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Form **990**

Department of the Treasury

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)

he organization may have to use a conv of this return to satisfy state reporting requirements

OMB No 1545-0047 **2011**

Open to Public Inspection

Internal Reve	enue Se	vice File orga	mizacion may nave to us	se а сору	or this return to :	satisty s	state reporting	requirein	ents	Inspection
A Forth	he 20		or tax year beginning 0:	1-01-2011	and ending 12	-31-201	1	D 5		
B Check	ıf appl	cable C Name of org	anization HEALTH SERVICES FOUNDAT	TION INC				D Embio	уег та	entification number
Addres	s chan	ge	oc Ac					43-19 E Telepho		
Name	chang	Doing busine	55 AS							
— Initial r	eturn	Number and	street (or P O box if mail is	not delivere	d to street address)	Room/su	ııte	(601)		
— Termın	ated	969 LAKELAN			ĺ	,		G Gross re	eceipt	s \$ 1,323,390
— Amend	ed ret	urn City or town,	state or country, and ZIP +	4						
— Applica		JACKSON, MS	S 39216							
, ,ppea	.с.о р		and address of principa	l officer						_
			HARBARGER	ii oilicei			H(a) Is the affilia		retu	n for
			ELAND DRIVE							
		JACKSON	N,MS 39216				H(b) Are al			
Tax-ex	xempt	status	501(c) () ◄ (insert	no)	.947(a)(1) or \Box 5	527	_			t (see instructions)
				, ,			H(c) Grou	p exempt	1011 11	ullibel F
webs	site: i	► WWW STDOM C	J M				<u> </u>			
		iization 🔽 Corporation	Trust Association	Other 🟲			L Year of fo	rmation 20	02	M State of legal domicile MS
Part	I	Summary								
Governance	TH SE AN	EST DOMINICH RVICES,INC FUR	rganization's mission or EALTH SERVICES FOU THERING THE TWO MA TIVES THAT COMMU	UNDATIO AIN MINI	N SUPPORTS T STRIES OF EDU	HE MIS JCATIO	N AND HEAL	TH CARE	THR	OUGH FUNDRAISING
ة <u>ت</u>	 2 Ch	eck this box ► if	the organization discon	itinued its	operations or di	sposed	of more than 2	5% of its	neta	assets
න්		•	nbers of the governing b						3	16
₽ 4		_	nt voting members of th						4	15
<u> </u>			duals employed in calei					İ	5	0
दें ∣ ∈	5 To	tal number of volun	teers (estimate if neces	ssary) .				•	6	0
;	7a To	tal unrelated busine	ess revenue from Part V	/III, colun	nn (C), line 12				7a	0
	ьNe	t unrelated busines	s taxable income from	Form 990	-T, line 34 .				7b	0
							Prio	r Year		Current Year
_ 8	В	Contributions and g	rants (Part VIII, line 1	h)				865,8	324	1,321,910
Havenue 10	9	rogram service rev	venue (Part VIII, line 2	g)					0	0
를 1 0	D :	nvestment income	(Part VIII, column (A)		1,8	353	1,480			
¹⁵ 11		•	t VIII, column (A), line			0	0			
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)							867,677		1,323,390
13			amounts paid (Part IX,		326,9	_	253,529			
14			or members (Part IX, co					, ,	0	0
15			pensation, employee be							
8		5-10)							0	0
Expenses	6a	Professional fundrai	ısıng fees (Part IX, colu	ımn (A), lıı	ne 11e)				0	0
<u></u> ^ 급	Ь	Total fundraising expens	ses (Part IX, column (D), line	e 25) ► -						
_ 17			art IX, column (A), lines						954	918
18			d lines 13-17 (must ed					327,9	_	254,447
. 07	9	Revenue less exper	nses Subtract line 18 fi	rom line 1	2		 	539,7	-	1,068,943
පර පරි							I	j of Currei ear	nt	End of Year
6 E 20	0 .	Fotal assets (Part)	K, line 16)				<u> </u>	2,990,3	354	4,093,918
Fund Balances Fund Balances			rt X, line 26)					. ,	0	42,933
₽₽ 22			balances Subtract line					2,990,3	354	4,050,985
Part I		Signature Bloc								
Under pe	enaltie ge and	s of perjury, I declar	e that I have examined th							to the best of my of which preparer has any
		***** Signature of officer						12-11-08 ate		
Sign		-					Da	irc		
Here		CLAUDE HARBARGER Type or print name a	CURRENT PRESIDENT nd title							
Paid Prepare	s	reparer's MARSHA	H DIECKMAN CPA		Date 2012-10-29		Check if self- employed 🕨 🦵	Preparer's (see instr P0024674	ruction	ayer identification number s)
Prepare Use Onl	v i	ırm's name (or yours \ self-employed),	•					EIN ▶ 20	-1941	244
Joe UIII	y a	ddress, and ZIP + 4	1020 HIGHLAND COLONY I	PKWY STE 4	00			<u> </u>		504) 005 :
			RIDGELAND MS 39157					Phone no) F (601) 326-1000

THE ST DO INC FURT INITIATIV 2 Did the p If "Ye 3 Did the	Check if Schedule O contains Check if Schedule O contains Cly describe the organization's middle of the contains CMINIC HEALTH SERVICES FOR HERING THE TWO MAIN MINIS CESTHAT COMMUNICATE A Contain of the organization undertake any significant of the containing of t	gnificant program se on Schedule O g, or make significant chedule O gervice accomplishm	PRTS THE MISSION AS TION AND HEALTH CASE, ESTABLISH COMM TVICES during the year t changes in how it con	ARE THROUGH FUNDRAIS NUNITY AND PERFORM SE which were not listed on nducts, any program	Yes Vo
THE ST DO INC FURT INITIATIV 2 Did the p If "Ye 3 Did the	Ty describe the organization's middle organization of the DMINIC HEALTH SERVICES FOR HERING THE TWO MAIN MINISTES THAT COMMUNICATE A Communication of the organization undertake any surface or some organization of the organization cease conduction of the organization of the organization of the organization's program of the organization's program of the organization of the organization's program of the organization of the organization's program of the organization of the or	gnificant program se on Schedule O g, or make significant chedule O gervice accomplishm	PRTS THE MISSION AT ION AND HEALTH CASE, ESTABLISH COMM rvices during the year t changes in how it con	ARE THROUGH FUNDRAIS NUNITY AND PERFORM SE which were not listed on nducts, any program	INIC HEALTH SERVICES, SING AND GIVING ERVICE Yes No Yes No s, as measured by
THE ST DO INC FURT INITIATIV 2 Did the p If "Ye 3 Did the	DMINIC HEALTH SERVICES FOR HERING THE TWO MAIN MINISTES THAT COMMUNICATE A COMMUNICATE	gnificant program se on Schedule O g, or make significant chedule O gervice accomplishm	rvices during the year t changes in how it con	ARE THROUGH FUNDRAIS NUNITY AND PERFORM SE which were not listed on nducts, any program	Yes Vo
the p If "Ye 3 Did the servi	rior Form 990 or 990-EZ?. es," describe these new services the organization cease conduction ces? es," describe these changes on S ribe the organization's program s these Section 501(c)(3) and 501	on Schedule O g, or make significan chedule O service accomplishm	t changes in how it con	nducts, any program	Yes ✓ No s, as measured by
3 Did tl	the organization cease conducting ces?	g, or make significan chedule O service accomplishm (c)(4) organizations	ents for each of its thr	ee largest program services	s, as measured by
servi	ces?	chedule O service accomplishm (c)(4) organizations	ents for each of its thr	ee largest program services	s, as measured by
If "Y∈	ribe the organization's program s nses Section 501(c)(3) and 501	service accomplishm L(c)(4) organizations			
	nses Section 501(c)(3) and 501	l (c)(4) organizations			
expe			revenue, if any, for each		
4a (Cod	e) (Expenses \$	253,529	ıncludıng grants of \$	253,529) (Revenue \$)
THE :	ST DOMINIC HEALTH SERVICES FOUND STRIES OF EDUCATION AND HEALTH CA MUNITY AND PERFORM SERVICE	ATION SUPPORTS THE M	ISSION AND VISION OF ST	DOMINIC HEALTH SERVICES, INC	
4b (Cod	e) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4c (Cod	e) (Expenses \$		including grants of \$) (Revenue \$)
	er program services (Describe i	n Schedule O) including grants of	:\$) (Revenue \$)
	al program service expenses►\$	253,52	·	<u> </u>	<u> </u>

Part IV (Checklist	of Rea	uired	Schedu	les
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	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I^{2}	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
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, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V $$.	•	. [
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note 76th and 6th and 25 or materials a 250 or materials a 6th (see materials)	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the	_		NI -
	year?	3a		No
	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 or securities			
	account)?	4a		Νo
ь	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? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
r	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
-		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
_	organization solicit any contributions that were not tax deductible?			
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
a	services provided to the payor?	/ a		NO
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		Νo
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		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			110
9	required?	7g		Νo
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		Νo
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. DId			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
9	Sponsoring organizations maintaining donor advised funds.			
_	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11				
11	Section 501(c)(12) organizations. Enter Cross upones from members or charabelders			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	,			
	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			
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? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	13a		
	allocated to each state	134		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
•	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

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

Se	ction 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						
b	Enter the number of voting members included in line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No			
3	Did the organization delegate control over management duties customarily performed by or under the direct	3					
4	supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was			No			
5	filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	4 5		No No			
6	Did the organization have members or stockholders?	6	Yes				
7a							
	7a	Yes					
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders or persons other than the governing body?						
8							
а	8a	Yes					
b							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No			
	ection B. Policies (This Section B requests information about policies not required by the Internal						
Re	venue Code.)						
			Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a		Νo			
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes				
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
ь	Were officers, directors or trustees, and key employees required to disclose annually interests that could give						
	rise to conflicts?	12b	Yes				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes				
13	Did the organization have a written whistleblower policy?	13	Yes				
14	Did the organization have a written document retention and destruction policy?	14	Yes				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1			
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
b	Other officers or key employees of the organization	15b	Yes				
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	16a		No				
b	taxable entity during the year?			.,,			
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b					
Se	ection C. Disclosure			1			
17	List the States with which a copy of this Form 990 is required to be filed►MS						
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)						

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

Own website Another's website V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization DEIDRA BELL 969 LAKELAND DRIVE

JACKSON, MS 39216 (601) 200-6642

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

◆ 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

(A) Name and Title	(B) Average hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustiee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former		MISC)	organizations
(1) SISTER MARY DOROTHEA SONDGEROTH PRESIDENT	1 00	х		Х				0	0	0
(2) SCOTT KERSH DIRECTOR	1 00	х						0	96,140	20,881
(3) BILL BROWN DIRECTOR	50	х						0	0	0
(4) DUANE DEWEY IMMEDIATE PAST CHAIRMAN	50	х		Х				0	0	0
(5) NANCY COOPER GILBERT CHAIRMAN	50	х		Х				0	0	0
(6) SALLY HEDERMAN DIRECTOR	50	х						0	0	0
(7) MARK SHAPLEY DIRECTOR	50	х						0	0	0
(8) GEORGE PICKETT JR DIRECTOR	1 00	х						0	0	0
(9) DAVID MCNAMARA DIRECTOR	50	х						0	0	0
(10) C RALPH DANIEL III MD DIRECTOR	50	х						0	0	0
(11) MELANIE DOWELL SECRETARY	50	х		Х				0	0	0
(12) MARY LOUISE JONES DIRECTOR	50	х						0	0	0
(13) EDDIE MALONEY CHAIR-ELECT	50	х		Х				0	0	0
(14) SEYMOUR POOLEY JR DIRECTOR	50	х						0	0	0
(15) NAT ROGERS DIRECTOR	50	х						0	0	0
(16) D PAUL SEAGO MD DIRECTOR	50	х						0	0	0
(17) DEIDRA BELL TREASURER	1 00			х				0	394,915	42,423

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

	(A) Name and Title A verage hours per unless person week (describe hours hours (C) Position (do not more than one unless person director/trus hours						x, oth)		(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estima amount o compens from to	ited f other sation the on and
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former			MISC)	relat organıza	I .
	IM JETER JTIVE DIRECTOR	40 00			х					0	210,323		29,817
LXLC	TIVE DIRECTOR												
1b	Sub-Total							F					
c d	Total from continuation sheets to Total (add lines 1b and 1c).	o Part VII, Sec		• •	•	•	_	>		0	701,378		93,121
2	Total number of individuals (inclu \$100,000 of reportable compens	ıdıng but not lım	nited to			ted	above) who	receive	d more tha			, ,
												Yes	No
3	Did the organization list any form on line 1a? If "Yes," complete Sch				e, k	ey e	mploy	ee, c	r highes	t compens	ı	_	
4	For any individual listed on line 1 organization and related organization	a, is the sum of	report	able d							n from the	3	No_
5	Individual Did any person listed on line 1a i	receive or accri	e com	• nenco	tion	fror	n anv	• upre	· ·	anization o	<u> </u>	4 Yes	
,	services rendered to the organiza										l l	5	No
Se	ction B. Independent Cont												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax you	the organizatio											
	Nam	(A) ne and business add	fress							Desci	(B) ription of services	(C Comper	
	Total number of independent contr \$100,000 of compensation from t			ot lin	nited	to I	hose	liste	d above)	who receiv	ved more than		

Form 99			(D					Page 9
Part	/111 1	Statement o	or Kevenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
#\$ #	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership du	es 1b					
ું. He	C	Fundraising eve	ents 1c					
<u>≅</u> ,≅	d		zations 1d	20,550				
ĕ <u>E</u>	e	Government grants						
uatio er:	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	1,301,360				
ē.	g		ibutions included in 5.109					
Š	h	lines 1a-1f \$	s 1a-1f	🕨	1,321,910			
	<u>"</u>	Totali // da ilile.		Business Code	, ,			
Program Service Revenue	2a			Business code				
æ ₹	ь							
ъ. П	c	-						
er K	d		_					
e E	e							
Graf.	f	All other progra	am service revenue					
Š	g	Total. Add lines	s 2a-2f					
	3		ome (including dividen					
			ar amounts)		1,480			1,480
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨				
	5	Royalties		-				
		C	(ı) Real	(II) Personal				
	6a b	Gross rents Less rental						
	-	expenses Rental income						
	C	or (loss)						
	d	Net rental inco	me or (loss)					
	7a	Gross amount	(ı) Securities	(II) Other				
		from sales of assets other						
	Ь	than inventory Less cost or						
		other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (los	ss)	▶				
une	8a	Gross income f events (not inc	luding					
Other Revenue			s reported on line 1c) ne 18					
a	b	Less direct ex	penses b					
δ	С		(loss) from fundraising	events 🕨				
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 a					
	b c		penses b (loss) from gaming acti					
	10a	Gross sales of returns and allo						
	b c		oods sold b (loss) from sales of inv	entory • •				
		Miscellaneous		Business Code				
	11a							
	b							
	С							
	d	All other reven	ue					
	е	Total. Add lines	s 11a-11d	🛌				
	12	Total revenue.	See Instructions .	▶	1,323,390	0	0	1,480

Part IX Statement of Functional Expenses

combined educational campaign and fundraising solicitation

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 253,529 253,529 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, 3 organizations, and individuals outside the United States See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 7 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Fees for services (non-employees) 11 Management Legal Accounting Professional fundraising See Part IV, line 17 . . Investment management fees g 12 Advertising and promotion . . . Office expenses 13 14 Information technology 15 Royalties . . 16 17 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Other expenses Itemize expenses not covered above (List 24 miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) BANK SERVICE CHARGE 918 b d е All other expenses 25 Total functional expenses. Add lines 1 through 24f 254,447 253,529 918 Joint costs. Check here ► 🗆 If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a

Pa	irt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	2,990,354	2	3,704,296
	3	Pledges and grants receivable, net		3	374,622
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of			
S		Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
88	8	Inventories for sale or use		8	
q.	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 15,000			
	b	Less accumulated depreciation	0	10 c	15,000
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,990,354	16	4,093,918
	17	Accounts payable and accrued expenses .		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ø	21	Escrow or custodial account liability		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	0	25	42,933
	26	Total liabilities. Add lines 17 through 25	0	26	42,933
	20	Organizations that follow SFAS 117, check here ► 🔽 and complete lines 27		20	42,000
φ		through 29, and lines 33 and 34.			
ä	27	Unrestricted net assets	896,141	27	1,047,177
<u> </u>	28	Temporarily restricted net assets	2,054,213	28	2,489,186
<u></u>	29	Permanently restricted net assets	40,000	29	514,622
r Fund Balance		Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.			
s or	30	Capital stock or trust principal, or current funds		30	
sets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
ASS	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net /	33	Total net assets or fund balances	2,990,354	33	4,050,985
Ž	34	Total liabilities and net assets/fund balances	2 990 354	\vdash	4 093 918

FG.	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		1 5	323,390
2	Total expenses (must equal Part IX, column (A), line 25)	2			254,447
3	Revenue less expenses Subtract line 2 from line 1	3		1,0	068,943
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,9	90,354
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-8,312
6		6		4,0	50,985
Par	The triangle of the contains a response to any question in this Part XII			৮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	·	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were isson a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis 🔽 Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the recaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

Inspection Employer identification number

DO	MINIC	HEALTH SERVICES FOUND	DATION INC			1.2 1.002.075							
	T	Dancon for Dul	blia Chavitu Cta	* / All auga augations		43-1992975							
	rt I			tus (All organizations			tions						
1 1		•		·		×)							
2	<u>'</u>												
2 3						(A)(:::)							
5 4				rvice organization descri			(III) F-4						
•	ı	hospital's name, cit	-	ted in conjunction with a	nospital described in sec	tion 170(b)(1)(A)	(III). EIII	er the					
5	Γ	An organization ope	erated for the benefi	t of a college or universit	y owned or operated by a	governmental unit	t descril	 ped in					
		section 170(b)(1)(A)(iv). (Complete P	art II)									
5	Г	A federal, state, or	local government o	r governmental unıt desc	ribed in section 170(b)(1)(A)(v).							
7	Γ	An organization tha described in section 170(b)(1)(A)	·	a substantial part of its	support from a governme	ntal unit or from th	e genera	al public	:				
8	Г			n 170(b)(1)(A)(vi) (Com	nplete Part II)								
9	į.	•				outions membersh	ın fees	and aro	55				
	'	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of											
		•		me and unrelated busine	, ,	` '							
				30, 1975 See section 5	•	•	0111 5451						
n	Г			d exclusively to test for p		•							
1	<u>'</u>	_	•	d exclusively for the bene	•		v out the	nurnos	ses of				
-	,	one or more publicly	y supported organız	ations described in secti porting organization and c	on 509(a)(1) or section 5	509(a)(2) See sec gh 11h	,	9(a)(3).	Check				
e	굣	By checking this bo	x, I certify that the	organization is not contr	olled directly or indirectly	y by one or more di	ısqualıfı	ed pers	ons				
			on managers and ot	her than one or more pub	lıcly supported organızat	ions described in s	ection !	509(a)(1)or				
		section 509(a)(2)	racawad a westtan d	atarmination from the IDS	That it is a Tune I Tune	II or Tuno III ou	- n - rt : n -	0 KG 0 D I	.atian				
		check this box	eceived a writteri d	etermination from the IRS	s that it is a Type 1, Type	: II or Type III Sup	oporting	organiz					
g			006, has the organ	ızatıon accepted any gıft	or contribution from any	of the			,				
		following persons?											
				ontrols, either alone or to		cribed in (ii)		Yes	No				
				ne the supported organiza	tion?		11g(i))	No				
		(ii) a family membe	•				11g(ii	_	No				
				n described in (i) or (ii) a			11g(iii	i)	No				
h		Provide the followin	g information about	the supported organizati	on(s)								
			(iii)	(iv)	(v)	(vi)							

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your govei documei	on in ed in rning	(v) Did you not organization col (i) of support	on in your	(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
(A) ST CATHERINE'S VILLAGE INC	640714997	3	Yes		Yes		Yes		42,933
(B) ST DOMINIC- JACKSON MEMORIAL HOSPITAL	640303091	3	Yes		Yes		Yes		45,000
(C) COMMUNITY HEALTH SERVICES- ST DOMINIC INC	640884870	3	Yes		Yes		Yes		0
(D) ST DOMINIC HEALTH SERVICES INC	640714999	509(A)(3)(1)	Yes		Yes		Yes		0
Total									87,933

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶ □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. 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

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).						
	Facts And Circumstances Test						
	Explanation						

Schedule A (Form 990 or 990-EZ) 2011

Additional Data

Software ID: Software Version:

EIN: 43-1992975

Name: ST DOMINIC HEALTH SERVICES FOUNDATION INC

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	Is organız (ı) lısted gove	governing document?		(v) Did you notify the organization in (i) of your support?		u notify anization orga of your (i) or port? the		vi) the ation in nized in J S ?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No			
(A) ST CATHERINE'S VILLAGE INC	640714997	3	Yes		Yes		Yes		42933		
(B) ST DOMINIC- JACKSON MEMORIAL HOSPITAL	640303091	3	Yes		Yes		Yes		45000		
(C) COMMUNITY HEALTH SERVICES- ST DOMINIC INC	640884870	3	Yes		Yes		Yes		0		
(D) ST DOMINIC HEALTH SERVICES INC	640714999	509(A)(3)(1)	Yes		Yes		Yes		0		

Additional Data

Software ID:

Software Version: EIN: 43-1992975

Name: ST DOMINIC HEALTH SERVICES FOUNDATION INC

Form 990, Special Condition Description:

Special Condition Description

DLN: 93493318015162

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	me of the organization DOMINIC HEALTH SERVICES FOUNDATION INC		Employer identification number
31	DOMINIC HEALTH SERVICES FOUNDATION INC		43-1992975
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99		unds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the		or advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben		
Da	rt II Conservation Easements. Complete	if the organization answered "Ves" to	<u> </u>
1	Purpose(s) of conservation easements held by the or		5 FOITH 390, Part IV, line 7.
1	Preservation of land for public use (e.g., recreati	<u> </u>	historically importantly land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a quali easement on the last day of the tax year	fied conservation contribution in the form	of a conservation
		[Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified his	toric structure included in (a)	2c
d	Number of conservation easements included in (c) ac	equired after 8/17/06	2d
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the organization during
	the taxable year *		
4	Number of states where property subject to conserva	ation easement is located ►	<u></u>
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of violations, and
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents during the year ▶
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during the year
8	► \$ Does each conservation easement reported on line 2	(d) above satisfy the requirements of sec	tion
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?		☐ Yes ☐ No
9	In Part XIV, describe how the organization reports contained sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial	
Par	t IIII Organizations Maintaining Collectio Complete if the organization answered "		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in	
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		r financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		► \$

b Assets included in Form 990, Part X

ng the organization's accession and other ns (check all that apply) Public exhibition Scholarly research Preservation for future generations vide a description of the organization's color to the solution of the organization solicition of the year, did the organization solicition of the year of the top to be sold to raise funds rather than the top to be sold to raise funds rather than the organization and the organization and the organization and agent, trustee, custod	ollections and expla for receive donations to be maintained as ements. Comple	d e In how of art part o	T v they	Loan o Other	r excha	ange progra		its collec	tion	
Scholarly research Preservation for future generations vide a description of the organization's cost XIV Ing the year, did the organization solicit costs to be sold to raise funds rather than to the cost of t	or receive donations to be maintained as ements. Comple	e In how of art part o	t, hıst	O ther further			ıms			
Preservation for future generations vide a description of the organization's continuous XIV Ing the year, did the organization solicit continuous to be sold to raise funds rather than the secretary and Custodial Arrang Part IV, line 9, or reported an amount of the organization an agent, trustee, custodial arranger.	or receive donations to be maintained as ements. Comple	of art part o	t, hıst	further	the or					
vide a description of the organization's co t XIV Ing the year, did the organization solicit of ets to be sold to raise funds rather than t Escrow and Custodial Arrang Part IV, line 9, or reported an an the organization an agent, trustee, custod	or receive donations to be maintained as ements. Comple	of art part o	t, hıst		the or					
vide a description of the organization's co t XIV Ing the year, did the organization solicit of ets to be sold to raise funds rather than t Escrow and Custodial Arrang Part IV, line 9, or reported an an the organization an agent, trustee, custod	or receive donations to be maintained as ements. Comple	of art part o	t, hıst		the or					
ets to be sold to raise funds rather than test to be sold to raise funds rather than the Escrow and Custodial Arrang Part IV, line 9, or reported an and the organization an agent, trustee, custod	o be maintained as ements. Comple	part o		orical t		ganization	s exempt	: purpose	ın	
Escrow and Custodial Arrang Part IV, line 9, or reported an an he organization an agent, trustee, custod	ements. Comple		rtne						┌ Yes	┌ No
			the o	organiz	ation			o Form	990,	
uded on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontribut	ions or	other asse	ets not		┌ Yes	┌ No
res," explain the arrangement in Part XIV	and complete the	follow	ıng ta	ble						
							_	A	nount	
						-				
						 -				
tributions during the year						<u> </u>	_			
ling balance							1f			
the organization include an amount on Fo	rm 990, Part X, line	e 21?							☐ Yes	┌ No
Endowment Funds. Complete									I	
		(b)	Prior Y		(c)Two		(d)Three			r Years Back
	·			40,000		40,000		40,000		
	·			2.150						
·	-998			3,158						
·										
ministrative expenses										
of year balance	514,622			40,000		40,000		40,000		
vide the estimated percentage of the yea	r end balance held a	as								
rd designated or quasi-endowment 🕨										
manent endowment 🕨 100 000 %										
m endowment b -										
	ssion of the organiza	atıon t	hat a	re held	and ad	mınıstered	for the			
anization by									Ye	s No
			•						• •	No
								· -		No
	•							3	b	
					<u> </u>					
Land, Buildings, and Equipme	nt. See ronn 99	0, Pa	T						.	
Description of property) Book value
					15,000					15,000
ıngs										
ehold improvements										
oment										
r										
	rm 990, Part X, colur	nn (B),	, line	10(c).)				. 🕨		15,000
	ginning balance ditions during the year stributions during the year ding balance the organization include an amount on Fores," explain the arrangement in Part XIV Endowment Funds. Complete in programs or losses into or scholarships in the expenditures for facilities in programs in the estimated percentage of the year and designated or quasi-endowment in the posses in the endowment in the endowment in the posses in the endowment in the endowment in programs in the endowment in the posses in the endowment in the posses in the endowment in the endowment in the posses in the endowment in the endowment in the posses in the endowment in the endowment in the posses in the endowment in the endowment in the posses in the endowment in the endowment in the endowment in the posses in the endowment in the endowme	ginning balance ditions during the year ding balance the organization include an amount on Form 990, Part X, ling (es," explain the arrangement in Part XIV Endowment Funds. Complete if the organization (a)Current Year	ginning balance ditions during the year ditributions during the year ditributions during the year ditributions during the year ditributions during the year diling balance the organization include an amount on Form 990, Part X, line 21? (res," explain the arrangement in Part XIV Endowment Funds. Complete if the organization ans Ga)Current Year (b)	ginning balance ditions during the year diributions during the year ding balance the organization include an amount on Form 990, Part X, line 21? Yes," explain the arrangement in Part XIV Endowment Funds. Complete if the organization answere (a)Current Year (b)Prior Y ginning of year balance (b)Prior Y ginning of year balance (a)Current Year (b)Prior Year (b)Pr	ditions during the year stributions during the year ding balance the organization include an amount on Form 990, Part X, line 21? Yes," explain the arrangement in Part XIV Endowment Funds. Complete if the organization answered "Yes and in part by the intended uses of the organization answered "Yes and improvements or form 990, Part X, line 21? Final Amount	ginning balance ditions during the year tributions during the year ding balance the organization include an amount on Form 990, Part X, line 21? (es," explain the arrangement in Part XIV Endowment Funds. Complete if the organization answered "Yes" to Forganization of year balance	ginning balance ditions during the year tributions during the year ling balance the organization include an amount on Form 990, Part X, line 21? **Yes," explain the arrangement in Part XIV **Endowment Funds.** Complete if the organization answered "Yes" to Form 990, part X, line 21? **Endowment Funds.** Complete if the organization answered "Yes" to Form 990, part X, line 31? **Endowment Funds.** Complete if the organization answered "Yes" to Form 990, part X, line 31? **Endowment Funds.** Complete if the organization answered "Yes" to Form 990, part X, line 31? **Endowment Funds.** Complete if the organization answered "Yes" to Form 990, part X, line 31. **Interpretation of property basis (investment) **I	ditions during the year tributions during the year the organization include an amount on Form 990, Part X, line 217 (*es," explain the arrangement in Part XIV Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, pinning of year balance Anoign	An included and suring the year and suring the organization include an amount on Form 990, Part X, line 21? Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.	Amount Inc. Inc.

Part VII Investments—Other Securities. See F	Form 990, Part X, line 12	2.
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation
(1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		13. (c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin		
(a) Descrip	tion	(b) Book value
Takel (Column (I) - Lord)	<u> </u>	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25. (b) Amount	
Federal Income Taxes	(b) Amount	
DUE TO AFFILIATES	42.022	
DUE TO AFFILIATES	42,933	
	•	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	42,933	

1	Total revenue (Form 990, Part							1	<u> </u>	1,323,390
2 3	Total expenses (Form 990, Par							3		254,447
4	Excess or (deficit) for the year							4		-8,312
5	Net unrealized gains (losses) or Donated services and use of fa							5		-0,512
6	Investment expenses	Cilities						6		
7	Prior period adjustments							7		
8	Other (Describe in Part XIV)							8		
9	Total adjustments (net) Add II	nes 4 - 8						9		-8,312
10	Excess or (deficit) for the year	per financial statements. Combine line	es 3 and	d 9				10		1,060,631
Part	XIII Reconciliation of R	evenue per Audited Financia	State	emen	ts With	ı Reve	nue p	er R	eturn	
1		er support per audited financial statem	ents .					1		1,315,078
2		it not on Form 990, Part VIII, line 12	1	_ I						
a		tments		2a			8,312			
b c	Recoveries of prior year grant		•	2b 2c						
d	Other (Describe in Part XIV)		l	2d						
e	Add lines 2a through 2d .							2e		-8,312
3	Subtract line 2e from line 1 .						[3		1,323,390
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1		_						
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	.	4a						
b	Other (Describe in Part XIV)		· [4b						
c	Add lines 4a and 4b						• •	4c		
5		d 4c. (This should equal Form 990, Pa						5	Dotum	1,323,390
1	Reconciliation of E Total expenses and losses pe	xpenses per Audited Financia raudited financia	ıı Stat	teme	nts wii	in Exp	enses	рег	Keturi	254,447
-	statements	· · · · · · · ·						1		
2	Amounts included on line 1 bu	t not on Form 990, Part IX, line 25								
a	Donated services and use of fa	acılıtıes		2a						
Ь	Prior year adjustments			2b						
C -	Other losses		•	2c						
d e	Other (Describe in Part XIV) Add lines 2a through 2d			2d				2e		C
3	Subtract line 2e from line 1 .						•	3		254,447
4		0, Part IX, line 25, but not on line 1:					-			
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b		4a						
b	Other (Describe in Part XIV)			4b						
c	Add lines 4a and 4b							4c		C
5		nd 4c. (This should equal Form 990, P	art I, lır	ne 18))			5		254,447
	t XIV Supplemental Inf									
		scriptions required for Part II, lines 3, , Part XII, lines 2d and 4b, and Part X								
	tional information							<u> </u>		,
	Identifier	Return Reference				Ex	planati	ion		
	RIPTION OF INTENDED USE	PART V, LINE 4	1							T FUND WAS
OFE	NDOWMENT FUNDS		1			OO/TO AGE TH				DENTS OF ST EDS, AS
								TOTI	ONC AD	E TO BE
			LIMIT		THE DO					
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		PART X	LIMIT REPORT OF THE POLICY OF	KINDIA REIEW FEDOLIO IN THIM TO F. IN THE NEW FEDOLIO INTENDICIONI INTENDICIO IN THE NEW FEDOLIO INTENDICE INTENDICIONI INTENDI	THE OCULT. THE OUT. THE	T LITTO ON THAT IN THE STAND OF	HERIFA TION SERVICE MALTAL TO A DESCRIPTION OF A SERVICE MALTAL TO A SERVICE MALTAL T	E ONHOLATER AND LOCATABLO NO TO A THOU ON THE LOCATION OF THE	LLAGESI LAGESI LAGESI LAGESI LUNY BASIA LINY	AND USED TO DENTS EEDS ARE ION'S BOARD ADDED TO EDONOR STANCE MILY CARING IN 2011 WITH IMITED BY TO BE ENTS IN NEEDS ARE CATIONS MAY TO BEGIN IN POF DOWMENT FUND FORD NOW MENT FUND FORD IN SPENDING IN SY TO BEGIN IN OF DESIGNATED IN SY TO BEGIN IN OF DESIGNATED IN SY TO BEGIN IN OF THE IN SY TO FORD IN SY TO
		PART X	LIMIT REPORT OF THE POLICY OF	KINDIA REIEW FEADORIO IN A FINANCIA CONTROL O	THE OCULT. THE OUT. THE	T LITTO DO NOTE OF THE STAND OF	HERIFA TION SERVICE MALTAL TO SEE MALE TO	VITAGO AS NHTO I O A TAED NO TO PIT I PED BETT READ NA AN TA HOLD TO BE WITH A HOLD	LLAGE IN THE LANGE TO THE LANGE	AND USED TO DENTS EEDS ARE ION'S BOARD ADDED TO EDONOR STANCE MILY CARING IN 2011 WITH IMITED BY TO BE ENTS IN NEEDS EEDS ARE CENTER DAINIC ATIONS MAY TO BEGIN IN RY TO FORD NOWMENT FUND FOR EANNUAL I'S SPENDING AINIC ICEMENTS XISTION OF DESIGNATED TO THE INVESTED HE ETURNS, OR LOSSES USED FOR DIVIDING MAKET ED GAINS OF DIVIDING
		PART X	LIMIT REPORT OF THE POLICY OF	KINDIA REIGHOTIO STILL METALLING A CONTROL OF STANDARD A CONTROL O	THE OCULT. THE OUT. THE	T LITTO DO NOTE OF THE STAND OF	HERIFA TION SERVICE MALTAL TO SEE MALE TO	E ONHOLATER AND LOCATAGED NO TO POTTE BE DETECTED AND LE PONNO E POUS EN LE	LLAGE IN THE LANGE TO THE LANGE THE LANGE TO THE LANGE THE LANGE TO THE LANGE	AND USED TO DENTS EEDS ARE ION'S BOARD ADDED TO EDONOR STANCE MILY CARING IN 2011 WITH IMITED BY TO BE ENTS IN NEEDS EEDS ARE CENTER DAINIC ATIONS MAY TO BEGIN IN POF DOWMENT FUND FORD NOWMENT FUND FORD ICEMENTS XISTION OF DESIGNATED ICEMENTS XISTION OF DESIGNATED ICEMENTS XISTION OF DESIGNATED ICEMENTS XISTION OF DESIGNATED INVESTED HE ETURNS, OR LOSSES USED FOR DIVIDING OR DESIGNATED THE INVESTED HE ETURNS, OR LOSSES USED FOR DIVIDING OR DIVIDI
		PART X	LIMIT ENDING THE STATE OF THE STATE OF	RINGIA REGEW FEDOLOGIA SOLOGIA CESTO CEGIA	TOUS TOUS TOUS TOUS TOUS TOUS TOUS TOUS	TINGTOOD DATE OF THE STATE OF T	HERIFA TION DESCRIPTION OF THE LIFE TO A LIFE A TION OF THE LIFE A TIO	VITAGO MEDICEL A A BELONGE ON TO NEW YORK A CONTROL OF THE CONTROL	LLAGESI LAGESI LAGESI LUNY PROBLEM IN STATE ON THE STATE OF THE STATE	AND USED TO DENTS EEDS ARE ION'S BOARD ADDED TO EDONOR STANCE MILY CARING IN 2011 WITH IMITED BY TO BE ENTER DATIONS MAY STANCE ATIONS MAY INTED BY TO BEGIN IN RY OF DORD INTED BY INTERNAL INT
		PART X	LIMIT ENHARM STREET OF STR	RIBUTTO RINGE PRODUCTION OF THE CONTROL OF THE CONT	THE OCUPTION SET TO SET	T LITTO DO NE VINE THAN THAN THAN THAN THAN THAN THAN THAN	HELIFATION DESCRIPTION OF THE LIBRARY OF THE LIBRAR	E ONHOLATER ADDICE LA CABLECTION OF THE CONTROL OF	LLAGE IN CONTROL OF THE LICE AND THE LICE AN	AND USED TO DENTS EEDS ARE ION'S BOARD ADDED TO EDONOR STANCE MILY CARING IN 2011 WITH IMITED BY TO BE ENTER DATIONS MAY STANCE ATIONS MAY INTED BY TO BEGIN IN RY OF DORD INTED BY INTERNAL INT
		PART X	LIMIT REPOSE FROM STAND THE POST OF STAND SUCH TO SUCH SUC	RINGIA REGEW FEDORIO IN THIM TO F, I PER CERTAIN OF THE CONTROL OF	THE OWNER FIRST CONTROL OF THE OWNER FIRST CONTROL OWNER FIRST CON	T LINGTON CONTROL OF THE MAN OF T	HELIFATION NECES OF CUSATION AND TO A CONTROL OF THE CONTROL OF TH	VITAO MEINT BUDDICL AABBUNG BOOK TAND WITHOUT THE AD THE ABOUT THE	LAGESICATION OF THE PROPERTY O	AND USED TO DENTS EEDS ARE ION'S BOARD ADDED TO EDONOR STANCE MILY CARING IN 2011 WITH MITED BY TO BE ENTEDS EEDS ARE COMINIC ATIONS MAY TO BEGIN IN RY OF DE FORD NEDS ARE COMINIC ATIONS MAY TO BEGIN IN RY OF DE FORD NOWMENT FUND FOR EAR PLEDGE ICHENTS XISTING NG TO THE ICHENTS COLOR INVESTED HE ETURNS, OR LOSSES CUSED FOR DOWMENT AND HE INVESTED HE TO WHENT AND HE INTERNAL T FROM HE T MARKET DOWNENT AND HE T MARKET DOWNENT
		PART X	LIMIT RADIO STATE TO STATE TO STATE A FOR	RINGIA REGEW FEDORIO IN THIM TO F, I FEDORIO IN THE CONTROL OF THE	TOUS AND TOU	T LINGTION ON THAN IN THE TOTAL OF THE TOTAL	HELIFATION DECRETATION OF THE LIBERT OF THE	VITAO MEINT BUDDICL A ABBUNG EOTT NO WEISHELD TINE AD TINE AD TINE AD TINE AND US OESEMETU SON HOLATINA BUDDICL A ABBUNG EOTT NO WEISHELD TINE AD TIN	LA RESIDENT LIVE OF CONTROL OF CO	AND USED TO DENTS EEDS ARE ION'S BOARD ADDED TO EDONOR STANCE MILY CARING IN 2011 WITH IMITED BY TO BE ENTEDS EENTER ONINIC MAY TO BE CONTON BOOM TO T
		PART X	LIMIT RASSING CONTROL OF THE PROPERTY OF THE P	KINDIA REJEW FEDORIO I OSTITIMO TO F. FIGORIO CESTA CONTROL CENTROL CONTROL CO	TOUS AND TOU	TINGER TO ONE OF THE MILE OF THE METERS OF T	HELIFATION DECRETATION OF THE LIBERT OF THE	VITAOMENT BUDDOL AABBUNG EONT NO WEISHELD THE MEDET ON A AND OF POST NEW THAT OF A SINH TO A TAED NOT DEPOSITE BUDDE TO A SINH TO A TAED NOT DEPOSITE BUDDE TO A SINH TO A TAED NOT DEPOSITE BUDDE TO A SINH T	LA SENCE TO A CONTROL OF THE CONTROL	AND USED TO DENTS EEDS ARE ION'S BOARD ADDED TO EDONOR STANCE MILY CARING IN 2011 WITH IMITED BY TO BE ENTEDS EENTER CATIONS MAY TO BE CENTINIC ATIONS MAY TO BE CENTINIC ATION OF DEANNUAL ATION OF DEANNUAL ATION OF DESIGNATED TAL THE DESIGNATED TAL THE DESIGNATED TAL THE DESIGNATED TO FTHE INVESTED HE ETURNS, OR THE DESIGNATED HE ETURNS, OR THE DOWNENT AND TO FTHE TO SUPPORT DOWNENT AND TO SUPPORT DOWNENT AND TO SUPPORT DOWNENT AND TO SUPPORT DOWNENT AND TO SUPPORT TO

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

PENALTIES, ACCOUNTING IN INTERIM PERIODS,
DISCLOSURE AND TRANSITION THE FOUNDATION HAD
NO SIGNIFICANT UNCERTAIN TAX POSITIONS AT
DECEMBER 31, 2011 OR 2010 IF INTEREST AND

WHICH THE FOUNDATION IS SUBJECT

PENALTIES ARE INCURRED RELATED TO UNCERTAIN TAX POSITIONS, SUCH AMOUNTS WOULD BE RECOGNIZED IN INCOME TAX EXPENSE TAX PERIODS FOR ALL FISCAL YEARS AFTER 2008 REMAIN OPEN TO EXAMINATION BY THE FEDERAL AND STATE TAXING JURISDICTIONS TO

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Schedule I (Form 990)

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

OMB No 1545-0047

2011

DLN: 93493318015162

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name of the organization
ST DOMINIC HEALTH SERVICES FOUNDATION INC

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

Attach to Form 990

Employer identification number

43-1992975 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization if applicable arant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) (1) ST CATHERINE'S 64-0714997 501(C)3 42,933 RESIDENT **VILLAGE INC969** ASSISTANCE -LAKELAND DRIVE AFFILIATE SUPPORT JACKSON, MS 392164699 (2) UNITED WAY OF 64-0303075 501(C)3 100,000 ANNUAL SUPPORT **GREATER JACKSON843** NORTH PRESIDENT JACKSON, MS 39202 (3) ST DOMINIC 64-0303091 501(C)3 45.000 AFFILIATE SUPPORT HOSPITAL969 LAKELAND DRIVE JACKSON, MS 39216 64-0750633 501(C)3 25,000 ANNUAL SUPPORT (4) HABITAT FOR **HUMANITYPO BOX 55634** JACKSON, MS 392965634

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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

Identifier	Return Reference	Explanation
PROCEDURE FOR	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE FOUNDATION'S CONTRIBUTIONS COMMITTEE STAYS IN CONTACT WITH THE
MONITORING GRANTS		ORGANIZATION RECEIVING FUNDS AND RECEIVES FOLLOW-UP REPORTS ON THE OUTCOME OF PROJECT MOST
IN THE U S		ORGANIZATIONS ARE ANNUAL RECIPIENTS, SO THE FOUDNATION RECEIVES THE FOLLOW-UP REPORT FOR THE
		PREVIOUS YEAR ALONG WITH THE REQUEST FOR THE CURRENT YEAR IN ADDITION TO PROVIDING FINANCIAL
		SUPPORT, MANY OF THE ORGANIZATIONS HAVE BOARD MEMBERS OR VOLUNTEERS THAT ARE EMPLOYEES OF
		ONE OF THE ST DOMINIC AFFILIATES THE COMMITTEE ALSO RECEIVES FEEDBACK FROM THESE INDIVIDUALS
		ON THE ACTIVITIES OF THE GRANTEE ORGANIZATION

Compensation Information

DLN: 93493318015162

OMB No 1545-0047

Open to Public

Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

Name of the organization ST DOMINIC HEALTH SERVICES FOUNDATION INC **Employer identification number**

43-1992975

Pa	rt I Questions Regarding Compensation	า				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b		
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the		y			
	Compensation committee	 	Written employment contract			
	Independent compensation consultant	□	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		No
b	Participate in, or receive payment from, a supplement	ntal non	qualified retirement plan?	4b		No
С				4c		No
	If "Yes" to any of lines 4a-c, list the persons and pr					
	Only 501(c)(3) and 501(c)(4) organizations only mu	st comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of					
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of			7		No
8	Were any amounts reported in Form 990, Part VII, p	aid or a	ccured pursuant to a contract that was			
	subject to the initial contract exception described in					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	e rebutta	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name	(B) Breakdown of (i) Base compensation	I incentive		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		·	compensation				101111 990-62
(1) DEIDRA BELL (1)	0 360,851		0 34,064	0 35,357		0 437,338	0
(2) JIM JETER (1)	0 201,923	0	0 8,400	0 21,840		0 240,140	0 0

Schedule J (Form 990) 2011 Page **3**

Part III Supplemental Information

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

Identifier Return Reference Explanation

Schedule J (Form 990) 2011

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DLN: 93493318015162

OMB No 1545-0047

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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization ST DOMINIC HEALTH SERVICES FOUNDATION INC

Employer identification number

Color Colo		
Check for items contribution Contribution Contribution amounts reported on Form 990, Part VIII, line 1		
2 Art—Historical treasures 3 3 Art—Fractional interests 5 4 Books and publications 5 5 Clothing and household goods 5 6 Cars and other vehicles 6 7 Boats and planes 7 8 Doats and planes 7 8 Doats and planes 8 8 Intellectual property 7 9 Securities—Publicly traded 7 10 Securities—Publicly traded 8 10 Securities—Publicly traded 9 11 Securities—Publicly traded 9 12 Securities—Publicly traded 9 13 Securities—Partnership, LLC, 9 14 Or trust interests 9 15 Securities—Partnership, LLC, 9 16 Orthinal Conservation 9 17 Contribution—Other 9 18 Collectibles 9 19 Food inventory 9 10 Drugs and medical supplies 9 11 Taxidermy 9 12 Historical artifacts 9 13 Securities—Publicly traded 17 Securities—Publicly 18 Securiti	_	
3 Art—Fractional interests		
4 Books and publications		
5 Clothing and household goods		
goods Cars and other vehicles Boats and planes Sintellectual property Securities—Publicly traded Securities—Publicly traded Securities—Closely held stock Securities—Partnership, LLC, or trust interests Securities—Biscellaneous Securities—Miscellaneous Securities—Securities Securities—Miscellaneous Securities—Securities Securities—Securi		
7 Boats and planes		
Intellectual property		
Securities—Publicly traded . X 1 50,109 FAIR MARKET VALUE Securities—Closely held stock		
Securities—Closely held stock . Securities—Partnership, LLC, or trust interests Securities—Miscellaneous Qualified conservation contribution—Historic structures		
1 Securities—Partnership, LLC, or trust interests		
or trust interests 2 Securities—Miscellaneous . 3 Qualified conservation contribution—Historic structures		
3 Qualified conservation contribution—Historic structures		
contribution—Historic structures		
4 Qualified conservation contribution—Other		
Real estate—Commercial		
7 Real estate—Other X 1 1 15,000 FAIR MARKET VALUE 3 Collectibles		
Gollectibles		
Prood inventory		
Drugs and medical supplies . 1 Taxidermy 2 Historical artifacts 3 Scientific specimens 4 Archeological artifacts 5 Other ► () 6 Other ► () 7 Other ► () 8 Other ► () 9 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement		
1 Taxidermy		
Historical artifacts		
3 Scientific specimens		
A rcheological artifacts		
5 Other ► () 6 Other ► () 7 Other ► () 8 Other ► () 9 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement		
6 Other ►() 7 Other ►() 8 Other ►() 9 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement		
7 Other ► () 8 Other ► () 9 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement		
Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Oa During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		
Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Oa During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		
for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Oa During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		
Oa During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		
must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	Yes	No
must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		
for exempt purposes for the entire holding period?		
		No
, and the second		
1 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	<u> </u>
2a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	Yes	
b If "Yes," describe in Part II		
If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USE	, , , , , , , , , , , , , , , , , , , ,	THE FOUNDATION USES REGIONS BANKING AND INVESTMENT COMPANY TO SELL ANY STOCK THAT IS GIFTED TO THE FOUNDATION

Schedule M (Form 990) 2011

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization ST DOMINIC HEALTH SERVICES FOUNDATION INC

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

43-1992975

		[43-19929/5
ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	ST DOMINIC HEALTH SERVICES, INC IS THE SOLE MEMBER OF THE FOUNDATION
	FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF DIRECTORS OF THE FOUNDATIONS SOLE MEMBER, ST DOMINIC HEALTH SERVICES, INC , HAVE THE AUTHORITY TO ELECT THE PRESIDENT/CEO, THE CHAIR OF THE BOARD AND THE VICE-CHAIR OF THE BOARD OF DIRECTORS OF THE FOUNDATION AND TO APPROVE THE ELECTION OF ALL OTHER OFFICERS OF THE FOUNDATION
	FORM 990, PART VI, SECTION A, LINE 7B	THE BOARD OF THE SOLE MEMBER OF THE FOUNDATION, ST DOMINIC HEALTH SERVICES, INC, HAS THE RIGHT TO APPROVE THE FORMATION OF, OR PARTICIPATION IN, ANY JOINT VENTURE OR PARTNERSHIP OF THE FOUNDATION ST DOMINIC HEALTH SERVICES' BOARD ALSO HAS THE RIGHT TO APPROVE ANY DISSOLUTION OR MERGER ENACTED BY THE FOUNDATION ALSO IF THE FOUNDATION BOARD HAS A STALEMATE IN ANY VOTE, THE FINAL DECISION RESTS WITH THE BOARD OF ST DOMINIC HEALTH SERVICES, INC
	FORM 990, PART VI, SECTION B, LINE 11	REVIEW AND APPROVAL OF THE FORM 990 IS DELEGATED TO THE FINANCE COMMITTEE OF ST DOMINIC HEALTH SERVICES, INC (SOLE MEMBER OF THE ORGANIZATION) A COPY OF THE FORM 990 IS GIVEN TO ALL BOARD MEMBERS PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	DIRECTORS AND OFFICERS RECEIVE A COPY OF THE POLICY AND FORM FOR REPORTING EACH YEAR AT THE ANNUAL MEETING
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMPENSATION OF ST DOMINIC HEALTH SERVICES, INC. (THE ORGANIZATIONS SOLE MEMBER) IS ADMINISTERED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD THE EXECUTIVE COMPENSATION COMMITTEE IS RESPONSIBLE FOR ESTABLISHING AND MAINTAINING A COMPETITIVE COMPENSATION PROGRAM FOR THE KEY EXECUTIVES OF THE ORGANIZATION THE EXECUTIVE COMPENSATION COMMITTEE MEETS AS NEEDED TO REVIEW THE COMPENSATION PROGRAM AND MAKE RECOMMENDATIONS FOR ANY CHANGES AS APPROPRIATE. THE EXECUTIVE COMPENSATION COMMITTEE COMMISSIONS AN ANNUAL REVIEW BY AN INDEPENDENT CONSULTING FIRM TO EVALUATE THE ORGANIZATION'S EXECUTIVE COMPENSATION PROGRAM AGAINST THE COMPETITIVE MARKET. THE EVALUATION IS REVIEWED IN THE FIRST QUARTER OF EACH YEAR AND IS INTENDED TO ENSURE THAT THE COMPENSATION PROGRAM FALLS WITHIN A REASONABLE RANGE OF COMPETITIVE PRACTICES FOR COMPARABLE POSITIONS AMONG SIMILARLY SITUATED ORGANIZATIONS AS DESCRIBED IN SECTION 4958 FOLLOWING THIS REVIEW, THE COMMITTEE REVIEWS AND APPROVES, FOR SELECTED KEY EXECUTIVES, BASE SALARY AND TOTAL COMPENSATION RANGE FOR THE UPCOMING YEAR THE EXECUTIVE COMPENSATION COMMITTEE MAINTAINS MINUTES AND RECORDS TO ENSURE THAT IT CAN CLAIM THE REBUTTABLE PRESUMPTION OF REASONABLE COMPENSATION FOR PURPOSES OF SECTION 4958. THE CHIEF EXECUTIVE OFFICER OF ST. DOMINIC HEALTH SERVICES, INC. WILL ASSIGN THE PAY CHANGES FOR ALL OTHER SUBSIDIARY ORGANIZATION EXECUTIVES WITHIN THE LIMITS ESTABLISHED BY THE EXECUTIVE COMPENSATION COMMITTEE MEETING OF THE EXECUTIVE COMPENSATION EXECUTIVES WITHIN THE LIMITS ESTABLISHED BY THE EXECUTIVE COMPENSATION COMMITTEE MEETING OF THE EXECUTIVE COMPENSATION COMMITTEE MEETS IN EXECUTIVE SESSION TO RENDER ITS RECOMMENDATIONS.
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -8,312
COMMITTEE FOR AUDIT OVERSIGHT	FORM 990, PART XII, LINE 2C	THE FINANCE COMMITTEE FOR ST DOMINIC HEALTH SERVICES, INC (THE SOLE MEMBER OF THE ORGANIZATION) MEETS QUARTERLY AND IS CHARGED WITH REVIEWING THE BUDGET, CURRENT PERFORMANCE, THE AUDIT, AND THE FORM 990 THE FINANCE COMMITTEE MAKES RECOMMENDATIONS THAT ARE THEN TAKEN TO THE FULL BOARD FOR FINAL APPROVAL
SUPPORTED ORGANIZATIONS-	SCHEDULE A, PART I, LINE 11H	THE BOARD OF THE ORGANIZATION APPROVED A FORMAL RESOLUTION EXPANDING THE MISSION OF THE ORGANIZATION TO SUPPORT ST DOMINIC HEALTH SERVICES, INC (SOLE MEMBER OF ORGANIZATION) AND ALL OF ITS AFFILIATES
AVERAGE HOURS PER WEEK- RELATED ORGS	FORM 990, PART VII, LINE 1A, COLUMN B	SISTER MARY DOROTHEA SONDGEROTH, BOARD PRESIDENT, SPENDS AN ADDITONAL 41 5 HRS/WEEK ON RELATED ORGS DEIDRA BELL, BOARD TREASURER, SPENDS AN ADDITONAL 41 HRS/WEEK ON RELATED ORGS SCOTT KERSH, DIRECTOR, SPENDS AN ADDITONAL 40 HRS/WEEK ON RELATED ORGS

DLN: 93493318015162

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2011

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Internal Revenue Service

► Attach to Form 990. ► See separate instructions. Department of the Treasury

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Name of the organization **Employer identification number** ST DOMINIC HEALTH SERVICES FOUNDATION INC 43-1992975

Part I Identification of Disregarded Entities (Com	plete	ıf the organization	answered "Yes"	on Form 990, Pa	art IV, line 33.)				
(a) Name, address, and EIN of disregarded entity		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during			the organization	answered "Yes"	on Form 990,	l Part	IV, line 34 because		
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity sta (if section 501(c)	atus (3))	(f) Direct controlling entity	Section 5 conti	g) 12(b)(1 rolled ızatıon
								Yes	No
(1) ST DOMINIC HEALTH SERVICES INC 969 LAKELAND DRIVE JACKSON, MS 392164699 64-0714999	СОМР	ATION AS A HOLDING ANY TO ACQUIRE RSHIP OF RELATED IES	MS	501(C)(3)	509(A)(3	3)(1)			No
(2) ST CATHERINE'S VILLAGE INC 969 LAKELAND DRIVE JACKSON, MS 392164699 64-0714997	CONT	ATION OF A INUING CARE EMENT COMMUNITY	MS	501(C)(3)	170(B)(1) (A))(III)	ST DOMINIC HEALTH SERVICES INC		No
(3) COMMUNITY HEALTH SERVICES - ST DOMINIC INC 969 LAKELAND DRIVE JACKSON, MS 392164699 64-0884870		ATION TO PROVIDE UNITY HEALTH RAMS	MS	501(C)(3)	170(B)(1) (A))(III)	ST DOMINIC HEALTH SERVICES INC		No
(4) ST DOMINIC - JACKSON MEMORIAL HOSPITAL 969 LAKELAND DRIVE JACKSON, MS 392164699 64-0303091	OPER#	ATION OF A HOSPTIAL ITY	MS	501(C)(3)	170(B)(1) (A))(III)	ST DOMINIC HEALTH SERVICES INC		No
(5) CONGREGATION OF THE DOMINICAN SISTERS OF SPRINGFIELD ILLINOIS 1237 WEST MONROE ST SPRINGFIELD, IL 62704	SPONS AND H	IOUS CONGREGATION SORING EDUCATION EALTHCARE TUTIONS	ΙL	501(C)(3)	170(B)(1)(A	(I)			No

Cat No 50135Y

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

			-	·								
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or of managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	i
(1) ST DOMINIC AMBULATORY SURGERY CENTER ILC 971 LAKELAND DRIVE SUITE 200 JACKSON, MS 39216 64-0908713	MEDICAL SERVICES	MS	ST DOMINIC - JACKSON MEMORIAL HOSPITAL					No			No	
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												<u> </u>
												<u> </u>

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) PHYSICIANSPLUS BAPTIST AND ST DOMINIC INC 969 LAKELAND DRIVE JACKSON, MS 392164699 64-0889895	MEDICAL SERVICES	MS		С			
(2) FIRST INTERMED CORPORATION 308 CORPORATE DRIVE RIDGELAND, MS 39157 64-0824796	MEDICAL		ST DOMINIC HEALTH SERVICES INC	С			
(3) ST DOMINIC MADISON HEALTH SERVICES INC 969 LAKELAND DRIVE JACKSON, MS 39216 20-2870254	HEALTHCARE		ST DOMINIC HEALTH SERVICES INC	С			
(4) ST DOMINIC INTEGRATED SERVICES INC 969 LAKELAND DRIVE JACKSON, MS 392164699 27-1493623	INVESTMENT IN MEDICAL	мс	ST DOMINIC - JACKSON MEMORIAL HOSPITAL	С			
1						Cabadula D /I	- mm 000\ 2011

(6)

ĿС	Note. Complete line 1 if any entity is listed in Parts II, III or IV	on rollingso, Par	11v, IIIIe 34, 33, 3	<u></u>	Yes	No						
1 D	iring the tax year, did the orgranization engage in any of the following transactions with one or more related organiz	zations listed in Parts	II-IV?		\vdash							
	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	aciono nocea mi rarco		1a	\vdash	No						
	Gift, grant, or capital contribution to related organization(s)			1b	Yes							
	Gift, grant, or capital contribution from related organization(s)											
	Loans or loan guarantees to or for related organization(s)			1d	\vdash	No						
	Loans or loan guarantees by related organization(s)			1e	\vdash	No						
					\vdash							
f	Sale of assets to related organization(s)			1f	\vdash	No						
g	Purchase of assets from related organization(s)			1g		No						
h	Exchange of assets with related organization(s)			1h		No						
i	Lease of facilities, equipment, or other assets to related organization(s)			1i		No						
j	Lease of facilities, equipment, or other assets from related organization(s)			<u>1j</u>		No						
k	Performance of services or membership or fundraising solicitations for related organization(s)			1k	Yes							
1	Performance of services or membership or fundraising solicitations by related organization(s)			11		No						
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1m	Yes							
n	Sharing of paid employees with related organization(s)			1n	Yes							
0	Reimbursement paid to related organization(s) for expenses			10		No						
р	Reimbursement paid by related organization(s) for expenses			1р		No						
q	Other transfer of cash or property to related organization(s)			1 q		No						
r	Other transfer of cash or property from related organization(s)			1r	Yes							
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, inc	luding covered relation	onships and transacti	ion thresholds								
	(a)	(b)	(c)	(d)								
	Name of other organization	Transaction type(a-r)	Amount involved	Method of determing involved		Junt						
(1)												
2)												
3)												
3)												
4)												
-,												
5)												

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	I domicile Predominant Are all (f) tate or income(related, partners Share of total income) total income		partners section 501(c)(3) organizations?		partners section to 501(c)(3) organizations?		partners 5 section tof 501(c)(3) organizations?		partners section to 501(c)(3) organizations?		partners section to 501(c)(3) organizations?		partners 501(c)(3) organizations?		partners section tof 501(c)(3) organizations?		partners section tot 501(c)(3) organizations?		partners Section tot 501(c)(3) organizations?		ated, partners 5 dd, section tot from 501(c)(3) er organizations?		ınant elated, partners Sh total from organizations?		(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (j) Genera manag partne		eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No																							

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Part VII Supplemental Information

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

Identifier Return Reference Explanation

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