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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

C Name of organization
ST DOMINIC-JACKSON MEMORIAL HOSPITAL

Doing Business As

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

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

D Employer identification number
64-0303091

E Telephone number
(601) 200-2000

G Gross receipts $ 379,889,188

F Name and address of principal officer
LESTER DIAMOND
969 LAKELAND DRIVE
JACKSON,MS 392164699

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW STDOM COM

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

L Year of formation 1946

M State of legal domicile MS

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	3,632
6	Total number of volunteers (estimate if necessary)	**6**	319
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,559,923
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-81,009

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	3,622,710	45,524
	9 Program service revenue (Part VIII, line 2g)	360,396,274	369,811,065
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	855,785	879,254
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,699,707	9,230,888
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	373,574,476	379,966,731
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,262,977	2,155,550
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	164,550,851	170,094,001
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	187,911,165	197,899,145
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	354,724,993	370,148,696
	19 Revenue less expenses Subtract line 18 from line 12	18,849,483	9,818,035

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	304,339,006	322,550,925
	21 Total liabilities (Part X, line 26)	82,871,635	137,325,027
	22 Net assets or fund balances Subtract line 21 from line 20	221,467,371	185,225,898

Part II Signature Block

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

Sign Here

****** 2012-11-08
Signature of officer Date

LESTER DIAMOND CURRENT PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's taxpayer identification number (see instructions)
MARSHA H DIECKMAN CPA	2012-11-08	☐	P00246741

Firm's name (or yours if self-employed), address, and ZIP + 4
HORNE LLP
1020 HIGHLAND COLONY PKWY STE 400
RIDGELAND, MS 39157

EIN ▶ 20-1941244

Phone no ▶ (601) 326-1000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 353,924,820 including grants of $ 2,155,550) (Revenue $ 368,251,142)

HOSPITAL SERVICES - ST DOMINIC'S IS MORE THAN JUST A HOSPITAL IT IS A FAMILY OF SERVICES FOCUSED ON FULFILLING A MISSION OF CHRISTIAN HEALING TO THOSE IN NEED ST DOMINIC HEALTH SERVICES, INC IS THE PARENT COMPANY FOR A LARGE GROUP OF SUBSIDIARY ORGANIZATIONS AND PROGRAMS DEDICATED TO THE SAME MISSION THESE INCLUDE ST DOMINIC HOSPITAL, THE COMMUNITY HEALTH CLINIC, ST DOMINIC MEDICAL ASSOCIATES (PHYSICIAN NETWORK), NEW DIRECTIONS FOR OVER 55, MEA CLINICS, THE CLUB AT ST DOMINIC'S, THE SCHOOL NURSE PROGRAM, ST DOMINIC'S FOUNDATION, ST CATHERINE'S VILLAGE AND CARE-A-VAN ST DOMINIC HOSPITAL ("ST DOMINIC'S") IS CELEBRATING ITS 66TH YEAR OF PROVIDING A CHRISTIAN MINISTRY OF HEALING TO THE GREATER JACKSON

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

COMMUNITY FUNDAMENTAL TO OUR MISSION IS ESTABLISHING COMMUNITY AND PERFORMING SERVICE THUS, ST DOMINIC'S IS PROUD OF ITS ROLE, AS A LEADING HEALTH CARE PROVIDER, IN POSITIVELY IMPACTING THE LOCAL ECONOMY, IMPROVING THE PRESTIGE AND ATTRACTING HUMAN CAPITAL TO THE GREATER JACKSON AREA, AND PROVIDING TECHNOLOGICAL ADVANCES AND QUALITY HEALTHCARE SERVICES TO PATIENTS ST DOMINIC'S IMPACT ON THE LOCAL ECONOMY AND ROLE IN ATTRACTING HUMAN CAPITAL IN THE AREA THE DOMINICAN SISTERS CAME TO JACKSON IN 1946 IN RESPONSE TO A COMMUNITY NEED FOR IMPROVED ACCESS TO QUALITY HEALTH CARE TODAY, ST DOMINIC'S (WWW STDOM COM) AND ITS AFFILIATES EMPLOY OVER 3,300 NURSES,

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

PHYSICIANS, SKILLED CAREGIVERS AND STAFF ST DOMINIC HOSPITAL PROVIDED OVER $1 BILLION (CHARGES) IN HOSPITAL SERVICES IN 2011 TO PATIENTS THROUGHOUT THE CENTRAL REGION OF MISSISSIPPI ST DOMINIC'S AND ITS AFFILIATES EMPLOYED OVER 3,300 PEOPLE MAKING IT ONE OF THE AREA'S LARGEST EMPLOYERS THESE CLEAN (GREEN) JOBS INFUSED THE ECONOMY WITH OVER $137 MILLION IN SALARIES AND WAGES IN 2011 THE MISSISSIPPI BUSINESS JOURNAL HAS RECOGNIZED ST DOMINIC HOSPITAL AS ONE OF THE TOP FIVE "BEST PLACES TO WORK IN MISSISSIPPI" OUR MEDICAL STAFF, OF NEARLY 500 LEADING PHYSICIANS AND SPECIALISTS, MAKES ST DOMINIC'S ONE OF THE MOST COMPREHENSIVE HOSPITALS IN MISSISSIPPI SINCE 2005, ST DOMINIC'S HAS ASSISTED IN RELOCATING 20 PHYSICIANS INTO THE GREATER JACKSON AREA THROUGH THE RECRUITMENT OF PHYSICIAN SPECIALISTS TO ADDRESS A COMMUNITY NEED (I E , DEFICIT), AND EMPLOYMENT FROM OUTSIDE THE MARKET INTO OUR OWNED PHYSICIAN NETWORK ACCORDING TO A STUDY FROM THE MISSISSIPPI STATE MEDICAL ASSOCIATION, "IN SMALL TOWNS AND LARGE, MISSISSIPPI DOCTORS PUMP BILLIONS OF DOLLARS INTO THE LOCAL AND STATE ECONOMY EACH DOCTOR GENERATES SOME $695,000 A YEAR IN WAGES AND CREATES AN AVERAGE OF SIX JOBS " FOR ST DOMINIC'S, THAT TRANSLATES TO 114 JOBS AND $13 2 MILLION IN SALARIES A YEAR IN THE COMMUNITY FROM OUR RECRUITMENT EFFORTS ST DOMINIC'S PROVIDES A WIDE RANGE OF LEARNING EXPERIENCES FOR EMPLOYEES TO ENHANCE THEIR SKILLS CLASSES RANGE FROM LIFE SAVING SKILLS SUCH AS CPR, ACLS AND NRP TO BUSINESS AND MANAGEMENT DEVELOPMENT OPPORTUNITIES SUCH AS LEGAL ISSUES OF SUPERVISION AND CATHOLIC SOCIAL TEACHING EMPLOYEES MAY PURSUE LEARNING THROUGH SEVERAL DIFFERENT AVENUES ONLINE, INSTRUCTOR-LED, AND SELF-PACED ST DOMINIC HOSPITAL IS A LICENSED 535-BED TERTIARY CARE REFERRAL HOSPITAL LOCATED IN JACKSON, MS SERVING ALL OF CENTRAL MISSISSIPPI AND EMPLOYS APPROXIMATELY 3,000 NURSES, PHYSICIANS, AND SKILLED CAREGIVERS THE MEDICAL STAFF, OF NEARLY 500 LEADING PHYSICIANS AND SPECIALISTS, MAKES ST DOMINIC'S ONE OF THE MOST COMPREHENSIVE HOSPITALS IN MISSISSIPPI THROUGH 66 YEARS OF GROWTH, ST DOMINIC'S HAS REMAINED TRUE TO ITS VISION WE ARE ST DOMINIC'S - A CHRISTIAN HEALING COMMUNITY CALLED TO PROVIDE QUALITY, COMPASSIONATE CARE AND AN EXCEPTIONAL ENCOUNTER EVERYTIME ST DOMINIC HOSPITAL'S SERVICE AREA IS DEFINED BASED ON INPATIENT DISCHARGES FOR SHORT TERM ACUTE PATIENTS IN THE 2011 FISCAL YEAR, 12 COUNTIES CONSTITUTE OVER 85 PERCENT OF THE HOSPITAL'S ACUTE DISCHARGES HINDS, RANKIN AND MADISON COUNTIES REPRESENT THE HOSPITAL'S PRIMARY SERVICE AREA WITH TWO-THIRDS OF THE TOTAL DISCHARGES THE REMAINING NINE COUNTIES CONSTITUTE AN ADDITIONAL TWENTY PERCENT OF THE HOSPITAL ACUTE DISCHARGES THE HOSPITAL'S MISSION IS EXPRESSED AS A CHRISTIAN MINISTRY OF HEALING ST DOMINIC HOSPITAL RECOGNIZES ITS BASIC PARTICIPATION IN THE MISSION OF THE CHURCH, WHICH INVOLVES TWO MAIN MINISTRIES EDUCATION AND HEALTH CARE THREE ACTIVITIES- COMMUNICATING A CHRISTIAN MESSAGE, ESTABLISHING COMMUNITY AND PERFORMING SERVICE- EXPRESS OUR MISSION OF CHRISTIAN HEALING

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

ST DOMINIC HOSPITAL IS COMMITTED TO SERVING AS A LEADING ADULT TERTIARY REFERRAL CENTER FOR THE CENTRAL REGION OF MISSISSIPPI -FOCUSING ON PRIORITIES BUT RETAINING BALANCE EXPECTED OF A TERTIARY PROVIDER ST DOMINIC'S IS THE LEADING CARDIOVASCULAR PROVIDER IN THE STATE OF MISSISSIPPI FOR 37 YEARS, ST DOMINIC'S MISSISSIPPI HEART INSTITUTE THROUGH ITS EXCEPTIONAL TEAM OF SKILLED PHYSICIANS AND STAFF HAVE SERVED THE COMMUNITY AND HAVE WORKED HARD TO MAKE IT A HEALTH AND WELLNESS CENTER OF EXCELLENCE FOR INTERVENTIONAL CARDIOVASCULAR MEDICINE THROUGH ST DOMINIC'S HEALTHY HEART ADVANTAGE (HHA) PROGRAM AND OTHER HEALTH SCREENING OPPORTUNITIES AT VARIOUS VENUES, COMMUNITY PUBLIC AWARENESS AND PROGRAM EDUCATION IS ACCOMPLISHED IN 2011, HHA SCREENED 441 REGISTRANTS, 65 OF WHICH WERE RETURNING PATIENTS OUT OF THOSE SCREENED, 223 PATIENTS WERE ENCOURAGED TO SEE A PRIMARY CARE PHYSICIAN CONCERNING HYPERTENSION, LIPID MANAGEMENT AND/OR DIABETES MANAGEMENT, 20 PATIENTS WERE REFERRED TO CARDIOLOGISTS FOR FURTHER TESTING DUE TO THEIR RESULTS, AND 22 WERE EVALUATED FURTHER WITH ADDITIONAL TESTS AND PROGRAM OFFERINGS ST DOMINIC'S CHRONIC CARE CLINIC BEGAN OPERATIONS IN AUGUST 2010 THE MISSION OF THIS CLINIC IS TO HELP PEOPLE MANAGING CONGESTIVE HEART FAILURE (HF) AND OTHER CHRONIC ILLNESSES BY ASSISTING IN IMPROVING THE PATIENT'S QUALITY OF LIFE A FAMILY NURSE PRACTITIONER, ALONG WITH TWO REGISTERED NURSES, A PHLEBOTOMIST, TWO ADMINISTRATIVE ASSISTANTS AND AN OFFICE MANAGER TAKE PATIENTS MONDAY THROUGH FRIDAY TIME IS SPENT EDUCATING THESE PATIENTS ON PROPER NUTRITION, EXERCISE REGIMENS AND DISEASE MANAGEMENT THE CLINIC IS ALSO DEDICATED TO THE INPATIENT HEART FAILURE PATIENTS BY PROVIDING A FULL-TIME REGISTERED NURSE TO EDUCATE ALL ACUTE HF PATIENTS AND PROVIDE SUGGESTIONS ON FOLLOW UP WITH SERVICES ONCE DISCHARGED SINCE THE OPENING OF THIS CLINIC THE RATE OF READMISSION TO THE HOSPITAL FOR HEART FAILURE HAS DROPPED FROM APPROXIMATELY 23 PERCENT TO AN ESTIMATED 14 7 PERCENT, INCREASING PATIENT ABILITY AND KNOWLEDGE IN MANAGING SERIOUS ILLNESS ACCORDING TO THE MISSISSIPPI STATE DEPARTMENT OF HEALTH, IN MISSISSIPPI APPROXIMATELY 41 PERCENT OF PEOPLE DIE FROM CARDIOVASCULAR DISEASE EVERY YEAR THIS CLINIC IS A DIRECT REFLECTION OF THOSE NUMBERS, AND THE STAFF HOPES TO HELP THESE PATIENTS LEAD HEALTHIER AND MORE ACTIVE LIFESTYLES THE CHRONIC CARE CLINIC FURTHERED ITS DEDICATION TO CHANGING LIVES BY OFFERING A MONTHLY "COMMUNITY HEART EDUCATION PROGRAM " THIS PROGRAM PROVIDES COLLABORATIVE LEADERSHIP FROM A COMMITTEE TO PLAN AND CONDUCT EDUCATIONAL ACTIVITIES WITH AN EMPHASIS ON PREVENTION, LIFESTYLE CHANGES, AND INCREASE KNOWLEDGE OF HEART DISEASE BY PROVIDING RESOURCES AND INFORMATION ON CARDIOVASCULAR DISEASE, DIETARY MODIFICATION AND RESOURCES FOR PATIENTS AND THEIR FAMILIES THIS GROUP OF PEERS HOPES TO MAKE A DIFFERENCE IN THE HEALTH OF THE COMMUNITY ST DOMINIC HOSPITAL OFFERS HEALTH SCREENINGS AND HEALTH FAIRS ACROSS THE CENTRAL REGION OF MISSISSIPPI THROUGHOUT THE YEAR IN ORDER TO IMPROVE THE GENERAL HEALTH OF THE COMMUNITY ST DOMINIC HOSPITAL AS A LEADING TERTIARY REFERRAL CENTER ACHIEVED SEVERAL AWARDS AND FIRSTS FOR THE SECOND CONSECUTIVE YEAR, ST DOMINIC'S HAS BEEN RANKED THE NO 1 HOSPITAL IN THE JACKSON METRO AREA IN THE U S NEWS MEDIA & WORLD REPORT'S 2012-13 BEST HOSPITALS RANKINGS ST DOMINIC'S SHARES THE NO 1 RANKING WITH UNIVERSITY OF MISSISSIPPI MEDICAL CENTER ST DOMINIC'S ALSO RANKED AS "HIGH-PERFORMING" IN THE SPECIALTIES OF NEUROLOGY/NEUROSURGERY AND UROLOGY U S NEWS ALSO RECOGNIZED ST DOMINIC'S AS ONE OF THE "MOST CONNECTED" HOSPITALS IN THE COUNTRY ST DOMINIC'S IS THE ONLY HOSPITAL IN MISSISSIPPI "AND ONE OF ONLY 156 HOSPITALS IN THE NATION" TO RECEIVE THE PRESTIGIOUS DESIGNATION, WHICH IDENTIFIES HIGH PERFORMING HOSPITALS THAT ACHIEVE TOP GRADES FOR ELECTRONIC MEDICAL RECORD ADOPTION AND QUALIFY FOR THE FEDERAL GOVERNMENT'S MEANINGFUL USE STANDARDS ST DOMINIC'S IS THE FIRST PROVIDER IN MISSISSIPPI WITH AN ACCREDITED CHEST PAIN CENTER WITH PCI AND PRIMARY ACUTE STROKE CENTER ST DOMINIC'S HAS ALSO EARNED THE GOLD SEAL OF APPROVAL FROM THE JOINT COMMISSION FOR PRIMARY STROKE CENTERS "ST DOMINIC HOSPITAL IS PROUD TO RECEIVE THIS DISTINCTION,"SAID RUTH FREDERICKS, MD, NEUROLOGIST AT ST DOMINIC HOSPITAL "THE PRIMARY ACUTE STROKE CENTER CERTIFICATION RECOGNIZES ST DOMINIC'S COMMITMENT TO PROVIDING EXCEPTIONAL CARE TO THE CITIZENS OF MISSISSIPPI "ST DOMINIC'S WAS THE FIRST IN THE STATE TO DEVELOP A LEVEL 1 HEART ATTACK PROGRAM SETTING PROTOCOLS THAT TRIGGERS A RESPONSE TEAM AND THE ON CALL STAFF FOR THE CATH LAB TO BE READY WHEN A PATIENT EXPERIENCING A HEART ATTACK ARRIVES BY EMERGENCY TRANSPORT FOR PATIENTS IN CENTRAL MISSISSIPPI ST DOMINIC'S CANCER PROGRAM FURTHER ESTABLISHED ITS REPUTATION AS A TOP PROVIDER FOR CANCER CARE IN MISSISSIPPI IN 2009 WHEN THE PROGRAM RECEIVED THE OUTSTANDING ACHIEVEMENT AWARD FROM THE COMMISSION ON CANCER (COC) OF THE AMERICAN COLLEGE OF SURGEONS THIS AWARD WAS EARNED BY ONLY 18% OF CANCER PROGRAMS IN THE NATION IN 2009 ST DOMINIC'S WAS THE ONLY HOSPITAL IN MISSISSIPPI AND ONE OF 82 HEALTHCARE FACILITIES IN THE COUNTRY TO RECEIVE THIS PRESTIGIOUS AWARD ST DOMINIC'S CANCER PROGRAM HAS ALSO BEEN APPROVED AS A COMMUNITY HOSPITAL COMPREHENSIVE CENTER PROGRAM BY THE AMERICAN COLLEGE OF SURGEONS ACCORDING TO AMY SHARPE, RN, MBA, OCN, CANCER SERVICES COORDINATOR, "RECEIVING THE OUTSTANDING ACHIEVEMENT AWARD REQUIRED A COHESIVE EFFORT OF ALL THE DIFFERENT MEMBERS OF THE CANCER TEAM WHO ARE RESPONSIBLE FOR THE ELEMENTS THAT MAKE UP THE PROGRAM, INCLUDING DIAGNOSTIC, TREATMENT, OTHER CLINICAL AREAS, REHABILITATION, SUPPORT, AND PREVENTION "LATEST TECHNOLOGICAL AND SERVICE ADVANCES AT ST DOMINIC'S CANCER CENTER THE FIRST HOSPITAL IN MISSISSIPPI TO ACQUIRE AND OFFER (FIRST PATIENT IN 2010) THE NOVALIS TX FOR ACCURATE IMAGE GUIDED NON-SURGICAL TREATMENTS FOR CANCER AND OTHER CONDITIONS IN THE BRAIN, HEAD, NECK, AND BODY IN MARCH OF 2011, ST DOMINIC'S CANCER CENTER OPENED THE HIGH-DOSE-RADIATION (HDR) BRACHYTHERAPY SUITE, WHICH IS A QUICKER MORE EFFECTIVE WAY TO TREAT PATIENTS BEING GIVEN HIGH DOSES OF RADIATION FOR DIFFERENT TYPES OF CANCER ST DOMINIC HOSPITAL BEGAN HELPING WITH THE TESTING AND TREATMENT OF BREAST CANCER AND BREAST DISEASES WHEN THEY IMPLEMENTED SENTINELLE VANGUARD BREAST MRI TABLE IN THEIR RADIOLOGY DEPARTMENT THE FIRST IN THE JACKSON AREA TO OFFER THIS NEW IMAGING CAPABILITY, WHICH NOT ONLY ALLOWS FOR SUPERIOR IMAGE QUALITY FOR BREAST IMAGING AND BIOPSIES, BUT CREATES THE OPPORTUNITY FOR IMMEDIATE MEDICAL INTERVENTION IF NEEDED ST DOMINIC'S IS A LEADER IN SURGICAL SERVICES AND ADVANCEMENTS ST DOMINIC'S IS THE MINIMALLY INVASIVE ROBOTIC SURGERY CENTER OF EXCELLENCE ST DOMINIC'S PREFORMED THE FIRST SURGICAL CASE IN THE STATE USING THE MOST ADVANCED ROBOTICS TECHNOLOGY - THE DAVINCI SI THIS ROBOT GIVES THE SURGEON BETTER CONTROL, WHICH ALLOWS FOR MORE PRECISE MOVEMENTS AND SMALLER INCISIONS, LESS PAIN AFTER SURGERY AND A VERY FAST RECOVERY IN MOST CASES ST DOMINIC'S ROBOTIC SURGERY SERVICES HELPS PATIENTS RECOVER MORE COMFORTABLY IF THEY NEEDED PROSTATECTOMY - WHICH HAVE DRAMATICALLY IMPROVED THE TREATMENT OF PROSTATE CANCER, PARTIAL NEPHRECTOMIES, WHICH ALLOW ST DOMINIC'S PHYSICIANS TO REMOVE A PORTION OF THE KIDNEY AS OPPOSED TO COMPLETE REMOVAL - WHICH WAS THE PRACTICE IN THE PAST ST DOMINIC'S WAS THE FIRST IN THE STATE TO OFFER SINGLE INCISION ROBOTIC HYSTERECTOMY THIS ALLOWS FOR ONE INCISION SITE, WHICH IS VERY MEANINGFUL TO WOMEN, WITH ONLY A TINY SCAR TO CARRY AFTER RESUMING NORMAL FUNCTION MUCH MORE QUICKLY ST DOMINIC'S IS CURRENTLY THE ONLY HOSPITAL IN JACKSON OFFERING ROBOTIC SACROCOLPOPEXY TO HELP WOMEN WHO HAVE EXPERIENCED PROLAPSE OF PELVIC FLOOR ORGANS THIS MEANS LESS PAIN, LESS SCARRING, LESS BLOOD LOSS AND A SMALLER CHANCE OF INFECTION FOR WOMEN THE SURGERY HAS TRADITIONALLY BEEN DONE AS OPEN SURGERY ST DOMINIC'S IS ALSO A QUALITY PROVIDER IN WOMEN'S SERVICES FOR THE CITIZENS OF CENTRAL MISSISSIPPI THE SERVICES INCLUDE LEADING OBSTETRICAL AND GYNECOLOGICAL SERVICES, LABOR AND DELIVERY SERVICES, NEONATAL SERVICES AND A FULL ARRAY OF SERVICES FOR WOMEN OF ALL AGES NEWBORN DELIVERIES IN ST DOMINIC'S LABOR AND DELIVERY UNIT EQUAL APPROXIMATELY 1,300 ANNUALLY OF WHICH HIGH PERCENTAGES ARE MEDICAID RECIPIENTS

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 353,924,820

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see 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? *If "Yes," complete Schedule C, Part II*	4	Yes	
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*	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 V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		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		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, 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	Yes	
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	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	234		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c** Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	3,632		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b** Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a** Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b** Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			**9a**	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** 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 allocated to each state			**13a**	
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	**13b**			
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**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	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	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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	Yes	

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization 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 ▶

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SR MARY DOROTHEA SONDGEROTH OP CHAIRMAN	50	X		X				0	0	0
(2) DAN GRAFTON VICE CHAIRMAN	50	X		X				0	0	0
(3) SR MARY TRINITA EDDINGTON OP SECRETARY/TREASURER	50	X		X				0	0	0
(4) TOD ETHEREDGE DIRECTOR	50	X						0	0	0
(5) JEFF FLETCHER MD DIRECTOR	50	X						0	0	0
(6) LEROY WALKER DIRECTOR	50	X						0	0	0
(7) CON MALONEY DIRECTOR	50	X						0	0	0
(8) SR M THECLA KUHNLINE OP DIRECTOR	50	X						0	0	0
(9) SR M CELESTINE RONDELLI OP DIRECTOR	50	X						0	0	0
(10) CLAUDE W HARBARGER HOSPITAL PRESIDENT	40 00	X		X				575,203	0	42,262
(11) JIMMY JONES MD DIRECTOR	50	X						15,000	0	0
(12) SR REBECCA ANN GEMMA OP DIRECTOR	50	X						0	0	0
(13) BILL TEW MD DIRECTOR	50	X						0	0	0
(14) DONNA SIMS DIRECTOR	50	X						0	0	0
(15) SR KRISTIN REVER OP DIRECTOR	50	X						0	0	0
(16) JENNIFER SINCLAIR VP- FINANCE	40 00			X				274,298	0	38,804
(17) LESTER DIAMOND EXEC VP- OPERATIONS	40 00				X			358,366	0	37,855

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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 organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ROBERT MOBLEY MD EXEC VP- MEDICAL AFFAIRS	40 00				X			407,599	0	42,232
(19) PAUL ARRINGTON VP- BUSINESS DEVELOPMENT	40 00				X			241,370	0	38,773
(20) KEITH VAN CAMP VP- INFORMATION TECH	40 00				X			263,308	0	32,914
(21) STEPHEN BOMGARDNER VP- NURSING	40 00				X			227,387	0	37,230
(22) BECKY LOWE VP- ANCILLARY SERVICES	40 00				X			216,377	0	28,548
(23) TRACE SWARTZFAGER VP- ANCILLARY SERVICES	40 00				X			207,366	0	32,184
(24) LORRAINE WASHINGTON VP - HUMAN RESOURCES	40 00				X			0	224,220	33,279
(25) HUEY B MCDANIEL MD PHYSICIAN	40 00					X		584,529	0	8,208
(26) KYLE GORDON MD PHYSICIAN	40 00					X		742,669	0	8,325
(27) JOHN LANCON MD PHYSICIAN	40 00					X		1,220,225	0	8,325
(28) GERHARD MUNDINGER MD PHYSICIAN	40 00					X		865,377	0	7,225
(29) RONALD KENNEDY MD PHYSICIAN	40 00					X		868,607	0	8,325
(30) RALPH E SULSER MD FORMER VICE CHAIRMAN	0 00						X	261,897	0	6,832
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								7,329,578	224,220	411,321

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 121

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
ALLIED EMERGENCY SERVICES PC PO BOX 2120 RIDGELAND, MS 39158	ER PHYSICIANS	6,829,439
HARRELL CONTRACTING GROUP LLC 368 HIGHLAND COLONY PARKWAY RIDGELAND, MS 39157	CONSTRUCTION SERVICES	2,978,737
PHYSICIANS ANESTHESIA GROUP PA PO BOX 460 JACKSON, MS 39296	CONTRACT MEDICAL SERVICES	2,756,846
COGENT HEALTHCARE OF JACKSON MS 969 LAKELAND DRIVE JACKSON, MS 39216	CONTRACT MEDICAL SERVICES	1,990,086
JACKSON HEART CLINIC 970 LAKELAND DRIVE JACKSON, MS 39216	CONTRACT MEDICAL SERVICES	1,906,866

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 26

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	45,000			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	524			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		45,524			
Program Service Revenue			Business Code				
	2a	PROGRAM REVENUE	621990	365,643,331	365,643,331		
	b	PHARMACEUTICAL SALES	446110	3,620,908	2,460,168	1,160,740	
	c	SPA SALES	812900	546,826	147,643	399,183	
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		369,811,065			
	3	Investment income (including dividends, interest and other similar amounts)		769,912			769,912
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents	4,441,756				
	b	Less rental expenses	0				
	c	Rental income or (loss)	4,441,756				
	d	Net rental income or (loss)			4,441,756			4,441,756
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		31,799			
	b	Less cost or other basis and sales expenses		-77,543			
	c	Gain or (loss)		109,342			
	d	Net gain or (loss)			109,342			109,342
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities See Part IV, line 19	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances	a					
	b	Less cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
		Miscellaneous Revenue		Business Code				
	11a	CAFETERIA SALES		722210	2,302,014			2,302,014
	b	DAY CARE CENTER		624410	651,406			651,406
	c	MISCELLANEOUS INCOME		900099	545,370			545,370
	d	All other revenue			1,290,342			1,290,342
	e	**Total.** Add lines 11a–11d			4,789,132			
	12	**Total revenue.** See Instructions			379,966,731	368,251,142	1,559,923	10,110,142

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,155,550	2,155,550		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, 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	2,771,573		2,771,573	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	134,566,702	124,921,002	9,645,700	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,248,408	10,231,397	1,017,011	
9	Other employee benefits	12,048,953	10,959,562	1,089,391	
10	Payroll taxes	9,458,365	8,603,198	855,167	
11	Fees for services (non-employees)				
a	Management	350,946	350,946		
b	Legal	554,088		554,088	
c	Accounting	290,946		290,946	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other				
12	Advertising and promotion	861,849	861,849		
13	Office expenses				
14	Information technology				
15	Royalties . .				
16	Occupancy	3,192,729	3,192,729		
17	Travel	654,703	654,703		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	91,652	91,652		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20,173,475	20,173,475		
23	Insurance	3,997,810	3,997,810		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	SUPPLIES	66,457,762	66,457,762		
b	PHARMACEUTICAL DRUGS	23,052,124	23,052,124		
c	BAD DEBTS	20,703,217	20,703,217		
d	EQUIPMENT RENTAL AND MA	15,809,522	15,809,522		
e					
f	All other expenses	41,708,322	41,708,322		
25	**Total functional expenses.** Add lines 1 through 24f	370,148,696	353,924,820	16,223,876	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	59,187,379	1	67,791,416
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	53,309,890	4	54,125,916
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	6,390,602	8	7,256,467
	9	Prepaid expenses and deferred charges	24,193,765	9	24,192,445
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a: 414,988,238			
	b	Less accumulated depreciation — 10b: 249,788,003	158,002,654	10c	165,200,235
	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	3,254,716	15	3,984,446
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	304,339,006	16	322,550,925
Liabilities	17	Accounts payable and accrued expenses	34,229,136	17	43,521,436
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	48,642,499	25	93,803,591
	26	**Total liabilities.** Add lines 17 through 25	82,871,635	26	137,325,027
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	221,467,371	27	185,225,898
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	221,467,371	33	185,225,898
	34	Total liabilities and net assets/fund balances	304,339,006	34	322,550,925

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	379,966,731
2	Total expenses (must equal Part IX, column (A), line 25)	2	370,148,696
3	Revenue less expenses Subtract line 2 from line 1	3	9,818,035
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	221,467,371
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-46,059,508
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	185,225,898

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ST DOMINIC-JACKSON MEMORIAL HOSPITAL

Employer identification number
64-0303091

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

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

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

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

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

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

_____

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

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

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

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

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

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

b **33 1/3% support tests—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 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

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

Facts And Circumstances Test

Explanation

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

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

ST DOMINIC HOSPITAL IS COMMITTED TO SERVING AS A LEADING ADULT TERTIARY REFERRAL CENTER FOR THE CENTRAL REGION OF MISSISSIPPI -FOCUSING ON PRIORITIES BUT RETAINING BALANCE EXPECTED OF A TERTIARY PROVIDER ST DOMINIC'S IS THE LEADING CARDIOVASCULAR PROVIDER IN THE STATE OF MISSISSIPPI FOR 37 YEARS, ST DOMINIC'S MISSISSIPPI HEART INSTITUTE THROUGH ITS EXCEPTIONAL TEAM OF SKILLED PHYSICIANS AND STAFF HAVE SERVED THE COMMUNITY AND HAVE WORKED HARD TO MAKE IT A HEALTH AND WELLNESS CENTER OF EXCELLENCE FOR INTERVENTIONAL CARDIOVASCULAR MEDICINE THROUGH ST DOMINIC'S HEALTHY HEART ADVANTAGE (HHA) PROGRAM AND OTHER HEALTH SCREENING OPPORTUNITIES AT VARIOUS VENUES, COMMUNITY PUBLIC AWARENESS AND PROGRAM EDUCATION IS ACCOMPLISHED IN 2011, HHA SCREENED 441 REGISTRANTS, 65 OF WHICH WERE RETURNING PATIENTS OUT OF THOSE SCREENED, 223 PATIENTS WERE ENCOURAGED TO SEE A PRIMARY CARE PHYSICIAN CONCERNING HYPERTENSION, LIPID MANAGEMENT AND/OR DIABETES MANAGEMENT, 20 PATIENTS WERE REFERRED TO CARDIOLOGISTS FOR FURTHER TESTING DUE TO THEIR RESULTS, AND 22 WERE EVALUATED FURTHER WITH ADDITIONAL TESTS AND PROGRAM OFFERINGS ST DOMINIC'S CHRONIC CARE CLINIC BEGAN OPERATIONS IN AUGUST 2010 THE MISSION OF THIS CLINIC IS TO HELP PEOPLE MANAGING CONGESTIVE HEART FAILURE (HF) AND OTHER CHRONIC ILLNESSES BY ASSISTING IN IMPROVING THE PATIENT'S QUALITY OF LIFE A FAMILY NURSE PRACTITIONER, ALONG WITH TWO REGISTERED NURSES, A PHLEBOTOMIST, TWO ADMINISTRATIVE ASSISTANTS AND AN OFFICE MANAGER TAKE PATIENTS MONDAY THROUGH FRIDAY TIME IS SPENT EDUCATING THESE PATIENTS ON PROPER NUTRITION, EXERCISE REGIMENS AND DISEASE MANAGEMENT THE CLINIC IS ALSO DEDICATED TO THE INPATIENT HEART FAILURE PATIENTS BY PROVIDING A FULL-TIME REGISTERED NURSE TO EDUCATE ALL ACUTE HF PATIENTS AND PROVIDE SUGGESTIONS ON FOLLOW UP WITH SERVICES ONCE DISCHARGED SINCE THE OPENING OF THIS CLINIC THE RATE OF READMISSION TO THE HOSPITAL FOR HEART FAILURE HAS DROPPED FROM APPROXIMATELY 23 PERCENT TO AN ESTIMATED 14 7 PERCENT, INCREASING PATIENT ABILITY AND KNOWLEDGE IN MANAGING SERIOUS ILLNESS ACCORDING TO THE MISSISSIPPI STATE DEPARTMENT OF HEALTH, IN MISSISSIPPI APPROXIMATELY 41 PERCENT OF PEOPLE DIE FROM CARDIOVASCULAR DISEASE EVERY YEAR THIS CLINIC IS A DIRECT REFLECTION OF THOSE NUMBERS, AND THE STAFF HOPES TO HELP THESE PATIENTS LEAD HEALTHIER AND MORE ACTIVE LIFESTYLES THE CHRONIC CARE CLINIC FURTHERED ITS DEDICATION TO CHANGING LIVES BY OFFERING A MONTHLY "COMMUNITY HEART EDUCATION PROGRAM " THIS PROGRAM PROVIDES COLLABORATIVE LEADERSHIP FROM A COMMITTEE TO PLAN AND CONDUCT EDUCATIONAL ACTIVITIES WITH AN EMPHASIS ON PREVENTION, LIFESTYLE CHANGES, AND INCREASE KNOWLEDGE OF HEART DISEASE BY PROVIDING RESOURCES AND INFORMATION ON CARDIOVASCULAR DISEASE, DIETARY MODIFICATION AND RESOURCES FOR PATIENTS AND THEIR FAMILIES THIS GROUP OF PEERS HOPES TO MAKE A DIFFERENCE IN THE HEALTH OF THE COMMUNITY ST DOMINIC HOSPITAL OFFERS HEALTH SCREENINGS AND HEALTH FAIRS ACROSS THE CENTRAL REGION OF MISSISSIPPI THROUGHOUT THE YEAR IN ORDER TO IMPROVE THE GENERAL HEALTH OF THE COMMUNITY ST DOMINIC HOSPITAL AS A LEADING TERTIARY REFERRAL CENTER ACHIEVED SEVERAL AWARDS AND FIRSTS FOR THE SECOND CONSECUTIVE YEAR, ST DOMINIC'S HAS BEEN RANKED THE NO 1 HOSPITAL IN THE JACKSON METRO AREA IN THE U S NEWS MEDIA & WORLD REPORT'S 2012-13 BEST HOSPITALS RANKINGS ST DOMINIC'S SHARES THE NO 1 RANKING WITH UNIVERSITY OF MISSISSIPPI MEDICAL CENTER ST DOMINIC'S ALSO RANKED AS "HIGH-PERFORMING" IN THE SPECIALTIES OF NEUROLOGY/NEUROSURGERY AND UROLOGY U S NEWS ALSO RECOGNIZED ST DOMINIC'S AS ONE OF THE "MOST CONNECTED" HOSPITALS IN THE COUNTRY ST DOMINIC'S IS THE ONLY HOSPITAL IN MISSISSIPPI "AND ONE OF ONLY 156 HOSPITALS IN THE NATION" TO RECEIVE THE PRESTIGIOUS DESIGNATION, WHICH IDENTIFIES HIGH PERFORMING HOSPITALS THAT ACHIEVE TOP GRADES FOR ELECTRONIC MEDICAL RECORD ADOPTION AND QUALIFY FOR THE FEDERAL GOVERNMENT'S MEANINGFUL USE STANDARDS ST DOMINIC'S IS THE FIRST PROVIDER IN MISSISSIPPI WITH AN ACCREDITED CHEST PAIN CENTER WITH PCI AND PRIMARY ACUTE STROKE CENTER ST DOMINIC'S HAS ALSO EARNED THE GOLD SEAL OF APPROVAL FROM THE JOINT COMMISSION FOR PRIMARY STROKE CENTERS "ST DOMINIC HOSPITAL IS PROUD TO RECEIVE THIS DISTINCTION,"SAID RUTH FREDERICKS, MD, NEUROLOGIST AT ST DOMINIC HOSPITAL "THE PRIMARY ACUTE STROKE CENTER CERTIFICATION RECOGNIZES ST DOMINIC'S COMMITMENT TO PROVIDING EXCEPTIONAL CARE TO THE CITIZENS OF MISSISSIPPI "ST DOMINIC'S WAS THE FIRST IN THE STATE TO DEVELOP A LEVEL 1 HEART ATTACK PROGRAM SETTING PROTOCOLS THAT TRIGGERS A RESPONSE TEAM AND THE ON CALL STAFF FOR THE CATH LAB TO BE READY WHEN A PATIENT EXPERIENCING A HEART ATTACK ARRIVES BY EMERGENCY TRANSPORT FOR PATIENTS IN CENTRAL MISSISSIPPI ST DOMINIC'S CANCER PROGRAM FURTHER ESTABLISHED ITS REPUTATION AS A TOP PROVIDER FOR CANCER CARE IN MISSISSIPPI IN 2009 WHEN THE PROGRAM RECEIVED THE OUTSTANDING ACHIEVEMENT AWARD FROM THE COMMISSION ON CANCER (COC) OF THE AMERICAN COLLEGE OF SURGEONS THIS AWARD WAS EARNED BY ONLY 18% OF CANCER PROGRAMS IN THE NATION IN 2009 ST DOMINIC'S WAS THE ONLY HOSPITAL IN MISSISSIPPI AND ONE OF 82 HEALTHCARE FACILITIES IN THE COUNTRY TO RECEIVE THIS PRESTIGIOUS AWARD ST DOMINIC'S CANCER PROGRAM HAS ALSO BEEN APPROVED AS A COMMUNITY HOSPITAL COMPREHENSIVE CENTER PROGRAM BY THE AMERICAN COLLEGE OF SURGEONS ACCORDING TO AMY SHARPE, RN, MBA, OCN, CANCER SERVICES COORDINATOR, "RECEIVING THE OUTSTANDING ACHIEVEMENT AWARD REQUIRED A COHESIVE EFFORT OF ALL THE DIFFERENT MEMBERS OF THE CANCER TEAM WHO ARE RESPONSIBLE FOR THE ELEMENTS THAT MAKE UP THE PROGRAM, INCLUDING DIAGNOSTIC, TREATMENT, OTHER CLINICAL AREAS, REHABILITATION, SUPPORT, AND PREVENTION "LATEST TECHNOLOGICAL AND SERVICE ADVANCES AT ST DOMINIC'S CANCER CENTER THE FIRST HOSPITAL IN MISSISSIPPI TO ACQUIRE AND OFFER (FIRST PATIENT IN 2010) THE NOVALIS TX FOR ACCURATE IMAGE GUIDED NON-SURGICAL TREATMENTS FOR CANCER AND OTHER CONDITIONS IN THE BRAIN, HEAD, NECK, AND BODY IN MARCH OF 2011, ST DOMINIC'S CANCER CENTER OPENED THE HIGH-DOSE-RADIATION (HDR) BRACHYTHERAPY SUITE, WHICH IS A QUICKER MORE EFFECTIVE WAY TO TREAT PATIENTS BEING GIVEN HIGH DOSES OF RADIATION FOR DIFFERENT TYPES OF CANCER ST DOMINIC HOSPITAL BEGAN HELPING WITH THE TESTING AND TREATMENT OF BREAST CANCER AND BREAST DISEASES WHEN THEY IMPLEMENTED SENTINELLE VANGUARD BREAST MRI TABLE IN THEIR RADIOLOGY DEPARTMENT THE FIRST IN THE JACKSON AREA TO OFFER THIS NEW IMAGING CAPABILITY, WHICH NOT ONLY ALLOWS FOR SUPERIOR IMAGE QUALITY FOR BREAST IMAGING AND BIOPSIES, BUT CREATES THE OPPORTUNITY FOR IMMEDIATE MEDICAL INTERVENTION IF NEEDED ST DOMINIC'S IS A LEADER IN SURGICAL SERVICES AND ADVANCEMENTS ST DOMINIC'S IS THE MINIMALLY INVASIVE ROBOTIC SURGERY CENTER OF EXCELLENCE ST DOMINIC'S PREFORMED THE FIRST SURGICAL CASE IN THE STATE USING THE MOST ADVANCED ROBOTICS TECHNOLOGY - THE DAVINCI SI THIS ROBOT GIVES THE SURGEON BETTER CONTROL, WHICH ALLOWS FOR MORE PRECISE MOVEMENTS AND SMALLER INCISIONS, LESS PAIN AFTER SURGERY AND A VERY FAST RECOVERY IN MOST CASES ST DOMINIC'S ROBOTIC SURGERY SERVICES HELPS PATIENTS RECOVER MORE COMFORTABLY IF THEY NEEDED PROSTATECTOMY - WHICH HAVE DRAMATICALLY IMPROVED THE TREATMENT OF PROSTATE CANCER, PARTIAL NEPHRECTOMIES, WHICH ALLOW ST DOMINIC'S PHYSICIANS TO REMOVE A PORTION OF THE KIDNEY AS OPPOSED TO COMPLETE REMOVAL - WHICH WAS THE PRACTICE IN THE PAST ST DOMINIC'S WAS THE FIRST IN THE STATE TO OFFER SINGLE INCISION ROBOTIC HYSTERECTOMY THIS ALLOWS FOR ONE INCISION SITE, WHICH IS VERY MEANINGFUL TO WOMEN, WITH ONLY A TINY SCAR TO CARRY AFTER RESUMING NORMAL FUNCTION MUCH MORE QUICKLY ST DOMINIC'S IS CURRENTLY THE ONLY HOSPITAL IN JACKSON OFFERING ROBOTIC SACROCOLPOPEXY TO HELP WOMEN WHO HAVE EXPERIENCED PROLAPSE OF PELVIC FLOOR ORGANS THIS MEANS LESS PAIN, LESS SCARRING, LESS BLOOD LOSS AND A SMALLER CHANCE OF INFECTION FOR WOMEN THE SURGERY HAS TRADITIONALLY BEEN DONE AS OPEN SURGERY ST DOMINIC'S IS ALSO A QUALITY PROVIDER IN WOMEN'S SERVICES FOR THE CITIZENS OF CENTRAL MISSISSIPPI THE SERVICES INCLUDE LEADING OBSTETRICAL AND GYNECOLOGICAL SERVICES, LABOR AND DELIVERY SERVICES, NEONATAL SERVICES AND A FULL ARRAY OF SERVICES FOR WOMEN OF ALL AGES NEWBORN DELIVERIES IN ST DOMINIC'S LABOR AND DELIVERY UNIT EQUAL APPROXIMATELY 1,300 ANNUALLY OF WHICH HIGH PERCENTAGES ARE MEDICAID RECIPIENTS

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SR MARY DOROTHEA SONDGEROTH OP CHAIRMAN	50	X		X				0	0	0
DAN GRAFTON VICE CHAIRMAN	50	X		X				0	0	0
SR MARY TRINITA EDDINGTON OP SECRETARY/TREASURER	50	X		X				0	0	0
TOD ETHEREDGE DIRECTOR	50	X						0	0	0
JEFF FLETCHER MD DIRECTOR	50	X						0	0	0
LEROY WALKER DIRECTOR	50	X						0	0	0
CON MALONEY DIRECTOR	50	X						0	0	0
SR M THECLA KUHNLINE OP DIRECTOR	50	X						0	0	0
SR M CELESTINE RONDELLI OP DIRECTOR	50	X						0	0	0
CLAUDE W HARBARGER HOSPITAL PRESIDENT	40 00	X		X				575,203	0	42,262
JIMMY JONES MD DIRECTOR	50	X						15,000	0	0
SR REBECCA ANN GEMMA OP DIRECTOR	50	X						0	0	0
BILL TEW MD DIRECTOR	50	X						0	0	0
DONNA SIMS DIRECTOR	50	X						0	0	0
SR KRISTIN REVER OP DIRECTOR	50	X						0	0	0
JENNIFER SINCLAIR VP- FINANCE	40 00			X				274,298	0	38,804
LESTER DIAMOND EXEC VP- OPERATIONS	40 00				X			358,366	0	37,855
ROBERT MOBLEY MD EXEC VP- MEDICAL AFFAIRS	40 00				X			407,599	0	42,232
PAUL ARRINGTON VP- BUSINESS DEVELOPMENT	40 00				X			241,370	0	38,773
KEITH VAN CAMP VP- INFORMATION TECH	40 00				X			263,308	0	32,914
STEPHEN BOMGARDNER VP- NURSING	40 00				X			227,387	0	37,230
BECKY LOWE VP- ANCILLARY SERVICES	40 00				X			216,377	0	28,548
TRACE SWARTZFAGER VP- ANCILLARY SERVICES	40 00				X			207,366	0	32,184
LORRAINE WASHINGTON VP - HUMAN RESOURCES	40 00				X			0	224,220	33,279
HUEY B MCDANIEL MD PHYSICIAN	40 00					X		584,529	0	8,208

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KYLE GORDON MD PHYSICIAN	40 00					X		742,669	0	8,325
JOHN LANCON MD PHYSICIAN	40 00					X		1,220,225	0	8,325
GERHARD MUNDINGER MD PHYSICIAN	40 00					X		865,377	0	7,225
RONALD KENNEDY MD PHYSICIAN	40 00					X		868,607	0	8,325
RALPH E SULSER MD FORMER VICE CHAIRMAN	0 00						X	261,897	0	6,832

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**

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

OMB No 1545-0047

2011

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		30,110
j	Total lines 1c through 1i			30,110
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	ST DOMINIC-JACKSON MEMORIAL HOSPITAL PAID DUES TO THE MISSISSIPPI HOSPITAL ASSOCIATION THE MISSISSIPPI HOSPITAL ASSOCIATION REPORTS THAT 24 6% OF THE $122,400 OF DUES PAID WERE FOR LOBBYING EXPENSES

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ST DOMINIC-JACKSON MEMORIAL HOSPITAL

Employer identification number
64-0303091

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		18,239,944		18,239,944
b Buildings		133,399,368	85,819,074	47,580,294
c Leasehold improvements				
d Equipment		254,877,507	163,968,929	90,908,578
e Other		8,471,419		8,471,419
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				165,200,235

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
LIABILITY FOR PENSION BENEFITS	93,803,591
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	93,803,591

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

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

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE HOSPITAL IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE THE ASC IS TREATED AS A PARTNERSHIP FOR INCOME TAX PURPOSES, AND THEREFORE, NO ASSOCIATED INCOME TAX PROVISION IS REQUIRED IN THE HOSPITAL'S CONSOLIDATED FINANCIAL STATEMENTS SDIS ACCOUNTS FOR INCOME TAXES USING THE ASSET AND LIABILITY METHOD UNDER THIS METHOD, INCOME TAXES ARE PROVIDED FOR AMOUNTS CURRENTLY PAYABLE AND FOR AMOUNTS DEFERRED AS TAX ASSETS AND LIABILITIES BASED ON DIFFERENCES BETWEEN THE FINANCIAL STATEMENT CARRYING AMOUNTS AND THE TAX BASES OF EXISTING ASSETS AND LIABILITIES DEFERRED INCOME TAXES ARE MEASURED USING THE ENACTED TAX RATES THAT ARE ASSUMED WILL BE IN EFFECT WHEN THE DIFFERENCES REVERSE DEFERRED TAX ASSETS ARE REDUCED BY A VALUATION ALLOWANCE, WHEN, IN THE OPINION OF MANAGEMENT, IT IS MORE-LIKELY-THAN-NOT THAT SOME PORTION OR ALL OF THE DEFERRED TAX ASSETS WILL NOT BE REALIZED SDIS HAD NO DEFERRED TAX ASSETS OR LIABILITIES AT DECEMBER 31, 2011 OR 2010 INCOME TAX EXPENSE FOR SDIS TOTALED $141,821 AND $0 FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010, RESPECTIVELY, AND IS INCLUDED IN ADMINISTRATIVE EXPENSES IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF ACTIVITIES FASB INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO 109, CODIFIED IN FASB ASC TOPIC 740 ("ASC 740"), CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN, INCLUDING AN ENTITY'S STATUS AS A TAX-EXEMPT NOT-FOR-PROFIT ENTITY ADDITIONALLY, ASC 740 PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION THE HOSPITAL HAD NO SIGNIFICANT UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2011 OR 2010 IF INTEREST AND PENALTIES ARE INCURRED RELATED TO UNCERTAIN TAX POSITIONS, SUCH AMOUNTS WOULD BE RECOGNIZED IN INCOME TAX EXPENSE TAX PERIODS FOR ALL FISCAL YEARS AFTER 2007 REMAIN OPEN TO EXAMINATION BY THE FEDERAL AND STATE TAXING JURISDICTIONS TO WHICH THE HOSPITAL IS SUBJECT

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ST DOMINIC-JACKSON MEMORIAL HOSPITAL

Employer identification number
64-0303091

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG to determine eligibility for providing *discounted* care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☑ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
c	If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Did the organization's policy provide free or discounted care to the "medically indigent"?	4		No
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit reportduring the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)			15,591,349	4,756,246	10,835,103	3 100 %
b Medicaid (from Worksheet 3, column a)			45,375,029	46,740,060	-1,365,031	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			1,214,479	1,235,267	-20,788	0 %
d **Total** Charity Care and Means-Tested Government Programs			62,180,857	52,731,573	9,449,284	3 100 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			1,751,904		1,751,904	0 500 %
f Health professions education (from Worksheet 5)			88,681		88,681	0 030 %
g Subsidized health services (from Worksheet 6)			11,171,167	6,633,093	4,538,074	1 300 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			635,366		635,366	0 180 %
j **Total** Other Benefits			13,647,118	6,633,093	7,014,025	2 010 %
k **Total.** Add lines 7d and 7j			75,827,975	59,364,666	16,463,309	5 110 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 **Total**						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense	2	20,703,217		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	6,210,965		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	102,441,828		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	126,017,857		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-23,576,029		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures (see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1	1 ST DOMINIC AMBULATORY SURGERY CENTER LLC	OUTPATIENT SURGERY CENTER	50 010 %	0 %	49 990 %
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest)

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

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	ST DOMINIC - JACKSON MEMORIAL HOSPITAL 969 LAKELAND DRIVE JACKSON, MS 392164699	X	X					X		AMBULATORY SURGERY CENTER AND PHYSICIAN CLINICS

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

STDOMINIC- JACKSON MEMORIAL HOSPITAL

Name of Hospital Facility: _____

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	**1**		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		
5 Did the hospital facility make its Needs Assessment widely available to the public?	**5**		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	**7**		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**8**	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	**9**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 350 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☐ Asset level			
	c ☐ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☑ Other (describe in Part VI)			
Billing and Collections				
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

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

How many non-hospital facilities did the organization operate during the tax year? **15**

	Name and address	Type of Facility (Describe)
1	See Additional Data Table	
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

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

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

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

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

Identifier	ReturnReference	Explanation
		PART I, LINE 3C ST DOMINIC HOSPITAL HAS A DISCOUNT POLICY THAT IS BASED ON FEDERAL POVERTY GUIDELINES WITH A SLIDING SCALE THAT OFFERS DISCOUNTS RANGING FROM 20% TO 100% IN ADDITION, ST DOMINIC OFFERS A 50% DISCOUNT OFF GROSS CHARGES TO ALL UNINSURED PATIENTS

Identifier	ReturnReference	Explanation
		PART I, LINE 6A THE COMMUNITY BENEFIT REPORT FOR ST DOMINIC HOSPITAL IS CONSOLIDATED WITH THE PARENT ORGANIZATION, ST DOMINIC HEALTH SERVICES, INC

Identifier	ReturnReference	Explanation
		PART I, LINE 7 ST DOMINIC HOSPITAL USED A COST-TO-CHARGE RATIO BASED ON WORKSHEET 2

Identifier	ReturnReference	Explanation
		PART I, LINE 7G ST DOMINIC HOSPITAL DID NOT INCLUDE LOSSES ON ITS OWNED PHYSICIAN CLINICS AS SUBSIDIZED HEALTH SERVICES IN ORDER TO MEET THE NEEDS OF THE COMMUNITY WE SERVE, ST DOMINIC CONTINUES ITS MINISTRY IN VARIOUS SERVICE LINES THAT ARE NOT PROFITABLE TO THE ORGANIZATION EXAMPLES OF THESE SERVICES INCLUDE BUT ARE NOT LIMITED TO EMERGENCY DEPARTMENT AND INFUSION THERAPY

Identifier	ReturnReference	Explanation
		PART I, LINE 7, COLUMN (F) THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $ 20703217

Identifier	ReturnReference	Explanation
		PART II ST DOMINIC HOSPITAL PROVIDES SIGNIFICANT SUPPORT TO ITS COMMUNITY THROUGH A VARIETY OF WAYS INCLUDING FREE HEALTH SCREENINGS AT LOCAL SCHOOLS, PARTICIPATION IN VARIOUS NON- PROFIT BOARDS AS WELL AS FINANCIAL SUPPORT THROUGH CASH DONATIONS

Identifier	ReturnReference	Explanation
		PART III, LINE 4 THE FINANCIAL STATEMENT FOOTNOTE READS -- PATIENT ACCOUNTS RECEIVABLE ARE REPORTED AT NET REALIZABLE VALUE IN EVALUATING THE COLLECTIBILITY OF ACCOUNTS RECEIVABLE, THE HOSPITAL ANALYZES ITS HISTORICAL EXPERIENCE AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE HOSPITAL ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID, OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY) FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE HOSPITAL RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS THE HOSPITAL'S ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR SELF-PAY PATIENTS INCREASED FROM 62 2 PERCENT OF SELF-PAY ACCOUNTS RECEIVABLE AT DECEMBER 31, 2010, TO 63 3 PERCENT OF SELF-PAY ACCOUNTS RECEIVABLE AT DECEMBER 31, 2011 IN ADDITION, THE HOSPITAL'S SELF-PAY BAD DEBT WRITEOFFS INCREASED FROM $4,038,066 IN 2010 TO $12,116,019 IN 2011 THE HOSPITAL'S UNINSURED DISCOUNT POLICY HAS NOT CHANGED DURING 2011 OR 2010 THE HOSPITAL ALSO MAINTAINS ALLOWANCES FOR DOUBTFUL ACCOUNTS FROM THIRD-PARTY PAYORS THE HOSPITAL'S ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR THIRD-PARTY GOVERNMENT PAYORS DECREASED FROM 6 2 PERCENT OF THIRD-PARTY GOVERNMENT ACCOUNTS RECEIVABLE AT DECEMBER 31,2010, TO 5 0 PERCENT OF THIRD-PARTY GOVERNMENT ACCOUNTS RECEIVABLE AT DECEMBER 31, 2011 IN ADDITION, THE HOSPITAL'S THIRD-PARTY GOVERNMENT BAD DEBT WRITEOFFS INCREASED FROM $975,236 IN 2010 TO $2,539,618 IN 2011 THE HOSPITAL'S ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR THIRD-PARTY COMMERCIAL PAYORS INCREASED FROM 6 2 PERCENT OF THIRD-PARTY COMMERCIAL ACCOUNTS RECEIVABLE AT DECEMBER 31, 2010, TO 8 5 PERCENT OF THIRD-PARTY COMMERCIAL ACCOUNTS RECEIVABLE AT DECEMBER 31, 2011 IN ADDITION, THE HOSPITAL'S THIRD-PARTY COMMERCIAL BAD DEBT WRITEOFFS INCREASED FROM $3,166,477 IN 2010 TO $6,620,115 IN 2011 THE NOTED INCREASES RESULTED FROM ACTUAL BAD DEBT WRITEOFFS MADE BY THE HOSPITAL THEY DO NOT TAKE INTO ACCOUNT THE RESERVES THAT HAVE BEEN PLACED ON EXISTING PATIENT ACCOUNTS RECEIVABLE THEREFORE, THE EXPENSE ACTUALLY RECOGNIZED BY THE HOSPITAL ON THEIR CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS DOES NOT EQUAL THE BAD DEBT WRITEOFFS NOTED ABOVE

Identifier	ReturnReference	Explanation
		PART III, LINE 8 N/A - THIS AMOUNT IS NOT INCLUDED IN THE COMMUNITY BENEFIT TOTAL

Identifier	ReturnReference	Explanation
		PART III, LINE 9B ST DOMINIC HOSPITAL HAS A BOARD APPROVED COLLECTION POLICY AND HAS WRITTEN CONTRACTS IN PLACE WITH ITS COLLECTION AGENCIES SO THE APPROPRIATE COLLECTION ACTIVITIES ARE FOLLOWED THE COLLECTION AGENCIES THAT ST DOMINIC USES ARE FULLY INFORMED ABOUT THE HOSPITAL'S FINANCIAL AID POLICY AND ASSIST IN EDUCATING OUR PATIENTS THEY ROUTINELY SEND FINANCIAL AID APPLICATIONS TO PATIENTS AND REFER THOSE PATIENTS BACK TO THE HOSPITAL'S FINANCIAL COUNSELORS WHEN APPROPRIATE

Identifier	ReturnReference	Explanation
ST DOMINIC- JACKSON MEMORIAL HOSPITAL		PART V, SECTION B, LINE 13G THE HOSPITAL'S WEBSITE ALSO INFORMS PATIENTS OF THE POLICY

Identifier	ReturnReference	Explanation
ST DOMINIC- JACKSON MEMORIAL HOSPITAL		PART V, SECTION B, LINE 19D HOSPITAL OFFERS A DISCOUNT OF 50% WHICH IS EQUIVALENT TO THE AVERAGE COMMERCIAL DISCOUNT

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 ST DOMINIC HOSPITAL ASSESSES THE COMMUNITY WE SERVE THROUGH VARIOUS SOURCES WHICH INCLUDE 1-NEEDS ASSESSMENT PERFORMED BY THE LOCAL UNITED WAY OFFICE2-ANALYSIS OF THE PAYOR SOURCE AND DISEASE CATEGORIES OF PATIENTS TREATED AT ST DOMINIC HOSPITAL WITH PARTICULAR ANALYSIS DONE ON PATIENTS PRESENTING TO OUR EMERGENCY DEPARTMENT3-FEEDBACK FROM THE BOARD MEMBERS WHO REPRESENT THE COMMUNITY WE SERVE4-REQUESTS MADE TO US FROM OUR COMMUNITY5-PUBLIC HEALTH INFORMATION

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 ST DOMINIC HOSPITAL WORKS TO EDUCATE OUR PATIENTS AND COMMUNITY ON ASSISTANCE OPTIONS BY 1-POSTING SIGNAGE IN OUR EMERGENCY ROOM AND OTHER REGISTRATION AREAS INFORMING PATIENTS THAT FINANCIAL ASSISTANCE IS AVAILABLE 2-PROVIDING BROCHURES IN OUR WAITING ROOMS AND AT THE REGISTRATION DESKS THAT EXPLAIN A DETAIL DESCRIPTION OF THE BILLING AND COLLECTION PROCESS AS WELL AS INFORMATION ABOUT THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY AND PHONE NUMBERS TO CALL FOR ASSISTANCE 3-CONTRACTING AND PAYING AN AGENCY TO MEET WITH ALL UNINSURED PATIENTS TO ASSIST THEM IN APPLYING FOR FEDERAL AND STATE ASSISTANCE (I E MEDICAID, DISABILITY, ETC) 4-PROVIDING FINANCIAL COUNSELORS TO MEET WITH PATIENTS THESE COUNSELORS FULLY UNDERSTAND THE HOSPITAL'S CHARITY POLICY AND ARE AVAILABLE TO ASSIST WITH THE APPLICATIONS, SET UP INTEREST FREE PAYMENT PLANS AND OFFER ADVICE ON PUBLIC ASSISTANCE THAT MAY BE AVAILABLE 5-STAFFING PATIENT REPRESENTATIVES TO ANSWER QUESTIONS AND ASSIST PATIENTS AS NEEDED6-EDUCATING THE EARLY-OUT AND BAD DEBT COLLECTION AGENCIES ON THE HOSPITAL'S FINANCIAL ASSISTANCE POLICIES SO THEY CAN ASSIST PATIENTS WHOM THEY FIND MIGHT HAVE FINANCIAL NEED

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 ST DOMINIC-JACKSON MEMORIAL HOSPITAL (ST DOMINIC HOSPITAL) IS AN ADULT TERTIARY REFERRAL CENTER SERVING RESIDENTS FROM COUNTIES IN THE CENTRAL REGION OF MISSISSIPPI THE HOSPITAL DEFINES ITS SERVICE AREA AS THE COUNTIES EQUATING TO APPROXIMATELY 85 PERCENT OF THE HOSPITAL'S ACUTE INPATIENT DISCHARGES BASED ON A REVIEW OF THE 2012 INTERNAL ACUTE CARE DISCHARGE DATA, 12 COUNTIES CONSTITUTE THAT PERCENTAGE OF ST DOMINIC HOSPITAL'S INPATIENT DISCHARGES (HINDS, MADISON, RANKIN, WARREN, YAZOO, HOLMES, ATTALA, LEAKE, SCOTT, SIMPSON, COPIAH, AND LINCOLN COUNTIES) THE TOTAL POPULATION FOR ST DOMINIC'S 12 COUNTY SERVICE AREA EQUALED 750,111 BASED ON POPULATION ESTIMATES FOR 2011 AND IS PROJECTED TO INCREASE TO 764,987 BY 2016 THE TOTAL POPULATION OF ST DOMINIC'S SERVICE AREA IN 2011 REPRESENTS 24 9 PERCENT OF THE TOTAL POPULATION FOR THE STATE OF MISSISSIPPI FEMALES CONSTITUTE 51 6 PERCENT OF THE TOTAL POPULATION IN ST DOMINIC'S SERVICE AREA IN 2011, WITH FEMALES OF CHILD BEARING AGE (I E , 18-44 YEARS OF AGE) EQUALING 138,722 OR 18 5 PERCENT OF THE TOTAL POPULATION FOR THE SERVICE AREA THE LARGEST POPULATION AGE COHORT IN THE HOSPITAL'S SERVICE AREA - IN 2011 - IS PEOPLE 18-44 YEARS OF AGE (275,266 OR 36 7 PERCENT) THE FASTEST GROWING AGE COHORT PROJECTED FOR 2011 TO 2016 IS PEOPLE AGES 65 AND OVER, INCREASING 2 5 PERCENT ON A COMPOUND ANNUAL GROWTH RATE (I E , 102,769 COMPARED TO 90,929) WHITE-NON HISPANIC CONSTITUTES THE LARGEST ETHNIC POPULATION CO-HORT (I E , 49 PERCENT) IN ST DOMINIC'S SERVICE AREA BLACK-NON-HISPANIC REPRESENTS 46 3 PERCENT AND HISPANICS REPRESENT 2 5 PERCENT OF THE TOTAL POPULATION IN THE SERVICE AREA ACCORDING TO THE MISSISSIPPI DEPARTMENT OF HEALTH'S FY 2012 MISSISSIPPI STATE HEALTH PLAN, THE BIRTH RATE STATEWIDE IN 2009 WAS 14 5 LIVE BIRTHS PER 1,000 POPULATION THE FERTILITY RATE WAS 70 7 LIVE BIRTHS PER 1,000 WOMEN AGED 15-44 YEARS OF AGE INFANT MORTALITY RATE REMAINS A MAJOR CONCERN IN MISSISSIPPI AS THE RATE INCREASED TO 10 0 DEATHS PER 1,000 LIVE BIRTHS IN 2009 (7 0 PER THOUSAND FOR WHITE COMPARED TO 13 4 PER THOUSAND FOR NON-WHITE) OF THE 42,809 TOTAL BIRTHS IN 2009 IN MISSISSIPPI, 32,731 WERE ASSOCIATED WITH AT RISK MOTHERS (I E , 76 5 PERCENT) THE COUNTY WITH THE HIGHEST INFANT MORTALITY RATE, IN ST DOMINIC'S SERVICE AREA, IS HINDS COUNTY AT 13 2 DEATHS PER 1,000 LIVE BIRTHS AND THE LOWEST IS MADISON COUNTY AT 7 8 HEART DISEASE REMAINS THE LEADING CAUSE OF DEATH IN BOTH MISSISSIPPI AND IN THE UNITED STATES MALIGNANT NEOPLASMS RANKED SECOND IN THE STATE FOLLOWED BY ACCIDENTS, CEREBROVASCULAR DISEASE AND EMPHYSEMA AND OTHER RESPIRATORY DISEASE ACCORDING TO THE STATE HEALTH PLAN, MISSISSIPPI RANKED 49TH AMONG THE STATES IN PER CAPITA INCOME AND 49TH IN MEDIAN FAMILY INCOME THE STATEWIDE PER CAPITA INCOME EQUALED $16,994 AND THE MEDIAN HOUSEHOLD INCOME EQUALED $31,997 IN 2011 MADISON COUNTY EXPERIENCED THE HIGHEST PER CAPITA INCOME AND MEDIAN HOUSEHOLD INCOME IN 2011 FOR COUNTIES IN THE SERVICE AREA WITH $54,182 AND $28,423, RESPECTIVELY HOLMES COUNTY EXPERIENCED THE LOWEST WITH A PER CAPITA INCOME OF $12,961 AND MEDIAN HOUSEHOLD INCOME OF $25,214

Identifier	ReturnReference	Explanation
		PART VI, LINE 5 ST DOMINIC RECOGNIZES ITS BASIC PARTICIPATION IN THE MISSION OF THE CHURCH WHICH INVOLVES TWO MAIN MINISTRIES EDUCATION AND HEALTH CARE THREE ACTIVITIES - COMMUNICATING A CHRISTIAN MESSAGE, ESTABLISHING COMMUNITY AND PERFORMING SERVICE - EXPRESS OUR MISSION OF CHRISTIAN HEALING WE INVOLVE MEMBERS OF OUR COMMUNITY IN OUR GOVERNANCE SO THAT WE MAINTAIN THE FOCUS ON THE NEEDS OF OUR COMMUNITY WE HAVE AN OPEN MEDICAL STAFF ST DOMINIC ALSO INVESTS BACK 100% OF ALL PROFITS AND CASH INTO OUR HOSPITAL SO THAT NO LOCAL FUNDS LEAVE THIS COMMUNITY

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 ST DOMINIC - JACKSON MEMORIAL HOSPITAL IS A FULLY OWNED SUBSIDIARY OF ST DOMINIC HEALTH SERVICES, INC AND PROVIDES ONE PIECE OF THE OVERALL COMMUNITY BENEFIT THAT THE ORGANIZATION PROVIDES

Identifier	ReturnReference	Explanation
		PART VI, LINE 8 ST DOMINIC HOSPITAL (CONSOLIDATED WITH ST DOMINIC HEALTH SERVICES, INC) PREPARES ANNUALLY A COMMUNITY BENEFIT REPORT WHICH IS DISTRIBUTED TO KEY MEMBERS OF OUR LOCAL COMMUNITY AND STATE GOVERNMENT BUT THERE ARE CURRENTLY NO REQUIREMENTS TO DO SO IN THE STATE OF MISSISSIPPI

Additional Data

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

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest) How many non-hospital facilities did the organization operate during the tax year? **15** Name and address	Type of Facility (Describe)
ST DOMINIC AMBULATORY SURGERY CENTER 969 LAKELAND DRIVE M JACKSON,MS 392164699	OUTPATIENT SURGERY CENTER
ST DOMINIC AMBULATORY SURGERY CENTER 969 LAKELAND DRIVE M JACKSON,MS 392164699	OUTPATIENT SURGERY CENTER
ST DOMINIC AMBULATORY SURGERY CENTER 969 LAKELAND DRIVE M JACKSON,MS 392164699	OUTPATIENT SURGERY CENTER
ST DOMINIC AMBULATORY SURGERY CENTER 969 LAKELAND DRIVE M JACKSON,MS 392164699	OUTPATIENT SURGERY CENTER
ST DOMINIC AMBULATORY SURGERY CENTER 969 LAKELAND DRIVE M JACKSON,MS 392164699	OUTPATIENT SURGERY CENTER
ST DOMINIC AMBULATORY SURGERY CENTER 969 LAKELAND DRIVE M JACKSON,MS 392164699	OUTPATIENT SURGERY CENTER
ST DOMINIC AMBULATORY SURGERY CENTER 969 LAKELAND DRIVE M JACKSON,MS 392164699	OUTPATIENT SURGERY CENTER
ST DOMINIC AMBULATORY SURGERY CENTER 969 LAKELAND DRIVE M JACKSON,MS 392164699	OUTPATIENT SURGERY CENTER
ST DOMINIC AMBULATORY SURGERY CENTER 969 LAKELAND DRIVE M JACKSON,MS 392164699	OUTPATIENT SURGERY CENTER
ST DOMINIC AMBULATORY SURGERY CENTER 969 LAKELAND DRIVE M JACKSON,MS 392164699	OUTPATIENT SURGERY CENTER
ST DOMINIC AMBULATORY SURGERY CENTER 969 LAKELAND DRIVE M JACKSON,MS 392164699	OUTPATIENT SURGERY CENTER
ST DOMINIC AMBULATORY SURGERY CENTER 969 LAKELAND DRIVE M JACKSON,MS 392164699	OUTPATIENT SURGERY CENTER
ST DOMINIC AMBULATORY SURGERY CENTER 969 LAKELAND DRIVE M JACKSON,MS 392164699	OUTPATIENT SURGERY CENTER
ST DOMINIC AMBULATORY SURGERY CENTER 969 LAKELAND DRIVE M JACKSON,MS 392164699	OUTPATIENT SURGERY CENTER
ST DOMINIC AMBULATORY SURGERY CENTER 969 LAKELAND DRIVE M JACKSON,MS 392164699	OUTPATIENT SURGERY CENTER

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ST DOMINIC-JACKSON MEMORIAL HOSPITAL

Employer identification number
64-0303091

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 21

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 0

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

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

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE HOSPITAL HAS A CONTRIBUTIONS COMMITTEE, WHICH IS A SUB-COMMITTEE OF THE BOARD, THAT OVERSEES THE HOSPITAL'S GIVING THEY MONITOR THE REQUESTS AND OVERSEE ALL GIFTS

Additional Data

Return to Form

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
REAL CHRISTIAN FOUNDATIONPO BOX 180059 RICHLAND,MS 39218	64-0885750	501(C)(3)	50,000				CHARITABLE SUPPORT
THE CENTER FOR VIOLENCE PREVENTIONPO BOX 6279 PEARL,MS 39288	58-1959108	501(C)(3)	30,000				CHARITABLE SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OPERATION SHOESTRING1711 BAILEY AVENUE JACKSON,MS 39283	64-0471554	501(C)(3)	25,000				CHARITABLE SUPPORT
NEIGHBORHOOD CHRISTIAN CENTER 417 WASH ST JACKSON,MS 39203	64-0800919	501(C)(3)	18,000				CHARITABLE SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MISSION MISSISSIPPI120 N CONGRESS ST JACKSON,MS 39201	64-0824240	501(C)(3)	30,000				CHARITABLE SUPPORT
HOSPICE MINISTRIES450 TOWNE CENTER BOULEVARD RIDGELAND,MS 39157	64-0789919	501(C)(3)	55,000				CHARITABLE SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY HEALTH SERVICES-ST DOMINIC INC (CARE-A-VAN)969 LAKELAND DR JACKSON,MS 392164699	64-0714997	501(C)(3)	150,000				AFFILIATE SUPPORT
CHRISTIAN MEDICAL AND DENTALP O BOX 4569 JACKSON,MS 39296	36-2284267	501(C)(3)	5,000				CHARITABLE SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC CHARITIES200 N CONGRESS ST JACKSON,MS 39201	64-0468850	501(C)(3)	55,000				CHARITABLE SUPPORT
BREAKTHRU MINISTRIESPO BOX 39236 JACKSON,MS 39236	62-1284192	501(C)(3)	15,000				CHARITABLE SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOY SCOUTS OF AMERICA855 RIVERSIDE DR JACKSON,MS 39202	64-0303071	501(C)(3)	32,000				CHARITABLE SUPPORT
BEGINNING AGAIN IN CHRIST PO BOX 26 BRANDON,MS 390430026	64-0592123	501(C)(3)	15,000				CHARITABLE SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOUTHERN CHRISTIAN SERVICES860 EAST RIVER PLACE SUITE 104 JACKSON,MS 39202	64-0758344	501(C)(3)	40,000				CHARITABLE SUPPORT
FAMILY MATTERS COUNCIL2906 NORTH STATE STREET SUITE 207 JACKSON,MS 39216	26-4512639	501(C)(3)	20,000				CHARITABLE SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COHA INC805 EAST RIVER PLACE SUITE 104 JACKSON,MS 39202	64-0861570	501(C)(3)	12,500				CHARITABLE SUPPORT
100 BLACK MEN OF JACKSON5360 HIGHLAND DRIVE JACKSON,MS 39286	64-0817928	501(C)(3)	37,500				CHARITABLE SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEW LIFE FOR WOMEN814 NORTH CONGRESS STREET JACKSON,MS 39202	64-0765336	501(C)(3)	10,000				CHARITABLE SUPPORT
LANTERN MEDICAL CLINIC 198 KIRKWOOD PLACE JACKSON,MS 39211	26-2621541	501(C)(3)	20,000				CHARITABLE SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MISSISSIPPI CHILDREN'S HOME SERVICESPO BOX 1078 JACKSON,MS 39215	64-0303085	501(C)(3)	15,000				CHARITABLE SUPPORT
ST DOMINIC HEALTH SERVICES INC969 LAKELAND DR JACKSON,MS 39216	64-0714999	501(C)(3)	1,500,000				AFFILIATE SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST DOMINIC HEALTH SERVICES FOUNDATION INC 969 LAKELAND DR JACKSON,MS 39216	43-1992975	501(C)(3)	20,550				AFFILIATE SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ST DOMINIC-JACKSON MEMORIAL HOSPITAL

Employer identification number
64-0303091

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☑ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		No
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) 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 W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CLAUDE W HARBARGER	(i)	496,947	0	78,256	35,046	7,216	617,465	0
	(ii)	0	0	0	0	0	0	0
(2) JENNIFER SINCLAIR	(i)	272,666	0	1,632	33,015	5,789	313,102	0
	(ii)	0	0	0	0	0	0	0
(3) LESTER DIAMOND	(i)	315,664	0	42,702	29,741	8,114	396,221	0
	(ii)	0	0	0	0	0	0	0
(4) ROBERT MOBLEY MD	(i)	366,688	0	40,911	35,601	6,631	449,831	0
	(ii)	0	0	0	0	0	0	0
(5) PAUL ARRINGTON	(i)	241,370	0	0	30,754	8,019	280,143	0
	(ii)	0	0	0	0	0	0	0
(6) KEITH VAN CAMP	(i)	263,308	0	0	32,608	306	296,222	0
	(ii)	0	0	0	0	0	0	0
(7) STEPHEN BOMGARDNER	(i)	227,387	0	0	30,319	6,911	264,617	0
	(ii)	0	0	0	0	0	0	0
(8) BECKY LOWE	(i)	216,377	0	0	28,297	251	244,925	0
	(ii)	0	0	0	0	0	0	0
(9) TRACE SWARTZFAGER	(i)	207,366	0	0	25,642	6,542	239,550	0
	(ii)	0	0	0	0	0	0	0
(10) LORRAINE WASHINGTON	(i)	0	0	0	0	0	0	0
	(ii)	208,020	0	16,200	28,366	4,913	257,499	0
(11) HUEY B MCDANIEL MD	(i)	584,529	0	0	0	8,208	592,737	0
	(ii)	0	0	0	0	0	0	0
(12) KYLE GORDON MD	(i)	742,669	0	0	0	8,325	750,994	0
	(ii)	0	0	0	0	0	0	0
(13) JOHN LANCON MD	(i)	1,220,225	0	0	0	8,325	1,228,550	0
	(ii)	0	0	0	0	0	0	0
(14) GERHARD MUNDINGER MD	(i)	865,377	0	0	0	7,225	872,602	0
	(ii)	0	0	0	0	0	0	0
(15) RONALD KENNEDY MD	(i)	868,607	0	0	0	8,325	876,932	0
	(ii)	0	0	0	0	0	0	0
(16) RALPH E SULSER MD	(i)	261,897	0	0	0	6,832	268,729	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	HOUSING ALLOWANCE WAS PROVIDED TO ONE KEY EMPLOYEE AND WAS INCLUDED IN TAXABLE WAGES FOR 2011 THE ALLOWANCE IS INCLUDED IN THE TOTAL COMPENSATION TO THE KEY EMPLOYEE APPROVED UNDER THE EXECUTIVE COMPENSATION PROGRAM

Additional Data

Return to Form

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
CLAUDE W HARBARGER	(I)	496,947	0	78,256	35,046	7,216	617,465	0
	(II)	0	0	0	0	0	0	0
JENNIFER SINCLAIR	(I)	272,666	0	1,632	33,015	5,789	313,102	0
	(II)	0	0	0	0	0	0	0
LESTER DIAMOND	(I)	315,664	0	42,702	29,741	8,114	396,221	0
	(II)	0	0	0	0	0	0	0
ROBERT MOBLEY MD	(I)	366,688	0	40,911	35,601	6,631	449,831	0
	(II)	0	0	0	0	0	0	0
PAUL ARRINGTON	(I)	241,370	0	0	30,754	8,019	280,143	0
	(II)	0	0	0	0	0	0	0
KEITH VAN CAMP	(I)	263,308	0	0	32,608	306	296,222	0
	(II)	0	0	0	0	0	0	0
STEPHEN BOMGARDNER	(I)	227,387	0	0	30,319	6,911	264,617	0
	(II)	0	0	0	0	0	0	0
BECKY LOWE	(I)	216,377	0	0	28,297	251	244,925	0
	(II)	0	0	0	0	0	0	0
TRACE SWARTZFAGER	(I)	207,366	0	0	25,642	6,542	239,550	0
	(II)	0	0	0	0	0	0	0
LORRAINE WASHINGTON	(I)	0	0	0	0	0	0	0
	(II)	208,020	0	16,200	28,366	4,913	257,499	0
HUEY B MCDANIEL MD	(I)	584,529	0	0	0	8,208	592,737	0
	(II)	0	0	0	0	0	0	0
KYLE GORDON MD	(I)	742,669	0	0	0	8,325	750,994	0
	(II)	0	0	0	0	0	0	0
JOHN LANCON MD	(I)	1,220,225	0	0	0	8,325	1,228,550	0
	(II)	0	0	0	0	0	0	0
GERHARD MUNDINGER MD	(I)	865,377	0	0	0	7,225	872,602	0
	(II)	0	0	0	0	0	0	0
RONALD KENNEDY MD	(I)	868,607	0	0	0	8,325	876,932	0
	(II)	0	0	0	0	0	0	0
RALPH E SULSER MD	(I)	261,897	0	0	0	6,832	268,729	0
	(II)	0	0	0	0	0	0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ST DOMINIC-JACKSON MEMORIAL HOSPITAL

Employer identification number
64-0303091

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MELANIE GRAFTON	DAUGHTER OF BOARD MEMBER, DAN GRAFTON	61,816	MELANIE GRAFTON IS AN EMPLOYEE OF ST DOMINIC-JACKSON MEMORIAL HOSPITAL		No
(2) JACKSON PULMONARY	DR JIMMY JONES, DIRECTOR, IS A GREATER THAN 5% OWNER	516,360	HOSPITAL CONTRACTS WITH JACKSON PULMONARY FOR INTENSIVIST SERVICES		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ST DOMINIC-JACKSON MEMORIAL HOSPITAL

Employer identification number
64-0303091

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	ST DOMINIC HEALTH SERVICES, INC IS THE SOLE MEMBER OF ST DOMINIC- JACKSON MEMORIAL HOSPITAL

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF DIRECTORS OF ST DOMINIC- JACKSON MEMORIAL HOSPITAL'S SOLE MEMBER, ST DOMINIC HEALTH SERVICES, INC , HAS THE AUTHORITY TO ELECT THE PRESIDENT/CEO, THE CHAIR OF THE BOARD OF DIRECTORS AND THE VICE-CHAIR OF THE BOARD OF DIRECTORS OF THE HOSPITAL AND TO APPROVE THE ELECTION OF ALL OTHER OFFICERS OF ST DOMINIC- JACKSON MEMORIAL HOSPITAL

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	THE BOARD OF DIRECTORS OF THE SOLE MEMBER OF ST DOMINIC- JACKSON MEMORIAL HOSPITAL, ST DOMINIC HEALTH SERVICES, INC , HAS THE RIGHT TO APPROVE THE FORMATION OF, OR PARTICIPATION IN, ANY JOINT VENTURE OR PARTNERSHIP OF THE HOSPITAL ST DOMINIC HEALTH SERVICES, INC 'S BOARD OF DIRECTORS ALSO HAS THE RIGHT TO APPROVE ANY DISSOLUTION OR MERGER ENACTED BY ST DOMINIC-JACKSON MEMORIAL HOSPITAL IF THE ST DOMINIC- JACKSON MEMORIAL HOSPITAL'S BOARD OF DIRECTORS HAS A STALEMATE IN ANY VOTE, THE FINAL DECISION RESTS WITH THE BOARD OF DIRECTORS OF ITS SOLE MEMBER, ST DOMINIC HEALTH SERVICES, INC THE GOVERNING COUNCIL OF THE DOMINICAN SISTERS OF SPRINGFIELD ILLINOIS HAS THE AUTHORITY TO BREAK ANY TIE VOTE OF THE BOARD OF DIRECTORS OF ST DOMINIC HEALTH SERVICES, INC

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE BOARD HAS DELEGATED REVIEW OF THE FORM 990 TO THE AUDIT/FINANCE COMMITTEE OF THE BOARD PRIOR TO FILING A FULL COPY, AS APPROVED BY THE AUDIT/FINANCE COMMITTEE, WAS PROVIDED TO THE BOARD AND RATIFIED PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS ARE REQUIRED TO FILL OUT AND SIGN A CONFLICT FORM ANNUALLY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION'S EXECUTIVE COMPENSATION PROGRAM IS ADMINISTERED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD THE EXECUTIVE COMPENSATION COMMITTEE IS RESPONSIBLE FOR ESTABLISHING AND MAINTAINING A COMPETITIVE COMPENSATION PROGRAM FOR THE KEY EXECUTIVES OF THE ORGANIZATION THE EXECUTIVE COMPENSATION COMMITTEE MEETS AS NEEDED TO REVIEW THE COMPENSATION PROGRAM AND MAKE RECOMMENDATIONS FOR ANY CHANGES AS APPROPRIATE THE EXECUTIVE COMPENSATION COMMITTEE COMMISSIONS AN ANNUAL REVIEW BY AN INDEPENDENT CONSULTING FIRM TO EVALUATE THE THE ORGANIZATION'S EXECUTIVE COMPENSATION PROGRAM AGAINST THE COMPETITIVE MARKET THE EVALUATION IS REVIEWED IN THE FIRST QUARTER OF EACH YEAR AND IS INTENDED TO ENSURE THAT THE COMPENSATION PROGRAM FALLS WITHIN A REASONABLE RANGE OF COMPETITIVE PRACTICES FOR COMPARABLE POSITIONS AMONG SIMILARLY SITUATED ORGANIZATIONS AS DESCRIBED IN SECTION 4958 FOLLOWING THIS REVIEW, THE COMMITTEE REVIEWS AND APPROVES, FOR SELECTED KEY EXECUTIVES, BASE SALARY AND TOTAL COMPENSATION RANGE FOR THE UPCOMING YEAR THE EXECUTIVE COMPENSATION COMMITTEE MAINTAINS MINUTES AND RECORDS TO ENSURE THAT IT CAN CLAIM THE REBUTTABLE PRESUMPTION OF REASONABLE COMPENSATION FOR PURPOSES OF SECTION 4958 THE CHIEF EXECUTIVE OFFICER FOR THE HOSPITAL ASSIGNS PAY CHANGES FOR THE UPCOMING YEAR FOR EACH OF THE HOSPITAL EXECUTIVES WITHIN THE LIMITS ESTABLISHED BY THE EXECUTIVE COMPENSATION COMMITTEE THE CHAIRMAN OF THE BOARD AND THE EXECUTIVE COMMITTEE OF THE ORGANIZATION ASSIGNS THE PAY CHANGE FOR THE HOSPITAL'S CHIEF EXECUTIVE OFFICER WITHIN THE LIMITS ESTABLISHED BY THE EXECUTIVE COMPENSATION COMMITTEE KEY EXECUTIVES OF THE ORGANIZATION MAY ATTEND THE COMMITTEE MEETING OF THE EXECUTIVE COMPENSATION COMMITTEE TO PROVIDE THE INFORMATION NEEDED BY SUCH COMMITTEE THESE EXECUTIVES ARE EXCUSED AND THE EXECUTIVE COMPENSATION COMMITTEE MEETS IN EXECUTIVE SESSION TO RENDER ITS RECOMMENDATIONS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THESE DOCUMENTS ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
ALL OTHER FUNCTIONAL EXPENSES	FORM 990, PART X, LINE 24E	MEDICAL PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 15,437,695 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 15,437,695 MISCELLANEOUS PROGRAM SERVICE EXPENSES 5,612,948 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,612,948 CONSULTANTS PROGRAM SERVICE EXPENSES 4,333,895 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 4,333,895 UTILITIES PROGRAM SERVICE EXPENSES 3,610,587 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,610,587 COLLECTION FEES PROGRAM SERVICE EXPENSES 2,896,017 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,896,017 DUES & SUBSCRIPTIONS PROGRAM SERVICE EXPENSES 2,478,030 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,478,030 FOOD COMMODITIES PROGRAM SERVICE EXPENSES 2,427,513 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,427,513 LAB SERVICES PROGRAM SERVICE EXPENSES 1,299,298 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,299,298 TAXES PROGRAM SERVICE EXPENSES 1,014,121 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,014,121 TELEPHONE PROGRAM SERVICE EXPENSES 643,865 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 643,865 RECRUITING PROGRAM SERVICE EXPENSES 482,573 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 482,573 LINENS PROGRAM SERVICE EXPENSES 416,477 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 416,477 POSTAGE & SHIPPING PROGRAM SERVICE EXPENSES 364,823 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 364,823 WASTE FEES PROGRAM SERVICE EXPENSES 330,411 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 330,411 PRINTING & PUBLICATIONS PROGRAM SERVICE EXPENSES 244,658 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 244,658 WEARING APPAREL PROGRAM SERVICE EXPENSES 97,471 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 97,471 CONTRACT LABOR PROGRAM SERVICE EXPENSES 12,360 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 12,360 FILM PROGRAM SERVICE EXPENSES 5,580 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,580

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -898,415 PENSION TRANSITION ADJUSTMENT PER FAS 158 -45,161,092 ROUNDING -1 TOTAL TO FORM 990, PART XI, LINE 5 -46,059,508

Identifier	Return Reference	Explanation
COMMITTEE FOR AUDIT OVERSIGHT	FORM 990, PART XI, LINE 2C	THE FINANCE COMMITTEE MEETS, AS NEEDED, AND IS CHARGED WITH REVIEWING THE BUDGET, CURRENT PERFORMANCE, THE AUDIT, AND THE FORM 990 THE FINANCE COMMITTEE MAKES RECOMMENDATIONS THAT ARE THEN TAKEN TO THE FULL BOARD FOR FINAL APPROVAL

Identifier	Return Reference	Explanation
REPORTABLE COMPENSATION- RALPH E. SULSER, MD	FORM 990, PART VII, SECTION A	DR SULSER SERVES AS A MEDICAL DIRECTOR OF THE ORGANIZATION'S WEIGHT LOSS PROGRAM AND WAS PAID COMPENSATION REPORTED ON FORM 1099 FOR 2011 AND PAID W-2 WAGES FOR HIS EMPLOYMENT BY THE HOSPITAL'S 100% OWNED SINGLE MEMEBER LLC, ST DOMINIC MEDICAL ASSOCIATES, AS SET FORTH ON PART VII HIS EMPLOYMENT WITH MEDICAL ASSOCIATES BEGAN IN 2009, AND HIS BOARD TERM ENDED 12/31/2009 IN ORDER TO AVOID ANY POTENTIAL CONFLICTS

Identifier	Return Reference	Explanation
AVERAGE HOURS PER WEEK-RELATED ORGS	FORM 990, PART VII, LINE 1A, COLUMN B	SISTER MARY DOROTHEA SONDGEROTH, BOARD CHAIRMAN, SPENDS AN ADDITONAL 42 HRS/WEEK ON RELATED ORGS SISTER MARY TRINITA EDDINGTON, BOARD SECRETARY/TREASURER, SPENDS AN ADDITONAL 40 5 HRS/WEEK ON RELATED ORGS SISTER REBECCA ANN GEMMA, DIRECTOR, SPENDS AN ADDITONAL 1 HRS/WEEK ON RELATED ORGS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ST DOMINIC-JACKSON MEMORIAL HOSPITAL

Employer identification number
64-0303091

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ST DOMINIC MEDICAL ASSOCIATES 969 LAKELAND DRIVE JACKSON, MS 392164699 26-1969846	HEALTHCARE	MS	18,429,888	464,997	ST DOMINIC -JACKSON MEMORIAL HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization Yes	(g) No
(1) ST DOMINIC HEALTH SERVICES FOUNDATION INC 969 LAKELAND DRIVE JACKSON, MS 392164699 43-1992975	OPERATION TO OVERSEE FUNDS FOR ST DOMINIC HEALTH SERVICES & SUBSIDIARIES	MS	501(C)(3)	509(A)(3)(1)	ST DOMINIC HEALTH SERVICES INC		No
(2) ST DOMINIC HEALTH SERVICES INC 969 LAKELAND DRIVE JACKSON, MS 392164699 64-0714999	OPERATION AS A HOLDING COMPANY TO ACQUIRE OWNERSHIP OF RELATED ENTITY	MS	501(C)(3)	509(A)(3)(1)	N/A		No
(3) ST CATHERINE'S VILLAGE INC 969 LAKELAND DRIVE JACKSON, MS 392164699 64-0714997	OPERATION OF A CONTINUING CARE RETIREMENT COMMUNITY	MS	501(C)(3)	170(B)(1)(A) (III)	ST DOMINIC HEALTH SERVICES INC		No
(4) COMMUNITY HEALTH SERVICES - ST DOMINIC INC 969 LAKELAND DRIVE JACKSON, MS 392164699 64-0884870	OPERATION TO PROVIDE COMMUNITY HEALTH PROGRAMS	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	RELIGIOUS CONGREGATION SPONSORING EDUCATION AND HEALTHCARE INSTITUTIONS	IL	501(C)(3)	170(B)(1)(A) (I)	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) ST DOMINIC AMBULATORY SURGERY CENTER LLC 971 LAKELAND DRIVE SUITE 200 JACKSON, MS 392164699 64-0908713	HEALTHCARE	MS	ST DOMINIC - JACKSON MEMORIAL HOSPITAL	RELATED	95,605	447,594		No			No	52 850 %

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) ST DOMINIC MADISON HEALTH SERVICES INC 969 LAKELAND DRIVE JACKSON, MS 392164699 20-2870254	HEALTHCARE	MS	ST DOMINIC HEALTH SERVICES	C			
(2) FIRST INTERMED 308 CORPORATE DRIVE RIDGELAND, MS 39157 64-0824796	HEALTHCARE	MS	ST DOMINIC HEALTH SERVICES	C			
(3) PHYSICIANSPLUS BAPTIST & ST DOMINIC INC 969 LAKELAND DRIVE JACKSON, MS 392164699 64-0889895	HEALTHCARE	MS	N/A	C			
(4) ST DOMINIC INTEGRATED SERVICES INC 969 LAKELAND DRIVE JACKSON, MS 392164699 27-1493623	INVESTMENT IN MEDICAL	MS	ST DOMINIC JACKSON MEMORIAL HOSPITAL	C	368,653	1,903,709	100 000 %

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

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

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

ST. DOMINIC-JACKSON MEMORIAL HOSPITAL AND SUBSIDIARIES

Jackson, Mississippi

Audited Consolidated Financial Statements

Years Ended December 31, 2011 and 2010

CONTENTS

INDEPENDENT AUDITOR'S REPORT

The Board of Directors
St. Dominic-Jackson Memorial Hospital and Subsidiaries
Jackson, Mississippi

We have audited the accompanying consolidated balance sheets of St. Dominic-Jackson Memorial Hospital and Subsidiaries (the "Hospital") as of December 31, 2011 and 2010, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended. These consolidated financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Hospital as of December 31, 2011 and 2010, and the results of its operations and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

As disclosed in Note 1 to the consolidated financial statements, the Hospital adopted new authoritative guidance related to accounting for the reporting and disclosures of the allowance for doubtful accounts, the provision for bad debts, and patient service revenue in 2011.

Horne LLP

Ridgeland, Mississippi
March 20, 2012

ST. DOMINIC-JACKSON MEMORIAL HOSPITAL AND SUBSIDIARIES
Consolidated Balance Sheets
December 31, 2011 and 2010

	2011	2010
ASSETS		
Current assets		
Cash and cash equivalents	$ 68,478,002	$ 59,727,476
Patient accounts receivable, less allowance for doubtful accounts of $18,713,000 in 2011 and $21,654,000 in 2010	50,411,473	50,992,971
Other receivables	3,462,525	1,990,839
Due from third-party payors	2,833,708	2,803,084
Inventories	7,340,825	6,630,998
Due from affiliate	15,640,122	16,272,201
Prepaid expenses and other current assets	6,494,407	5,874,788
Total current assets	154,661,062	144,292,357
Property and equipment, net	165,427,211	158,322,693
Remainderman interest in trust principal	1,298,762	1,358,403
Other assets	2,537,697	1,761,531
Total assets	$ 323,924,732	$ 305,734,984
LIABILITIES AND NET ASSETS		
Current liabilities		
Borrowings on line of credit	$ 2,998,657	$ -
Current maturities of long-term debt	162,976	157,746
Accounts payable	16,715,620	11,295,500
Accrued salaries and wages	5,735,957	5,390,018
Accrued benefit time off	5,334,751	5,050,120
Accrued expenses	13,253,230	13,142,915
Total current liabilities	44,201,191	35,036,299
Long-term debt, less current maturities	45,040	159,547
Liability for pension benefits	93,803,591	48,642,499
Total liabilities	138,049,822	83,838,345
Net assets		
Hospital's net assets		
Unrestricted net assets	185,785,831	221,813,618
Noncontrolling interest	89,079	83,021
Total net assets	185,874,910	221,896,639
Total liabilities and net assets	$ 323,924,732	$ 305,734,984

See accompanying notes.

ST. DOMINIC-JACKSON MEMORIAL HOSPITAL AND SUBSIDIARIES
Consolidated Statements of Operations and Changes in Net Assets
Years Ended December 31, 2011 and 2010

	2011	2010
Unrestricted revenues, gains and other support		
Patient service revenues (net of contractual allowances and discounts)	$ 372,240,493	$ 362,910,468
Provision for bad debts	(20,850,992)	(18,624,953)
Net patient service revenue less provision for bad debts	351,389,501	344,285,515
Other revenues	11,095,290	10,359,895
Total unrestricted revenues, gains and other support	362,484,791	354,645,410
Expenses		
Salaries and wages	139,883,614	133,378,855
Employee benefits	31,047,831	31,733,701
Professional fees	21,806,917	17,076,339
Supplies and other	138,819,596	136,586,283
Depreciation	20,289,407	19,999,527
Interest expense	91,652	-
Total expenses	351,939,017	338,774,705
Income from operations	10,545,774	15,870,705
Nonoperating gains (losses)		
Investment income (loss)	(128,415)	3,948,803
Unrestricted contributions	20,524	109,662
Gain (loss) on sale of assets	109,342	(150,523)
Income from equity method investments	318,898	621,886
Total nonoperating gains, net	320,349	4,529,828
Excess of revenues, gains and other support over expenses and losses	10,866,123	20,400,533
Transfers (to) from St. Dominic Health Services, Inc. and affiliates	(1,650,000)	1,870,000
Pension-related changes, other than net periodic pension cost	(45,161,092)	(4,160,531)
Increase (decrease) in unrestricted net assets	(35,944,969)	18,110,002
Less: Net income attributable to noncontrolling interests	(82,818)	(88,891)
Increase (decrease) in unrestricted net assets attributable to the Hospital	(36,027,787)	18,021,111
Unrestricted net assets at beginning of year	221,813,618	203,792,507
Unrestricted net assets at end of year	$ 185,785,831	$ 221,813,618

See accompanying notes

ST. DOMINIC-JACKSON MEMORIAL HOSPITAL AND SUBSIDIARIES
Consolidated Statements of Cash Flows
Years Ended December 31, 2011 and 2010

	2011	2010
Cash flows from operating activities		
Increase (decrease) in unrestricted net assets	$ (36,027,787)	$ 18,021,111
Adjustments to reconcile increase (decrease) in net assets to net cash provided by operating activities		
Transfers (to) from St. Dominic Health Services, Inc. and affiliates	1,650,000	(1,870,000)
Pension-related changes, other than net periodic pension cost	45,161,092	4,160,531
Income from equity method investments	(378,539)	(621,886)
Net income attributable to noncontrolling interests	82,818	88,891
Depreciation	20,289,407	19,999,527
Provision for bad debts	20,850,992	18,624,953
Investment (income) loss	128,415	(3,948,803)
Change in remainderman interest in trust principal	59,641	(86,934)
(Gain) loss on sale of assets	(19,142)	150,523
Changes in operating assets and liabilities		
Patient and other accounts receivable	(21,741,180)	(14,036,188)
Estimated third-party payor settlements	(30,624)	(1,777,274)
Inventories	(709,827)	(312,853)
Due from affiliate	503,664	2,753,284
Prepaid expenses and other assets	(1,017,246)	(273,497)
Accounts payable	5,420,120	(2,701,700)
Accrued salaries, wages and benefit time off	630,570	1,620,425
Accrued expenses	110,315	838,237
Net cash provided by operating activities	34,962,689	40,628,347
Cash flows from investing activities		
Capital expenditures	(27,349,338)	(24,397,425)
Proceeds from sale of assets	31,799	146,024
Net cash used in investing activities	(27,317,539)	(24,251,401)
Cash flows from financing activities		
Principal payments on long-term debt	(166,521)	(151,489)
Net increase in borrowings on line of credit	2,998,657	-
Distributions to noncontrolling interest	(76,760)	(51,525)
Transfers (to) from St. Dominic Health Services, Inc and affiliates	(1,650,000)	1,870,000
Net cash provided by financing activities	1,105,376	1,666,986
Net increase in cash and cash equivalents	8,750,526	18,043,932
Cash and cash equivalents at beginning of year	59,727,476	41,683,544
Cash and cash equivalents at end of year	$ 68,478,002	$ 59,727,476
Supplemental disclosure of cash flow information		
Notes payable for equipment	$ 57,244	$ -
Gain on trade-in of equipment	$ 90,200	$ -

See accompanying notes

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 1. Summary of Significant Accounting Policies

Nature of Operations

St. Dominic-Jackson Memorial Hospital and Subsidiaries (the "Hospital") is a 535-bed patient facility located in Jackson, Mississippi. The Hospital is a membership corporation in which the sole member is St. Dominic Health Services, Inc. ("SDHS"), a multi-dimensional provider of healthcare services. SDHS is also the sole member of the following entities:

- St. Catherine's Village, Inc. ("SCV"), which owns and operates a continuing care retirement community located in Madison, Mississippi.
- St. Dominic Health Services Foundation, Inc. ("Foundation"), which provides fundraising support for not-for-profit entities in the area.
- Community Health Services – St. Dominic, Inc. ("CHS"), which provides community health programs including Healthline, New Directions, Care-A-Van, Community Health Clinic and Outreach Services.
- St. Dominic – Madison Health Services, Inc. ("SDMHS"), which promotes the health and welfare of the community through operations of a medical office building and a physical fitness center.
- First Intermed Corporation ("FIC"), which operates thirteen ambulatory/industrial Medicare or primary care clinics located in the greater Jackson, Mississippi and Laurel, Mississippi areas.

The Dominican Sisters of Springfield, Illinois have been responsible for the operation of the Hospital since 1946.

Principles of Consolidation

The consolidated financial statements include the accounts of St. Dominic-Jackson Memorial Hospital and its subsidiaries, St. Dominic Medical Associates ("SDMA") and St. Dominic Integrated Services ("SDIS"), wholly-owned subsidiaries and St. Dominic Ambulatory Surgery Center, LLC ("ASC"), which is a limited liability company that owns and operates an ambulatory surgery center. The Hospital's percentage ownership of ASC was 50.01 percent and 51 percent at December 31, 2011 and 2010, respectively.

All significant intercompany accounts and transactions have been eliminated in consolidation.

Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Significant estimates and assumptions are

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 1. Continued

used for, but not limited to, allowance for contractual adjustments, allowance for doubtful accounts, actuarially derived estimates and depreciable lives of assets.

The accounting estimates used in the preparation of the consolidated financial statements will change as new events occur, as more experience is acquired and as additional information is obtained. Future events and their effects cannot be predicted with certainty, accordingly, accounting estimates require the exercise of judgment. In particular, laws and regulations governing Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a possibility that recorded estimates related to these programs will change by a material amount in the near term.

Cash and Cash Equivalents

Cash and cash equivalents include certain investments in highly liquid debt instruments with an original maturity of three months or less.

Patient Accounts Receivable

Patient accounts receivable are reported at net realizable value. In evaluating the collectibility of accounts receivable, the Hospital analyzes its historical experience and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Hospital records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

The Hospital's allowance for doubtful accounts for self-pay patients increased from 62.2 percent of self-pay accounts receivable at December 31, 2010, to 63.3 percent of self-pay accounts receivable at December 31, 2011. In addition, the Hospital's self-pay bad debt writeoffs increased from $4,038,066 in 2010 to $12,116,019 in 2011. The Hospital's uninsured discount

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 1. Continued

policy has not changed during 2011 or 2010. The Hospital also maintains allowances for doubtful accounts from third-party payors. The Hospital's allowance for doubtful accounts for third-party government payors decreased from 6.2 percent of third-party government accounts receivable at December 31, 2010, to 5.0 percent of third-party government accounts receivable at December 31, 2011. In addition, the Hospital's third-party government bad debt writeoffs increased from $975,236 in 2010 to $2,539,618 in 2011. The Hospital's allowance for doubtful accounts for third-party commercial payors increased from 6.2 percent of third-party commercial accounts receivable at December 31, 2010, to 8.5 percent of third-party commercial accounts receivable at December 31, 2011. In addition, the Hospital's third-party commercial bad debt writeoffs increased from $3,166,477 in 2010 to $6,620,115 in 2011. The noted increases resulted from actual bad debt writeoffs made by the Hospital. They do not take into account the reserves that have been placed on existing patient accounts receivable. Therefore, the expense actually recognized by the Hospital on their consolidated statements of operations and changes in net assets does not equal the bad debt writeoffs noted above.

Inventories

Inventories, consisting primarily of medical supplies and pharmaceuticals, are stated at the lower of cost (first-in, first-out method) or replacement market.

Property and Equipment

Property and equipment are stated at cost. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method. Leasehold improvements are amortized using the straight-line method over the shorter of the lease terms or the estimated useful lives of the assets.

Gifts of long-lived assets such as land, buildings or equipment are reported as unrestricted support, and are included in revenues, gains and other support in excess of expenses and losses unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service. Contributions restricted to the purchase of property and equipment where restrictions are met within the same year as received are reported as increases in unrestricted net assets in the accompanying consolidated financial statements.

Long-lived assets, such as property and equipment, are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to estimated undiscounted future cash flows expected to be generated by the asset. If the carrying amount of an asset exceeds its estimated future cash

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 1. Continued

flows, an impairment charge is recognized for the amount by which the carrying amount of the asset exceeds the fair value of the asset. Assets to be disposed of are separately presented in the balance sheets and reported at the lower of the carrying amount or fair value less costs to sell, and are no longer depreciated. The assets and liabilities of a disposal group classified as held-for-sale are presented separately in the asset and liability sections of the consolidated balance sheets.

Benefit Time Off

The Hospital's employees earn benefit time off days at varying rates depending on years of service. Employees may accumulate benefit time off up to a specified maximum. The estimated amount of benefit time off payable is included in the accompanying consolidated balance sheets.

Guarantees

Guarantees are accounted for in accordance with Financial Accounting Standards Board ("FASB") Topic ASC 460, *Guarantees* ("ASC 460"). ASC 460 requires entities to disclose additional information about certain guarantees, or groups of similar guarantees, even if the likelihood of the guarantor's having to make any payments under the guarantee is remote. For certain guarantees, ASC 460 also requires that guarantors recognize a liability equal to the fair value of the guarantee upon its issuance. At December 31, 2011 and 2010, the Hospital had entered into no guarantees meeting the provisions of ASC 460.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those which use by the Hospital has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the Hospital in perpetuity. The Hospital had no temporarily or permanently restricted net assets at either December 31, 2011 or 2010.

Excess of Revenues Over Expenses and Losses

The consolidated statements of operations and changes in net assets include excess of revenues over expenses and losses. Changes in unrestricted net assets which are excluded from revenues over expenses and losses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities, pension related changes, other than net periodic pension costs, permanent transfers of assets to and from affiliates for other than goods and services and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets).

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 1. Continued

Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Charity Care

The Hospital provides care without charge or at amounts less than its established rates to patients who meet certain criteria under its charity care policy. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, such amounts are not reported as revenue.

Electronic Health Record Incentive Payments

The American Recovery and Reinvestment Act of 2009 provides for Medicare and Medicaid incentive payments beginning in 2011 for eligible hospitals and professionals that adopt and meaningfully use certified electronic health record ("EHR") technology. The Hospital must attest to certain criteria in order to qualify to receive the incentive payments. The amount of the incentive payments are calculated using predetermined formulas based on available information, primarily related to discharges and patient days. The Hospital recognizes revenues related to Medicare incentive payments ratably over each EHR reporting period (October 1 to September 30) when it has met meaningful use requirements for certified EHR technology for the EHR reporting period. The Hospital recognizes Medicaid incentive payments in the period that it qualifies for the funds based on the provisions of the State of Mississippi Division of Medicaid.

The Hospital recognized $275,864 of revenues and other receivables related to Medicaid incentive programs for the year ended December 31, 2011. These revenues are reflected in other operating revenues on the accompanying consolidated statements of operations and changes in net assets. Future incentive payments could vary due to certain factors such as availability of federal funding for both Medicare and Medicaid incentive payments and the Hospital's ability to implement and demonstrate meaningful use of certified EHR technology. The Hospital has and will continue to incur both capital costs and operating expenses in order to implement its certified EHR technology and meet meaningful use requirements in the future These expenses are ongoing and are projected to continue over all stages of implementation of meaningful use. The timing of recognizing the expenses may not correlate with the receipt of the incentive payments and the recognition of revenues. There can be no assurance that the Hospital will demonstrate meaningful use of certified EHR technology in the future, and the failure to do so

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 1. Continued

could have a material, adverse effect on the results of operations. As a part of operating this program, there is a possibility that government authorities may make adjustments to amounts previously recorded by the Hospital. The Hospital's attestation of demonstrating meaningful use is also subject to review by the appropriate government authorities. The amount of revenue recognized is based on management's best estimate, which is subject to change. Such changes will be reflected in the period in which the changes occur.

Income Taxes

The Hospital is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (the "Code") and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. The ASC is treated as a partnership for income tax purposes, and therefore, no associated income tax provision is required in the Hospital's consolidated financial statements. SDIS accounts for income taxes using the asset and liability method. Under this method, income taxes are provided for amounts currently payable and for amounts deferred as tax assets and liabilities based on differences between the financial statement carrying amounts and the tax bases of existing assets and liabilities. Deferred income taxes are measured using the enacted tax rates that are assumed will be in effect when the differences reverse. Deferred tax assets are reduced by a valuation allowance, when, in the opinion of management, it is more-likely-than-not that some portion or all of the deferred tax assets will not be realized. SDIS had no deferred tax assets or liabilities at December 31, 2011 or 2010. Income tax expense for SDIS totaled $141,821 and $0 for the years ended December 31, 2011 and 2010, respectively, and is included in administrative expenses in the accompanying consolidated statements of activities.

FASB Interpretation No. 48, *Accounting for Uncertainty in Income Taxes – an interpretation of FASB Statement No. 109*, codified in FASB ASC Topic 740 ("ASC 740"), clarifies the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribes a recognition threshold and measurement attribute for tax positions taken or expected to be taken on a tax return, including an entity's status as a tax-exempt not-for-profit entity.

Additionally, ASC 740 provides guidance on derecognition, classification, interest and penalties, accounting in interim periods, disclosure and transition. The Hospital had no significant uncertain tax positions at December 31, 2011 or 2010. If interest and penalties are incurred related to uncertain tax positions, such amounts would be recognized in income tax expense. Tax periods for all fiscal years after 2007 remain open to examination by the federal and state taxing jurisdictions to which the Hospital is subject.

Estimated Malpractice Costs

The provision for estimated medical malpractice claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 1. Continued

Advertising Expenses

Advertising is charged to expense as incurred. Advertising expense for years ended December 31, 2011 and 2010 totaled approximately $864,000 and $1,129,000, respectively.

Investment Income

Investments in financial securities are transferred to and managed by SDHS to pool into one investment account in an effort to maximize investment returns. In turn, investment income is returned to the Hospital through inter-company accounts. Consistent with SDHS, investment income is reported within the performance indicator as the underlying securities are classified as trading.

Functional Expense Classification

All expenses in the accompanying consolidated statements of operations were incurred for, or related to, the provision of healthcare services by the Hospital.

Reclassifications

Certain reclassifications have been made in the 2010 consolidated financial statements to conform with the 2011 presentation. There was no impact to net assets or change in net assets, as previously reported.

Recently Issued Pronouncements

In August 2010, the FASB issued Accounting Standards Update No. 2010-23 ("ASU 2010-23"), which requires health care entities to use cost as the measurement basis for charity care disclosures and defines cost as the direct and indirect costs of providing charity care. The amended disclosure requirements are effective for fiscal years beginning after December 15, 2010 and must be applied retrospectively. Note 9 reflects the amended disclosure requirements, and the costs of caring for charity care patients in prior periods disclosed in Note 9 have been restated. Since the new guidance amends disclosure requirements only, its adoption did not impact the Hospital's consolidated balance sheets, statements of operations and changes in net assets, or cash flows statements.

In August 2010, the FASB issued Accounting Standards Update 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries* ("ASU 2010-24"), which amends previous guidance to require healthcare entities to record medical malpractice claims and similar liabilities and their anticipated insurance recoveries on a gross basis. The new guidance is effective for fiscal periods beginning after December 15, 2010. The adoption of ASU 2010-24 did not have a significant impact on the Hospital's financial position, results of operations or cash flows.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 1. Continued

In July 2011, the FASB issued Accounting Standards Update No. 2011-07 ("ASU 2011-07") to amend and expand existing authoritative accounting guidance related to healthcare entities. In issuing ASU 2011-07, FASB's objective was to provide financial statement users with greater transparency about a health care entity's net patient service revenues and the related allowance for doubtful accounts.

ASU 2011-07 requires health care entities to make the following changes to its existing accounting practices and financial statement disclosures:

- Change the presentation of the provision for bad debts in the statements of operations by reclassifying that amount from an operating expense to a deduction from patient service revenue, net of contractual allowances and discounts;

- Disclose its policy for recognizing its provision for bad debts by major payor source of revenue and provide qualitative and quantitative information about significant changes in the Hospital's allowance for doubtful accounts; and

- Disclose by major payor source its policy for collectability in determining the timing and amount of patient service revenue, net of contractual allowances and discounts, to be recognized, and its patient service revenue, net of contractual allowances and discounts.

Upon adoption, ASU 2011-07 requires retrospective application as to the presentation of the provision for bad debts in the statement of operations and prospective applications related to disclosure requirements.

As permitted by the standard, the Hospital elected to adopt the provisions of ASU 2011-07 for the year ended December 31, 2011. Accordingly, the Hospital has reclassified its provision for bad debts in the accompanying consolidated statement of operations for the year ended December 31, 2010. The reclassification resulted in a decrease of previously reported total unrestricted revenues, gains and other support and total operating expenses of $18,624,953.

Note 2. Fair Value Measurements

FASB ASC Topic 820, *Fair Value Measurements and Disclosures* ("ASC 820"), defines fair value, establishes a hierarchal disclosure framework for measuring fair value and requires expanded disclosures about fair value measurements. The provisions of this statement apply to all financial instruments that are being measured and reported on a fair value basis.

Financial assets and liabilities recorded on the consolidated balance sheets are categorized based on the inputs to the valuation techniques as follows:

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 2. Continued

Level 1. Quoted prices in active markets for identical assets or liabilities. Level 1 assets and liabilities include debt and equity securities and derivative contracts that are traded in an active exchange market.

Level 2. Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities. Level 2 assets and liabilities include debt securities with quoted prices that are traded less frequently than exchange-traded instruments or derivative contracts whose value is determined using a pricing model with inputs that are observable in the market or can be derived principally from or corroborated by observable market data.

Level 3. Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. Level 3 assets and liabilities include financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation.

The following table represents the Hospital's fair value hierarchy for its financial assets, and changes therein, measured at fair value on a recurring basis as of and for the years ended December 31, 2011 and 2010:

Fair Value Measurements at December 31, 2011

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total at December 31, 2011
Remainderman interest in trust principal	$ 1,298,762	$ -	$ -	$ 1,298,762
Total	$ 1,298,762	$ -	$ -	$ 1,298,762

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 2. Continued

Fair Value Measurements at December 31, 2010

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total at December 31, 2010
Remainderman interest in trust principal	$ 1,358,403	$ -	$ -	$ 1,358,403
Total	$ 1,358,403	$ -	$ -	$ 1,358,403

Certain other financial instruments, including cash and long-term debt, are reported at historical cost, which approximates fair value due to their short maturities.

Note 3. Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital for services rendered at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Medicare

Substantially all acute care services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to patient classification systems that are based on clinical, diagnostic and other factors. Certain types of exempt services and other defined payments related to Medicare beneficiaries are paid based upon cost reimbursement or other retroactive-determination methodologies. Payments for retroactively determined items are at tentative rates, with final settlement determined after submission of annual cost reports by the Hospital and audits by the Medicare fiscal intermediary. Revenue decreased approximately $41,000 for 2011 and increased $728,000 for 2010, due to retroactive adjustments less than and in excess of amounts previously estimated. The Hospital's cost reports have been audited and settled for all fiscal years through December 31, 2006. Revenue from the Medicare program accounted for approximately 52 percent of the Hospital's gross patient service revenue for the years ended December 31, 2011 and 2010.

Medicaid

Inpatient and outpatient services rendered to Medicaid program beneficiaries are generally paid based upon prospective reimbursement methodologies established by the State of Mississippi. The Hospital is reimbursed at a tentative prospective rate which is adjusted annually for

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 3. Continued

prescribed market basket increases. Revenue from the Medicaid program accounted for approximately 11 percent and 10 percent of the Hospital's gross patient service revenue for each of the years ended December 31, 2011 and 2010, respectively.

The Hospital participates in the Mississippi Intergovernmental Transfer Program as a Medicaid Disproportionate Share Hospital ("DSH") and in the Medicaid Upper Payment Limit Program ("UPL"). Under these programs, the Hospital receives enhanced reimbursement through a matching mechanism. For the years ended December 31, 2011 and 2010, the Hospital received approximately $4,756,000 and $15,135,000, respectively, in enhanced reimbursement through the DSH program. The net benefit to the Hospital associated with participation in the UPL program was approximately $4,904,000 and $11,561,000 for the years ended December 31, 2011 and 2010, respectively. DSH amounts are recorded as a reduction of contractual adjustments. UPL amounts, net of related tax assessments of approximately $9,949,000 and $12,420,000 for the years ended December 31, 2011 and 2010, respectively, are also shown as a reduction of contractual adjustments. There can be no assurance that the Hospital will continue to qualify for future participation in these programs or that the programs will not ultimately be discontinued or materially modified.

Blue Cross

All acute care services rendered to Blue Cross subscribers are reimbursed at prospectively determined rates. Revenue from the Blue Cross program accounted for approximately 22 percent and 21 percent of the Hospital's gross patient service revenue for each of the years ended December 31, 2011 and 2010, respectively.

Other

Payment methodologies under other third-party reimbursement arrangements include discounts from established charges and prospectively determined rates per discharge.

The composition of net patient service revenue follows:

	2011	2010
Gross patient service revenue	$ 982,792,362	$ 926,091,850
Less provision for contractual and other adjustments	(610,551,869)	(563,181,382)
Net patient service revenue	$ 372,240,493	$ 362,910,468

The Hospital recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered. For uninsured patients who do not qualify for charity care, the Hospital recognizes revenue on

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 3. Continued

the basis of discounted rates as provided by its policy. On the basis of historical experience, a significant portion of the Hospital's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Hospital records a significant provision for bad debts related to uninsured patients in the period the services are provided. Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), recognized in the period from these major payor sources, is as follows:

	December 31, 2011			
	Third-Party Government Payors	Third-Party Commercial Payors	Self-Pay	Total All Payors
Patient service revenue (net of contractual allowances and discounts)	$ 203,270,008	$ 150,970,133	$ 18,000,352	$ 372,240,493

	December 31, 2010			
	Third-Party Government Payors	Third-Party Commercial Payors	Self-Pay	Total All Payors
Patient service revenue (net of contractual allowances and discounts)	$ 200,032,030	$ 145,766,985	$ 17,111,453	$ 362,910,468

Note 4. Business and Credit Concentrations

The Hospital provides healthcare services through its inpatient and outpatient care facilities principally located in the Jackson metropolitan area. Credit is granted to patients, substantially all of whom are local residents. Collateral or other security is generally not required in extending credit to patients; however, the Hospital routinely obtains assignment of (or is otherwise entitled to receive) patients' benefits payable under their health insurance programs, plans or policies (e.g., Medicare, Medicaid, Blue Cross and commercial insurance policies).

The mix of receivables from patients and third-party payors follows:

	2011	2010
Patients	10%	12%
Medicare	32	30
Blue Cross	21	26
Medicaid	12	11
Other third-party payors	25	21
	100%	100%

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 4. Continued

Effective December 31, 2010, the Federal Deposit Insurance Corporation ("FDIC") provided for temporary unlimited deposit insurance coverage of noninterest-bearing bank accounts. The temporary provision for unlimited coverage will expire on December 31, 2012. Based on this provision, there were no uninsured bank balances at risk as of December 31, 2011 or 2010.

Note 5. Other Receivables

The Hospital has entered into various agreements with registered nurses and other healthcare professionals specifically to benefit the Hospital's community service area. These agreements include signing bonuses and educational loans, both of which are generally conditioned upon a service commitment to the community. Amounts advanced are forgiven upon fulfillment of the professional's contractual service commitment, but are due in full if such commitment is not fulfilled. Such receivables totaled approximately $1,683,000 and $1,301,000 as of December 31, 2011 and 2010, respectively.

Note 6. Property and Equipment

A summary of property and equipment follows:

	2011	2010
Land	$ 9,272,580	$ 9,272,580
Land improvements	8,967,364	9,034,790
Buildings and improvements	180,230,304	198,119,523
Leasehold improvements	6,591,229	5,271,947
Fixed equipment	6,522,457	7,859,572
Moveable equipment	196,944,493	204,411,967
	408,528,427	433,970,379
Less accumulated depreciation and amortization	251,572,635	277,480,552
	156,955,792	156,489,827
Construction in progress	8,471,419	1,832,866
	$ 165,427,211	$ 158,322,693

Depreciation expense for the years ended December 31, 2011 and 2010 amounted to $20,289,407 and $19,999,527, respectively. Construction in progress is principally comprised of expenditures related to the expansion and renovation of Hospital facilities. Commitments on construction projects totaled approximately $11,840,000 at December 31, 2011. The most significant of these relate to the replacement of the Behavioral Health facility and estimated

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 6. Continued

remaining costs are approximately $10,585,000. These projects are scheduled for completion through 2013. The primary sources of financing for completion of the projects are expected to be comprised of funds from Hospital operations.

Note 7. Pension Plans

The Hospital participates in a noncontributory defined benefit pension plan sponsored by SDHS for all employees who are twenty-one years of age and have one year of service. Employees vest in accrued benefits upon five years of credited service (over 1,560 hours a year). The plan provides a monthly income benefit upon retirement, disability or death. The Hospital's funding policy is to contribute an amount which will satisfy the funding requirements of the plan. The annual contribution is determined by an enrolled actuary and incorporates benefits earned to date and in the future. Effective January 1, 2011, SDHS revised the terms of the employee pension plan to offer a cash balance retirement plan for new employees and to offer a 403(b) matching plan to all employees in lieu of participation in the defined benefit pension plan. Additionally, certain terms of the defined benefit plan were revised for existing employees.

Information regarding the plans' funded status and accumulated plan benefits is not available for the Hospital's portion of the plans. Net periodic pension cost allocated to the Hospital was approximately $9,834,000 and $11,587,000 for the years ended December 31, 2011 and 2010, respectively. The Hospital's allocable portion of the liability for pension benefits was approximately $93,804,000 and $48,642,000 at December 31, 2011 and 2010, respectively, and includes the Hospital's allocation of the liability associated with the pension plan's funding status.

Note 8. Credit Facility and Long-Term Debt

The Hospital maintains a joint unsecured line of credit agreement between the Hospital and SDHS with a commercial bank totaling $20,000,000 that expires July 20, 2012. Interest is charged on outstanding amounts at the prime rate less 1 percent (3 percent at December 31, 2011). Outstanding amounts on the line of credit as of December 31, 2011 and 2010 totaled $2,998,657 and $-0-, respectively. Management expects to renew this agreement at expiration under similar terms.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 8. Continued

A summary of long term debt and capital lease obligations at December 31, 2011 and 2010, follows:

	2011	2010
6.50 percent note payable, collateralized by equipment, payable in monthly installments of $8,246, maturing September 2012	$ 72,996	$ 170,596
4.60 percent note payable, collateralized by equipment, payable in monthly installments of $1,070, maturing September 2016	55,533	-
Capitalized lease obligation for equipment, payable in 36 monthly installments of $3,103, with an imputed interest rate of 7.50 percent	79,487	146,697
	208,016	317,293
Less current maturities	(162,976)	(157,746)
Net long-term debt and capitalized lease obligations	$ 45,040	$ 159,547

A schedule of future scheduled principal payments on long-term debt and payments on capital lease obligations at December 31, 2011 were as follows:

	Long-Term Debt	Capital Lease Obligations	Total
2012	$ 83,488	$ 82,753	$ 166,241
2013	11,037	-	11,037
2014	11,554	-	11,554
2015	12,097	-	12,097
2016	10,353	-	10,353
Total long-term debt	$ 128,529	82,753	211,282
Less amount representing interest under capital lease obligations		(3,266)	(3,266)
		$ 79,487	$ 208,016

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 9. Service to the Community

The Hospital is an active, caring member of the community it serves. In carrying out its teaching and healing ministry, the Board of Directors has established a policy under which the Hospital provides care to the needy members of its community. Following that policy, the Hospital maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges foregone for services and supplies furnished under its charity care policies. The direct and indirect costs associated with these services cannot be identified to specific charity care patients. Therefore, management estimated the costs of these services by calculating a cost to gross charge ratio and multiplying it by the charges associated with services provided to patients meeting the Hospital's charity care guidelines. Charges foregone, based on the cost to charge ratio, was approximately $15,557,000 and $15,796,000 in 2011 and 2010, respectively.

The Hospital also participates in the Medicare and Medicaid programs. Under these programs, the Hospital provides care to patients at payment rates which are determined by the federal and state governments, regardless of actual cost.

The Hospital provides healthcare services to a significant portion of the uninsured population in the surrounding community. While a portion of these patients may ultimately qualify for coverage under the Medicaid program or the charity care policy discussed above, the Hospital is unable to collect a significant portion of these accounts. Charges deemed uncollectible during 2011 and 2010 were approximately $20,851,000 and $18,625,000, respectively.

In addition, the Hospital serves the community in numerous other ways. For example:

To assist in educating the community regarding health related issues, the Hospital participates in numerous Health Fairs and gives presentations to various schools and industry regarding such issues as drug abuse, safety in the workplace, etc. The Hospital has sponsored annual cholesterol and cancer screenings, upon which the test is made available to the public for a nominal fee and the majority of the costs incurred are absorbed by the Hospital.

The Hospital organizes employee participation in fundraising for organizations such as the United Way, Stewpot Ministries, Junior Achievement, among others. In addition, the Hospital gave approximately $635,000 during 2011 and $755,000 during 2010 in charitable corporate donations to various area community service organizations.

Although the Hospital has estimated the cost of each of these efforts to serve the Jackson, Mississippi metropolitan area, management and the Board of Directors believe that such costs represent only one facet of the many ways the Hospital serves the Greater Jackson community.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 9. Continued

The above examples relate only to certain measurable benefits that the Hospital provides to its service area. This presentation is not intended to measure all such community benefits, many of which are intangible in nature or otherwise not quantifiable.

Note 10. Insurance Programs

SDHS provides professional and general liability insurance for its subsidiaries (including the Hospital) through a package of basic and substantial excess liability coverage. In connection with this program, SDHS maintains an investment fund to which the Hospital has made contributions to fund its portion of coverage. The SDHS-wide program provides for self-insurance in an underlying $7.5 million/$7.5 million layer of coverage, with related excess liability coverage provided through claims-made policies. A provision for losses to be sustained as a result of claims falling within self-insured retention levels is allocated to the Hospital by SDHS, based on incidents identified under the Hospital's incident reporting system and the Hospital's past experience, as well as other considerations, such as the nature of each claim or incident, relevant trend factors, investment returns and advice from consulting actuaries. The provision for losses totaled $2,569,000 in 2011 and $4,907,000 in 2010, and recognizes the Hospital's allocable portion of SDHS cost associated with the self-insured retentions described above. In addition, the Hospital has been allocated investment losses of $523,830 in 2011 and investment income of $3,632,409 in 2010, which represents the Hospital's portion of the investment returns or losses associated with the insurance program. Management expects that the SDHS self-insurance program will serve to at least moderate the increasing costs of professional liability coverages for related SDHS subsidiaries, although there can be no assurance that the program will result in such a trend.

To the extent that existing claims-made coverages are not renewed or replaced by SDHS, related liability claims during prior coverage periods would be uninsured. Management believes, based on incidents identified through the Hospital's incident reporting system, that any such claims would not have a material effect on the Hospital's operations or financial position. In any event, SDHS intends to renew the claims made coverage currently in place as the term of such coverage expire, and management has no reason to believe that SDHS may be prevented from renewing such coverage.

The Hospital also participates in SDHS's self-insurance program with respect to employee health and worker's compensation coverages, up to individual claim limits of $175,000 and $250,000, respectively. Substantial coverages with third-party carriers are maintained for excess losses.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 11. Commitments under Noncancelable Operating Leases

The Hospital is committed under various noncancelable operating leases, which expire through 2018. At December 31, 2011, future minimum operating lease payments were as follows:

2012	$ 858,824
2013	848,237
2014	817,816
2015	747,833
2016	511,789
Thereafter	639,434
	$ 4,423,933

Rent expense for all leases for the years ended December 31, 2011 and 2010 totaled approximately $3,193,000 and $3,082,000, respectively.

Note 12. Related Party Transactions

SDHS leases certain rental space to the Hospital, for which the Hospital paid approximately $2,240,000 in 2011 and 2010. SDHS paid the Hospital interest on funds deposited with SDHS in the amount of $300,000 and $250,000 for 2011 and 2010, respectively. SDHS provides certain management services to the Hospital, for which the Hospital paid $645,000 and $350,000 in 2011 and 2010, respectively. The Hospital has prepaid approximately $15,640,000 and $16,272,000 to SDHS for its participation in the insurance program further described in Note 10 as of December 31, 2011 and 2010, respectively. This amount is included in due from affiliate in the accompanying consolidated balance sheets.

Note 13. Trust Fund

The Hospital is the income beneficiary and a remainderman of the Davenport-Spiva Charitable Educational Trust. The trust is obligated to distribute to its beneficiaries all income annually, and all principal and remaining income on December 10, 2015. The Hospital's share of the fair value trust's principal (investments) and its income is 10 percent.

Note 14. Equity Method Investments

The Hospital has a 25 percent ownership interest in a not-for-profit physician-hospital organization ("PHO") which arranges for the provision of healthcare services through licensed healthcare providers who are members of PHO. The Hospital's investment in PHO is reflected in other assets on the accompanying consolidated balance sheets. The following is summarized financial information as of and for the years ended December 31, 2011 and 2010.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 14. Continued

	2011 (unaudited)	2010 (audited)
Cash	$ 1,780,329	$ 1,460,743
Accounts receivable	121,329	212,200
Other assets	78,777	218,400
Property and equipment, net	141,722	213,383
Total assets	$ 2,122,157	$ 2,104,726
Current liabilities	$ 179,858	$ 254,971
Membership equity	1,942,299	1,849,755
Total liabilities and membership equity	$ 2,122,157	$ 2,104,726
Total revenue	$ 2,076,327	$ 2,461,174
Operating expenses	(2,018,530)	(2,156,438)
Net income	$ 57,797	$ 304,736

On December 31, 2009, the Hospital purchased a 25 percent ownership interest in GPTRS, II, LLC ("GPTRS") which provides physical therapy and other rehabilitation services. The Hospital's investment in GPTRS is reflected in other assets on the accompanying consolidated balance sheets. The purchase price amounted to $1,291,250.

The following is summarized financial information for GPTRS as of and for the years ended December 31, 2011 and 2010.

	2011	2010
Cash	$ 37,288	$ -
Accounts receivable	469,173	413,534
Other assets	56,866	29,526
Property, equipment and intangible, net	1,112,507	870,458
Total assets	$ 1,675,834	$ 1,313,518
Current liabilities	$ 262,170	$ 280,686
Long-term liabilities	158,917	-
Membership equity	1,254,747	1,032,832
Total liabilities and membership equity	$ 1,675,834	$ 1,313,518
Total revenue	$ 4,936,778	$ 4,291,374
Operating expenses	(3,214,863)	(2,723,216)
Net income	$ 1,721,915	$ 1,568,158

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 15. Subsequent Events

In preparing these consolidated financial statements, the Hospital has evaluated events and transactions for potential recognition or disclosure through March 20, 2012, the date the consolidated financial statements were available to be issued.

During 2012, the Hospital purchased two parcels of real estate for total consideration of $2,550,000.

INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTARY INFORMATION

The Board of Directors
St. Dominic-Jackson Memorial Hospital and Subsidiaries
Jackson, Mississippi

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating and other supplementary information is presented for purposes of additional analysis rather than to present the financial position, results of operations, and cash flows of the individual companies and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating and other supplementary information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Horne LLP

Ridgeland, Mississippi
March 20, 2012

ST. DOMINIC-JACKSON MEMORIAL HOSPITAL AND SUBSIDIARIES

Schedules of Gross Patient Service Revenue

Years Ended December 31, 2011 and 2010

Department	2011 Inpatient	2011 Outpatient	2011 Total	2010 Inpatient	2010 Outpatient	2010 Total
Nursing services						
Second north	$ 3,136,086	$ 444,087	$ 3,580,173	$ 3,278,297	$ 323,694	$ 3,601,991
Second south	3,098,123	305,613	3,403,736	3,174,909	266,364	3,441,273
Second east	3,220,177	273,537	3,493,714	3,774,351	174,510	3,948,861
Third south	3,522,695	183,897	3,706,592	3,531,630	111,573	3,643,203
Third east	3,690,066	177,282	3,867,348	3,734,032	141,120	3,875,152
Fourth north	1,208,286	157,437	1,365,723	988,910	194,040	1,182,950
Fourth south	3,724,015	217,854	3,941,869	3,604,347	236,376	3,840,723
Fourth east	4,036,252	239,022	4,275,274	4,032,302	193,599	4,225,901
Fourth west	5,421,158	53,701	5,474,859	5,844,523	45,279	5,889,802
Fifth south	3,552,927	185,661	3,738,588	3,612,172	112,014	3,724,186
Fifth north	1,989,829	186,102	2,175,931	-	-	-
Fifth east	2,840,199	150,381	2,990,580	2,765,426	129,213	2,894,639
Sixth east	3,831,832	332,955	4,164,787	3,824,845	311,346	4,136,191
Six south	3,362,718	221,823	3,584,541	3,387,106	157,878	3,544,984
North campus	15,189,104	-	15,189,104	14,379,522	93	14,379,615
Nursery	8,967,508	-	8,967,508	8,179,304	-	8,179,304
IV therapy team	70	632	702	-	-	-
Special care unit	5,582,687	21,800	5,604,487	4,073,882	28,442	4,102,324
Intensive care unit - neurology	13,028,901	25,210	13,054,111	11,392,626	5,733	11,398,359
Coronary care unit	5,319,133	10,584	5,329,717	5,210,413	8,820	5,219,233
Cardiovascular recovery	5,316,602	2,205	5,318,807	5,464,305	2,205	5,466,510
Cardiovascular holding	239,196	4,851	244,047	197,714	3,969	201,683
Total nursing services	100,277,564	3,194,634	103,472,198	94,450,616	2.446,268	96,896,884
Other professional services						
Ambulatory Surgery Center	-	21,815,683	21,815,683	-	21,119,518	21,119,518
Anesthesiology	15,201,336	8,566,808	23,768,144	14,108,773	7,751,556	21,860,329
Cardiopulmonary rehabilitation	39,405	566,698	606,103	59,006	605,619	664,625
Cardiology - invasive	32,699,913	33,923,304	66,623,217	29,960,184	35,952,251	65,912,435
Chest pain center	-	621,560	621,560	-	484,487	484,487

ST. DOMINIC-JACKSON MEMORIAL HOSPITAL AND SUBSIDIARIES

Schedules of Gross Patient Service Revenue

Years Ended December 31, 2011 and 2010

Department	2011 Inpatient	2011 Outpatient	2011 Total	2010 Inpatient	2010 Outpatient	2010 Total
Other professional services - continued						
CV noninvasive	$ 8,861,528	$ 3,473,676	$ 12,335,204	$ 7,250,633	$ 2,989,416	$ 10,240,049
Cancer center	1,847,783	30,890,197	32,737,980	1,812,494	31,363,929	33,176,423
Clinical laboratory	56,046,246	40,692,299	96,738,545	54,901,223	41,978,617	96,879,840
Congestive heart failure clinic	-	-	-	43,879	120,408	164,287
Diagnostic radiology	81,879,791	123,550,767	205,430,558	67,350,286	106,038,814	173,389,100
Electrocardiology	3,513,681	2,927,481	6,441,162	3,989,973	2,889,304	6,879,277
Electroencephalography	333,561	209,108	542,669	373,302	264,921	638,223
Emergency services	14,087,473	38,112,430	52,199,903	11,323,328	39,073,122	50,396,450
Endoscopy	4,896,413	4,455,891	9,352,304	6,331,157	4,859,166	11,190,323
Hemodialysis	6,309,436	352,849	6,662,285	6,007,839	306,742	6,314,581
Labor and delivery/OBGYN surgery	12,959,852	1,958,326	14,918,178	11,892,152	2,371,952	14,264,104
Madison medical imaging	19,677	11,564,422	11,584,099	-	-	-
Materials management and central supplies	4,383,662	1,965,207	6,348,869	8,303,298	2,927,647	11,230,945
Neuroscience	985,009	300,763	1,285,772	805,113	295,961	1,101,074
Operating room and supplies	90,574,404	39,507,059	130,081,463	89,922,603	38,540,888	128,463,491
Outpatient chemotherapy	-	1,441,365	1,441,365	-	1,446,817	1,446,817
Outpatient therapy	8,745	5,905,719	5,914,464	19,335	5,736,436	5,755,771
Pharmacy	88,926,077	45,210,543	134,136,620	88,304,841	46,011,106	134,315,947
Physical therapy	5,276,675	1,155,311	6,431,986	5,174,620	903,987	6,078,607
Recovery room	4,157,314	3,487,328	7,644,642	4,642,308	3,910,143	8,552,451
Respiratory therapy	34,889,005	1,756,860	36,645,865	32,748,050	1,677,119	34,425,169
Weight loss center	-	-	-	-	-	-
Wound healing center	159,968	2,504,360	2,664,328	316,292	2,461,170	2,777,462
Total other professional services	468,056,954	426,916,014	894,972,968	445,640,689	402,081,096	847,721,785

ST. DOMINIC-JACKSON MEMORIAL HOSPITAL AND SUBSIDIARIES

Schedules of Gross Patient Service Revenue

Years Ended December 31, 2011 and 2010

Department	2011 Inpatient	2011 Outpatient	2011 Total	2010 Inpatient	2010 Outpatient	2010 Total
St. Dominic Medical Associates						
Cardiovascular Surgery Associates	$ -	$ 7,348,661	$ 7,348,661	$ -	$ 6,743,186	$ 6,743,186
Family Practice Associates - Madison	-	2,114,525	2,114,525	-	1,881,807	1,881,807
Behavioral Health Associates	-	1,292,150	1,292,150	-	1,397,784	1,397,784
Family Practice Associates - Flowood	-	1,513,966	1,513,966	-	1,961,416	1,961,416
Family Practice Associates - Clinton	-	1,562,043	1,562,043	-	527,512	527,512
Infectious Disease	-	587,833	587,833	-	-	-
Neurosurgery Associates	-	2,883,444	2,883,444	-	3,817,724	3,817,724
Internal Medicine Associates	-	5,444,627	5,444,627	-	5,162,627	5,162,627
Nursing Home	-	7,430	7,430	-	-	-
Ear, Nose and Throat Group	-	6,819,580	6,819,580	-	6,134,077	6,134,077
Chronic Care Clinic	-	432,718	432,718	-	-	-
Employee Health Clinic	-	221,656	221,656	-	174,839	174,839
Retail Clinic - Pearl	-	559,180	559,180	-	68,686	68,686
Retail Clinic - Clinton	-	124,831	124,831	-	-	-
Retail Clinic - Madison	-	174,262	174,262	-	-	-
St Dominic Professional Services	-	-	-	-	-	-
Total St Dominic Medical Associates	-	31,086,906	31,086,906	-	27,869,658	27,869,658
	$ 568,334,518	$ 461,197,554	1,029,532,072	$ 540,091,305	$ 432,397,022	972,488,327
Less charity care charges foregone			46,739,710			46,396,477
			$ 982,792,362			$ 926,091,850

ST. DOMINIC-JACKSON MEMORIAL HOSPITAL AND SUBSIDIARIES

Schedules of Other Revenue

Years Ended December 31, 2011 and 2010

	2011	2010
Rental income	$ 4,441,756	$ 4,166,857
Cafeteria sales	2,302,014	2,219,743
Plaza & Centre Café	228,245	221,497
Deli	418,313	420,772
Coin-operated café	65,175	62,875
Guest trays	23,960	20,366
Electronic health records incentive payment	275,864	-
Day care center	651,406	638,339
Gift shop revenue	382,090	378,217
Laundry income	100,675	127,895
Healing elements	546,826	512,983
Sanctuary	25,012	-
Other	1,633,954	1,590,351
	$ 11,095,290	$ 10,359,895

ST. DOMINIC-JACKSON MEMORIAL HOSPITAL AND SUBSIDIARIES
Schedules of Departmental Expenses
Years Ended December 31, 2011 and 2010

	2011				2010			
	Salaries and Wages	Professional Fees	Supplies and Other Expenses	Total	Salaries and Wages	Professional Fees	Supplies and Other Expenses	Total
Nursing services								
Second north	$ 1,660,852	$ -	$ 135,809	$ 1,796,661	$ 1,708,574	$ -	$ 107,166	$ 1,815,740
Second south	1,648,268	-	128,961	1,777,229	1,670,933	-	90,525	1,761,458
Second east	2,099,838	-	138,060	2,237,898	2,063,929	-	124,194	2,188,123
Third south	1,725,158	-	144,523	1,869,681	1,747,187	-	97,172	1,844,359
Third east	1,838,566	-	188,764	2,027,330	1,915,973	-	128,385	2,044,358
Fourth north	1,129,909	-	104,766	1,234,675	1,030,417	-	54,172	1,084,589
Fourth south	1,926,365	-	171,960	2,098,325	1,925,204	-	114,837	2,040,041
Fourth east	1,912,959	-	235,353	2,148,312	1,919,798	-	111,029	2,030,827
Fourth west	1,511,806	-	283,623	1,795,429	1,503,345	-	182,222	1,685,567
Fifth south	1,898,735	-	156,885	2,055,620	1,910,687	-	112,519	2,023,206
Fifth north	1,176,662	-	327,085	1,503,747	-	-	336	336
Fifth east	1,470,868	-	121,460	1,592,328	1,498,180	-	80,525	1,578,705
Sixth south	1,916,176	-	143,755	2,059,931	1,909,068	-	108,325	2,017,393
Sixth east	1,874,603	-	149,674	2,024,277	1,895,198	-	93,221	1,988,419
Vascular access	332,882	-	-	332,882	274,058	-	-	274,058
North campus	4,071,791	41,408	220,599	4,333,798	3,896,000	39,324	254,660	4,189,984
Nursery	3,284,902	-	706,953	3,991,855	3,071,204	-	518,080	3,589,284
Special care unit	1,702,581	-	109,737	1,812,318	1,660,093	-	54,855	1,714,948
Intensive care unit - neurology	1,490,945	-	96,255	1,587,200	1,580,449	-	57,321	1,637,770
Intensive care unit - med/surg	2,347,822	-	318,339	2,666,161	1,674,852	-	147,598	1,822,450
Coronary care unit	1,677,444	-	84,381	1,761,825	1,621,048	-	40,572	1,661,620
Cardiovascular recovery	1,731,294	-	193,878	1,925,172	1,738,366	-	117,661	1,856,027
Cardiovascular holding	442,171	-	49,421	491,592	449,060	-	56,006	505,066
Nursing service administration	1,700,067	57,860	1,116,101	2,874,028	1,699,022	54,560	1,593,488	3,347,070
Total nursing services	42,572,664	99,268	5,326,342	47,998,274	40,362,645	93,884	4,244,869	44,701,398
Other professional services								
Activity therapy	153,974	-	13,979	167,953	163,689	-	12,852	176,541
Ambulatory Surgery Center	1,280,677	-	2,596,119	3,876,796	1,300,160	-	2,706,495	4,006,655
Anesthesiology	280,430	2,810,482	1,049,522	4,140,434	255,394	1,629,826	1,100,275	2,985,495
Cancer Center	1,694,619	252,363	932,139	2,879,121	1,644,637	232,139	750,099	2,626,875
Cardiopulmonary rehabilitation	233,190	-	30,140	263,330	257,793	-	11,953	269,746
Cardiology - invasive	1,913,428	1,775,171	12,740,696	16,429,295	1,920,414	1,039,161	13,564,614	16,524,189
CDU IOP	54,945	-	1,013	55,958	47,998	-	1,993	49,991
Center for Women's Health	920,446	-	248,686	1,169,132	898,518	-	226,177	1,124,695
Chest pain center	702,849	-	46,128	748,977	758,780	-	30,062	788,842
Clinical laboratory	7,164,098	254,000	11,655,239	19,073,337	7,375,870	254,000	11,696,216	19,326,086
Congestive Heart Failure Clinic	-	-	-	-	202,437	22,798	44,542	269,777

ST. DOMINIC-JACKSON MEMORIAL HOSPITAL AND SUBSIDIARIES
Schedules of Departmental Expenses
Years Ended December 31, 2011 and 2010

	2011				2010			
	Salaries and Wages	Professional Fees	Supplies and Other Expenses	Total	Salaries and Wages	Professional Fees	Supplies and Other Expenses	Total
Other professional services - continued								
Diagnostic radiology	5,282,695	21,000	6,120,853	11,424,548	4,869,955	-	5,348,141	10,218,096
Electrocardiology	143,423	390,833	11	534,267	136,901	439,402	-	576,303
Electroencephalography	31,398	-	13,705	45,103	34,737	-	69,770	104,507
Emergency services	3,766,626	7,170,869	1,017,366	11,954,861	3,440,506	6,645,229	1,046,391	11,132,126
Endoscopy	641,571	54,408	180,844	876,823	714,117	-	513,967	1,228,084
Healing elements	192,438	139,518	155,209	487,165	173,971	96,800	231,306	502,077
Hemodialysis	814,471	-	377,502	1,191,973	772,558	-	316,958	1,089,516
Labor and delivery/OBGYN surgery	2,567,745	-	718,693	3,286,438	2,554,301	-	596,508	3,150,809
Madison Medical Imaging	570,328	959,459	43,636	1,573,423	-	-	-	-
Materials management and central supply	1,323,727	1,420	2,552,539	3,877,686	1,164,194	39,612	3,120,465	4,324,271
Nuclear medicine	484,280	19,000	1,100,124	1,603,404	406,182	19,000	1,243,803	1,668,985
Neuroscience	142,087	16,715	26,929	185,731	201,793	-	15,450	217,243
Operating room and supplies	6,550,920	6,000	28,680,588	35,237,508	6,711,792	25,500	26,791,706	33,528,998
Orthopedics	372,041	735,475	40,637	1,148,153	257,081	738,961	28,671	1,024,713
Outpatient chemotherapy	238,164	-	40,119	278,283	197,323	-	13,921	211,244
Outpatient pharmacy	555,412	-	3,152,171	3,707,583	539,166	-	2,440,043	2,979,209
Outpatient therapy	1,819,686	-	176,043	1,995,729	1,761,163	-	166,859	1,928,022
Pharmacy	4,508,718	-	19,390,258	23,898,976	4,265,851	-	18,687,633	22,953,484
Physical therapy	2,050,369	294,300	163,067	2,507,736	1,862,706	255,300	59,754	2,177,760
Recovery room	850,442	-	40,485	890,927	846,391	-	33,517	879,908
Respiratory therapy	4,448,881	-	1,153,279	5,602,160	4,179,400	-	979,779	5,159,179
Sanctuary	-	120,000	529,855	649,855	-	-	-	-
Weight loss center	257,816	38,894	807,393	1,104,103	224,585	40,294	906,246	1,171,125
Wound healing center	643,452	-	118,313	761,765	576,777	-	120,654	697,431
Total other professional services	52,655,346	15,059,907	95,913,280	163,628,533	50,717,140	11,478,022	92,876,820	155,071,982
General services								
Cafeteria	919,745	-	2,001,095	2,920,840	848,612	-	1,999,335	2,847,947
Consumer health resource center	357,519	-	70,996	428,515	353,404	-	72,987	426,391
Care management	2,356,840	210,130	232,018	2,798,988	2,101,663	-	198,572	2,300,235
Deli	71,633	-	305,933	377,566	77,654	-	305,617	383,271
Plaza Cafe	45,022	-	138,183	183,205	49,717	-	140,453	190,170
Centre Café	44,604	-	68,437	113,041	43,354	-	63,633	106,987
Dominican Plaza	142,961	-	262,838	405,799	146,979	-	319,842	466,821
Gift shop	73,088	-	298,972	372,060	67,938	-	279,236	347,174

ST. DOMINIC-JACKSON MEMORIAL HOSPITAL AND SUBSIDIARIES
Schedules of Departmental Expenses
Years Ended December 31, 2011 and 2010

	2011				2010			
	Salaries and Wages	Professional Fees	Supplies and Other Expenses	Total	Salaries and Wages	Professional Fees	Supplies and Other Expenses	Total
General services - continued								
Grounds	$ 15,854	$ -	$ 159,229	$ 175,083	$ 18,506	$ -	$ 137,327	$ 155,833
Hospital education	487,219	-	87,412	574,631	481,545	15,624	99,188	596,357
Housekeeping	1,674,463	-	380,524	2,054,987	1,536,135	-	308,061	1,844,196
Insurance and claims	-	-	3,633,448	3,633,448	-	-	6,076,087	6,076,087
Laundry	441,741	-	578,601	1,020,342	426,884	-	461,347	888,231
Maintenance	1,441,853	-	1,003,386	2,445,239	1,667,096	25,083	1,110,153	2,802,332
Medical equipment repairs	-	-	809,047	809,047	25,526	-	638,495	664,021
Health information management	2,294,621	-	1,894,451	4,189,072	2,203,497	-	1,794,887	3,998,384
Patient access	2,640,148	-	298,886	2,939,034	2,090,199	-	246,684	2,336,883
Patients' food service	1,392,261	-	765,466	2,157,727	1,342,043	-	779,271	2,121,314
Security	1,337,608	-	61,750	1,399,358	1,388,926	-	120,906	1,509,832
Utilities	-	-	2,673,645	2,673,645	-	-	2,698,933	2,698,933
Television	-	-	49,280	49,280	-	-	48,134	48,134
Total general services	15,737,180	210,130	15,773,597	31,720,907	14,869,678	40,707	17,899,148	32,809,533
Administrative services								
Administration	1,824,881	495,687	855,488	3,176,056	1,840,086	269,971	955,722	3,065,779
Pastoral care	351,987	-	168,243	520,230	364,912	-	23,224	388,136
Dominicare	496,445	-	48,752	545,197	483,705	-	53,963	537,668
Communications	188,560	-	221,781	410,341	186,596	-	216,546	403,142
Marketing	683,517	446,790	1,374,971	2,505,278	538,158	535,450	1,742,859	2,816,467
Fiscal services	1,948,742	44,440	3,842,828	5,836,010	1,853,985	54,157	3,716,745	5,624,887
Information services	4,367,023	9,190	5,069,091	9,445,304	4,042,043	86,812	4,286,147	8,415,002
Medical office building	307,326	-	1,915,123	2,222,449	322,913	-	2,152,322	2,475,235
Medical staff services/TQM	1,446,345	3,188,499	781,695	5,416,539	1,158,531	3,060,548	717,306	4,936,385
Human resources	857,313	357,745	503,864	1,718,922	1,154,666	205,474	892,418	2,252,558
Other	(307,748)	3,852	2,283,007	1,979,111	7,870	4,218	2,610,128	2,622,216
Total administrative services	12,164,391	4,546,203	17,064,843	33,775,437	11,953,465	4,216,630	17,367,380	33,537,475

ST. DOMINIC-JACKSON MEMORIAL HOSPITAL AND SUBSIDIARIES
Schedules of Departmental Expenses
Years Ended December 31, 2011 and 2010

	2011				2010			
	Salaries and Wages	Professional Fees	Supplies and Other Expenses	Total	Salaries and Wages	Professional Fees	Supplies and Other Expenses	Total
St Dominic Medical Associates								
Cardiovascular Surgery Associates	$ 3,250,774	$ -	$ 341,879	$ 3,592,653	$ 3,077,933	$ -	$ 327,217	$ 3,405,150
Family Practice Associates - Madison	1,052,963	230,322	380,339	1,663,624	984,015	165,012	402,764	1,551,791
Behavioral Health Associates	833,088	332,226	76,786	1,242,100	938,040	211,660	176,441	1,326,141
Family Practice Associates - Flowood	742,173	164,630	313,070	1,219,873	1,025,421	153,319	409,329	1,588,069
Family Practice Associates - Clinton	576,788	-	369,120	945,908	390,882	-	260,671	651,553
Infectious Disease	428,075	12,376	46,817	487,268	-	-	-	-
Neurosurgery Associates	1,562,699	137,214	198,967	1,898,880	1,898,337	103,753	164,920	2,167,010
Internal Medicine Associates	3,534,494	272,166	529,753	4,336,413	3,537,036	342,781	436,700	4,316,517
Nursing Home	15,438	10,158	639	26,235	-	-	-	-
Ear, Nose & Throat Group	3,206,604	207,364	727,173	4,141,141	3,071,878	172,477	726,697	3,971,052
Chronic Care Clinic	415,930	73,113	130,918	619,961	-	-	315	315
Employee Health Clinic	128,117	38,025	11,962	178,104	135,731	45,087	11,455	192,273
Retail Clinic - Pearl	254,579	35,352	52,141	342,072	57,555	5,469	29,069	92,093
Retail Clinic - Clinton	94,759	18,723	40,899	154,381	-	-	-	-
Retail Clinic - Madison	186,169	24,444	57,360	267,973	-	-	-	-
St Dominic Professional Services	109,027	96,380	14,306	219,713	-	-	-	-
Network Administration/Central Billing	362,356	238,916	1,449,405	2,050,677	359,099	47,538	1,252,488	1,659,125
Total St Dominic Medical Associates	16,754,033	1,891,409	4,741,534	23,386,976	15,475,927	1,247,096	4,198,066	20,921,089
	$ 139,883,614	$ 21,806,917	$ 138,819,596	300,510,127	$ 133,378,855	$ 17,076,339	$ 136,586,283	287,041,477
Employee benefits				31,047,831				31,733,701
Depreciation				20,289,407				19,999,527
Interest expense				91,652				-
Total expenses				$ 351,939,017				$ 338,774,705

ST. DOMINIC JACKSON MEMORIAL HOSPITAL AND SUBISIDIARIES
Schedules of Five-Year Operating Summary
Years Ended December 31

	2011	2010	2009	2008	2007
Gross patient service revenue	$ 982,792,362	$ 926,091,850	$ 895,961,833	$ 834,987,345	$ 778,029,600
Less provision for contractual and other adjustments	610,551,869	563,181,382	548,492,221	505,067,116	467,167,527
Less provision for doubtful accounts	20,850,992	18,624,953	25,746,499	33,024,061	33,135,446
Percent of gross patient service revenue	64.25%	62.82%	64.09%	64.44%	64.30%
Net patient service revenue	351,389,501	344,285,515	321,723,113	296,896,168	277,726,627
Other revenues	11,095,290	10,359,895	11,003,128	10,221,336	10,655,708
Total unrestricted revenues, gains and other support	362,484,791	354,645,410	332,726,241	307,117,504	288,382,335
Total expenses	351,939,017	338,774,705	329,585,999	292,215,159	278,077,573
Income from operations	10,545,774	15,870,705	3,140,242	14,902,345	10,304,762
Nonoperating gains (losses), net	320,349	4,529,828	7,759,527	435,989	1,042,506
Excess of revenues, gains and other support over expenses and losses	10,866,123	20,400,533	10,899,769	15,338,334	11,347,268
Less: Net income attributable to noncontrolling interests	(82,818)	(88,891)	(79,647)	(178,878)	18,139
Excess of revenues, gains and other support over expenses and losses attributable to the Hospital	$ 10,783,305	$ 20,311,642	$ 10,820,122	$ 15,159,456	$ 11,365,407