by the local United Way office2-Analysis of the payor source and disease categories of patients treated at St Dominic Hospital with particular analysis done on patients presenting to our Emergency Department3-Feedback from the Board members that represent the community we serve4-Requests made to us from our community5-Public health information

**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

Part VI, Line 3 St Dominic Hospital works to educate our patients and community on assistance options by 1-Posting signage in our Emergency Room and other registration areas informing patients that financial assistance is available 2-Providing brochures in our waiting rooms and at the registration desks that explain a detail description of the billing and collection process as well as information about the Hospital's financial assistance policy and phone numbers to call for assistance 3-Contracting and paying an agency to meet with all uninsured patients to assist them in applying for Federal and State assistance (i e Medicaid, disability, etc ) 4-Providing financial counselors 24/7 to meet with patients These counselors fully understand the Hospital's Charity policy and are available to assist with the applications, set up interest free payment plans and offer advice on public assistance that may be available 5-Staffing patient representatives to answer questions and assist patients as needed6-Educating the Early-out and Bad debt collection agencies on the Hospital's Financial Assistance policies so they can assist patients whom they find might have the need

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

Part VI, Line 4 St Dominic Hospital is an adult tertiary referral center and serves residents from counties within central Mississippi The Hospital defines its service area as the counties that equates to 85 percent of the Hospital total inpatient discharges Based on current internal discharge data, twelve counties constitute that percentage of patient discharges The total population of the 12 county total service area for St Dominic was 737,193 in 2008 and is projected to increase to 751,606 by 2013 The population of the total service area represents approximately 25 percent of the total State population (based on 2006 US Census estimates) of 2,910,540 The percentage of females compared to total population in the Hospital service area is 52% and is projected to remain constant over the next five years According to the 2009 State Health Plan, the birth rate in 2004 was 14 7 live births per 1,000 population, the fertility rate was 68 3 live births per 1,000 women aged 15-44 years Seventy-four percent of the live births in 2004 were associated with at risk mothers (31,673 of the 42,809 total births), according to the Mississippi Department of Health Of the top ten counties for percentage of those born to mothers at risk, only one resides within the St Dominic 12-county total service area In addition, one county in the St Dominic service area ranks in the ten Mississippi counties ranking in the highest infant mortality rate (2004 to 2004, 5-year average) The ten leading causes resulted in 79 1 percent of all deaths in Mississippi during 2004 Heart disease was the leading cause of death in both Mississippi (29 7 percent of all deaths) and in the United States Malignant neoplasms ranked second in the State with 21 5 percent of total deaths followed by accidents, cerebrovascular disease and emphysema and other respiratory disease According to the 2009 State Health Plan, Mississippi ranked 49th among the states in per capita income and 48th in median family income according to the 2000 Census In 1999, the per capita income was $16,257, while the national average was $21,690 The median family income was $39,266, more than $10,000 less than the $49,507 for the United States

**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

Part VI, Line 5 St Dominic Hospital provides significant support to its community through a variety of ways including free health screenings at local schools, participation in various non- profit boards as well as financial support through cash donations

**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 )

Part VI, Line 6 St Dominic Hospital recognizes its basic participation in the mission of the Church which involves two main ministries Education and Health Care Three activities - Communicating a Christian Message, Establishing Community and Performing Service - express our mission of Christian Healing We involve members of our community in our governance to maintain the focus on the needs of our community We have an open medical staff St Dominic Hospital also invests back 100% of all profits and cash into our Hospital so that no local funds leave this community

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

Part VI, Line 7 St Dominic - Jackson Memorial Hospital is a fully owned subsidiary of St Dominic Health Services, Inc and provides one piece of the overall community benefit that the organization provides

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

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**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

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

**Complete if the organization answered "Yes," to 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
ST DOMINIC-JACKSON MEMORIAL HOSPITAL

**Employer identification number**
64-0303091

## Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

## Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" 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 . . . ▶ ☐

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 |
|---|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 15

3 Enter total number of other organizations . . . ▶ 0

**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 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 |
|---|---|---|---|---|---|
| | | | | | |

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

| Identifier | Return Reference | Explanation |
|---|---|---|
| Procedure for Monitoring Grants in the U S | Part I, Line 2 | Schedule I, Part I, Line 2 The hospital has a Contributions Committee, which is a sub-committee of the Board, that oversees the hospital's giving They monitor the requests and oversee all gifts |
| | | |
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| | | |

**Additional Data**

Return to Form

**Software ID:**
**Software Version:**
**EIN:** 64-0303091
**Name:** ST DOMINIC-JACKSON MEMORIAL HOSPITAL

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 |
|---|---|---|---|---|---|---|---|
| VOICE OF CALVARYPO BOX 10562<br>JACKSON,MS 39289 | 64-0564343 | 501(c)(3) | 37,500 | | | | charitable support |
| TUTWILER COMMUNITY EDUCATION CENTER301 HANCOCK AVE<br>TUTWILER,MS 38963 | 58-1887449 | 501(c)(3) | 20,000 | | | | charitable support |
| THE CENTER FOR VIOLENCE PREVENTIONPO Box 6279<br>Pearl,MS 39288 | 58-1959108 | 501(c)(3) | 22,500 | | | | charitable support |
| ST DOMINIC HEALTH SERVICES INC969 LAKELAND DR<br>JACKSON,MS 392164699 | 64-0714999 | 501(c)(3) | 1,575,000 | | | | affiliate support |
| OPERATION SHOESTRING 1711 BAILEY AVENUE<br>JACKSON,MS 39283 | 64-0471554 | 501(c)(3) | 31,000 | | | | charitable support |
| NEIGHBORHOOD CHRISTIAN CENTER417 W ASH ST<br>JACKSON,MS 39203 | 64-0800919 | 501(c)(3) | 18,000 | | | | charitable support |
| MISSION MISSISSIPPI120 N CONGRESS ST<br>JACKSON,MS 39201 | 64-0824240 | 501(c)(3) | 25,000 | | | | charitable support |
| HOSPICE MINISTRIES450 TOWNE CENTER BOULEVARD<br>RIDGELAND,MS 39157 | 64-0789919 | 501(c)(3) | 50,000 | | | | charitable support |
| COMMUNITY HEALTH SERVICES-ST DOMINIC INC (CARE-A-VAN)969 LAKELAND DR<br>JACKSON,MS 392164699 | 64-0714997 | 501(c)(3) | 250,000 | | | | affiliate support |
| CHRISTIAN MEDICAL AND DENTALP O BOX 4569<br>JACKSON,MS 39296 | 36-2284267 | 501(c)(3) | 5,000 | | | | charitable support |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code 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 |
|---|---|---|---|---|---|---|---|
| CATHOLIC CHARITIES200 N CONGRESS ST JACKSON,MS 39201 | 64-0468850 | 501(c)(3) | 100,000 | | | | charitable support |
| BREAKTHRU MINISTRIES PO BOX 39236 JACKSON,MS 39236 | 62-1284192 | 501(c)(3) | 28,875 | | | | charitable support |
| BOY SCOUTS OF AMERICA 855 RIVERSIDE DR JACKSON,MS 39202 | 64-0303071 | 501(c)(3) | 32,000 | | | | charitable support |
| BEGINNING AGAIN IN CHRISTPO BOX 26 BRANDON,MS 390430026 | 64-0592123 | 501(c)(3) | 15,000 | | | | charitable support |
| SOUTHERN CHRISTIAN SERVICES860 EAST RIVER PLACE SUITE 104 JACKSON,MS 39202 | 64-0758344 | 501(c)(3) | 40,000 | | | | charitable support |

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**Schedule J** (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
**▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**
**▶ Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

**Name of the organization**
ST DOMINIC-JACKSON MEMORIAL HOSPITAL

**Employer identification number**
64-0303091

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items<br>☐ First-class or charter travel ☐ Housing allowance or residence for personal use<br>☐ Travel for companions ☐ Payments for business use of personal residence<br>☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees<br>☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef) | | | |
| **b** | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain | **1b** | | |
| **2** | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | **2** | | |
| **3** | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply<br>☑ Compensation committee ☑ Written employment contract<br>☑ Independent compensation consultant ☑ Compensation survey or study<br>☐ Form 990 of other organizations ☑ Approval by the board or compensation committee | | | |
| **4** | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | | |
| **a** | Receive a severance payment or change-of-control payment? | **4a** | | No |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | | No |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? | **4c** | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | **Only 501(c)(3) and 501(c)(4) organizations only 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** | | No |
| **b** | Any related organization? | **5b** | | No |
| | If "Yes," to line 5a or 5b, describe in Part III | | | |
| **6** | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | | |
| **a** | The organization? | **6a** | | No |
| **b** | Any related organization? | **6b** | | No |
| | If "Yes," to line 6a or 6b, describe in Part III | | | |
| **7** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | **7** | | No |
| **8** | Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III | **8** | | No |
| **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 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 | | | | |
| RALPH E SULSER MD | (i) | 172,848 | 0 | 0 | 0 | 2,054 | 174,902 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CLAUDE W HARBARGER | (i) | 509,928 | 0 | 3,856 | 39,835 | 15,413 | 569,032 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| LESTER DIAMOND | (i) | 270,961 | 0 | 0 | 39,835 | 18,078 | 328,874 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ROBERT MOBLEY MD | (i) | 345,803 | 0 | 0 | 39,835 | 15,560 | 401,198 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JENNIFER SINCLAIR | (i) | 225,839 | 0 | 0 | 36,719 | 10,979 | 273,537 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PAUL ARRINGTON | (i) | 208,732 | 0 | 0 | 33,938 | 17,078 | 259,748 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| KEITH VAN CAMP | (i) | 222,013 | 0 | 0 | 36,097 | 65 | 258,175 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| STEPHEN BOMGARDNER | (i) | 204,752 | 0 | 0 | 33,291 | 14,987 | 253,030 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| BECKY LOWE | (i) | 185,804 | 0 | 0 | 30,210 | 14,350 | 230,364 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TRACE SWARTZFAGER | (i) | 189,711 | 0 | 0 | 30,855 | 3,588 | 224,154 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| LAMAR NESBIT | (i) | 234,127 | 0 | 0 | 38,067 | 3,566 | 275,760 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JOHN LANCON MD | (i) | 822,465 | 273,625 | 0 | 0 | 4,554 | 1,100,644 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| gerhard mundinger MD | (i) | 492,179 | 397,079 | 0 | 0 | 11,754 | 901,012 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ronald kennedy MD | (i) | 496,078 | 369,408 | 0 | 0 | 14,078 | 879,564 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| kyle gordon MD | (i) | 491,264 | 181,113 | 0 | 0 | 15,589 | 687,966 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| kerry bernardo MD | (i) | 517,821 | 130,000 | 0 | 0 | 14,078 | 661,899 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

## Part III Supplemental Information

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

| Identifier | Return Reference | Explanation |
|---|---|---|

**Additional Data**

Return to Form

**Software ID:**
**Software Version:**
**EIN:** 64-0303091
**Name:** ST DOMINIC-JACKSON MEMORIAL HOSPITAL

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

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | | | | |
| RALPH E SULSER MD | (I) | 172,848 | 0 | 0 | 0 | 2,054 | 174,902 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CLAUDE W HARBARGER | (I) | 509,928 | 0 | 3,856 | 39,835 | 15,413 | 569,032 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| LESTER DIAMOND | (I) | 270,961 | 0 | 0 | 39,835 | 18,078 | 328,874 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ROBERT MOBLEY MD | (I) | 345,803 | 0 | 0 | 39,835 | 15,560 | 401,198 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JENNIFER SINCLAIR | (I) | 225,839 | 0 | 0 | 36,719 | 10,979 | 273,537 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PAUL ARRINGTON | (I) | 208,732 | 0 | 0 | 33,938 | 17,078 | 259,748 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| KEITH VAN CAMP | (I) | 222,013 | 0 | 0 | 36,097 | 65 | 258,175 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| STEPHEN BOMGARDNER | (I) | 204,752 | 0 | 0 | 33,291 | 14,987 | 253,030 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| BECKY LOWE | (I) | 185,804 | 0 | 0 | 30,210 | 14,350 | 230,364 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TRACE SWARTZFAGER | (I) | 189,711 | 0 | 0 | 30,855 | 3,588 | 224,154 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| LAMAR NESBIT | (I) | 234,127 | 0 | 0 | 38,067 | 3,566 | 275,760 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JOHN LANCON MD | (I) | 822,465 | 273,625 | 0 | 0 | 4,554 | 1,100,644 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| gerhard mundinger MD | (I) | 492,179 | 397,079 | 0 | 0 | 11,754 | 901,012 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ronald kennedy MD | (I) | 496,078 | 369,408 | 0 | 0 | 14,078 | 879,564 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| kyle gordon MD | (I) | 491,264 | 181,113 | 0 | 0 | 15,589 | 687,966 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| kerry bernardo MD | (I) | 517,821 | 130,000 | 0 | 0 | 14,078 | 661,899 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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**Schedule L** (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

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

OMB No 1545-0047

**2009**

**Open to Public Inspection**

**Name of the organization**
ST DOMINIC-JACKSON MEMORIAL HOSPITAL

**Employer identification number**
64-0303091

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? Yes | No |
|---|---|---|---|---|
| | | | | |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

## Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

## Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of grant or type of assistance |
|---|---|---|
| | | |

## Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? Yes | No |
|---|---|---|---|---|---|
| MELANIE GRAFTON | DAUGHTER OF BOARD MEMBER, DAN GRAFTON | 37,537 | MELANIE GRAFTON IS AN EMPLOYEE OF ST DOMINIC-JACKSON MEMORIAL HOSPITAL | | No |

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# 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**
ST DOMINIC-JACKSON MEMORIAL HOSPITAL

**Employer identification number**
64-0303091

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990, Part VI, Section A, line 6 | | ST DOMINIC HEALTH SERVICES, INC IS THE SOLE MEMBER OF ST DOMINIC- JACKSON MEMORIAL HOSPITAL |
| Form 990, Part VI, Section A, line 7a | | THE BOARD OF DIRECTORS OF ST DOMINIC- JACKSON MEMORIAL HOSPITAL'S SOLE MEMBER, ST DOMINIC HEALTH SERVICES, INC , HAS THE AUTHORITY TO ELECT THE PRESIDENT/CEO, THE CHAIR OF THE BOARD OF DIRECTORS AND THE VICE-CHAIR OF THE BOARD OF DIRECTORS OF THE HOSPITAL AND TO APPROVE THE ELECTION OF ALL OTHER OFFICERS OF ST DOMINIC- JACKSON MEMORIAL HOSPITAL |
| Form 990, Part VI, Section A, line 7b | | THE BOARD OF DIRECTORS OF THE SOLE MEMBER OF ST DOMINIC- JACKSON MEMORIAL HOSPITAL, ST DOMINIC HEALTH SERVICES, INC , HAS THE RIGHT TO APPROVE THE FORMATION OF, OR PARTICIPATION IN, ANY JOINT VENTURE OR PARTNERSHIP OF THE HOSPITAL ST DOMINIC HEALTH SERVICES, INC 'S BOARD OF DIRECTORS ALSO HAS THE RIGHT TO APPROVE ANY DISSOLUTION OR MERGER ENACTED BY ST DOMINIC-JACKSON MEMORIAL HOSPITAL IF THE ST DOMINIC- JACKSON MEMORIAL HOSPITAL'S BOARD OF DIRECTORS HAS A STALEMATE IN ANY VOTE, THE FINAL DECISION RESTS WITH THE BOARD OF DIRECTORS OF ITS SOLE MEMBER, ST DOMINIC HEALTH SERVICES, INC THE GOVERNING COUNCIL OF THE DOMINICAN SISTERS OF SPRINGFIELD ILLINOIS HAS THE AUTHORITY TO BREAK ANY TIE VOTE OF THE BOARD OF DIRECTORS OF ST DOMINIC HEALTH SERVICES, INC |
| Form 990, Part VI, Section B, line 11 | | THE BOARD HAS DELEGATED REVIEW OF THE FORM 990 TO THE AUDIT/FINANCE COMMITTEE OF THE BOARD PRIOR TO FILING A FULL COPY, AS APPROVED BY THE AUDIT/FINANCE COMMITTEE, WAS PROVIDED TO THE BOARD AND RATIFIED PRIOR TO FILING |
| Form 990, Part VI, Section B, line 12c | | BOARD MEMBERS ARE REQUIRED TO FILL OUT AND SIGN A CONFLICT FORM ANNUALLY |
| Form 990, Part VI, Section B, line 15 | | THE ORGANIZATION'S EXECUTIVE COMPENSATION PROGRAM IS ADMINISTERED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD THE EXECUTIVE COMPENSATION COMMITTEE IS RESPONSIBLE FOR ESTABLISHING AND MAINTAINING A COMPETITIVE COMPENSATION PROGRAM FOR THE KEY EXECUTIVES OF THE ORGANIZATION THE EXECUTIVE COMPENSATION COMMITTEE MEETS AS NEEDED TO REVIEW THE COMPENSATION PROGRAM AND MAKE RECOMMENDATIONS FOR ANY CHANGES AS APPROPRIATE THE EXECUTIVE COMPENSATION COMMITTEE COMMISSIONS AN ANNUAL REVIEW BY AN INDEPENDENT CONSULTING FIRM TO EVALUATE THE THE ORGANIZATION'S EXECUTIVE COMPENSATION PROGRAM AGAINST THE COMPETITIVE MARKET THE EVALUATION IS REVIEWED IN THE FIRST QUARTER OF EACH YEAR AND IS INTENDED TO ENSURE THAT THE COMPENSATION PROGRAM FALLS WITHIN A REASONABLE RANGE OF COMPETITIVE PRACTICES FOR COMPARABLE POSITIONS AMONG SIMILARLY SITUATED ORGANIZATIONS AS DESCRIBED IN SECTION 4958 FOLLOWING THIS REVIEW, THE COMMITTEE REVIEWS AND APPROVES, FOR SELECTED KEY EXECUTIVES, BASE SALARY AND TOTAL COMPENSATION RANGE FOR THE UPCOMING YEAR THE EXECUTIVE COMPENSATION COMMITTEE MAINTAINS MINUTES AND RECORDS TO ENSURE THAT IT CAN CLAIM THE REBUTTABLE PRESUMPTION OF REASONABLE COMPENSATION FOR PURPOSES OF SECTION 4958 THE CHIEF EXECUTIVE OFFICER FOR THE HOSPITAL ASSIGNS PAY CHANGES FOR THE UPCOMING YEAR FOR EACH OF THE HOSPITAL EXECUTIVES WITHIN THE LIMITS ESTABLISHED BY THE EXECUTIVE COMPENSATION COMMITTEE THE CHAIRMAN OF THE BOARD AND THE EXECUTIVE COMMITTEE OF THE ORGANIZATION ASSIGNS THE PAY CHANGE FOR THE HOSPITAL'S CHIEF EXECUTIVE OFFICER WITHIN THE LIMITS ESTABLISHED BY THE EXECUTIVE COMPENSATION COMMITTEE KEY EXECUTIVES OF THE ORGANIZATION MAY ATTEND THE COMMITTEE MEETING OF THE EXECUTIVE COMPENSATION COMMITTEE TO PROVIDE THE INFORMATION NEEDED BY SUCH COMMITTEE THESE EXECUTIVES ARE EXCUSED AND THE EXECUTIVE COMPENSATION COMMITTEE MEETS IN EXECUTIVE SESSION TO RENDER ITS RECOMMENDATIONS |
| Form 990, Part VI, Section C, line 19 | | THESE DOCUMENTS ARE AVAILABLE UPON REQUEST |
| FORM 990, PART XI, LINE 2C | COMMITTEE FOR AUDIT OVERSIGHT | THE FINANCE COMMITTEE MEETS, AS NEEDED, AND IS CHARGED WITH REVIEWING THE BUDGET, CURRENT PERFORMANCE, THE AUDIT, AND THE FORM 990 THE FINANCE COMMITTEE MAKES RECOMMENDATIONS THAT ARE THEN TAKEN TO THE FULL BOARD FOR FINAL APPROVAL |

| Identifier | Return Reference | Explanation |
|---|---|---|
| FORM 990, PART VII, SECTION A | REPORTABLE COMPENSATION-RALPH E SULSER, MD | DR SULSER SERVES AS A MEDICAL DIRECTOR OF THE ORGANIZATION'S WEIGHT LOSS PROGRAM AND WAS PAID COMPENSATION REPORTED ON FORM 1099 FOR 2009 AND PAID W-2 WAGES FOR HIS EMPLOYMENT BY THE HOSPITAL'S 100% OWNED SINGLE MEMEBER LLC, ST DOMINIC MEDICAL ASSOCIATES, AS SET FORTH ON PART VII HIS EMPLOYMENT WITH MEDICAL ASSOCIATES BEGAN IN 2009, AND HIS BOARD TERM ENDED 12/31/2009 IN ORDER TO AVOID ANY POTENTIAL CONFLICTS |

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# 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**
ST DOMINIC-JACKSON MEMORIAL HOSPITAL

**Employer identification number**
64-0303091

## Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on 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 |
|---|---|---|---|---|---|
| ST DOMINIC MEDICAL ASSOCIATES<br>969 LAKELAND DRIVE<br>JACKSON, MS 392164699<br>26-1969846 | HEALTHCARE | MS | -9,179,042 | 3,904,535 | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity |
|---|---|---|---|---|---|
| ST DOMINIC HEALTH SERVICES FOUNDATION INC<br>969 LAKELAND DRIVE<br>JACKSON, MS 392164699<br>43-1992975 | OPERATION TO OVERSEE FUNDS FOR ST CATHERINE'S VILLAGE, INC | MS | 501(C)(3) | 509(A)(3)(1) | |
| ST DOMINIC HEALTH SERVICES INC<br>969 LAKELAND DRIVE<br>JACKSON, MS 392164699<br>64-0714999 | OPERATION AS A HOLDING COMPANY TO ACQUIRE OWNERSHIP OF RELATED ENTITY | MS | 501(C)(3) | 509(A)(3)(1) | |
| ST CATHERINE'S VILLAGE INC<br>969 LAKELAND DRIVE<br>JACKSON, MS 392164699<br>64-0714997 | OPERATION OF A CONTINUING CARE RETIREMENT COMMUNITY | MS | 501(C)(3) | 170(B)(1)(A) (III) | |
| COMMUNITY HEALTH SERVICES - ST DOMINIC INC<br>969 LAKELAND DRIVE<br>JACKSON, MS 392164699<br>64-0884870 | OPERATION TO PROVIDE COMMUNITY HEALTH PROGRAMS | MS | 501(C)(3) | 170(B)(1)(A) (III) | |
| CONGREGATION OF THE DOMINICAN SISTERS OF SPRINGFIELD ILLINOIS<br>1237 WEST MONROE ST<br>SPRINGFIELD, IL 62704 | RELIGIOUS CONGREGATION SPONSORING EDUCATION AND HEALTHCARE INSTITUTIONS | IL | 501(C)(3) | 170(B)(1)(A) (I) | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ST DOMINIC AMBULATORY SURGERY CENTER LLC<br>971 LAKELAND DRIVE suite 200<br>JACKSON, MS392164699<br>64-0908713 | HEALTHCARE | MS | | RELATED | 162,543 | 1,244,797 | | No | | | No |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|---|---|---|---|---|---|---|---|
| ST DOMINIC MADISON HEALTH SERVICES INC<br>969 LAKELAND DRIVE<br>JACKSON, MS392164699<br>20-2870254 | HEALTHCARE | MS | | C | | | |
| FIRST INTERMED<br>308 CORPORATE DRIVE<br>RIDGELAND, MS39157<br>64-0824796 | HEALTHCARE | MS | | C | | | |
| PHYSICIANSPLUS BAPTIST & ST DOMINIC INC<br>969 LAKELAND DRIVE<br>JACKSON, MS392164699<br>64-0889895 | HEALTHCARE | MS | | C | | | |
| ST DOMINIC INTEGRATED SERVICES INC<br>969 LAKELAND DRIVE<br>JACKSON, MS392164699<br>27-1493623 | INVESTMENT IN MEDICAL | MS | | C | | 1,300,000 | 100 000 % |

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

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

| | (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount involved |
|---|---|---|---|
| **(1)** | ST DOMINIC INTEGRATED SERVICES INC | B | 1,300,000 |

**(1)** See Additional Data Table

**(2)**

**(3)**

**(4)**

**(5)**

**(6)**

## Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Are all partners section 501(c)(3) organizations? Yes | (d) No | (e) Share of end-of-year assets | (f) Disproprtionate 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 |
|---|---|---|---|---|---|---|---|---|---|---|

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 64-0303091
**Name:** ST DOMINIC-JACKSON MEMORIAL HOSPITAL

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

| (A) Name and Title | (B) Average hours per week | (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 | | | |
| SR MARY DOROTHEA SONDGE<br>CHAIRMAN | 50 | X | | X | | | | 0 | 0 | 0 |
| RALPH E SULSER MD<br>VICE CHAIRMAN | 50 | X | | X | | | | 172,848 | 0 | 2,054 |
| SR MARY TRINITA EDDINGT<br>SECRETARY/TREASURER | 50 | X | | X | | | | 0 | 0 | 0 |
| TOD ETHEREDGE<br>DIRECTOR | 50 | X | | | | | | 0 | 0 | 0 |
| JEFF FLETCHER MD<br>DIRECTOR | 50 | X | | | | | | 0 | 0 | 0 |
| LEROY WALKER<br>DIRECTOR | 50 | X | | | | | | 0 | 0 | 0 |
| CON MALONEY<br>DIRECTOR | 50 | X | | | | | | 0 | 0 | 0 |
| SR M THECLA KUHNLINE<br>DIRECTOR | 50 | X | | | | | | 0 | 0 | 0 |
| SR CELESTINE RONDELLI<br>DIRECTOR | 50 | X | | | | | | 0 | 0 | 0 |
| CLAUDE W HARBARGER<br>HOSPITAL PRESIDENT | 40 00 | X | | X | | | | 513,784 | 0 | 55,248 |
| DAN GRAFTON<br>DIRECTOR | 50 | X | | | | | | 0 | 0 | 0 |
| SR PHYLLIS SCHENK OP<br>DIRECTOR | 50 | X | | | | | | 0 | 0 | 0 |
| BILL TEW MD<br>DIRECTOR | 50 | X | | | | | | 0 | 0 | 0 |
| DONNA SIMS<br>DIRECTOR | 50 | X | | | | | | 0 | 0 | 0 |
| SR KRISTIN REVER<br>DIRECTOR | 50 | X | | | | | | 0 | 0 | 0 |
| LESTER DIAMOND<br>EXEC VP- OPERATIONS | 40 00 | | | | X | | | 270,961 | 0 | 57,913 |
| ROBERT MOBLEY MD<br>EXEC VP- MEDICAL AFFAIRS | 40 00 | | | | X | | | 345,803 | 0 | 55,395 |
| JENNIFER SINCLAIR<br>VP- FINANCE | 40 00 | | | | X | | | 225,839 | 0 | 47,698 |
| PAUL ARRINGTON<br>VP- BUSINESS DEVELOPMENT | 40 00 | | | | X | | | 208,732 | 0 | 51,016 |
| KEITH VAN CAMP<br>VP- INFORMATION TECH | 40 00 | | | | X | | | 222,013 | 0 | 36,162 |
| STEPHEN BOMGARDNER<br>VP- NURSING | 40 00 | | | | X | | | 204,752 | 0 | 48,278 |
| BECKY LOWE<br>VP- ANCILLARY SERVICES | 40 00 | | | | X | | | 185,804 | 0 | 44,560 |
| TRACE SWARTZFAGER<br>VP- ANCILLARY SERVICES | 40 00 | | | | X | | | 189,711 | 0 | 34,443 |
| LAMAR NESBIT<br>SR VP- HUMAN RESOURCES | 40 00 | | | | X | | | 234,127 | 0 | 41,633 |
| JOHN LANCON MD<br>physician | 40 00 | | | | | X | | 1,096,090 | 0 | 4,554 |

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

| (A) Name and Title | (B) Average hours per week | (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 | | | |
| gerhard mundinger MD<br>physician | 40 00 | | | | | X | | 889,258 | 0 | 11,754 |
| ronald kennedy MD<br>physician | 40 00 | | | | | X | | 865,486 | 0 | 14,078 |
| kyle gordon MD<br>physician | 40 00 | | | | | X | | 672,377 | 0 | 15,589 |
| kerry bernardo MD<br>physician | 40 00 | | | | | X | | 647,821 | 0 | 14,078 |
| PETER KOURY<br>FORMER KEY EMPLOYEE | | | | | | | X | 24,989 | 0 | 0 |

## Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

| *Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.* | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| SUPPLIES | 60,505,026 | 60,505,026 | | |
| BAD DEBTS | 25,458,572 | 25,458,572 | | |
| PHARMACEUTICAL DRUGS | 21,647,684 | 21,647,684 | | |
| EQUIPMENT RENTAL AND MA | 13,353,561 | 13,353,561 | | |
| MEDICAL PROFESSIONAL FE | 11,761,812 | 11,761,812 | | |