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SCAMINED NOV 10

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

Open to Public Inspection

A F	or the	2010 calendar year, or tax year beginning JUL 1, 2010 and ending	JUN 30, 2011
В	heck if	C Name of organization	D Employer identification number
а	pplicabl	HOLY NAME OF JESUS HOSPITAL TRUST	
	Addre:	89 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	Name chang		63-6117334
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/su	
$\overline{}$	Termir	,	(205) 326-7219
$\overline{}$	Amend		G Gross receipts \$ 4,291,348.67
F	Applic	BIRMINGHAM, AL 35203	H(a) Is this a group return
	pendir	F Name and address of principal officer REGIONS BANK - TRUST DI	
			AM H(b) Are all affiliates included? Yes No
1.1	ax-exe		If "No," attach a list. (see instructions)
		te: ► N/A	H(c) Group exemption number ► 0928
			ear of formation: 1978 M State of legal domicile: AL
	ırt I	Summary	and or formation. 23 7 0 14 Otato of logal dominio. 222
_	1	Briefly describe the organization's mission or most significant activities. TO BENEF:	IT AND ENHANCE MEDICAL
Governance		SERVICES IN THE STATE OF ALABAMA	TI THE DIVIDICAL
Ţ.		Check this box  if the organization discontinued its operations or disposed of m	ore than 25% of its not assets
Š	i	Number of voting members of the governing body (Part VI, line 1a)	3 1
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)	4 0
တ္	l	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5 0
iţie	l	Total number of volunteers (estimate if necessary)	6 0
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.00
⋖		Nat unrelated husiness tayable income from Form 900.1 line 24	. 7b 0.00
		Net differences taxable income from 1 offi 950-1, iiile RECEIVED	Prior Year Current Year
ø.	8	Contributions and grants (Part VIII, line 1h)	0.00 0.00
Revenue		Program service revenue (Part VIII, line 2g)	277,528.52 248,869.11
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	558,778.61 640,661.35
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c 10c, and 11a)	909.48 136.04
	12	Total revenue - add lines 8 through 11 (must equal Part-VIII, column (A), line 12)	837,216.61 889,666.50
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.00 0.00
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.00 0.00
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	189,978.41 195,355.78
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.00 0.00
ă	ь	Total fundraising expenses (Part IX, column (D), line 25)	
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	277,463.05 270,269.32
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	467,441.46 465,625.10
	19	Revenue less expenses Subtract line 18 from line 12	369,775.15 424,041.40
Sor			Beginning of Current Year End of Year
sset 3alai	1		24,590,456.4624,894,497.86
Net Assets or Fund Balances		Total liabilities (Part X, line 26)	1,120,000.00 1,000,000.00
蘉		Net assets or fund balances Subtract line 21 from line 20	23,470,456.4623,894,497.86
	rt II	Signature Block	
		ities of perjury, I declare that I have examined this return, including accompanying schedules and stat	
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	
		Sylvaday O. Paro EVP-TR	UST 10-17-2011
Sign	1	Signature of officer	Date
Her	е	REGIONS BANK - TRUST DEPARTMENT, TRUSTEE	
	_	Type or print name and title	Date Check PTIN
n-••		Print/Type preparer's name Preparet's signature	0 77 1) 1
Paid		STEVEN N. SMITH, CPA	
Prep			C Firm's EIN
Use	URIY	Firm's address 1121 RIVERCHASE OFFICE RD	205 200
		BIRMINGHAM, AL 35244	Phone no. 205-982-5500
		3S discuss this return with the preparer shown above? (see instructions)	X Yes No
0320	01 02-2	2-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990</b> (2010)
			\\

### HOLY NAME OF JESUS HOSPITAL TRUST C/O REGIONS BANK - TRUST DEPT. 63-6117334 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission: TO BENEFIT AND ENHANCE MEDICAL SERVICES IN THE STATE OF ALABAMA Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O 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. (Code. \_\_\_\_\_\_) (Expenses \$ 263,494.32 including grants of \$ \_\_\_\_\_\_) (Revenue \$ 248,869.11) SEE ATTACHED (Code: \_\_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_) (Revenue \$

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		·		
_	- <u></u>	<del></del>		<del></del>
d	Other program services (Describ	be in Schedule O.)		
	(Expenses \$	including grants of \$	) (Revenue \$	)

(Code. \_\_\_\_\_\_) (Expenses \$\_\_\_\_\_ including grants of \$\_\_\_\_\_) (Revenue \$\_\_\_\_\_

263,494.32

032002 12-21-10

Total program service expenses

f

	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	١.		
	public office? If "Yes," complete Schedule C, Part I	3_		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			7.7
-	during the tax year? If "Yes," complete Schedule C, Part II	4	-	_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	5		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		- 21
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b>├</b>		
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	Ť		
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
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		X
С	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		X
a	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			v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	X
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		-
•	the organization's supplied of consolidated final call 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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI, XII, and XIII	12a		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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			v
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u> </u>
18	1c and 8a? If "Yes," complete Schedule G, Part II	10		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	<del>                                     </del>	
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
			990 (2	2010)

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Form 990 (2010) C/O REGIONS BANK - TRUST DEPT.

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	Ì		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
С	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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		i	
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			۱
<b></b>	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	_26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			٠,,
00	Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		X
28	instructions for applicable filing thresholds, conditions, and exceptions).			
_	A STATE OF THE STA	00-		<b>.</b>
a b		28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	280		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	-30		
•	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (	2010)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance	<del></del>	•	<u> </u>
	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			1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1
	(gambling) winnings to prize winners?	1c	X	1
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3</b> a	_	Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<del> </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		7.7
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	O.L.		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		<del>                                     </del>
и а	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		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.5		
·	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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			l
	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.			
а	Did the organization make any taxable distributions under section 4966?	9a		
þ	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ĺ
11	Section 501(c)(12) organizations. Enter			l
a h	Gross income from members or shareholders  Gross income from other sources (De not not amounts due or pout to other sources expired.)			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			1
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	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		-
_	Note. See the instructions for additional information the organization must report on Schedule O.			[
b	Enter the amount of reserves the organization is required to maintain by the states in which the			l
-	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			<u></u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990 (	2010)

63-6117334

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

	Check if Schedule O contains a response to any question in this Part VI			$\mathbf{x}$
Sec	tion 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	1		
b	Enter the number of voting members included in line 1a, above, who are independent .	<u>)</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
_	by the following: The governing hody?		<b>.</b>	
	The governing body?  Each committee with authority to act on behalf of the governing body?	8a	X	•
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b		X
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code )	1 3	<u> </u>	11
	The section of regions with the section of the regions of the months revenue code,		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
•	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1		
40	In Schedule O how this is done	12c		77
13	Does the organization have a written whistleblower policy?	13		X
14 15	Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	14		X
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions )	100		
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		Х
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		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.  Own website  Another's website  X Upon request			
19			na!	
פו	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a statements available to the public.	uia tina	ıııcıaı	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ation:		
	REGIONS BANK - TRUST DEPT (205) 326-7219	40011. <b>P</b>		<del></del>
	1901 6TH AVENUE NORTH, SUITE 300, BIRMINGHAM, AL 35203			
		Form	<b>990</b> (	2010)

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C/O REGIONS BANK - TRUST DEPT.

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### 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. 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		orga	nıza			npei	nsat		·	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average hours per	(6)	Pos (check all t				LΑ	Reportable compensation	Reportable compensation	Estimated amount of
	week	_	IECF		liiai	арр Г	'y <i>)</i>	from	from related	other
	(describe	Individual trustee or director						the	organizations	compensation
	hours for	e or d	fee			sated		organization	(W-2/1099-MISC)	from the
	related	truste	al trus		oyee	Highest compensated employee		(W-2/1099-MISC)		organization
	organizations in Schedule	Idual	Institutional trustee	   85	ed wa	est co loyee	<u>يو</u>			and related organizations
	O)	Ę	ast Tas	Officer	Key	돌				Organizations
REGIONS MORGAN KEEGAN - TRUST DEPT										
TRUSTEE	22.00		X					195,355.78	0.00	0.00
										<del></del> -
	-	_		$\vdash$	<b></b>					
			$\vdash$		$\vdash$		ļ			
	<u> </u>					_				
	<u> </u>	-								
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		<del>                                     </del>								
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		-				$\vdash$	$\vdash$		1	·. <u>.</u> <u>-</u>

Form 990 (2010)

_			
Form	990	(201	O

Par	t VII Section A. Officers, Directors, Tr		nplo	yee	s, a	<u>nd l</u>	ligh	est	Compensated Employ	ees (continued)			
	(A)	(B) (C)							(D)	(E)	(F)		
	Name and title	Average Position hours per (check all that apply)							Reportable	Reportable	Estimated		
		week (describe hours for related organizations			Officer	ployee			compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)		amount of other compensation from the organization and related organizations	
		<del>                                     </del>				<u> </u>							
								<u> </u>					
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		<del> </del>									+		<del></del>
				_	_			L					
		<del> </del>	_	-			$\vdash$	<del>                                     </del>			$\dashv$		<del></del>
	Sub-total								195,355.78				0.00
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A							0.00 195,355.78				0.00
u	Total number of individuals (including but i	not limited to th	ose	liste	ed a	bove	e) wh	no r	<del></del>		<u> </u>	<u>`</u>	<u> </u>
	compensation from the organization												1
•	Dud the assessment of laborate			. 1								Yes	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s		stee	, ке	у өп	npio	yee,	or i	nignest compensated ei	npioyee on	з		x
4	For any individual listed on line 1a, is the s		le co	omp	ensa	atior	n and	d ot	her compensation from	the organization			<del> </del> -
_	and related organizations greater than \$15			-							4	·	X
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	-				-		elat	ted organization or indiv	idual for services	5		x
Sec	tion B. Independent Contractors	rprote correduit		0/ 3/	2011	perc	3011					<u>'                                    </u>	
1	Complete this table for your five highest co	ompensated inc	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comp	ensatio	n from	
	the organization. (A)								(B)			(C)	
	Name and business	s address							Description of s	services	Com	pensati	on
	NALD R. GARRIS												
	SDEN, AL, NALD R. GARRIS								<u>CONSULTING S</u> DEFERRED	VCS	155	, 63:	2.44
	SDEN, AL,								DEFERRED COMPENSATION		16	.500	0.00
												,	<u> </u>
2	Total number of independent contractors (\$100,000 in compensation from the organ	<del>-</del>	ot lı	mıte	a to		se in 2	stec	d above) who received n	nore than			
	ar a special in compensation nom the organ									L			

C/O REGIONS BANK - TRUST DEPT.

					(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	1 a	Federated campaigns	. 1a					
gra	_	Membership dues	. 1b		1			
ts, am		Fundraising events	1c		_			
<u>a</u>		Related organizations	. 1d		_			
sins,		Government grants (contribut			1			
ig Ei	f	All other contributions, gifts, gran						
뜮뒴		similar amounts not included abo			-			
52	_	Noncash contributions included in lines	s 1a-1f \$					
<del> </del>	<u>h</u>	Total. Add lines 1a-1f	•	D				···
	•	MODECACEC C MOD	n p c	Business Code		248,869.11		
Program Service Revenue	_	MORTGAGES & NOT		300033	240,009.11	240,009.11		
Ser	b							
E E	c d							
ğ.	e							
풀		All other program service reve	enile					
		Total. Add lines 2a-2f	do	<b></b>	248,869.11			
	3	Investment income (including	dividends, intere				···	
		other similar amounts)		•	631,539.23			631539.23
	4	Income from investment of ta		proceeds	•			
	5	Royalties		<b>&gt;</b>				
			(i) Real	(ii) Personat				
	6 a	Gross Rents				]		
	b	Less: rental expenses			]			
	С	Rental income or (loss)						
	d	Net rental income or (loss)		<b>&gt;</b> _	<u></u>			
	7 a	Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory	3410804		]			
	b	Less <sup>-</sup> cost or other basis						
		and sales expenses	3401682		1			
	С	Gain or (loss)	9,122.12					
	d	Net gain or (loss) .		<b>&gt;</b>	9,122.12			9,122.12
Other Revenue	8 a	Gross income from fundraisin including \$						
e e		contributions reported on line						
α.		Part IV, line 18						
₽.	b	Less direct expenses	b		1			
0	С	Net income or (loss) from fund	draising events	<b></b>	1		_	
	9 a	Gross income from gaming ad	ctivities. See					
i		Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gan	ning activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances .	а					
	b	Less: cost of goods sold	b					
_	c	Net income or (loss) from sale		<u> </u>				
L		Miscellaneous Revenu		Business Code				
	11 a	MISCELLANEOUS I	INCOME	900099	136.04			136.04
	b							
	C	<del></del>				<b> -</b>		
	d	All other revenue		<u></u>				
	е	Total. Add lines 11a 11d	•	▶	136.04			0646-2
	12	Total revenue. See instructions.		•	าช 8.9 . 6.66 . 5.0	248,869.11	0.0	0640797.39

Form 990 (2010)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

	All other organizations must comp	3) and 501(c)(4) organizat olete column (A) but are i	not required to complete		
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	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	195,355.78		195,355.78	
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 salanes and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				··· · · · · · · · · · · · · · · · · ·
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	38,658.74	38,658.74		
С	Accounting .	6,775.00		6,775.00	
d	Lobbying .			<del></del>	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				<del></del>
g	Other	185,632.44	185,632.44		
12	Advertising and promotion				·
13	Office expenses .				
14	Information technology				<del></del>
15	Royalties				
16	Occupancy .	34.92	34.92		
17	Travel				
18	Payments of travel or entertainment expenses	·			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			-	
23	Insurance			-	
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.)  BAD DEBT	39,168.22	39,168.22		
a		33,100.22	JJ, 100 • 44	-	
b					
C					
d					
e f	All other expenses				<del> </del>
25	Total functional expenses. Add lines 1 through 24f	465,625.10	263,494.32	202,130.78	0.00
26	Joint costs. Check here If following SOP	200,020.10		2021130.10	0.00
20	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				
	ommanon .				Farm 990 (2010)

Form 990 (2010)

C/O REGIONS BANK - TRUST DEPT.

63-6117334 Page 11

•		(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing .		1	
2	Savings and temporary cash investments	1,071,525.43	2	2,331,739.98
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			ļ
	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)		6	
7	Notes and loans receivable, net	6,246,880.12	_7	6,214,051.39
8	Inventories for sale or use .		_8_	
9			9	
10a				
	•	4		
-	•	15 050 040 04	10c	16 242 525 42
		17,272,049.91		16,348,705.49
	• • • • • • • • • • • • • • • • • • • •			
	•	1 00		1 00
		1.00	_15	1.00
		24,390,430.40		24,894,497.86
		-		
	•			
			<u> </u>	
			22	
23				
	· · · · · · · · · · · · · · · · · ·			
25		1,120,000.00		1,000,000.00
26	Total liabilities. Add lines 17 through 25			<del>                                     </del>
	Organizations that follow SFAS 117, check here  and complete			
	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporanly restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here   X  and			
	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds			
31	Paid-in or capital surplus, or land, building, or equipment fund			0.00
32	Retained earnings, endowment, accumulated income, or other funds			0.00
33	Total net assets or fund balances			
34	Total liabilities and net assets/fund balances	24,590,456.46	34	24,894,497.86 Form <b>990</b> (2010)
	2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(I)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers and sponsoring organizations (see instructions) 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less. accumulated depreciation 1 Investments - publicly traded securities 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intrangible assets 10 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 17ax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117, check here  and complete lines 27 through 29, and lines 33 and 34. 28 Temporanly restricted net assets 29 Temporanly restricted net assets 20 Tegnalizations that do not follow SFAS 117, check here  and complete lines 30 through 34. 29 Capital stock or trust principal, or current funds 20 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employees beneficiary organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions) Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 1 Investments - publicly traded securities 1 Investments - program-related. See Part IV, line 11 1 Investments - program-related. See Part IV, line 11 1 Interest sasets. See Part IV, line 11 1 Interest sasets or or custodial account liability. Complete Part IV of Schedule D 2 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified person. Complete Part II of Schedule D 2 Total liabilities. Complete Part X of Schedule D 2 Interest sasets or fund ballances or Schedule D 2 Interest sasets or fund ballances or Schedule D 2 Interest sasets or fund	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4558(i)(i)), persons described in section 4558(i)(ii)), persons described in section 4558(i)(iii), and contributing employers and sponsoring organizations of section 501(io)(iii) voluntary employees beneficiary organizations of section 501(io)(iii) voluntary employees and dequipment: cost or other basis. Complete Part IV of Schedule D 10a   be Less. accumulated depreciation   10b   10c   17, 272, 049.91   11   10c   10c   17, 272, 049.91   11   10c   10c   17, 272, 049.91   11   11   12   12   11   11   12   12   11   12

Form **990** (2010)

FOILI	1990 (2010) C/O REGIONS BANK - TROST DEPT.	02-0	TT/334	ray	JU 12-
Pa	rt XI Reconciliation 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	<u>889,</u>	<u>666</u>	<u>.50</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	465,	<u>625</u>	.10
3	Revenue less expenses. Subtract line 2 from line 1	3	424,	041	.40
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 2	3,470,	456	.46
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-	0	.00
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 2	3,894,	497	.86
Pa	rt 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. X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	b Were the organization's financial statements audited by an independent accountant?				X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a	i		
	separate basis, consolidated basis, or both:				•
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			Form	<b>990</b> (	2010)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**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.

2010

Open to Public Inspection

Name of the organization

HOLY NAME OF JESUS HOSPITAL TRUST

C/O RECTONS BANK - TRUST DEPT.

Employer identification number

,
om
ent
No
X
X
X
00
00

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

Schedule A (Form 990 or 990-EZ) 2010						Page <b>2</b>
Part II Support Schedule for (	Organizations	s Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	/i)
(Complete only if you checked	-					
fails to qualify under the tests	listed below, plea	ase complete Part	III.)			
Section A. Public Support				-		
alendar 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						
ınclude any "unusual grants.")						
2 Tax revenues levied for the organ-						- 11
ızatıon'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,		1				
column (f)						
6 Public support. Subtract line 5 from line 4						
Section B. Total Support			<del></del>	<del>1</del>		,
alendar year (or fiscal year beginning in) ► 📙	(a) 2006	<b>(b)</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		<u> </u>				
9 Net income from unrelated business		į			į į	
activities, whether or not the						
business is regularly carried on						
Other income. Do not include gain		İ				
or loss from the sale of capital		1				
assets (Explain in Part IV.)	<del></del>				ļ	
11 Total support. Add lines 7 through 10	-1	1	L	L	10	
Gross receipts from related activities,					12	
13 First five years. If the Form 990 is for	_	s tirst, secona, thi	ra, tourth, or titth ta	ax year as a section	on 501(c)(3)	. □
organization, check this box and stop Section C. Computation of Publi		rcentage	•	·		
14 Public support percentage for 2010 (li			column (fl)		14	%
15 Public support percentage from 2009			Joianni (i <i>jj</i>		15	
16a 33 1/3% support test - 2010. If the or			n line 13, and line 1	14 is 33 1/3% or n	<del></del>	· · · · · · · · · · · · · · · · · · ·
stop here. The organization qualifies a	•		•		5, 5, 105, 1116 50	<b>▶</b>
b 33 1/3% support test - 2009.If the or		•		line 15 is 33 1/3%	or more, check th	ıs box
and stop here. The organization quality	-		•			▶ [

Schedule A (Form 990 or 990-EZ) 2010

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

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

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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.)

16 Public support percentage from 2009 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2009 Schedule A, Part III, line 17  19 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	Section A. Pub	lic Support		•	· · · · · · · · · · · · · · · · · · ·			
memborship fees received. (Do not include any rursusal grants.)  2 Gress receipts from admissions, membrandines sold or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gress receipts from activates that are not an unrelated trade or business under section 513  4 Tax revenues leved for the organization's tax-exempt purpose 3 Gress receipts from activates that are not an unrelated trade or business under section 513  5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add intel. I through 5  7a Amounts included on lines 1 through 5  7a Amounts included on lines 1 2, 2, and 3 received from disqualified persons be demanded on lines 1 2, 2, and 3 received from disqualified persons be amounts included on lines 1 2, 2, and 3 received from disqualified persons be amounts included on lines 1 2, 2, and 3 received from disqualified persons be amounts included on lines 1 2, 2, and 3 received from disqualified persons be amount on line 1 5 to the year of Add lines 7 at and 7 to 4.  9 Amounts from line 6  9 Amounts from line 6  9 Amounts from line 6  10 Gress amone from interest, dividends, payments received on lines 2 and no received by a contractive of the payment of th	Calendar year (or fisc	al year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
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Section C. Computation of Public Support Percentage  15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2009 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2009 Schedule A, Part III, line 17  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	14 First five years	s. If the Form 990 is for	the organization's	s first, second, thu	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
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16 Public support percentage from 2009 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2009 Schedule A, Part III, line 17  19 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	Section C. Con	nputation of Publ	ic Support Pe	rcentage				
Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2009 Schedule A, Part III, line 17  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	15 Public support	percentage for 2010 (I	ine 8, column (f) d	ivided by line 13, o	column (f))		15	%
Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2009 Schedule A, Part III, line 17  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	16 Public support	percentage from 2009	Schedule A, Part	III, line 15			16	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17  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	Section D. Con	nputation of Inves	stment Incom	e Percentage			_	
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	17 Investment inc	ome percentage for 20	10 (line 10c, colur	nn (f) divided by lii	ne 13, column (f))		17	%
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	18 Investment inc	ome percentage from a	2009 Schedule A,	Part III, line 17			18	%
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	19a 33 1/3% supp	ort tests - 2010. If the	organization did n	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	7 is not
			-		•		•	
			-			•	•	and
line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions				-			-	· <b>\</b>

#### **SCHEDULE D**

Department of the Treasury

Internal Revenue Service

(Form 990)

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.

2010 Open to Public Inspection

Name of the organization

HOLY NAME OF JESUS HOSPITAL TRUST

Employer identification number 63-6117334

C/O REGIONS BANK - TRUST DEPT. 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 Total number at end of year 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes 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 (ASC 958), 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 (ASC 958), 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 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 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

#### HOLY NAME OF JESUS HOSPITAL TRUST

C/O REGIONS BANK - TRUST DEPT. 63-6117334 Page 2 Schedule D (Form 990) 2010 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Loan or exchange programs Public exhibition Scholarly research Other b Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets No to be sold to raise funds rather than to be maintained as part of the organization's collection? 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 Yes on Form 990, Part X? **b** If "Yes," explain the arrangement in Part XIV and complete the following table. Amount c Beginning balance 1c 1d d Additions during the year Distributions during the year 1e f Ending balance 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. Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V (c) Two years back (d) Three years back (a) Current year (b) Prior year 1a Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year end balance held as: Board designated or quasi-endowment Permanent endowment Term endowment 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No by: (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? Describe in Part XIV the intended uses of the organization's endowment funds Land, Buildings, and Equipment. See Form 990, Part X, line 10. (b) Cost or other (c) Accumulated (d) Book value Description of investment (a) Cost or other depreciation basis (investment) basis (other) 1a Land **b** Buildings c Leasehold improvements d Equipment Other Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2010

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(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valua est or end-of-year man	
) Financial derivatives				
) Closely-held equity interests				
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
otal. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.	See Form 990, Part X,	line 13		
(a) Description of investment type	(b) Book value	Co	(c) Method of valua est or end-of-year man	
(1)		"""		
(2)				
(3)				<del></del>
(4)				
(5)				-
(6)	1			
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otal. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, lin	e 15.			
	a) Description			(b) Book value
(1)			-	(-,
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otal. (Column (b) must equal Form 990, Part X, col (B) lin  Part X Other Liabilities. See Form 990, Part X			<b>&gt;</b>	
(a) Description of liability	, iii <del>0</del> 23.	(b) Amount	<del>                                     </del>	
		(b) Amount	1	
(1) Federal income taxes		1 000 000 00	}	
(2) ANNUITY CONTRACT		1,000,000.00	4	
(3)		<del></del>	1	
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(9)				
			1	
(10)			1	
(10)			-	
(11)	ne 25 )	1,000.000.00		
	7e 25) to the organization's financial	1,000,000.00 statements that reports the organ	ization's liability for uncerta	in tax positions under

HOLY NAME OF JESUS HOSPITAL TRUST

Sche	dule D (Form 990) 2010 C/O REGIONS BANK - TRUST	DEPT.		63-6117334	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990	to Audite	ed Financial State	ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		. 1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses	•	6		
7	Prior period adjustments	•	7		
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net) Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3	and 9	10		
Par	t XII Reconciliation of Revenue per Audited Financial Staten	nents Wi	ith Revenue per R	leturn	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
а	Net unrealized gains on investments	2a		<u> </u>	
b	Donated services and use of facilities	2b		]	
С	Recoveries of prior year grants	2c		]	
d	Other (Describe in Part XIV)	2d		]	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1	
b	Other (Describe in Part XIV.)	4b		1 1	
C	Add lines 4a and 4b		•	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Pai	t XIII Reconciliation of Expenses per Audited Financial State	ments w	vitn Expenses per	Keturn	<del></del>
1	Total expenses and losses per audited financial statements		•	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1			
а	Donated services and use of facilities	2a		4	
b	Prior year adjustments .	2b		4	
С	Other losses	2c		4	
d	Other (Describe in Part XIV.)	2d	<del></del>	1 . 1	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1		•	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1	
D	Other (Describe in Part XIV)	4b		1 4 1	
C	Add lines 4a and 4b  Tetal expenses Add lines 2 and 4a (This must equal Form 900, Part I line 18.)			4c   5	
Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIV Supplemental Information		•	3 1	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pa	rt III linge 1	a and 4: Part IV lines 1	h and 2h Part V line	4· Part
	e 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also co				-, ι ωι
/·	o 2, i are Ar, milo o, i are Ari, milos 20 ario 45, ario i are Ari, milos 20 ario 45.7 100 00	mpioto tino	part to provide any as		
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#### **SCHEDULE 0**

(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 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

HOLY NAME OF JESUS HOSPITAL TRUST C/O REGIONS BANK - TRUST DEPT.

Employer identification number 63-6117334

FORM 990, PART VI, SECTION A, LINE 8B: THE TRUST DOES NOT HAVE COMMITTEES
THAT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11: UPON COMPLETION OF THE

ORGANIZATION'S FORM 990, THE RETURN IS PRESENTED TO THE TRUST'S DESIGNATED

TRUST OFFICER AT REGIONS BANK AND TO THE TRUST'S OUTSIDE LEGAL COUNSEL FOR

REVIEW AND APPROVAL. ONCE THESE INDIVIDUALS HAVE REVIEWED AND APPROVED THE

FORM 990, THE RETURN IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12: THE TRUST DOES NOT HAVE A WRITTEN

CONFLICT OF INTEREST POLICY, BUT THE CORPORATE TRUSTEE, REGIONS BANK, HAS A

WRITTEN CONFLICT OF INTEREST POLICY. KEY EMPLOYEES OF THE CORPORATE

TRUSTEE THAT ADMINISTER THE TRUST ARE REQUIRED TO DISCLOSE ANNUALLY

INTERESTS THAT GIVE RISE TO CONFLICTS. THE CORPORATE TRUSTEE REGULARLY AND

CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY THROUGH

MANAGEMENT REVIEWS AND CORPORATE AUDITS.

FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION THAT IS PAID TO
THE ORGANIZATION'S TRUSTEE ARE SCHEDULED FEES THAT ARE BASED ON MARKET
VALUE.

FORM 990, PART VI, SECTION C, LINE 19: THE TRUST MAKES IT GOVERNING

DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 13

THE TRUST DOES NOT HAVE A WRITTEN WHISTLEBLOWER POLICY, BUT THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

032211 01-24-11

<u>Schedule O (Form 990 or</u>					Page 2
Name of the organization					Employer identification number
	C/O RI	EGIONS BANK	- TRUST DEP	T.	63-6117334
CORPORATE TRI	<u>USTEE, I</u>	REGIONS BAN	K, HAS A WRI	TTEN WHISTLEBLO	OWER POLICY.
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FORM 990, PA	RT VI,	SECTION B,	LINE 14		· · · · · · · · · · · · · · · · · · ·
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#### Form 990, Page 2, Part III, Question 4a

As provided in the Holy Name of Jesus Trust Agreement, the Trust has historically benefited and enhanced medical services in the Holy Name of Jesus Hospital and medical services in the State of Alabama. The Trust has tried to improve medical services to the elderly, the handicapped, the disadvantaged, the sick and the poor sick by providing adequate housing to the elderly and by attracting physicians and medically related services to the Gadsden area. The Trust has provided loans at reasonable interest rates for the development of medical clinics, a not-for-profit ambulance service and development of physical facilities at the Holy Name of Jesus Medical Center. The Trust assisted in attracting approximately 60 physicians to economically depressed areas since 1980.

The trust has made investments in areas that would benefit the citizens of Alabama with hospital care, home health care, and elderly housing. The Trust has financed all of the following adult living centers for the elderly and was the builder/owner of all of the adult living centers built prior to 1996. The Trust sold all of its pre-1996 Centers to the Section 501(c)(3) organizations listed below:

<u>Year</u>	<u>Location</u>	1 Bedroom	2 Bedroom	Total Units	<u>Owner</u>
1986	Attalla	11		11	Attalla
1987	Attalla	12		12	Attalla
1988	Glencoe	12		12	Edgar
1990	Glencoe	12		12	Edgar
1991	Glencoe	12		12	Edgar
1993	Glencoe		8	8	Edgar
1995	Gadsden	4	8	12	C.H.
1996	Gadsden	12		12	C.H.
1997	Glencoe	4	8	12	Edgar
1997	Butler	8	4	12	Butler
1997	Scottsboro	6	6	12	Caldwell
2002	Attalla	12		12	Attalla
2002	Anniston	<u>44</u>	<u>12</u>	<u>56</u>	Wesley Park Ltd.
		149	46	195	

Estimated number of residents per completed living center (1.25 per unit): 244

NOTE:

<sup>&</sup>quot;Edgar" means Edgar Senior Care Foundation, a Section 501 (c)(3) organization

<sup>&</sup>quot;C.H." means Covenant House, a Section 501(c)(3) organization

<sup>&</sup>quot;Butler" means Butler Senior Care Foundation, a Section 501(c)(3) organization

<sup>&</sup>quot;Caldwell" means Caldwell-Dawson Foundation, a Section 501(c)(3) organization

#### Form 990, Page 2, Part III, Question 4a (Continued)

- "Attalla" means Attalla Housing and Social Services, Inc., a Section 501(c)(3) organization
- "Wesley Park Ltd." means Wesley Park A Methodist Home for the Aging, Inc. a Section 501(c)(3) organization.

Approximately 244 elderly residents are housed in the adult living centers. Following the sale of the Holy Name of Jesus Medical Center (formerly known as The Holy Name of Jesus Hospital) in late 1991, the Trust concentrated on developing and improving housing for the elderly. The Trust redesigned its one-bedroom apartment plan to comply with the Americans with Disabilities Act. And the Trust has developed a model two bedroom apartment for the elderly. White Oak Management Corporation, a wholly owned subsidiary of the Trust, provided certain management services for the adult living centers until it was dissolved on December 6, 2006.

NOTE: Although the Trust no longer owns the facilities described above, it maintains a relationship with the owners and has provided some of them with supplemental financing as well as consultation services. The Trust also continues to consider financing elderly living centers as opportunities arise.

During the tax year ending June 30, 1999, the Trust initiated a program to aid the settlement of Bosnian refugees fleeing the turmoil in the Balkans. Thirty families (benefiting a total of 94 individuals) received loans from the trust to enable them to purchase their own homes in Mobile, Alabama. Under federal guidelines refugees are deemed to be under psychological stress and therefore their health is at risk. The families selected for these loans were recommended to the Trust by Catholic Social Services of Mobile, Alabama.

### NOTE: Many of these loans are still outstanding. A few have been paid off. A few are delinquent.

During the tax year ending June 30, 2001, the Trust initiated a new program to aid a group of individuals in Point Clear, Alabama who are direct descendants of former slaves. Due to societal influences and mores, this group of individuals has resided in the area for generations, most dwelling in substandard if not decrepit structures. The living conditions in which these individuals reside subject each one to obvious health risks. Several families received loans from the trust to enable them to renovate or even purchase new homes on that same land. The families selected for these loans were recommended to the Trust by Catholic Social Services of Mobile, Alabama.

NOTE: The default rate for these loans has been higher than expected. The Trust is still working with some of the borrowers who are having difficulty making payments.

During the tax year ending June 30, 2001, the Trust also provided financial assistance in the way of a loan to an elderly daycare facility called Special Years, Inc. located in Selma, Alabama. The loan was used to renovate a house that will be used to provide daycare services for elderly adults

#### Form 990, Page 2, Part III, Question 4a (Continued)

between 6:00 am to midnight daily. Special Years, Inc. is operated by Yvonne Hatcher who is a registered nurse. This program was recommended to the trust by the Director of Catholic Social Services in Mobile, Alabama.

#### NOTE: This facility is still serving elderly adults. The loan is still outstanding.

During the tax year ending June 30, 2002, the Trust participated in financing the construction of the Wesley Park project with another financial institution. Following completion of construction the project received the proceeds of a tax credit lending program which paid down a large portion of Wesley Park's construction debt on February 18, 2005. The remainder of Trust's portion of the unpaid construction loan was converted to a term loan for this project.

### NOTE: This assisted living and continued care community is operating successfully. The term loan is still outstanding.

During the tax year ending June 30, 2011, the Trust provided financing for equipment to be used in the New Vocational Center being constructed by Rainbow Omega, Inc., a 501(c) (3) organization that benefits individuals with physical and/or mental disabilities. Amounts are still being advanced. Upon completion of the construction, the advances and any unpaid interest will be converted to a term loan.

#### **NOTE:** This loan is still in the construction stage.

**SUMMARY:** Like the loans made by the Trust to finance medical clinic and elder housing projects and projects to help individuals with physical or mental disabilities, all of the loans described above are intended to help people cope with health problems. The loans are made at below market rates to people and entities who would otherwise not be eligible for conventional financing. Loans have been made to both individuals and 501(c)(3) organizations.

#### **CONSULTING AGREEMENT**

In the tax year ending June 30, 1995, the Trust entered into a Consulting Agreement with the Missionary Servants of the Most Blessed Trinity to provide additional guidance and assistance in (a) fulfilling the purposes of the Trust and (b) determining eligibility of participants in Trust projects.

Form 990, Page 2, Part III, Question 4a (Continued)

#### **CURRENT ACTIVITY**

The Sister Consultant meets regularly with the Trust Officer responsible for administering the Trust to review existing projects and to consider new projects. The Trust continuously searches for and evaluates potential projects to benefit and enhance medical services in the State of Alabama. Projects under consideration as of early 2011 include prescription medication programs in Madison County and a wellness program in Perry County. Another potential program involves possible financial aid for students interested in nursing careers in rural areas of Alabama. Because of the current economic situation, many tax-exempt organizations have been hampered in their financial ability to undertake projects like those that have received low-interest rate loans in the past from the Trust. The Trust, therefore, is considering other options to benefit and enhance medical services in the State of Alabama.

HOLY NAME OF JESUS HOSPITAL TRUST Form 990 63-6117334

Form 990, Page 8, Part VII, Section B, Question 1

Donald R. Garris Compensation Consultant Fee Deferred Compensation

155,632.44 <u>16,500.00</u> 172,132.44

#### **Court Settlement**

In 1991 First Alabama Bank (now known as Regions Bank), as Trustee of the Holy Name of Jesus Hospital Trust, filed a Request for Instructions in the Circuit Court of Etowah County, Alabama, In Equity (Civil Action No. CV 91-843-DWS). The Request for Instructions sought guidance on certain issues that arose following the sale of the Holy Name of Jesus Medical Center, a hospital owned and operated by the Holy Name of Jesus Medical Center, Inc. A Final Order in the case was entered on October 5, 1994, implementing a settlement agreement.

As part of the settlement agreement, the Trustee accepted responsibility for an annuity contract entered into by and between the Holy Name of Jesus Medical Center, Inc., an Alabama corporation, and Donald R. Garris, a former employee of the Holy Name of Jesus Medical Center, Inc. During the tax year ending June 30, 1995, the Trustee began making payments to Mr. Garris pursuant to the annuity contract. The Trust gives a Form 1099 to Mr. Garris with reference to these payments.

The Trust is carrying this annuity contract on its books as a liability. As each annuity payment is made, the liability decreases by the same amount as the payment. The liability is shown on Form 990, Part IV, at Line 65.

The annuity contract is related to services performed by Mr. Garris on behalf of the Holy Name of Jesus Medical Center (a hospital formerly known as the Holy Name of Jesus Hospital). Mr. Garris' services benefited and enhanced medical services for the Holy Name of Jesus Hospital and medical services in the State of Alabama, which are the purposes of the Holy Name of Jesus Hospital Trust. The Holy Name of Jesus Medical Center, Inc. is an organization recognized by the IRS as being described in Section 501(c)(3).

#### Form 990, Page 3, Part IV, Question 6

As required by Article 11 of the Holy Name of Jesus Trust Agreement, the Trust has historically benefited and enhanced medical services in the Holy Name of Jesus Hospital and medical services in the State of Alabama. The Trust has tried to improve medical services to the elderly, the handicapped, the disadvantaged, the sick and the poor sick by providing adequate housing to the elderly and by attracting physicians and medically related services to Gadsden as well as to other areas in Alabama. The Trust has provided loans at reasonable interest rates for the development of medical clinics, a not-for-profit ambulance service and development of physical facilities at the Holy Name of Jesus Medical Center. Since 1980 the Trust has assisted in attracting approximately 60 physicians to economically depressed areas in Alabama.

The trust has made investments in areas that would benefit the citizens of Alabama with hospital care, home health care, and elderly housing. The Trust has financed 12 adult living centers for the elderly and participated in a jointly financed adult living center (the Wesley Park Center).

Approximately 244 elderly residents are housed in the adult living centers. Following the sale of the Holy Name of Jesus Medical Center (formerly known as The Holy Name of Jesus Hospital) in late 1991, the Trust concentrated on developing and improving housing for the elderly. The Trust redesigned its one-bedroom apartment plan to comply with the Americans with Disabilities Act. The Trust also developed a model two bedroom apartment for the elderly. White Oak Management Corporation, a wholly owned subsidiary of the Trust, provided certain management services for the adult living centers until it was dissolved on December 6, 2006.

NOTE: Although the Trust no longer owns any of the adult living centers, it maintains a continuing relationship with the owners and has provided some of them with supplemental financing as well as consultation services. The Trust also continues to consider financing elderly living centers as opportunities arise.

During the tax year ending June 30, 1999, the Trust initiated a program to aid the settlement of Bosnian refugees fleeing the turmoil in the Balkans. So far, thirty families (benefiting a total of 94 individuals) have received loans from the trust to enable them to purchase their own homes in Mobile, Alabama. Under federal guidelines refugees are deemed to be under psychological stress and therefore their health is at risk. The families selected for these loans were recommended to the Trust by Catholic Social Services of Mobile, Alabama.

### NOTE: Many of these loans are still outstanding. A few have been paid off. A few are delinquent.

During the tax year ending June 30, 2001, the Trust initiated a new program to aid a group of individuals in Point Clear, Alabama who are direct descendants of former slaves. Due to societal influences and mores, this group of individuals has resided in the area for generations, most dwelling in substandard if not decrepit structures. The living conditions in which these

#### Form 990, Page 3, Part IV, Question 6 (continued)

individuals reside subject each one to obvious health risks. Several families received loans from the trust to enable them to renovate or even purchase new homes on that same land. The families selected for these loans were recommended to the Trust by Catholic Social Services of Mobile, Alabama.

#### NOTE: The default rate for these loans has been higher than expected.

During the tax year ending June 30, 2001, the Trust also provided financial assistance in the way of a loan to an elderly daycare facility called Special Years, Inc. located in Selma, Alabama. The loan was used to renovate a house that will be used to provide daycare services for elderly adults between 6:00 am to midnight daily. Special Years, Inc. is operated by Yvonne Hatcher who is a registered nurse. This program was recommended to the trust by the Director of Catholic Social Services in Mobile, Alabama.

#### NOTE: This facility is still serving elderly adults.

During the tax year ending June 30, 2002, the Trust participated in financing the construction of the Wesley Park project with another financial institution. Following completion of construction the project received the proceeds of a tax credit lending program which paid down a large portion of Wesley Park's construction debt on February 18, 2005. The remainder of Trust's portion of the unpaid construction loan was converted to a term loan for this project.

#### NOTE: This term loan is still outstanding.

During the tax year ending June 30, 2011, the Trust provided financing for equipment to be used in the New Vocational Center being constructed by Rainbow Omega, Inc., a 501(c) (3) organization that benefits individuals with physical and/or mental disabilities. Amounts are still being advanced. Upon completion of the construction, the advances and any unpaid interest will be converted to a term loan.

#### NOTE: This loan is still in the construction stage.

**SUMMARY:** Like the loans made by the Trust to finance medical clinic and elder housing projects and projects to help individuals with physical or mental disabilities, all of the loans described above are intended to help people cope with health problems. The loans are made at below market rates to people and entities who would otherwise not be eligible for conventional financing. Loans have been made to both individuals and 501(c)(3) organizations.

#### Form 990, Page 3, Part IV, Question 6 (continued)

#### **CONSULTING AGREEMENT**

In the tax year ending June 30, 1995, the Trust entered into a Consulting Agreement with the Missionary Servants of the Most Blessed Trinity to provide additional guidance and assistance in (a) fulfilling the purposes of the Trust and (b) determining eligibility of participants in Trust projects.

#### **CURRENT ACTIVITY**

The Sister Consultant meets regularly with the Trust Officer responsible for administering the Trust to review existing projects and to consider new projects. The Trust continuously searches for and evaluates potential projects to benefit and enhance medical services in the State of Alabama. Projects under consideration as of early 2011 include prescription medication programs in Madison County and a wellness program in Perry County. Another potential program involves possible financial aid for students interested in nursing careers in rural areas of Alabama. Because of the current economic situation, many tax-exempt organizations have been hampered in their financial ability to undertake projects like those that have received low-interest rate loans in the past from the Trust. The Trust, therefore, is considering other options to benefit and enhance medical services in Alabama.

## Part X, Line 2 Savings and temporary cash investments

Trust Money Market Deposit Fund - Main Account Trust Money Market Deposit Fund - Sub Account	\$ 2,066,436.72 265,303.26
SAVINGS AND TEMPORARY CASH INVESTMENTS	\$ 2,331,739.98

#### Holy Name of Jesus Hospital Trust <u>EIN 63-6117334</u> <u>FYE 6/30/2011</u>

#### Part VIII, Line 7 Gain or Loss from Sale of Securities

Sale Date	Purchase Date	Description	Gross Sales Price	Cost or Other Basis	Net Gain or (Loss)
Various	7/23/2003	GNMA #614559	\$ 11.952 52	\$ 12,355 93	\$ (403 41)
7/8/2010	7/8/2010	033 shares Frontier Communications Corp	0 25	0 32	(0 07)
8/13/2010	2/18/2005	250,000 units Federal Home Ln Bank 4 125%	250,000 00	249,552 00	448 00
8/15/2010	12/6/2005	400,000 units Federal National Mortgage Assn 4 25%	400,000 00	389,944 40	10,055 60
8/6/2010	7/8/2010	198 shares Frontier Communications Corp	1,483 37	1,937 66	(454 29)
8/17/2010	11/20/2009	325 shares Transocean Ltd	17,859 38	27,277 64	(9,418 26)
8/27/2010	1/29/2008	1,450 shares Dell Inc	17,471 04	30,160 00	(12,688 96)
8/27/2010	1/29/2008	950 shares Walt Disney Co	31,041 28	27,683 00	3,358 28
8/27/2010	6/27/2008	100 shares Eaton Corp	7,167 89	9,109 46	(1,941 57)
8/27/2010	1/29/2008	550 shares Exelon Corp	22,369 65	38,671 05	(16,301 40)
8/27/2010	5/13/2008	100 shares Norfolk Southern Corp	5,444 92	6,205 46	(760 54)
11/15/2010	11/6/2003	400,000 units Federal Home Loan Bank	400,000 00	398,050 00	1,950 00
1/18/2011	1/13/2006	400,000 units Federal Home Loan Mortgage Corp	400,000 00	400,000 00	•
2/15/2011	3/18/2004	500,000 units Federal Home Loan Bank	500,000 00	500,000 00	-
2/18/2011	10/30/2007	400,000 units Federal Home Loan Bank	400,000 00	400,000 00	-
3/30/2011	4/30/2004	520 shares Abbott Labs	24,945 47	21,612 68	3,332 79
3/1/2011	12/17/2008	400 shares Eaton Corp	41,663 34	19,050 88	22,612 46
3/1/2011	5/13/2008	590 shares Tiffany & Co	35,426 28	25,131 52	10,294 76
3/1/2011	1/29/2008	600 shares Wal Mart Stores Inc	31,157 40	29,332 92	1,824 48
4/15/2011	5/18/2006	250,000 units Federal National Mortgage Assn 5 25%	250,000 00	249,371 00	629 00
5/16/2011	4/18/2011	468,423 3 units Federal Home Loan Mtg Corp Pool	14,513 25	15,431 67	(918 42)
5/25/2011	4/18/2011	467,135 02 units Federal National Mortgage Assn	16,984 80	18,107 39	(1,122 59)
5/2/2011	5/18/2006	400,000 units United States Treasury 4 875%	400,000 00	399,343 75	656 25
5/31/2011	6/11/2010	100,000 units United States Treasury 4 875%	100,000 00	100,000 00	-
6/15/2011	4/18/2011	453,910 05 units Federal Home Loan Mtg Corp Pool	14,329 78	15,236 59	(906 81)
6/27/2011	4/18/2011	450,150 22 units Federal National Mortgage Assn	16,993 67	18,116 85	(1,123 18)
		Total Gain/Loss	\$ 3,410,804 29	\$ 3,401,682 17	\$ 9,122 12

#### **Holy Name of Jesus Hospital Trust**

#### Form 990 EI 63-6117334 FYE 6/30/2011

#### Part VIII, Line 3, Investment Income

	ľ	Money				
		Market	Su	b-Acct		Totals
		···		-		***************************************
July	\$	30.68	\$	7.16	\$	37.84
August		27.73		8.45		36.18
September		28.63		8.45		37.08
October		19.72		6.61		26.33
November		21 09		6.34		27.43
December		27.13		6.13		33.26
January		20.12		6.34		26.46
February		25.14		6.68		31.82
March		37.78		6.09		43.87
April		55.78		6.76		62.54
May		35.64		4.80		40.44
June		33.66		4.51		38.17
	\$	363.10	\$	78.32	\$	441.42
					=	
	1	U. S. Governi	nent I	nterest		
July					\$	-
August						13,377.67
September						3,925.19
October						-
November						26,743.91
December						5,015.14
January						-
February						16,769.35
March						2,266.43
April						-
May						26,707.95
June						5,021.78
					\$	99,827.42
					===	

#### **Corporate Bonds Interest**

Bank of America \$ 1	1,216.60
•	2,204.03
•	9,625.00
	2,955.36
•	9,000.00
	6,622.29
	4,773.54
	6,571.25
S .	4,268.81
	2,799.86
	1,875.00
•	9,000.00
	9,071.15
	3,852.22
	9,851.02
	1,875.00
•	8,664.41
·	9,550.95
	2,113.00
	8,316.05
	1,323.92
	3,437.50
T	9,466.69
	4,944.18
	8,809.84
•	3,063.20
	5,250.87

#### **Holy Name of Jesus Hospital Trust**

#### Form 990 EI 63-6117334 FYE 6/30/2011

#### Dividend income

3M	\$	838.50
Abbott Laboratories	Ψ	686.40
Allergan		100.00
American Europacific		2,631.68
American Express		446.40
Apache		180.00
Bank of America		80.00
Blackrock		481.24
Caterpillar		880.00
Chevron		1,058.40
Cisco Systems		75.00
CVS/Caremark Corporation		403.74
Eaton		794.00
Emerson Electric		189.75
Exelon		288.75
Exxon Mobile Corp		761.50
General Electric		787.50
Goldman Sachs Group		280.00
Halliburton		360.00
Hess Corporation		204.00
Intel Corp		989.00
Ishares TR Lehman Agg		38,865.32
J P Morgan Chase & Co		300.00
Johnson & Johnson		1,095.00
MFS Resh Intl		2,412.23
Mattel		1,290.00
McGraw Hill		727.50
Merck & Co.		883.50
Microsoft		647.60
Monsanto		359.12
Nextera Energy		760.00
Norfolk Southern		796.00
Oppenheimer Main St		746.22
Oracle Corporation		262.50
PepsiCo		977.50
Phillip Morris International		1,337.50
Pioneer Growth Fund A		1,400.43
Proctor & Gamble		1,024.62
Prudential Financial		690.00
Qualcomm		529.87
Robert Half International		540.00
Schlumberger		440.00

#### Form 990 EI 63-6117334 FYE 6/30/2011

#### (Continued)

Staples	444.00
State Street Corp	152.25
Stryker	396.00
Teva Pharmaceutical	451.14
Texas Instruments	112.45
Tiffany & Co	442.50
Travelers	953.60
United Technologies	789.75
Verizon Communications	1,598.44
VF Corp	933.75
VISA	186.87
Walgreen	595.00
Wal Mart	363.00
	\$ 76,019.52
Total Dividend and Interest Income from securities	\$ 631,539.23

#### Part X, Line 11 Investments - securities

Purchase Date	Quantity	Description	Value Method	Corporate Stocks	Preferred Stocks	Corporate Bonds	Other Securities	Non-Gov't Securities
Date	Quantity		vernment Sec		Biocks	Dongs	Securities	Securities
7/27/2009	250,000	BB& T Corporation 7/27/2012	Cost			249,902 50		249,902 50
10/15/2004	250,000	Bank of America Corp 9/15/12	Cost			251,547 81		251,547 81
11/29/2010	250,000	Barclays Bank PLC 4/7/2015	Cost			264,387 36		264,387 36
5/20/2009	250,000	Caterpillar Financial Svcs Corp 2/17/14	Cost			257,847 26		257,847 26
7/13/2005	200,000	Emerson Electric	Cost			198,432 00		198,432 00
8/17/2010	380,000	Federal Farm Credit Bank 4/17/2014	Cost			399,292 60		399,292 60
10/30/2007	400,000	Federal Home Loan Mtg (FHLMC) 07/15/2013	Cost			398,015 95		398,015 95
5/18/2009	100.000	Federal Home Loan Mtg (FHLMC) 07/15/2013	Cost			105,968 32		105,968 32
4/18/2011	468,423	Federal Home Loan Mtg Corp Pool (FHLMC) 06/01/2023	Cost			467,397 45		467,397 45
1/19/2005	250,000	Fed Natl Mtg Assn (FNMA) 09/15/12	Cost			250,515 90		250,515 90
1/13/2006	400,000	Fed Natl Mtg Assn (FNMA) 09/15/12	Cost			393,508 17		393,508 17
1/13/2006	400,000	Fed Natl Mtg Assn (FNMA) 03/15/13	Cost			389,520 01		389,520 01
10/30/2007	400,000	Fed Natl Mtg Assn (FNMA) 10/15/2014	Cost			398,488 40		398,488 40
10/30/2007	400,000	Fannie Mae Fed Natl Mtg Assn (FNMA) 05/18/2012	Cost			395,893 97		395,893 97
11/27/2007	250,000	Fed Natl Mtg Assn (FNMA) 04/15/2015	Cost			249,102 13		249,102 13
5/18/2009	250,000	Fed Natl Mtg Assn (FNMA) 4/15/2015	Cost			277,563 95		277,563 95
5/18/2009	100,000	Fed Natl Mtg Assn (FNMA) 3/15/2013	Cost			107,683 80		107,683 80
5/18/2009	100,000	Fannie Mae Fed Natl Mtg Assn (FNMA) 5/18/2012	Cost			108,723 26		108,723 26
4/18/2011	467,135	Fed Natl Mtg Assn Pool (FNMA) 12/1/2023	Cost			461,785 49		461,785 49
5/18/2009	500,000	FHLB 10/18/13	Cost			525,250 00		525,250 00
1/20/2005	250,000	GECC 11/21/11	Cost			249,330 00		249,330 00
11/29/2010	250,000	GECC 12/28/12	Cost			260,046 41		260,046 41
7/23/2003	250,000	GNMA #614559 5%	Cost			51,507 03		51,507 03
1/25/2005	250,000	Goldman Sachs Grp Inc	Cost			248,310 00		
12/15/2008	200,000	Hewlett-Packard Co	Cost			198,500 00		248,310 00 198,500 00
1/6/2010	200,000	International Business Machines	Cost			217,891 85		217,891.85
5/31/2005	250,000	JP Morgan & Chase & Co	Cost			249,862 50		249,862 50
6/11/2010	200,000	John Deere Capital Corp	Cost			205,737 27		205,737 27
3/5/2008	250,000	McDonalds Corp Series	Cost			251,910 66		251,910 66
6/11/2010	200,000	Morgan Stanley Group Inc Series	Cost			206,188 41		206,188 41
1/6/2010	200,000	Oracle Corporation	Cost			216,501 37		216,501 37
3/5/2008	250,000	SBC Communications Inc Callable	Cost			252,498 67		252,498 67
1/6/2010	200,000	Shell Inti Fin Make Whole	Cost			214,433 77		214,433 77
12/17/2008	250,000	Southern Co Series A DTD	Cost			252,014 67		252,014 67
11/29/2007	250,000	Target Corp Callable 5 375%	Cost			247,677 50		247,677 50
7/13/2006	10,000	Ishares TR Lehman Add Bnd	Cost			977,823 00		977,823 00
5/20/2009	250,000	Verizon Communications	Cost			252,985 23		252,985 23
3/1/2010	250,000	Wal Mart Stores Inc	Cost			261,701 51		261,701 51
5/20/2009	250,000	Walt Disney	Cost			256,493 49		
7/7/2008	250,000	Wells Fargo & Co	Cost			250,099 32		256,493 49 250,099 32
1/29/2008	390	3M Co	Cost	29,650 46		230,077 32		•
1/29/2008	260	Allergan Inc	Cost	16 948 00				29,650 46
5/13/2008	10	Allergan Inc	Cost	532 15				16,948 00
12/17/2008	230	Allergan Inc	Cost	8,153 73				532 15
12/28/2009	3,888	American Europacific Grth-F2	Cost	149,721 00				8,153 73
1/29/2008	620	American Express Co	Cost	29,492 29				149,721 00
1/27/2008	020	American Express Co	Cost	29,492 29				29,492 29

Continued on next page

#### Part X, Line 11 Investments - securities

Purchase Date	Quantity	Description	Value Method	Corporate Stocks	Preferred Stocks	Corporate Bonds	Other Securities	Non-Gov't Securities
1/12/2010	200	A	Cont	21 500 72				31,590 72
1/12/2010 8/27/2010	300 950	Apache Corporation Auto Desk Inc	Cost Cost	31,590 72 27,121 45				27,121 45
12/28/2009	2,000	Bank of America Corp	Cost	30,460 00				30,460 00
2/24/2011	175	Blackrock Inc	Cost	34,698 84				34,698 84
2/10/2010	500	Caterpillar Inc	Cost	26,918 25				26,918 25
7/13/2006	700	Chevron	Cost	17,058 60				17,058 60
1/29/2008	950	CISCO Systems Inc	Cost	23,655 00				23,655 00
12/17/2008	300	CISCO Systems Inc	Cost	5,117 46				5,117 46
11/13/2003	20	CVS Corp	Cost	18,362 04				18,362 04
		CVS Corp	Cost	(3,600 40)				(3,600 40)
12/17/2008	130	CVS/Caremark Corporation	Cost	3,712 33 19,205 21				3,712 33
1/29/2008	1,180 570	E M C Corp Mass E M C Corp Mass	Cost Cost	6,080 87				19,205 21 6,080 87
12/17/2008 2/24/2011	550	Emerson Electric Co	Cost	32,617 64				32,617 64
7/13/2006	350	Exxon Mobil Corp	Cost	14,988 75				14,988 75
8/27/2010	100	Exxon Mobil Corp	Cost	5,953 00				5,953 00
3/23/2010	1,575	General Electric Co	Cost	28,899 83				28,899 83
12/17/2008	200	Goldman Sachs Group Inc	Cost	14,026 00				14,026 00
2/24/2011	60	Google Inc CL A	Cost	36,301 05				36,301 05
5/13/2008	30	Halliburton Co	Cost	1,436 59				1,436 59
12/17/2008	970	Halliburton Co	Cost	15,925 65				15,925 65
5/28/2009 9/2/1998	510 600	Hess Corporation Intel Corp (Stock Split)	Cost Cost	30,997 80				30,997 80
6/29/2004	400	Intel Corp	Cost	19,078 13				19,078 13
1/29/2008	460	Intel Corp	Cost	9,393 20				9,393 20
1/29/2008	660	J P Morgan Chase & Co	Cost	29,593 28				29,593 28
12/17/2008	90	J P Morgan Chase & Co	Cost	2,662 20				2,662 20
5/23/2001	500	Johnson & Johnson	Cost	21,131 25				21,131 25
2/21/2008	750	Juniper Networks Inc	Cost	19,630 65				19,630 65
12/17/2008	350	Juniper Networks Inc	Cost	6,019 37				6,019 37
12/31/2004	94	Lucent Technologies	Cost	1 00				1 00
8/17/2010	1,000	Mattel Inc	Cost	22,331 90				22,331 90
2/9/2010 8/27/2010	750 775	McGraw Hill Inc Merck & Co, Inc	Cost Cost	25,702 50 27,159 33				25,702 50 27,159 33
12/28/2009	10,414	MFS Resh Intl Fd Cl I	Cost	149,957 50				149,957 50
9/2/1998	80	Microsoft Corp	Cost	8,944 98				8,944 98
9/19/2003	500	Microsoft Corp	Cost	14,874 40				14,874 40
8/27/2010	180	Microsoft Corp	Cost	4,323 11				4,323 11
7/2/2009	195	Monsanto Co New	Cost	14,196 10				14,196 10
9/15/2009	105	Monsanto Co New	Cost	8,279 68				8,279 68
12/28/2009	25	Monsanto Co New	Cost	2,066 25				2,066 25
8/27/2010	475	Nextera Energy, Inc	Cost	25,567 25				25,567 25
5/13/2008	310	Norfolk Southern Corp	Cost	19,236 92				19,236 92
12/17/2008 12/28/2009	190 740	Norfolk Southern Corp Oppenheimer Main St Small Cap Fd Cl Y	Cost Cost	8,613 57 13,038 63				8,613 57
1/25/2009	8,704	Oppenheimer-Y	Cost	161,552 00				13,038 63 161,552 00
5/12/2008	467	Oppenheimer-Y	Cost	9,207 30				9,207 30
1/29/2008	1,250	Oracle Corporation	Cost	25,725 00				25,725 00
9/12/2003	345	Pepsico	Cost	14,952 89				14,952 89
12/17/2008	155	Pepsico	Cost	8,027 17				8,027 17
2/5/2009	285	Philip Morris International Inc	Cost	10,566 86				10,566 86
6/26/2009	250	Philip Morris International Inc	Cost	10,707 05				10,707 05
12/28/2009	861	Pioneer Select Mid Cap Growth Y	Cost	13,031 85				13,031 85
5/15/2009	10,689 812	Proneer Select Mid Cap Growth Y  Proneer Fundamental County Fund CL A (such as and 3/6/10)	Cost	167,220 90				167,220 90
5/15/2009 11/26/2010	4,636 122	Pioneer Fundamental Growth Fund CL A (exchanged 3/5/10) Pioneer Fundamental Growth Fund CL A	Cost Cost	64,311 80 1,310 99				64,311 80
12/22/2010	8	Pioneer Fundamental Growth Fund CL A	Cost	89 44				1,310 99 89 44
1/29/2008	450		Cost	29,766 69				29,766 69
12/17/2008	70	Procter & Gamble Co	Cost	4,037 60				4,037 60
1/29/2008	20	Prudential Financial Inc	Cost	1,615 49				1,615 49
12/17/2008	580	Prudential Financial Inc	Cost	14,891 27				14,891 27
8/26/2005	445	Qualcomm Inc	Cost	17,847 08				17,847 08
12/17/2008	230	Qualcomm Inc	Cost	7,716 09				7,716 09
							Conti	nued on next page
6/26/2009	1,000 000	Robert Half Intl Inc	Cost	23,249 10				23,249 10
1/29/2008	270	Schlumberger Ltd	Cost	21,730 01				23,249 10
12/17/2008	230	Schlumberger Ltd	Cost	9,231 38				9,231 38
3/23/2010	1,200	Staples	Cost	28,836 00				28,836 00
11/20/2009	725	State Street Corp	Cost	29,614 88				29,614 88
1/29/2008	430	Stryker Corp	Cost	29,804 51				29,804 51
12/17/2008	170	Stryker Corp	Cost	6,789 49				6,789 49
3/16/2009	550	Teva Pharmaceutical Inds Spons Adı One	Cost	23,781 40				23,781 40

#### Part X, Line 11 Investments - securities

Purchase Date	Quantity	Description	Value Method	Corporate Stocks	Preferred Stocks	Corporate Bonds	Other Securities	Non-Gov't Securities
3/25/2011	865	Texas Instrs Inc	Cost	30,040 76			5000771100	30,040 76
10/17/2008	345	Thermo Fisher Scientific, Inc	Cost	15,744 39				15,744 39
12/17/2008	255	Thermo Fisher Scientific, Inc	Cost	8,021 38				8,021 38
1/29/2008	640	Travelers Companies, Inc	Cost	29,591 30				29,591 30
1/28/2005	50	United Technologies Corp	Cost	12,633 07				12,633 07
6/13/2005	200	United Technologies Corp (2 for 1 stock split)	Cost					, <u>-</u>
1/29/2008	10	United Technologies Corp	Cost	720 85				720 85
12/17/2008	190	United Technologies Corp	Cost	8,995 82				8,995 82
1/29/2008	790	Verizon Communications	Cost	28,138 51				28,138 51
12/28/2009	35	Verizon Communications	Cost	1,175 65				1,175 65
2/9/2010	375	VF Corp	Cost	27,171 86				27,171 86
3/5/2010	325	Visa Inc	Cost	28,607 15				28,607 15
1/29/2008	535	Walgreen Co	Cost	18,431 28				18,431 28
12/17/2008	315	Walgreen Co	Cost _	8,142 18				8,142 18

\$ 2,060,853 95 \$ - \$ 11,472,338 99 \$ - \$ 13,533,192 94 (65,712 23)

\$ 1,995,141 72

#### Government Securities

	_		Value	US	Total Gov't
	Description	•	Method	Government	Securities
3/24/2004	250,000	US T-Notes - 2/15/14, 4 0%	Cost	252,122 00	252,122 00
2/18/2005	200,000	US Treasury Notes - 11/15/12, 4 0%	Cost	198,515 62	198,515 62
5/31/2005	250,000	US Treasury Notes - 5/15/15, 4 125%	Cost	251,093 34	251,093 34
5/18/2006	100,000	US Treasury Notes - 5/15/16, 5 125%	Cost	100,259 49	100,259 49
9/18/2006	500,000	US Treasury Notes - 8/15/16, 4 875%	Cost	501,080 66	501.080 66
5/15/2007	100,000	US Treasury Notes - 11/15/15, 4 5%	Cost	98,714 84	98,714 84
7/2/2008	250,000	US Treasury Notes - 6/30/13, 3 375%	Cost	246,769 11	246,769 11
5/18/2009	100,000	US Treasury Notes - 6/30/13, 3 375%	Cost	106,882 81	106,882 81
12/11/2008	50,000	US Treasury Notes - 11/15/12, 4 0%	Cost	55,875 00	55,875 00
5/18/2009	100,000	US Treasury Notes - 11/15/12, 4 0%	Cost	97,816 16	97.816.16
12/11/2008	150,000	US Treasury Notes - 11/15/15, 4 5%	Cost	166,408 36	166,408 36
12/11/2008	250,000	US Treasury Notes - 5/15/18, 3 875%	Cost	268,909 50	268,909 50
1/6/2010	75,000	US Treasury Notes - 11/15/12, 4 0%	Cost	80,337 89	80,337 89
8/17/2010	375,000	US Treasury Nots - 9/30/14, 2 375%	Cost	390,727 77	390,727 77
			•	\$ 2,815,512 55	\$ 2,815,512 55
				\$ 2,815,512 55	
		Total Securities			\$ 16,348,705 49

#### Part X, Line 7 Other notes and loans receivable

- 1 Attalla Housing Authority 3.5% (Dated 3/31/99)
- 2 Attalla Housing & Social Svc 3.5% (Dated 6/28/01)
- 3 Bilbo, Mary 6%
- 4 Butler Cares, Inc. 8%
- 5 Caldwell-Dawson Living Center 8%
- 6 Covenant House Senior Care 7.625% 10/1/17
- 7 Covenant House Senior Care 8% 11/01/17
- 8 Doan, Hue 6% (formerly Jakupovik note)
- 9 Ducas, Solomon & Marta 5% Refinance
- 10 Hatcher, Yvonne 5%
- 11 Juric-Vidic, Stefica 5%
- 12 Missionary Servants
- 13 Rainbow Omega, Inc.
- 14 Wasp, Daryl & Sylvia 5%
- 15 Wesley Park, LTD.

#### Part IX, Professional Fees

	Line 11b, Legal Fees	Line 11c, Accounting Fees
July	\$ -	\$ 300.00
August	126.00	1,349.00
September	-	2,176.00
October	-	365.00
November	-	300.00
December	18,191.62	300.00
January	175.69	•
February	-	•
March	-	1,085.00
April	11,128.68	300.00
May	9,036.75	300.00
June		300.00
	\$ 38,658.74	\$ 6,775.00

Accounting fees paid to Barfield, Murphy, Shank, & Smith P.C.

Legal fees paid to: Burr & Forman LLP

Adams and Reese LLP

and Sirote and Permutt PC

#### Part I, Line 9 Program Service Revenue Part VIII, Line 2a Program Service Revenue (a) Mortgages

	Mortgage Interest		
1 Attalla Housing Authority 6% 4-1-09	\$	7,174 91	
2 Attalla Housing & Social Svcs 6% 3/1/22		6,120 65	
3 Bilbo, Mary		579.28	
4 Butler Cares, Inc		6,033.57	
5 Caldwell-Dawson Living Center		11,140.68	
6 Covenant House Senior Care 7 65% 10/01/17		8,351.23	
7 Covenant House Senior Care 8% 11/01/17		7,787.24	
8 Hatcher, Yvonne		1,148.52	
9 Juric-Vidic, Stefica		1,700.90	
10 Missionary Servants		158,295.97	
11 Doan, Hue 6% (formerly Jakupovik)		1,663.29	
12 Wasp, Daryl & Sylvia		4,221.28	
13 Wesley Park, Ltd		34,651.59	
	\$	248,869.11	

#### **Holy Name of Jesus Hospital Trust**

Form 990 EIN 63-6117334 FYE 6/30/2011

#### Part VII, Trustees Regions Bank Trustee's Fees

\$ 195,355.78

July	\$ 15,962 24
August	16,107.53
September	16,086.09
October	16,240.95
November	16,379.23
December	16,317.46
January	16,291.41
February	16,335.19
March	16,364.68
April	16,326.73
May	16,485.86
June	 16,458.41