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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

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

C Name of organization
JACKSON HOSPITAL AND CLINIC INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1725 PINE STREET NO 1200

City or town, state or country, and ZIP + 4
MONTGOMERY, AL 361061117

D Employer identification number
63-6001820

E Telephone number
(334) 293-8000

G Gross receipts $ 181,771,632

F Name and address of principal officer
DONALD HENDERSON
1725 PINE STREET NO 1200
MONTGOMERY, AL 361061117

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) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW JACKSON ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1946 | **M** State of legal domicile AL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
COMMUNITY NOT-FOR-PROFIT 344 BED HOSPITAL SERVING MONTGOMERY AND ALABAMA RIVER REGION

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	1,739
6	Total number of volunteers (estimate if necessary)	**6**	106
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	204,947
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	164,925

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	12,050	65,778
9	Program service revenue (Part VIII, line 2g)	148,530,408	171,671,051
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,143,217	5,360,390
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-936,681	4,674,413
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	149,748,994	181,771,632
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	81,528	74,125
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	56,731,713	67,597,583
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶477,630		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	89,679,114	102,072,211
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	146,492,355	169,743,919
19	Revenue less expenses Subtract line 18 from line 12	3,256,639	12,027,713

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	217,788,957	226,168,830
21	Total liabilities (Part X, line 26)	131,566,614	128,898,676
22	Net assets or fund balances Subtract line 21 from line 20	86,222,343	97,270,154

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

****** | 2011-10-18
Signature of officer | Date

DONALD HENDERSON PRESIDENT / CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name AMY BIBBY	Preparer's signature AMY BIBBY	Date	Check if self-employed ▶☐	PTIN
Firm's name ▶ DIXON HUGHES GOODMAN LLP				Firm's EIN ▶
Firm's address ▶ 500 RIDGEFIELD COURT ASHEVILLE, NC 28806				Phone no ▶ (828) 254-2254

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

TO PROVIDE SUPERIOR HEALTHCARE IN A SAFE, COMPASSIONATE ENVIRONMENT WHILE FULFILLING OUR CHARITABLE OBLIGATION AS A NOT-FOR-PROFIT ORGANIZATION

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 $ 142,163,054 including grants of $ 74,125) (Revenue $ 171,974,024)

JACKSON HOSPITAL AND CLINIC, INC IS A COMMUNITY NOT-FOR-PROFIT HOSPITAL SERVING MONTGOMERY AND THE ALABAMA RIVER REGION LICENSED FOR 344 BEDS, INCLUDING 30 INTENSIVE CARE BEDS AND 22 OBSTETRIC BEDS OUR COMPREHENSIVE HEALTHCARE SERVICES INCLUDE CARDIAC, CANCER, NEUROSCIENCES, ORTHOPEDICS AND WOMEN'S AND CHILDREN'S CARE, ALONG WITH 24-HOUR EMERGENCY SERVICES IT RANKS AMONG THE LARGEST HOSPITALS IN ALABAMA AND IS WIDELY RECOGNIZED FOR PROVIDING EXCELLENCE IN CARE EVEN WITH OUR LEADING-EDGE TECHNOLOGY AND FACILITIES, WE REMAIN TRUE TO OUR MISSION OF PROVIDING SUPERIOR PERSONAL HEALTHCARE IN A SAFE, COMPASSIONATE ENVIRONMENT WHILE FULFILLING OUR COMMITMENT AS A CHARITABLE ORGANIZATION

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

PLEASE SEE SCHEDULE O FOR DETAILS ON SOME OF OUR COMMUNITY HEALTH PROGRAMS AND SERVICES

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** ▶ $ 142,163,054

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 (see instruction)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *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	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b		No
c	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.*	11c	Yes	
d	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.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	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, Parts I and IV*	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, Parts II and IV*	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, Parts III and IV*	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 (see instructions)*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		No

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 lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	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**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☑ **Yes** ☐ **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

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	46		
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	1,739		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			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 instructions for 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?			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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b	

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 11		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	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 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	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 ▶

PETER C VERRECCHIA
1725 PINE STREET SUITE 1200
MONTGOMERY, AL 36106
(334) 293-8820

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

- 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) JIM L RIDLING CHAIRMAN	1 00	X		X				0	0	0
(2) WILBUR HUFHAM VICE CHAIR	1 00	X		X				0	0	0
(3) WILLIAM M JORDAN MD SECRETARY / TREASURER	1 00	X		X				0	0	0
(4) ROGER S DUGGAR MD BOARD MEMBER	1 00	X						0	0	0
(5) E KYLE KYSER BOARD MEMBER	1 00	X						0	0	0
(6) CHARLOTTE MUSSAFER BOARD MEMBER	1 00	X						0	0	0
(7) JAMES T MCLAUGHLIN MD BOARD MEMBER	1 00	X						0	0	0
(8) GEORGE M HANDEY MD BOARD MEMBER	1 00	X						0	0	0
(9) KEITH KARST BOARD MEMBER	1 00	X						0	0	0
(10) W KEN UPCHURCH III BOARD MEMBER	1 00	X						0	0	0
(11) JOHN A WILLIAMS MD BOARD MEMBER	1 00	X						0	0	0
(12) DONALD HENDERSON PRESIDENT / CEO	40 00			X				548,826	0	15,499
(13) PETER VERRECCHIA VP OF FINANCE	40 00			X				253,882	0	4,502
(14) VICTORIA JONES VICE PRESIDENT	40 00			X				237,319	0	63,067
(15) RICHARD CALDWELL VP OF PROFESSIONAL SERVICES	40 00				X			282,882	0	8,412
(16) LARRY SHERBETT AVP OF FINANCE	40 00				X			183,880	0	5,899

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) CYNTHIA DIXON VP OF PATIENT CARE	40 00				X			178,374	0	10,238
(18) JANET MCQUEEN VP OF MARKETING & DEVELOPMENT	40 00				X			154,215	0	5,348
(19) SHELLY HENRIKSON VP OF PATIENT CARE	40 00				X			124,467	0	929
(20) CYNTHIA WALKER AVP OF PERFORMANCE INPROVEMENT	40 00				X			125,349	0	1,692
(21) MARGARET VEREB MD PHYSICIAN	40 00					X		371,771	0	14,440
(22) JAMES MRACEK MD PHYSICIAN	40 00					X		349,622	0	8,186
(23) ROBERT HARRIS MD PHYSICIAN	40 00					X		287,345	0	9,972
(24) DONALD MARSHALL MD PHYSICIAN	40 00					X		202,014	0	65,949
(25) WILLIAM D JONES MD PHYSICIAN	40 00					X		181,722	0	9,976
(26) EDWARD SCHOLL FORMER VP OF FINANCE	40 00						X	158,803	0	3,841
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								3,390,655	0	225,329

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 ▶ 44

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed 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 or individual 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
LIFESOUTH COMMUNITY BLOOD CENTERS INC PO BOX 830469 BIRMINGHAM, AL 35283	BLOOD PRODUCTS	2,278,987
JACKSON MED SOUTH PO BOX 689 JASPER, AL 35502	SLEEP LAB STUDIES	1,605,633
MONTGOMERY ANESTHESIA ASSOC PC PO BOX 230725 MONTGOMERY, AL 26123	ANESTHESIA SERVICES	1,596,000
PROASSURANCE INDEMNITY CO 13060 COLLECTION CENTER DR CHICAGO, IL 60693	MALPRACTICE PREMIUMS	1,415,651
DIVERSIFIED CLINICAL SERVICES PO BOX 636981 CINCINNATI, OH 45263	WOUND CARE SERVICES	902,519

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 ▶ 27

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	65,778				
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f					
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		65,778			
Program Service Revenue		Business Code				
	2a NET PATIENT SERVICE	621400	169,601,246	169,533,143	68,103	
	b SURGERY CENTER REVENUE	621400	1,184,476	1,184,476		
	c IMAGING CENTER REVENUE	621400	867,971	867,971		
	d ANCILLIARY SERVICES	900099	17,358	17,358		
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		171,671,051			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		5,360,390			5,360,390
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) . . . . . ▶					
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	2,560,153				
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶		2,560,153			2,560,153
	Miscellaneous Revenue	Business Code				
	11a CAFETERIA	722210	1,332,336			1,332,336
	b JOINT VENTURE	900099	507,920	371,076	136,844	
	c COFFEE SHOP	722210	87,421			87,421
	d All other revenue		186,583			186,583
	e **Total.** Add lines 11a–11d . . . . . ▶		2,114,260			
	12 **Total revenue.** See Instructions . . . ▶		181,771,632	171,974,024	204,947	9,526,883

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	74,125	74,125		
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	2,101,721		2,101,721	
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	54,369,068	43,670,799	10,302,714	395,555
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,645,180	1,321,456	311,755	11,969
9	Other employee benefits	5,499,731	4,417,542	1,042,176	40,013
10	Payroll taxes	3,981,883	3,198,363	754,550	28,970
a	Fees for services (non-employees) Management				
b	Legal	78,323		78,323	
c	Accounting	270,144		270,144	
d	Lobbying				
e	Professional fundraising services *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	17,207,788	14,389,609	2,818,179	
12	Advertising and promotion	417,668		417,668	
13	Office expenses	6,207,816	3,210,885	2,995,999	932
14	Information technology	3,408,401		3,408,401	
15	Royalties . .				
16	Occupancy	3,645,656	3,645,656		
17	Travel	277,999	244,556	33,252	191
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	5,215,331	5,215,331		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,933,742	10,933,742		
23	Insurance	1,588,564	1,588,564		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	SUPPLIES	38,316,541	36,114,652	2,201,889	
b	BAD DEBT EXPENSE	13,956,997	13,956,997		
c	UBI TAXES	210,256		210,256	
d	MISCELLANEOUS EXPENSE	181,376	180,777	599	
e	RECRUITMENT	155,609		155,609	
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	169,743,919	142,163,054	27,103,235	477,630
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		5,459,721	1	7,465,172
	2	Savings and temporary cash investments		7,942,472	2	7,246,887
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		28,782,115	4	24,904,068
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net		536,978	7	511,142
	8	Inventories for sale or use		4,037,286	8	3,995,157
	9	Prepaid expenses and deferred charges		1,971,241	9	2,223,512
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 243,028,837			
	b	Less accumulated depreciation	10b 132,924,308	116,605,835	10c	110,104,529
	11	Investments—publicly traded securities		44,264,004	11	64,637,011
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	3,255,322
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		8,189,305	15	1,826,030
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		217,788,957	16	226,168,830
Liabilities	17	Accounts payable and accrued expenses		11,662,287	17	13,887,276
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		106,925,000	20	104,960,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		12,979,327	25	10,051,400
	26	**Total liabilities.** Add lines 17 through 25		131,566,614	26	128,898,676
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		86,222,343	27	97,270,154
	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		86,222,343	33	97,270,154
	34	Total liabilities and net assets/fund balances		217,788,957	34	226,168,830

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	181,771,632
2	Total expenses (must equal Part IX, column (A), line 25)	2	169,743,919
3	Revenue less expenses Subtract line 2 from line 1	3	12,027,713
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	86,222,343
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-979,902
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	97,270,154

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			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 separate basis, consolidated 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

2010

Open to Public Inspection

Name of the organization
JACKSON HOSPITAL AND CLINIC INC

Employer identification number
63-6001820

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

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

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

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

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

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

_____

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

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

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

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

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

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

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 Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** 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—2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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

2010

Open to Public Inspection

Name of the organization
JACKSON HOSPITAL AND CLINIC INC

Employer identification number
63-6001820

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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	1,644,606	5,851,770		7,496,376
b Buildings		93,263,284	38,301,685	54,961,599
c Leasehold improvements		2,432,493	1,884,179	548,314
d Equipment		138,172,538	92,738,444	45,434,094
e Other		1,664,146		1,664,146
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				110,104,529

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
(1) Financial derivatives		
(2) 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
(1) INVESTMENT IN JACKSON MED SOUTH	796,665	F
(2) INVESTMENT IN IMAGING CENTER	1,031,269	F
(3) INVESTMENT IN SURGERY CENTER	1,223,877	F
(4) INVESTMENT IN OAK PARK HIGHLAND	203,511	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	3,255,322	

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

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	734,944
(2) BOND DISCOUNT AND ISSUANCE COSTS	1,091,086
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	1,826,030

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED INTEREST	1,732,985
PENSION LIABILITY	6,048,634
UNAMORTIZED BOND PREMIUM	2,269,781
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	10,051,400

2. Fin 48 (ASC 740) 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 (ASC740)

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	181,771,632
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	169,743,919
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	12,027,713
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-979,902
9	Total adjustments (net) Add lines 4 - 8	9	-979,902
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	11,047,811

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	178,585,468
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-853,857		
e	Add lines **2a** through **2d**			2e	-853,857
3	Subtract line **2e** from line **1**			3	179,439,325
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	2,332,307		
c	Add lines **4a** and **4b**			4c	2,332,307
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	181,771,632

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

1	Total expenses and losses per audited financial statements			1	167,537,657
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	-2,206,262		
e	Add lines **2a** through **2d**			2e	-2,206,262
3	Subtract line **2e** from line **1**			3	169,743,919
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	169,743,919

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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION FILES A CONSOLIDATED FINANCIAL STATEMENT WITH ITS SUBSIDIARIES THE FOLLOWING FOOTNOTE REFERENCES ENTITIES WHOSE ACTIVITY IS NOT REPORTED ON THE FORM 990 FOR JACKSON HOSPITAL AND CLINIC, INC "THE HOSPITAL IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3), ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS JACKSON IMAGING CENTER, LLC AND JACKSON SURGERY CENTER, LLC ARE LIMITED LIABILITY COMPANIES AS SUCH, THEY ARE NOT TAXABLE ENTITIES, AND ELEMENTS OF INCOME AND EXPENSE FLOW THROUGH AND ARE TAXED TO THE MEMBERS ACCORDINGLY, THERE IS NO PROVISION FOR INCOME TAXES FOR THESE ENTITIES THE COMPANY HAS ADOPTED THE GUIDANCE RELATING TO REPORTING POSSIBLE UNCERTAINTY IN INCOME TAXES THIS GUIDANCE REQUIRES ENTITIES TO ASSESS ANY UNCERTAIN TAX POSITIONS FOR THE LIKELIHOOD THAT THEY WOULD BE OVERTURNED UPON INTERNAL REVENUE SERVICE EXAMINATION OR UPON EXAMINATION BY STATE TAXING AUTHORITIES THE COMPANY DETERMINED THAT IT DOES NOT HAVE ANY POSITIONS THAT IT WOULD BE UNABLE TO SUBSTANTIATE THE COMPANY HAS FILED TAX RETURNS FOR ALL YEARS FROM INCEPTION THROUGH 2009 UNDER STATUTE, THE HOSPITAL IS SUBJECT TO IRS AND STATE TAXING AUTHORITY REVIEW FOR TAX YEARS 2007 THROUGH 2009 "
PART XI, LINE 8 - OTHER ADJUSTMENTS		BOOK TO TAX DIFFERENCE ON JOINT VENTURE -126,045 UNFUNDED PENSION LOSS -853,857
PART XII, LINE 2D - OTHER ADJUSTMENTS		UNFUNDED PENSION LOSS -853,857
PART XII, LINE 4B - OTHER ADJUSTMENTS		BOOK TO TAX DIFFERENCE ON JOINT VENTURE 126,045 INTEREST ON FUNDED DEPRECIATION 2,206,262
PART XIII, LINE 2D - OTHER ADJUSTMENTS		INTEREST ON FUNDED DEPRECIATION -2,206,262

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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

2010

Open to Public Inspection

Name of the organization
JACKSON HOSPITAL AND CLINIC INC

Employer identification number
63-6001820

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? 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 financial assistance policy to its various hospital facilities during the tax year ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
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 FPG family income limit for eligibility for free care ☑ 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 . . . . . ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b		No
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	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . .	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did 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 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance 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 Financial Assistance at cost (from Worksheets 1 and 2)			7,975,481	0	7,975,481	5 120 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			19,390,284	21,376,039	-1,985,755	0 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			27,365,765	21,376,039	5,989,726	5 120 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			15,107	1,740	13,367	0 010 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			2,224,306		2,224,306	1 430 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			43,475		43,475	0 030 %
j **Total** Other Benefits			2,282,888	1,740	2,281,148	1 470 %
k **Total.** Add lines 7d and 7j			29,648,653	21,377,779	8,270,874	6 590 %

Part II **Community Building Activities** during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(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	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense (at cost)	2	2,941,295		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	62,704,875
6	Enter Medicare allowable costs of care relating to payments on line 5	6	54,015,020
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	8,689,855
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	
b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	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	1 JACKSON IMAGING CENTER LLC	RADIOLOGY PROCEDURES	67 000 %		33 000 %
2	2 JACKSON SURGERY CENTER LLC	OUTPATIENT SURGERY	51 000 %		49 000 %
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

	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)
1	JACKSON HOSPITAL AND CLINIC 1725 PINE STREET MONTGOMERY, AL 361061117	X	X					X		DISPROPORTIONATE SHARE HOSPITAL

Part V **Facility Information** *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **3**

	Name and address	Type of Facility (Describe)
1	JACKSON CLINIC FAMILY MEDICINE CENTER 1111 OLIVE STREET MONTGOMERY,AL 36106	FAMILY MEDICINE/OUTPATIENT
2	JACKSON CLINIC FAMILY MEDICINE CENTER 1111 OLIVE STREET MONTGOMERY,AL 36106	FAMILY MEDICINE/OUTPATIENT
3	JACKSON CLINIC FAMILY MEDICINE CENTER 1111 OLIVE STREET MONTGOMERY,AL 36106	FAMILY MEDICINE/OUTPATIENT
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

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 financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		PART I, LINE 3C FOR INDIVIDUALS THAT DO NOT QUALIFY FOR FREE CARE UNDER OUR CHARITY CARE POLICY, JACKSON HOSPITAL DISCOUNTS SELF-PAY ACCOUNTS BY 30% AT THE TIME OF PATIENT DISCHARGE
		PART I, LINE 7G JACKSON HOSPITAL HAS SEVERAL HEALTH PROGRAMS OPERATED AT A LOSS FOR THE BENEFIT OF THE COMMUNITY THESE DEPARTMENTS, INCLUDED ON PART I, LINE 7(G) ARE EMERGENCY ROOM - $ 1,902,477 DIABETES SERVICES - 4,937 OBSTETRICS - 316,892 TOTAL $ 2,224,306
		PART I, L7 COL(F) THE AMOUNT LISTED ON FORM 990, PART IX, LINE 25 CONTAINS A BAD DEBT EXPENSE OF $ 13,956,997 THAT HAS BEEN REMOVED FOR PURPOSES OF CALCULATING PERCENT OF TOTAL EXPENSE ON PART I, LINE 7, COLUMN (F)
		PART III, LINE 4 WORKSHEET 2 OF THE 2010 SCHEDULE H INSTRUCTIONS WAS USED TO COMPUTE A COST-TO-CHARGES RATIO USED TO CALCULATE BAD DEBT EXPENSE AT COST FOR PURPOSES OF PART III, LINE 2 RECEIVABLES FROM PATIENTS, INSURANCE COMPANIES, AND THIRD-PARTY CONTRACTUAL AGENCIES ARE RECORDED AT REGULAR PATIENT SERVICE CHARGE RATES A MAJORITY OF THE COMPANY'S PATIENTS ARE INSURED BY CERTAIN THIRD PARTY INSURERS (PRINCIPALLY BLUE CROSS, MEDICARE, AND MEDICAID) BASED ON CONTRACTUAL AGREEMENTS WHICH GENERALLY RESULT IN THE COMPANY COLLECTING LESS THAN THE ESTABLISHED CHARGE RATES FINAL DETERMINATION OF PAYMENTS UNDER THESE AGREEMENTS IS SUBJECT TO REVIEW BY APPROPRIATE AUTHORITIES ADEQUATE ALLOWANCES ARE PROVIDED FOR DOUBTFUL ACCOUNTS, CONTRACTUAL ADJUSTMENTS AND OTHER UNCERTAINTIES CREDIT LOSSES HAVE HISTORICALLY BEEN WITHIN MANAGEMENT'S EXPECTATIONS DOUBTFUL ACCOUNTS ARE WRITTEN OFF AGAINST THE ALLOWANCE AFTER ADEQUATE COLLECTION EFFORT IS EXHAUSTED AND RECORDED AS RECOVERIES OF BAD DEBTS IF SUBSEQUENTLY COLLECTED
		PART III, LINE 8 THE ORGANIZATION USED ITS MEDICARE COST REPORT TO CALCULATE ALLOWABLE COSTS OF CARE RELATED TO MEDICARE FOR PURPOSES OF PART III, LINE 6
		PART III, LINE 9B THE ORGANIZATION QUALIFIES PATIENTS FOR ITS CHARITY CARE POLICY AT TIME OF DISCHARGE DISCOUNTS ON SELF-PAY PATIENTS ARE APPLIED USING A NON-FINANCIAL MEASURE, SO ACCOUNTS IN BAD DEBTS ARE NOT LIKELY ELIGIBILE FOR FURTHER FINANCIAL ASSISTANCE AFTER HAVING THEIR FINAL BILLS ISSUED THE HOSPITAL PRIMARILY USES A THIRD-PARTY TO HANDLE BAD DEBT COLLECTIONS, AND ROUTINELY REEVALUATES ITS BAD DEBT ACCOUNTS TO DETERMINE PATIENTS THAT QUALIFY UNDER THE ORGANIZATION'S CHARITY CARE POLICY
		PART VI, LINE 3 THE HOSPITAL PROVIDES SIGNAGE IN AND AROUND THE EMERGENCY ROOM STATING THE CONTACT INFORMATION FOR FINANCIAL ASSISTANCE REPRESENTATIVES "YOU MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE TERMS AND CONDITIONS THE HOSPITAL OFFERS TO QUALIFIED PATIENTS FOR ADDITIONAL INFORMATION, CONTACT THE HOSPITAL FINANCIAL ASSISTANCE REPRESENTATIVE AT 334-293-6970 "IN ADDITION, A REPRESENTATIVE VISITS EACH SELF-PAY INPATIENT, AND AN APPLICATION FORM FOR ASSISTANCE IS COMPLETED AT THAT TIME EACH PRIVATE PAY PATIENT IS INTERVIEWED TO DETERMINE QUALIFICATION BASED ON NATIONAL POVERTY GUIDELINES FOR FINANCIAL ASSISTANCE BASED ON THIS DETERMINATION, A DECISION IS MADE AS TO ELIGIBILTY FOR FINANCIAL ASSISTANCE
		PART VI, LINE 4 JACKSON HOSPITAL'S PRIMARY SERVICE AREA IS COMPRISED OF MONTGOMERY, ELMORE, AND AUTAUGA COUNTIES, LOCATED IN THE EASTERN CENTRAL PART OF THE STATE OF ALABAMA THE SECONDARY SERVICE AREA IS COMPRISED OF BULLOCK, BUTLER, CRENSHAW, DALLAS, LOWNDES, MACON, AND PIKE COUNTRIES JACKSON HOSPITAL IS ADJACENT TO I-85 AND NEAR THE INTERSECTION OF I-65 AND I-85, PROVIDING FOR EASY ACCESS FROM THE PRIMARY AND SECONDARY SERVICE AREAS MAJOR PRIMARY SERVICE AREA EMPLOYERS ARE MAXWELL AIR FORCE BASE, STATE OF ALABAMA, HYUNDAI MOTOR MANUFACTURING ALABAMA, ALFA INSURANCE COMPANIES, ALABAMA STATE UNIVERSITY, AUBURN UNIVERSITY MONTGOMERY AND CITY OF MONTGOMERY
		PART VI, LINE 6 A MAJORITY OF THE ORGANIZATION'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN THE PRIMARY SERVICE AREA AND WHO ARE NEITHER EMPLOYEES, INDEPENDENT CONTRACTORS, NOR A FAMILY MEMBER OF AN EMPLOYEE OF THE ORGANIZATION THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEDGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY TO MOST OF ITS DEPARTMENTS IN ADDITION, SURPLUS FUNDS ARE REINVESTED IN THE HOSPITAL THROUGH THE PURCHASE OF TECHNOLOGY, PROPERTY, AND PLANT EQUIPMENT
REPORTS FILED WITH STATES	PART VI, LINE 7	AL

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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

2010

Open to Public Inspection

Name of the organization
JACKSON HOSPITAL AND CLINIC INC

Employer identification number
63-6001820

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ 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. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (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
(1) AUBURN UNIVERSITY FOUNDATION317 SOUTH COLLEGE STREET AUBURN,AL 368495170	63-6022422	501(C)(3)	5,000				OPERATION SUPPORT
(2) MONTGOMERY AREA CHAMBER OF COMMERCE 41 COMMERCE STREET MONTGOMERY,AL 36101	63-0039380	501(C)(6)	25,000				OPERATION SUPPORT
(3) MONTGOMERY AREA COMMUNITY WELLNESS COALITION3060 MOBILE HIGHWAY MONTGOMERY,AL 36108	30-0092712	501(C)(3)	11,500				OPERATION SUPPORT

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

3 Enter total number of other organizations . . . ▶ 1

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 PRESIDENT/CEO PROVIDES OVERSIGHT TO THE GRANTS PROVIDED BY THE ORGANIZATION AND REPORTS USAGE TO THE BOARD OF DIRECTORS

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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

2010

Open to Public Inspection

Name of the organization
JACKSON HOSPITAL AND CLINIC INC

Employer identification number
63-6001820

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If 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**	Yes	
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**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	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 duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DONALD HENDERSON	(i)	393,938	115,900	38,988	9,800	5,699	564,325	0
	(ii)	0	0	0	0	0	0	0
(2) PETER VERRECCHIA	(i)	189,643	42,025	22,214	0	4,502	258,384	0
	(ii)	0	0	0	0	0	0	0
(3) VICTORIA JONES	(i)	158,185	39,565	39,569	61,212	1,855	300,386	0
	(ii)	0	0	0	0	0	0	0
(4) RICHARD CALDWELL	(i)	201,398	41,820	39,664	6,704	1,708	291,294	0
	(ii)	0	0	0	0	0	0	0
(5) LARRY SHERBETT	(i)	142,409	30,671	10,800	4,968	931	189,779	0
	(ii)	0	0	0	0	0	0	0
(6) CYNTHIA DIXON	(i)	108,124	33,825	36,425	5,367	4,871	188,612	0
	(ii)	0	0	0	0	0	0	0
(7) JANET MCQUEEN	(i)	106,390	25,567	22,258	4,116	1,232	159,563	0
	(ii)	0	0	0	0	0	0	0
(8) MARGARET VEREB MD	(i)	283,674	72,219	15,878	8,667	5,773	386,211	0
	(ii)	0	0	0	0	0	0	0
(9) JAMES MRACEK MD	(i)	198,637	150,835	150	6,667	1,519	357,808	0
	(ii)	0	0	0	0	0	0	0
(10) ROBERT HARRIS MD	(i)	254,266	32,499	580	8,667	1,305	297,317	0
	(ii)	0	0	0	0	0	0	0
(11) DONALD MARSHALL MD	(i)	148,294	16,424	37,296	5,777	60,172	267,963	0
	(ii)	0	0	0	0	0	0	0
(12) WILLIAM D JONES MD	(i)	161,154	20,000	568	5,333	4,643	191,698	0
	(ii)	0	0	0	0	0	0	0
(13) EDWARD SCHOLL	(i)	0	0	158,803	0	3,841	162,644	0
	(ii)	0	0	0	0	0	0	0
(14)								
(15)								
(16)								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	THE HOSPITAL PROVIDED INITIAL DUES AND MONTHLY DUES FOR A COUNTRY CLUB MEMBERSHIP FOR THE PRESIDENT/CEO
	PART I, LINES 4A-B	FORMER KEY EMPLOYEE EDWARD SCHOLL WAS COMPENSATED IN 2010 UNDER A SEVERANCE AGREEMENT THAT BEGAN PRIOR TO THE TAX YEAR IN APRIL 2009 AND ENDED SEPTEMBER 30, 2010 ALL AMOUNTS LISTED AS COMPENSATION TO EDWARD SCHOLL WERE PAID UNDER THIS AGREEMENT THERE WERE NO ADDITIONAL TERMS OR CONDITIONS TO THE ARRANGEMENT PLEASE SEE PART II FOR COMPENSATION DETAILS THE HOSPITAL ESTABLISHED THE JACKSON HOSPITAL 457(F) DEFERRED COMPENSATION PLAN (THE "457(F) PLAN") EFFECTIVE JANUARY 1, 2008 (AMENDED MARCH 1, 2008), FOR THE EXCLUSIVE BENEFIT OF CERTAIN EMPLOYEES AND THEIR BENEFICIARIES THE 457(F) PLAN (ALONG WITH THE RELATED RABBI TRUST) IS INTENDED TO BE A FUNDED NONQUALIFIED INELIGIBLE DEFERRED COMPENSATION PLAN ESTABLISHED PURSUANT TO SECTION 409A OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED THE PRIMARY PURPOSE OF THE 457(F) PLAN IS TO ATTRACT AND RETAIN QUALIFIED HIGHLY COMPENSATED EXECUTIVE OR MANAGERIAL PERSONNEL BY PROVIDING FOR A DEFERRAL OF COMPENSATION TO A LATER DATE FOR 2010, THE FOLLOWING INDIVIDUAL ACCRUED AMOUNTS UNDER THIS PLAN VICTORIA JONES - $ 54,886 PLEASE SEE PART II, COLUMN (C)

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
JACKSON HOSPITAL AND CLINIC INC

Employer identification number
63-6001820

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	THE MEDICAL CLINIC BOARD OF THE CITY OF MONTGOMERY	63-0881546	013058CG9	12-05-2006	113,221,823	REFUNDING, CAPITAL ACQUISITION		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	5,615,000			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	115,784,596			
4	Gross proceeds in reserve funds	7,170,460			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	1,260,470			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	6,203,213			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2007			

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	Are there any research agreements that may result in private business use of bond-financed property?		X						
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %						
6	Total of lines 4 and 5		0 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

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

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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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

2010

Open to Public Inspection

Name of the organization
JACKSON HOSPITAL AND CLINIC INC

Employer identification number
63-6001820

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	(c) Corrected? 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	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? 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
(1) MONTGOMERY CARDIOLOGY ASSOCIATES	PRACTICE OWNED IN PART BY BOARD MEMBER JOHN WILLIAMS	104,765	PAYMENT TO INTERESTED PERSON FOR MEDICAL SERVICES RENDERED (EKG READINGS AND ECHO STUDIES)		No
(2) MONTGOMERY CARDIOLOGY ASSOCIATES	PRACTICE OWNED IN PART BY BOARD MEMBER JOHN WILLIAMS	122,078	OFFICE SPACE RENTAL PAID BY INTERESTED PERSON		No
(3) PRIMARY CARE INTERNISTS	PRACTICE OWNED IN PART BY BOARD MEMBER JAMES MCLAUGHLIN	89,633	PAYMENT TO INTERESTED PERSON FOR MEDICAL SERVICES RENDERED (EKG READINGS)		No
(4) PRIMARY CARE INTERNISTS	PRACTICE OWNED IN PART BY BOARD MEMBER JAMES MCLAUGHLIN	78,680	OFFICE SPACE RENTAL PAID BY INTERESTED PERSON		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
JACKSON HOSPITAL AND CLINIC INC

Employer identification number
63-6001820

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4A	WE BELIEVE THAT JACKSON HOSPITAL PLAYS A VITAL ROLE IN HELPING TO MAINTAIN THE HEALTH OF OUR COMMUNITY THROUGH THE PROVISION OF FREE HEALTHCARE SERVICES, RESEARCH AND EDUCATIONAL PROGRAMS, AND COMMUNITY INVOLVEMENT AND FINANCIAL SUPPORT SOME OF OUR COMMUNITY HEALTH IMPROVEMENT SERVICES AND RESEARCH PROJECTS INCLUDE COLORECTAL CANCER HEALTH SCREENING - TAKE-HOME COLORECTAL CANCER EXAM KITS AS WELL AS EDUCATIONAL MATERIALS WERE DISTRIBUTED EVERY TUESDAY THROUGHOUT THE MONTH OF MARCH IN HONOR OF COLORECTAL CANCER AWARENESS MONTH COMMUNITY HEALTH FAIRS - JACKSON HOSPITAL PARTICIPATED IN VARIOUS COMMUNITY HEALTH FAIRS THROUGHOUT THE YEAR THE FAIRS OFFERED FLU VACCINES, BLOOD PRESSURE CHECKS, GLUCOSE CHECKS, CHOLESTEROL CHECKS, AND GENERAL HEALTH EDUCATION SPORTS MEDICINE PHYSICALS - AS A RESULT OF THIS GREAT EFFORT BY JACKSON HOSPITAL EMPLOYEES, APPROXIMATELY 1,400 MALE AND FEMALE ATHLETES HAD THE OPPORTUNITY TO PARTICIPATE IN INTER-SCHOLASTIC SPORTS DURING THE SCHOOL YEAR THIS FREE COMMUNITY SERVICE EVENT HELPED THOUSANDS OF PARENTS, TWENTY-FIVE SCHOOLS, AND HUNDREDS OF COACHES NONE OF THIS COULD HAVE BEEN DONE WITHOUT THE VOLUNTEER EFFORTS OF OVER 100 INDIVIDUALS WHO GAVE OF THEIR TIME TO SHOW CENTRAL ALABAMA HOW JACKSON HOSPITAL LIVES UP TO ITS REPUTATION AS A CARING HOSPITAL THAT PROVIDES SUPERIOR HEALTHCARE IN A SAFE, COMPASSIONATE ENVIRONMENT RESEARCH PROJECTS - MENTOR SILICONE GEL-FILLED BREAST IMPLANT ADJUNCT CLINICAL STUDY - MCGHAN/INAMED MEDICAL CORPORATION SILICONE-FILLED BREAST IMPLANT ADJUNCT CLINICAL STUDY - A POST-APPROVAL INVESTIGATION OF THE PRESTIGE CERVICAL DISC DEVICE AT A SINGLE LEVEL FOR SYMPTOMATIC CERVICAL DISC DISEASE - MEDTRONIC SOFAMOR DANEK A PROSPECTIVE, MULTICENTER, CONTROLLED CLINICAL TRIAL OF AN ARTIFICIAL CERVICAL DISC LOW PROFILE AT A SINGLE LEVEL FOR SYMPTOMATIC CERVICAL DISC DISEASE - BANKING PHASE (PHASE 2) ESTABLISHMENT OF A COLLECTION AND STORAGE CENTER FOR CLINICAL RESEARCH ON TRANSPLANTATION OF UMBILICAL CORD STEM AND PROGENITOR CELLS - A RANDOMIZED, DOUBLE-BLIND, MULTICENTER STUDY OF THE SAFETY AND EFFICACY OF RX-3341 COMPARED WITH CEFAZOLIN FOR THE PREVENTION OF SURGICAL SITE INFECTIONS FOLLOWING CORONARY ARTERY BYPASS GRAFT SURGERY - A PHASE II, MULTICENTER, RANDOMIZED, OPEN LABEL, COMPARATIVE STUDY TO EVALUATE THE SAFETY AND EFFICACY OF RX-1741 VERSUS LINEZOLID IN THE OUTPATIENT TREATMENT OF ADULTS WITH UNCOMPLICATED SKIN AND SKIN STRUCTURE INFECTION - PROSPECTIVE, RANDOMIZED, DOUBLE-BLIND, PLACEBO CONTROLLED TRIAL TO EVALUATE THE EFFICACY AND SAFETY OF FAROPENEM MEDOXOMIL 600MG P O BID FOR 7 DAYS IN THE TREATMENT OF ACUTE BACTERIAL SINUSITIS CASH AND IN-KIND DONATIONS - JACKSON HOSPITAL BELIEVES IN GIVING BACK TO THE COMMUNITY IN THE PAST YEAR, THE HOSPITAL DONATED FUNDS AND SERVICES TO THE FOLLOWING ORGANIZATIONS - AFA CHAPTER 102 - AMERICAN CANCER SOCIETY - AMERICAN DIABETES ASSOCIATION - ARTHRITIS FOUNDATION - AUBURN UNIVERSITY SCHOOL OF NURSING - ELMORE COUNTY ECONOMIC DEVELOPMENT AUTHORITY - HOSPICE OF MONTGOMERY - MADD - MONTGOMERY AUTAUGA ELMORE MEDICAL ALLIANCE - MARCH OF DIMES - MONTGOMERY AREA CHAMBER OF COMMERCE - MONTGOMERY DRAGON BOAT RACE & FESTIVAL - NIGERIAN AMERICAN COMMUNITY SOUTH CENTRAL ALABAMA - PARTNERS IN EDUCATION WOMEN EMPOWERMENT PROGRAM DURING 2010, THE HOSPITAL RECRUITED FIVE NEW SPECIALISTS, AN ENDOCRINOLOGIST, UROLOGIST, VASCULAR SURGEON, FAMILY PRACTICE PHYSICIAN, AND NEUROLOGIST TO MEET THE NEEDS OF THE COMMUNITY THESE SPECIALTIES WERE IDENTIFIED USING THE STATE HEALTH PLAN, ALABAMA DEPARTMENT OF PUBLIC HEALTH AND MEMBERSHIP OF JACKSON HOSPITALS MEDICAL STAFF THE ALABAMA DEPARTMENT OF PUBLIC HEALTH HAD TO APPROVE THE NEED FOR THE ENDOCRINOLOGIST AND VASCULAR SURGEON DUE TO THEIR J-1 VISA STATUS JACKSON HOSPITAL WAS ABLE TO PROVE THE MONTGOMERY AREA WAS UNDERSERVED IN THOSE AREAS THE ENDOCRINOLOGIST, VASCULAR SURGEON AND UROLOGIST BEGAN PRACTICE IN AUGUST 2011 JACKSON HOSPITAL CONTINUES TO RECRUITMENT NEUROLOGIST AND FAMILY PRACTICE PHYSICIANS

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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

2010

Open to Public Inspection

Name of the organization
JACKSON HOSPITAL AND CLINIC INC

Employer identification number
63-6001820

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
(1) OAK PARK HIGHLAND LLC 1725 PINE STREET MONTGOMERY, AL 36106 26-0752650	REAL ESTATE	AL	0	203,512	N/A

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	(g) Section 512(b)(13) controlled organization	
						Yes	No

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) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) JACKSON IMAGING CENTER LLC 1825 PARK PLACE MONTGOMERY, AL36106 26-0339264	MEDICAL IMAGING	AL	N/A	RELATED	799,627	4,961,111		No			No	67 000 %
(2) JACKSON SURGERY CENTER LLC 1725 PARK PLACE MONTGOMERY, AL36106 20-4173305	OUTPATIENT SURGERY	AL	N/A	RELATED	1,235,648	7,710,866		No			No	51 750 %

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

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

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

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**	**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**	**No**
e	Loans or loan guarantees by other organization(s)	**1e**	**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**	**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**No**
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**	**Yes**
o	Reimbursement paid to other organization for expenses	**1o**	**No**
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**	**Yes**

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) JACKSON IMAGING CENTER LLC	R	335,000	CASH
(2) JACKSON SURGERY CENTER LLC	R	1,284,000	CASH
(3) JACKSON IMAGING CENTER LLC	A	47,102	CASH
(4) JACKSON SURGERY CENTER LLC	A	97,960	CASH
(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?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE ORGANIZATION HAS FOUR CLASSES OF MEMBERS ACTIVE MEMBERS, SENIOR ACTIVE MEMBERS, ASSOCIATE MEMBERS, AND COMMUNITY MEMBERS ACTIVE MEMBERS - TO QUALIFY AS AN ACTIVE MEMBER, AN APPLICANT MUST BE ACTIVE IN THE PRACTICE OF MEDICINE, BE A MEMBER OF THE ACTIVE MEDICAL STAFF OF THE HOSPITAL, HAVE SERVED AS AN ASSOCIATE MEMBER FOR NOT LESS THAN THREE YEARS, HAVE DEMONSTRATED INTEREST IN AND ADHERENCE TO THE OBJECTIVES OF THE ORGANIZATION, AND BE IN COMPLIANCE WITH ALL OTHER PROVISIONS FROM TIME TO TIME ADOPTED BY THE BOARD RELATING TO MEMBERSHIP SENIOR ACTIVE MEMBERS - ACTIVE MEMBERS THAT HAVE RETIRED FROM ACTIVE PRACTICE BUT EXPRESS A DESIRE TO CONTINUE TO PARTICIPATE IN THE OBJECTIVES OF THE ORGANIZATION ASSOCIATE MEMBERS - TO QUALIFY AS AN ASSOCIATE MEMBER, AN APPLICANT MUST BE ACTIVE IN THE PRACTICE OF MEDICINE, HAVE SERVED AS A MEMBER OF THE MEDICAL STAFF OF THE HOSPITAL FOR NOT LESS THAN TWO YEARS, HAVE DEMONSTRATED INTEREST IN AND ADHERENCE TO THE OBJECTIVES OF THE ORGANIZATION, AND BE IN COMPLIANCE WITH ALL OTHER PROVISIONS FROM TIME TO TIME ADOPTED BY THE BOARD RELATING TO MEMBERSHIP COMMUNITY MEMBERS - A COMMUNITY MEMBER MUST BE A CITIZEN OF THE UNITED STATES OF NOT LESS THAN 21 YEARS OF AGE AND A PERMANENT RESIDENT OF MONTGOMERY COUNTY, ALABAMA, OR ANY OTHER COUNTY WITHIN THE STATE WHICH IS WITHIN THE SERVICE AREA OF THE HOSPITAL AND SHALL POSSESS SUCH ADDITIONAL QUALIFICATIONS AS SHALL BE SET FORTH FROM TIME TO TIME BY THE BOARD

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

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		ALL VOTING RIGHTS OF MEMBERS ACCRUING TO MEMBERS GENERALLY, UNDER THE ALABAMA NONPROFIT CORPORATION ACT OR UNDER THE RESTATED ARTICLES OF INCORPORATION, ARE RESERVED TO THE ACTIVE MEMBERS, EXCEPT FOR THE PARTICIPATION OF COMMUNITY MEMBERS IN THE ELECTION OF MEMBERS OF THE BOARD OF TRUSTEES AND EXCEPT IN THOSE INSTANCES WHERE THE BOARD OF TRUSTEES, IN ITS DISCRETION, DESIRES TO REFER A PARTICULAR MATTER TO THE MEMBERSHIP AS A WHOLE OR TO ANY RESTRICTED CLASS OR CLASSES FOR CONSIDERATION AND ADVICE AS PROVIDED HEREIN, PROVIDED, HOWEVER, THAT NO CLASS OF MEMBERS OTHER THAN ACTIVE MEMBERS SHALL, BY SUCH PROCEDURE, BE GIVEN THE RIGHT TO VOTE ON ANY MATTER REQUIRING THE VOTE OR APPROVAL OF MEMBERS GENERALLY UNDER THE ALABAMA NONPROFIT CORPORATION ACT OR THE VOTE OF ACTIVE MEMBERS UNDER THE RESTATED ARTICLES OF INCORPORATION THE MATTERS UPON WHICH THE ACTIVE MEMBERS SHALL HAVE THE EXCLUSIVE RIGHT TO VOTE ARE THOSE MATTERS GENERALLY RESERVED TO MEMBERS IN THE ALABAMA NONPROFIT CORPORATION ACT AS IT MAY EXIST FROM TIME TO TIME, INCLUDING, WITHOUT LIMITATION, THE FOLLOWING - THE LIQUIDATION, DISSOLUTION, OR REORGANIZATION OF THE CORPORATION, - THE SALE, EXCHANGE, OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTIES OF THE CORPORATION, BUT NOT THE POWER TO MORTGAGE OR CONVEY SUCH PROPERTY SOLELY FOR THE PURPOSE OF SECURING ANY INDEBTEDNESS OR OTHER OBLIGATIONS OF THE CORPORATION, WHICH THE BOARD OF TRUSTEES, ACTING ALONE, SHALL HAVE AND EXERCISE, - THE APPROVAL OF THE AMENDMENT OF THE RESTATED ARTICLES OF INCORPORATION, - THE APPROVAL OF THE ADMISSION OF ANY PERSON AS AN ACTIVE OR ASSOCIATE MEMBER OF THE CORPORATION SUCH MATTERS SHALL BE SUBMITTED FOR VOTE OF THE ACTIVE MEMBERS UPON RECOMMENDATION OF THE BOARD OF TRUSTEES NO ACTION UPON ANY SUCH MATTERS SHALL BE TAKEN BY THE ACTIVE MEMBERS (OR ANY OTHER MEMBER ENTITLED TO VOTE) WITHOUT NOTICE OF SUCH PURPOSE BEING GIVEN PRIOR TO THE MEETING, OTHER THAN THE ELECTION OF THE BOARD OF TRUSTEES WHICH SHALL OCCUR AT EACH ANNUAL MEETING WITHOUT REQUIREMENT OF FURTHER NOTICE

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTANT WITH ASSISTANCE AND OVERSIGHT BY HOSPITAL MANAGEMENT THE RETURN IS PROVIDED TO THE BOARD FOR REVIEW AND IS AN AGENDA ITEM AT A REGULARLY SCHEDULED BOARD MEETING AND OPEN FOR DISCUSSION PRIOR TO FILING WITH THE IRS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION UPDATES ITS CONFLICT OF INTEREST POLICY ANNUALLY FOR KEY HOSPITAL EMPLOYEES AND BOARD MEMBERS TO PROVIDE INFORMATION ON ANY POTENTIAL CONFLICTS OF INTEREST THE UPDATES OF THE POLICY FORMS ARE REVIEWED BY HOSPITAL ADMINISTRATION IN THE EVENT OF A POTENTIAL CONFLICT OF INTEREST, A BOARD MEMBER WILL ABSTAIN FROM VOTING ON MATTERS PERTAINING TO THE CONFLICT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	AN OUTSIDE INDEPENDENT CONSULTING FIRM REVIEWS THE COMPENSATION OF THE PRESIDENT/CEO AND VICE PRESIDENT POSITIONS EVERY TWO YEARS TO ENSURE COMPENSATION IS COMPARABLE TO THAT OF SIMILAR ORGANIZATIONS THE BOARD EXECUTIVE COMMITTEE REVIEWS THE CONSULTANT'S RECOMMENDATIONS AND APPROVES THE COMPENSATION AND ANY CHANGES TO THE COMPENSATION FOR HOSPITAL OFFICERS THE EXECUTIVE COMMITTEE IS COMPOSED OF INDEPENDENT PERSONS FROM THE BOARD OF TRUSTEES, INCLUDING THE BOARD CHAIRMAN, VICE CHAIRMAN, SECRETARY, AND TWO OTHER BOARD MEMBERS THE COMMITTEE DETERMINES COMPENSATION BASED ON BENCHMARKS SET BY THE COMMITTEE AND COMPARED TO DATA PROVIDED BY THE CONSULTANT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	PHOTOCOPIES OF THE FORM 990 ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE PLEASE SEE PART VI, LINE 20 IN ADDITION, RECENT FILINGS OF THE FORM 990 ARE AVAILABLE ONLINE AT WWW GUIDESTAR ORG

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE PLEASE SEE PART VI, LINE 20

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	BOOK TO TAX DIFFERENCE ON JOINT VENTURE -126,045 UNFUNDED PENSION LOSS -853,857 TOTAL TO FORM 990, PART XI, LINE 5 -979,902

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR