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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

2011Open to Public
Inspection**A** For the 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**HOLY NAME OF JESUS HOSPITAL TRUST**
C/O REGIONS BANK - TRUST DEPT.

Doing Business As

Number and street (or P O box if mail is not delivered to street address)
1901 6TH AVENUE NORTHRoom/suite
300City or town, state or country, and ZIP + 4
BIRMINGHAM, AL 35203**F** Name and address of principal officer: **REGIONS BANK - TRUST DEPT**
1901 6TH AVENUE NORTH, SUITE 300, BIRMINGHAM**D** Employer identification number**63-6117334****E** Telephone number
(205) 326-7219**G** Gross receipts \$ **2,884,217.67****H(a)** Is this a group returnfor affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ **0928****I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **N/A****K** Form of organization ☐ Corporation ☒ Trust ☐ Association ☐ Other ▶**L** Year of formation **1978** **M** State of legal domicile **AL****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO BENEFIT AND ENHANCE MEDICAL SERVICES IN THE STATE OF ALABAMA	
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3 Number of voting members of the governing body (Part VI, line 1a)	1
	4 Number of independent voting members of the governing body (Part VI, line 1b)	0
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	0
	6 Total number of volunteers (estimate if necessary)	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.00
7b Net unrelated business taxable income from Form 990, line 3	0.00	
Revenue	8 Contributions and grants (Part VIII, line 1h)	0.00
	9 Program service revenue (Part VIII, line 2g)	0.00
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	248,869.11
	11 Other revenue (Part VIII, column (A), lines 5, 6c, 8c, 9c, 10c and 11e)	640,661.35
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	648,892.62
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	136.04
	14 Benefits paid to or for members (Part IX, column (A), line 4)	59.06
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	889,666.50
	16a Professional fundraising fees (Part IX, column (A), line 11e)	861,807.01
	16b Total fundraising expenses (Part IX, column (D), line 25)	0.00
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	270,269.32
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	244,405.98
	19 Revenue less expenses Subtract line 18 from line 12	465,625.10
	20 Total assets (Part X, line 16)	424,041.40
	21 Total liabilities (Part X, line 26)	390,527.58
Net Assets or Fund Balances	22 Net assets or fund balances. Subtract line 21 from line 20	24,894,497.86
	Beginning of Current Year	25,165,025.44
	End of Year	1,000,000.00
		23,894,497.86

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	Signature of officer	Date
	REGIONS BANK - TRUST DEPARTMENT, TRUSTEE	10-2-2012
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	STEVEN N. SMITH, CPA	9-5-12
	Firm's name ▶ BARFIELD, MURPHY, SHANK, & SMITH, P.C.	Firm's EIN ▶ 63-1077072
	Firm's address ▶ 1121 RIVERCHASE OFFICE RD	Phone no 205-982-5500
	BIRMINGHAM, AL 35244	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO BENEFIT AND ENHANCE MEDICAL SERVICES IN THE STATE OF ALABAMA

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 \$ 267,947.98 including grants of \$) (Revenue \$ 212,855.33)
SEE ATTACHED

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

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

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ▶ 267,947.98

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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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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 United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
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? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38 X	

Note. All Form 990 filers are required to complete Schedule O

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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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. 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?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

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

☒ **X**

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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1	
b Enter the number of voting members included in line 1a, above, who are independent	0	
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?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
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?		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?		X
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		X

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?		X
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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13		X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
13 Did the organization have a written whistleblower policy?		X
14 Did the organization have a written document retention and destruction policy?		X
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	X	
b Other officers or key employees of the organization		X
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?		X
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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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 during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **▶**
REGIONS BANK - TRUST DEPT. - (205) 326-7219
1901 6TH AVENUE NORTH, SUITE 300, BIRMINGHAM, AL 35203

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

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

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

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

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

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

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

[illegible]

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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			
1b Sub-total								196,873.45	0.00	0.00
c Total from continuation sheets to Part VII, Section A								0.00	0.00	0.00
d Total (add lines 1b and 1c)								196,873.45	0.00	0.00

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 **1**

	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		X
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		X
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		X

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
DONALD R. GARRIS GADSDEN, AL,	CONSULTING SVCS/DEFERRED COMPEN	176,448.90

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 **1**

Form 990 (2011)

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

Form 990 (2011)

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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	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f					
	Program Service Revenue	2 a	MORTGAGES & NOTES	Business Code 900099	212,855.33	212,855.33	
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f			212,855.33		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		577,197.26			577,197.26
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 2,094,106.02				
	b	Less: cost or other basis and sales expenses	2,022,410.66				
	c	Gain or (loss)	71,695.36				
	d	Net gain or (loss)		71,695.36		71,695.36	
	8 a	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					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	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				
11 a	MISCELLANEOUS INCOME	900099	59.06			59.06	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		59.06				
12	Total revenue. See instructions			861,807.01	212,855.33	0.00	648,951.68

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

Form 990 (2011)

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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	30,000.00	30,000.00		
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	196,873.45		196,873.45	
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				
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	8,363.88	8,363.88		
b Legal	6,458.00		6,458.00	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	218,820.40	218,820.40		
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT	9,471.01	9,471.01		
b MISCELLANEOUS	1,250.00	1,250.00		
c TAXES	42.69	42.69		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	471,279.43	267,947.98	203,331.45	0.00
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

Form 990 (2011)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	2,331,739.98	2	2,444,929.27
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net	6,214,051.39	7	6,231,820.40
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	16,348,705.49	11	16,488,274.77
	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	1.00	15	1.00
16 Total assets. Add lines 1 through 15 (must equal line 34)	24,894,497.86	16	25,165,025.44	
Liabilities	17 Accounts payable and accrued expenses		17	
	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	1,000,000.00	25	880,000.00
	26 Total liabilities. Add lines 17 through 25	1,000,000.00	26	880,000.00
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		27	
	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	23,894,497.86	30	24,285,025.44
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.00	31	0.00
	32 Retained earnings, endowment, accumulated income, or other funds	0.00	32	0.00
	33 Total net assets or fund balances	23,894,497.86	33	24,285,025.44
34 Total liabilities and net assets/fund balances	24,894,497.86	34	25,165,025.44	

Form 990 (2011)

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

Form 990 (2011)

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	861,807.01
2	Total expenses (must equal Part IX, column (A), line 25)	2	471,279.43
3	Revenue less expenses Subtract line 2 from line 1	3	390,527.58
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,894,497.86
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.00
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	24,285,025.44

Part XII Financial Statements and Reporting

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

- 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?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 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
- 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 separate 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?
- 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.

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

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

Employer identification number
63-6117334

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vii).** (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?
 - (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 supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
ROMAN CATHOLIC CHU		1		X		X		X	0.00
Total	1								0.00

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

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 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 from 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 a 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 ☐		

Schedule A (Form 990 or 990-EZ) 2011

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 section 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 ☐

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 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 HOLY NAME OF JESUS HOSPITAL TRUST
C/O REGIONS BANK - TRUST DEPT.

Employer identification number
63-6117334

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ 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 education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

Schedule D (Form 990) 2011

63-6117334 Page 2

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

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

- 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

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

	Amount
1c	
1d	
1e	
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

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
1b					
1c					
1d					
1e					
1f					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
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				
1b Buildings				
1c Leasehold improvements				
1d Equipment				
1e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ☐ 0.00

Schedule D (Form 990) 2011

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

Schedule D (Form 990) 2011

63-6117334 Page 3

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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must 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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must 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) Book value
(1) Federal income taxes	
(2) ANNUITY CONTRACT	880,000.00
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

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 (ASC 740).

132053
01-23-12

Schedule D (Form 990) 2011

63-6117334 Page 4

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.

Name of the organization	HOLY NAME OF JESUS HOSPITAL TRUST C/O REGIONS BANK - TRUST DEPT.	Employer identification number 63-6117334
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Part I	General Information on Grants and Assistance
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1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

[illegible]

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	1.00	▲
	Enter total number of other organizations listed in the line 1 table	0.00	▲

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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.
Part III can be duplicated 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.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: HEALS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSIST WITH COSTS ASSOCIATED WITH BENEFITING AND ENHANCING HEALTH/MEDICAL SERVICES IN THE STATE OF ALABAMA

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 990-EZ 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

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

Employer identification number
63-6117334

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

FORM 990, PART VI, SECTION B, LINE 11: UPON COMPLETION OF THE
ORGANIZATION'S FORM 990, THE RETURN IS PRESENTED TO THE TRUST'S DESIGNATED
TRUST OFFICER AT REGIONS BANK AND TO THE TRUST'S OUTSIDE LEGAL COUNSEL FOR
REVIEW AND APPROVAL. ONCE THESE INDIVIDUALS HAVE REVIEWED AND APPROVED THE
FORM 990, THE RETURN IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12: THE TRUST DOES NOT HAVE A WRITTEN
CONFLICT OF INTEREST POLICY, BUT THE CORPORATE TRUSTEE, REGIONS BANK, HAS A
WRITTEN CONFLICT OF INTEREST POLICY. KEY EMPLOYEES OF THE CORPORATE
TRUSTEE THAT ADMINISTER THE TRUST ARE REQUIRED TO DISCLOSE ANNUALLY
INTERESTS THAT GIVE RISE TO CONFLICTS. THE CORPORATE TRUSTEE REGULARLY AND
CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY THROUGH
MANAGEMENT REVIEWS AND CORPORATE AUDITS.

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

FORM 990, PART VI, SECTION C, LINE 19: THE TRUST MAKES ITS GOVERNING
DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 13
THE TRUST DOES NOT HAVE A WRITTEN WHISTLEBLOWER POLICY, BUT THE

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

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

Name of the organization HOLY NAME OF JESUS HOSPITAL TRUST
C/O REGIONS BANK - TRUST DEPT.

Employer identification number
63-6117334

CORPORATE TRUSTEE, REGIONS BANK, HAS A WRITTEN WHISTLEBLOWER POLICY.

FORM 990, PART VI, SECTION B, LINE 14

THE TRUST DOES NOT HAVE A WRITTEN DOCUMENT RETENTION AND DESTRUCTION
POLICY, BUT THE CORPORATE TRUSTEE, REGIONS BANK, HAS A WRITTEN
RETENTION AND DESTRUCTION POLICY.

Holy Name of Jesus Hospital Trust
Form 990
63-6117334

Form 990, Page 2, Part III, Question 4a

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

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

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

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

NOTE: "Edgar" means Edgar Senior Care Foundation, a Section 501 (c)(3) organization
"C.H." means Covenant House, a Section 501(c)(3) organization
"Butler" means Butler Senior Care Foundation, a Section 501(c)(3) organization
"Caldwell" means Caldwell-Dawson Foundation, a Section 501(c)(3) organization

Holy Name of Jesus Hospital Trust
Form 990
63-6117334

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

"Attalla" means Attalla Housing and Social Services, Inc., a Section 501(c)(3) organization

"Wesley Park Ltd." means Wesley Park – A Methodist Home for the Aging, Inc. a Section 501(c)(3) organization.

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

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

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

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

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

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

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

Holy Name of Jesus Hospital Trust
Form 990
63-6117334

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

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

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

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

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

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

NOTE: Construction has been completed and the construction loan has been converted to a term loan.

During the tax year ending June 30, 2012, the Trust provided \$30,000 to HEALS, Inc., an Alabama nonprofit corporation, to assist in funding construction costs to renovate a trailer for use as a pediatric dental clinic at Madison Crossroads School in Toney, Alabama. This dental clinic is located in an impoverished area of Madison County, geographically isolated from access to medical and dental care. HEALS, Inc. is a nonprofit, tax exempt organization (Section 501(c)(3)), that provides school-based health care, both medical and dental as an essential strategy for improving the health of children in poverty in order to optimize their general well-being and opportunities for success in life, in school, and in society.

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

Holy Name of Jesus Hospital Trust
Form 990
63-6117334

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

CONSULTING AGREEMENT

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

CURRENT ACTIVITY

The Sister Consultant meets regularly with the Trust Officer responsible for administering the Trust to review existing projects and to consider new projects. The Trust continuously searches for and evaluates potential projects to benefit and enhance medical services in the State of Alabama. Projects under consideration as of early 2012 include prescription medication programs in Madison County, a wellness program in Perry County, and possible financial aid for students committed to nursing careers in rural areas of Alabama. Because of the current economic situation, many tax-exempt organizations have been hampered in their financial ability to undertake projects like those that have received low-interest rate loans in the past from the Trust. The Trust, therefore, is considering other options to benefit and enhance medical services in the State of Alabama.

HOLY NAME OF JESUS HOSPITAL TRUST

Form 990

63-6117334

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

Donald R. Garris Compensation

Consultant Fee

159,448.90

Deferred Compensation

17,000.00

176,448.90

Court Settlement

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

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

The Trust is carrying this annuity contract on its books as a liability. As each annuity payment is made, the liability decreases by the same amount as the payment. The liability is shown on Form 990, Part X, at Line 25.

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

Holy Name of Jesus Hospital Trust

Form 990

EIN 63-6117334

FYE 6/30/2012

Part X, Line 2

Savings and temporary cash investments

Trust Money Market Deposit Fund - Main Account	\$ 2,162,571.41
Trust Money Market Deposit Fund - Sub Account	<u>282,357.86</u>

SAVINGS AND TEMPORARY CASH INVESTMENTS	<u>\$ 2,444,929.27</u>
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Holy Name of Jesus Hospital Trust

EIN 63-6117334

FYE 6/30/2012

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

Sale Date	Purchase Date	Description	Gross Sales Price	Cost or Other Basis	Net Gain or (Loss)
Various	7/23/2003	GNMA #614559	\$ 8,400 24	\$ 8,683 74	\$ (283 50)
7/15/2011	4/18/2011	Federal Home Loan Mtg Corp Pool	11,967 58	12,724 90	(757 32)
7/25/2011	4/18/2011	Federal National Mortgage Assn Pool	13,955 24	14,877 59	(922 35)
8/18/2011	12/28/2009	Bank of America Corp	15,379 69	30,460 00	(15,080 31)
8/15/2011	4/18/2011	Federal Home Loan Mtg Corp Pool	18,474 53	19,643 62	(1,169 09)
8/25/2011	4/18/2011	Federal National Mortgage Assn Pool	14,346 58	15,294 80	(948 22)
8/18/2011	6/26/2009	Robert Half Intl Inc	23,285 94	23,249 10	36 84
9/15/2011	4/18/2011	Federal Home Loan Mtg Corp Pool	12,757 63	13,564 95	(807 32)
9/26/2011	8/16/2011	Federal National Mortgage Assn Pool	4,135 43	4,236 88	(101 45)
9/26/2011	4/18/2011	Federal National Mortgage Assn Pool	14,755 73	15,730 99	(975 26)
10/17/2011	4/18/2011	Federal Home Loan Mtg Corp Pool	8,807 54	9,364 89	(557 35)
10/25/2011	8/16/2011	Federal National Mortgage Assn Pool	3,795 71	3,888 82	(93 11)
10/25/2011	4/18/2011	Federal National Mortgage Assn Pool	13,474 05	14,364 60	(890 55)
10/17/2011	9/2/1998	Microsoft Corp	29,763 88	28,142 49	1,621 39
10/17/2011	2/9/2010	VF Corp	16,372 17	9,057 29	7,314 88
10/28/2011	2/9/2010	VF Corp	33,369 36	18,114 57	15,254 79
11/15/2011	4/18/2011	Federal Home Loan Mtg Corp Pool	10,928 08	11,619 62	(691 54)
11/25/2011	8/16/2011	Federal National Mortgage Assn Pool	12,508 88	12,815 74	(306 86)
11/25/2011	4/18/2011	Federal National Mortgage Assn Pool	13,518 00	14,411 46	(893 46)
11/21/2011	1/20/2005	General Electric Capital Corp	250,000 00	250,000 00	-
12/15/2011	4/18/2011	Federal Home Loan Mtg Corp Pool	11,612 87	12,347 75	(734 88)
12/27/2011	8/16/2011	Federal National Mortgage Assn Pool	4,837 15	4,955 81	(118 66)
12/27/2011	4/18/2011	Federal National Mortgage Assn Pool	14,509 79	15,468 80	(959 01)
12/13/2011	3/16/2009	Teva Pharmaceutical Inds Spons	21,983 07	23,781 40	(1,798 33)
1/17/2012	4/18/2011	Federal Home Loan Mtg Corp Pool	13,192 39	14,027 22	(834 83)
1/25/2012	8/16/2011	Federal National Mortgage Assn Pool	8,159 14	8,359 29	(200 15)
1/25/2012	4/18/2011	Federal National Mortgage Assn Pool	13,612 97	14,512 70	(899 73)
1/17/2012	3/23/2010	General Electric Co	29,499 17	28,899 83	599 34
1/19/2012	5/28/2009	Hess Corporation	28,767 83	30,997 80	(2,229 97)
1/19/2012	5/23/2001	Johnson & Johnson	32,564 36	21,131 25	11,433 11
1/19/2012	8/27/2010	Merck & Co Inc New	29,697 41	27,159 33	2,538 08
1/17/2012	12/17/2008	Southern Co Series	250,000 00	250,000 00	-
1/19/2012	10/17/2008	Thermo Fisher Scientific, Inc	29,590 95	23,765 77	5,825 18
2/8/2012	8/27/2010	Auto Desk Inc	35,904 64	27,121 45	8,783 19
2/15/2012	4/18/2011	Federal Home Loan Mtg Corp Pool	10,112 97	10,752 93	(639 96)
2/27/2012	8/16/2011	Federal National Mortgage Assn Pool	4,978 90	5,101 04	(122 14)
2/27/2012	4/18/2011	Federal National Mortgage Assn Pool	11,482 07	12,240 96	(758 89)
2/8/2012	11/20/2009	State Street Corp	30,750 93	29,614 88	1,136 05
3/23/2012	2/10/2010	Caterpillar Inc	55,394 40	26,918 25	28,476 15
3/15/2012	4/18/2011	Federal Home Loan Mtg Corp Pool	9,337 64	9,928 54	(590 90)
3/26/2012	8/16/2011	Federal National Mortgage Assn Pool	9,721 48	9,959 96	(238 48)
3/26/2012	4/18/2011	Federal National Mortgage Assn Pool	10,788 33	11,501 37	(713 04)
3/23/2012	5/13/2008	Halliburton Co	34,649 37	17,362 24	17,287 13
3/23/2012	2/9/2010	McGraw Hill Inc	35,407 53	25,702 50	9,705 03
3/23/2012	1/29/2008	Walgreen Co	28,678 47	26,573 46	2,105 01
4/16/2012	4/18/2011	Federal Home Loan Mtg Corp Pool	13,816 47	14,690 79	(874 32)
4/25/2012	8/16/2011	Federal National Mortgage Assn Pool	10,143 62	10,392 46	(248 84)
4/25/2012	4/18/2011	Federal National Mortgage Assn Pool	10,740 36	11,450 23	(709 87)
5/15/2012	4/18/2011	Federal Home Loan Mtg Corp Pool	12,398 01	13,182 57	(784 56)
5/25/2012	8/16/2011	Federal National Mortgage Assn Pool	14,180 33	14,528 19	(347 86)
5/18/2012	10/30/2007	Fannie Mae	500,000 00	500,000 00	-
5/25/2012	4/18/2011	Federal National Mortgage Assn Pool	10,838 65	11,555 02	(716 37)
6/16/2012	6/11/2010	John Deere Capital Corp	200,000 00	200,000 00	-
6/15/2012	4/18/2011	Federal Home Loan Mtg Corp Pool	7,646 53	8,130 41	(483 88)
6/25/2012	8/16/2011	Federal National Mortgage Assn Pool	7,813 22	8,004 89	(191 67)
6/25/2012	4/18/2011	Federal National Mortgage Assn Pool	11,298 74	12,045 52	(746 78)
Total Gain/Loss			<u>\$ 2,094,106 02</u>	<u>\$ 2,022,410 66</u>	<u>\$ 71,695 36</u>

Holy Name of Jesus Hospital Trust
Form 990
EI 63-6117334
FYE 6/30/2012

Part VIII, Line 3, Investment Income

	<u>Money Market</u>	<u>Sub-Acct</u>	<u>Totals</u>
July	33.38	\$ 4.36	\$ 37.74
August	31.30	4 51	35.81
September	23.30	4 51	27.81
October	17 55	4 36	21.91
November	19 91	4.51	24.42
December	21 98	4.36	26 34
January	26 64	4.51	31 15
February	24.38	4 75	29.13
March	18 42	4 49	22.91
April	19.99	4.80	24.79
May	21.00	4.64	25.64
June	27.35	4.80	32.15
	<u>\$ 285.20</u>	<u>\$ 54.60</u>	<u>\$ 339 80</u>

U. S. Government Interest

July	\$ (4,764 17)
August	19,331 52
September	2,241 68
October	-
November	23,952.99
December	-
January	1,650 97
February	17,162.37
March	-
April	2,228 79
May	26,981.29
June	-
	<u>\$ 88,785 44</u>

Holy Name of Jesus Hospital Trust
Form 990
EI 63-6117334
FYE 6/30/2012

Part VIII, Line 3, Investment Income
Corporate Bonds Interest

Bank of America	\$ 11,169.12
Barclays Bank	6,275.14
BB&T	9,625.00
Caterpillar Financial Svcs	12,830.50
Emerson Electric	9,000.00
Federal Farm Credit Bank	9,975.00
Federal Natl Mtg Assn	137,921.47
Federal Home Loan Mtg	56,967.64
General Electric Capital Corp	7,661.10
GNMA	2,285.20
Goldman Sachs Group	11,875.00
Hewlett-Packard	9,000.00
IBM Corp	8,958.73
John Deere	12.73
McDonalds	9,812.12
Morgan J P & Co	11,875.00
Morgan Stanley Group	7,430.93
Oracle	9,450.17
SBC Communications	12,078.64
Shell	8,223.08
Southern Company	11,235.33
Target	13,437.50
Verizon Communications	9,412.42
Wal Mart Stores	4,820.87
Walt Disney	8,716.65
Wells Fargo	13,059.66
	<u>\$ 413,109.00</u>

Holy Name of Jesus Hospital Trust

Form 990

EI 63-6117334

FYE 6/30/2012

Part VIII, Line 3, Investment Income
Dividend income

3M	\$ 889.20
Allergan	100 00
American Europacific	2,718.77
American Express	458.80
Apache	186.00
Baxter International	195.97
Blackrock	1,006.24
Broadcom Corp	239 25
Cardinal Health	153.72
Caterpillar	690.00
Chevron	1,188.00
Cisco Systems	345.00
CVS/Caremark Corporation	546.24
Danaher Corp Del	15 00
Dr Pepper Snapple Group	272 00
Emerson Electric	849.75
Exxon Mobile Corp	891.00
General Electric	740 25
Goldman Sachs Group	341.10
Halliburton	270.00
Hasbro	768 00
Heinz H J	295.20
Hess Corporation	102 00
Intel Corp	1,226 40
Ishares TR Lehman Agg	32,110.20
Ishares MSCI Emerging Market	1,049 50
J P Morgan Chase & Co	787.50
Johnson CTLS	162.00
Johnson & Johnson	570 00
Kimberly Clark Corp	307.10
MFS Resh Intl	3,078.29
Mattel	1,080 00
McGraw Hill	566 25
Merck & Co	914.50
Microsoft	176.00
Monsanto	383.50
Nextera Energy	1,092.50
Norfolk Southern	900.00
Occidental Pete Corp	167.40
Oppenheimer Main St	1,275.88

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Part VIII, Line 3, Investment Income
(Continued)

Oracle Corporation	300.00
PepsiCo	1,041.25
Phillip Morris International	1,578.25
Pioneer Growth Fund A	1,576.32
Praxair	525.00
Proctor & Gamble	1,111.24
Prudential Financial	870.00
Qualcomm	604.11
Schlumberger	512.50
Staples	607.50
State Street Corp	391.50
Stryker	471.00
Target Corp	169.50
Teva Pharmaceutical	245.20
Texas Instruments	553.60
Travelers	1,081.60
United Technologies	864.00
Verizon Communications	1,639.69
VF Corp	236.25
VISA	263.25
Walgreen	573.75
Waste Management	639.00
	<u>\$ 74,963.02</u>
Total Dividend and Interest Income from securities	<u><u>\$ 577,197.26</u></u>

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Part X, Line 11 Investments - securities

Purchase Date	Quantity	Description	Value Method	Corporate Stocks	Preferred Stocks	Corporate Bonds	Other Securities	Non-Gov't Securities
Non - Government Securities								
7/27/2009	250 000	BB& T Corporation 7/27/2012	Cost			249,902 50		249,902 50
10/15/2004	250,000	Bank of America Corp 9/15/12	Cost			250,529 43		250,529 43
11/29/2010	250,000	Barclays Bank PLC 4/7/2015	Cost			260,912 50		260,912 50
5/20/2009	250,000	Caterpillar Financial Svcs Corp 2/17/14	Cost			255,365 26		255,365 26
7/13/2005	200,000	Emerson Electric	Cost			198,432 00		198,432 00
8/17/2010	380,000	Federal Farm Credit Bank 4/17/2014	Cost			399,292 60		399,292 60
10/30/2007	400,000	Federal Home Loan Mtg (FHLMC) 07/15/2013	Cost			398,015 95		398,015 95
5/18/2009	100,000	Federal Home Loan Mtg (FHLMC) 07/15/2013	Cost			103,758 19		103,758 19
4/18/2011	468,423	Federal Home Loan Mtg Corp Pool (FHLMC) 06/01/2023	Cost			317,419 26		317,419 26
1/19/2005	250 000	Fed Natl Mtg Assn (FNMA) 09/15/12	Cost			250,373 69		250,373 69
1/13/2006	400,000	Fed Natl Mtg Assn (FNMA) 09/15/12	Cost			393,508 17		393,508 17
1/13/2006	400,000	Fed Natl Mtg Assn (FNMA) 03/15/13	Cost			387,194 76		387,194 76
10/30/2007	400,000	Fed Natl Mtg Assn (FNMA) 10/15/2014	Cost			398,488 40		398,488 40
11/27/2007	250,000	Fed Natl Mtg Assn (FNMA) 04/15/2015	Cost			242,732 08		242,732 08
5/18/2009	250,000	Fed Natl Mtg Assn (FNMA) 4/15/2015	Cost			277,563 95		277,563 95
5/18/2009	100,000	Fed Natl Mtg Assn (FNMA) 3/15/2013	Cost			107,683 80		107,683 80
4/18/2011	467 135	Fed Natl Mtg Assn Pool (FNMA) 12/1/2023	Cost			298,331 45		298,331 45
8/16/2011	583 654	Fed Natl Mtg Assn Pool (FNMA) 3/1/2026	Cost			515,729 07		515,729 07
5/18/2009	500 000	FHBL 10/18/13	Cost			525,250 00		525,250 00
11/29/2010	250 000	GECC 12/28/12	Cost			255,006 26		255,006 26
7/23/2003	250,000	GNMA #614559 5%	Cost			42,823 29		42,823 29
1/25/2005	250,000	Goldman Sachs Grp Inc	Cost			248,310 00		248,310 00
12/15/2008	200,000	Hewlett-Packard Co	Cost			198,500 00		198,500 00
1/6/2010	200,000	International Business Machines	Cost			215,450 58		215,450 58
5/31/2005	250 000	JP Morgan & Chase & Co	Cost			249,862 50		249,862 50
3/5/2008	250 000	McDonalds Corp Series	Cost			250,972 78		250,972 78
6/11/2010	200 000	Morgan Stanley Group Inc Series	Cost			202,119 34		202,119 34
1/6/2010	200 000	Oracle Corporation	Cost			214,451 54		214,451 54
3/5/2008	250 000	SBC Communications Inc Callable	Cost			251,827 31		251,827 31
1/6/2010	200,000	Shell Intl Fin Make Whole	Cost			212,256 85		212,256 85
11/29/2007	250,000	Target Corp Callable 5 375%	Cost			247,677 50		247,677 50
7/13/2006	10,000	Ishares TR Lehman Add Bnd	Cost			977,823 00		977,823 00
5/20/2009	250,000	Verizon Communications	Cost			251,522 65		251,522 65
3/1/2010	250,000	Wal Mart Stores Inc	Cost			255,897 38		255,897 38
5/20/2009	250,000	Walt Disney	Cost			253,960 14		253,960 14
7/7/2008	250,000	Wells Fargo & Co	Cost			250,033 98		250,033 98
1/29/2008	390	3M Co	Cost	29,650 46				29,650 46
1/29/2008	260	Allergan Inc	Cost	16,948 00				16,948 00
5/13/2008	10	Allergan Inc	Cost	532 15				532 15
12/17/2008	230	Allergan Inc	Cost	8,153 73				8,153 73
12/28/2009	3,888	American Europacific Grth-F2	Cost	149,721 00				149,721 00
1/29/2008	620	American Express Co	Cost	29,492 29				29,492 29
1/12/2010	300	Apache Corporation	Cost	31,590 72				31,590 72
1/19/2012	3,937	Artisan Fds Inc International Value FD Inv	Cost	101,800 00				101,800 00
1/19/2012	585	Baxter International Inc	Cost	30,022 20				30,022 20
2/24/2011	175	Blackrock Inc	Cost	34,698 84				34,698 84
10/17/2011	825	Broadcom Corp Cl A	Cost	30,718 71				30,718 71
1/19/2012	715	Cardinal Health Inc	Cost	29,543 37				29,543 37
7/13/2006	700	Chevron	Cost	17,058 60				17,058 60
1/29/2008	950	CISCO Systems Inc	Cost	23,655 00				23,655 00
12/17/2008	300	CISCO Systems Inc	Cost	5,117 46				5,117 46
3/23/2012	250	CISCO Systems Inc	Cost	5,159 83				5,159 83
11/13/2003	20	CVS Corp	Cost	18,362 04				18,362 04
	(100)	CVS Corp	Cost	(3,600 40)				(3,600 40)
12/17/2008	130	CVS/Caremark Corporation	Cost	3,712 33				3,712 33
3/23/2012	600	Danaher Corp Del	Cost	32,742 84				32,742 84
1/19/2012	800	Dr Pepper Snapple Group Inc	Cost	30,286 56				30,286 56
1/29/2008	1,180	E M C Corp Mass	Cost	19,205 21				19,205 21
12/17/2008	570	E M C Corp Mass	Cost	6,080 87				6,080 87
2/24/2011	550	Emerson Electric Co	Cost	32,617 64				32,617 64
7/13/2006	350	Exxon Mobil Corp	Cost	14,988 75				14,988 75
8/27/2010	100	Exxon Mobil Corp	Cost	5,953 00				5,953 00
12/17/2008	200	Goldman Sachs Group Inc	Cost	14,026 00				14,026 00
3/23/2012	85	Goldman Sachs Group Inc	Cost	10,706 52				10,706 52
2/24/2011	60	Google Inc CL A	Cost	36,301 05				36,301 05

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Part X. Line 11 Investments - securities

Purchase Date	Quantity	Description	Value Method	Corporate Stocks	Preferred Stocks	Corporate Bonds	Other Securities	Non-Gov't Securities
8/18/2011	800	Hasbro Inc	Cost	30,320.80				30,320.80
3/23/2012	615	Heinz H J Co	Cost	32,670.52				32,670.52
9/2/1998	600	Intel Corp (Stock Split)	Cost	-				-
6/29/2004	400	Intel Corp	Cost	19,078.13				19,078.13
1/29/2008	460	Intel Corp	Cost	9,393.20				9,393.20
10/28/2011	1,000	iShares MSCI Emerging Mkt In	Cost	39,730.00				39,730.00
1/23/2012	500	iShares MSCI Emerging Mkt In	Cost	20,314.75				20,314.75
1/29/2008	660	J P Morgan Chase & Co	Cost	29,593.28				29,593.28
12/17/2008	90	J P Morgan Chase & Co	Cost	2,662.20				2,662.20
2/9/2012	900	Johnson Ctls Inc	Cost	30,192.84				30,192.84
3/23/2012	100	Johnson Ctls Inc	Cost	3,237.95				3,237.95
2/21/2008	750	Juniper Networks Inc	Cost	19,630.65				19,630.65
12/17/2008	350	Juniper Networks Inc	Cost	6,019.37				6,019.37
3/23/2012	400	Juniper Networks Inc	Cost	8,488.00				8,488.00
1/19/2012	415	Kimberly Clark Corp	Cost	30,224.41				30,224.41
10/17/2011	375	Laboratory Corp Amer Hldgs Com New	Cost	29,737.20				29,737.20
12/31/2004	94	Lucent Technologies	Cost	1.00				1.00
8/17/2010	1,000	Mattel Inc	Cost	22,331.90				22,331.90
2/9/2012	800	MetLife Inc	Cost	30,141.76				30,141.76
12/28/2009	10,414	MFS Resh Intl Fd Cl I	Cost	149,957.50				149,957.50
7/2/2009	195	Monsanto Co New	Cost	14,196.10				14,196.10
9/15/2009	105	Monsanto Co New	Cost	8,279.68				8,279.68
12/28/2009	25	Monsanto Co New	Cost	2,066.25				2,066.25
8/27/2010	475	Nextera Energy Inc	Cost	25,567.25				25,567.25
5/13/2008	310	Norfolk Southern Corp	Cost	19,236.92				19,236.92
12/17/2008	190	Norfolk Southern Corp	Cost	8,613.57				8,613.57
1/19/2012	310	Occidental Pete Corp	Cost	30,246.67				30,246.67
12/28/2009	740	Oppenheimer Main St Small Cap Fd Cl Y	Cost	13,038.63				13,038.63
1/25/2008	8,704	Oppenheimer-Y	Cost	161,552.00				161,552.00
5/12/2008	467	Oppenheimer-Y	Cost	9,207.30				9,207.30
1/29/2008	1,250	Oracle Corporation	Cost	25,725.00				25,725.00
9/12/2003	345	Pepsico	Cost	14,952.89				14,952.89
12/17/2008	155	Pepsico	Cost	8,027.17				8,027.17
2/5/2009	285	Philip Morris International Inc	Cost	10,566.86				10,566.86
6/26/2009	250	Philip Morris International Inc	Cost	10,707.05				10,707.05
12/28/2009	861	Pioneer Select Mid Cap Growth Y	Cost	13,031.85				13,031.85
5/15/2009	10,689,812	Pioneer Select Mid Cap Growth Y	Cost	167,220.90				167,220.90
5/15/2009	4,636	Pioneer Fundamental Growth Fund CL A (exchanged 3/5/10)	Cost	64,311.80				64,311.80
11/26/2010	122	Pioneer Fundamental Growth Fund CL A	Cost	1,310.99				1,310.99
12/22/2010	8	Pioneer Fundamental Growth Fund CL A	Cost	89.44				89.44
11/30/2011	128	Pioneer Fundamental Growth Fund CL A	Cost	1,430.99				1,430.99
12/28/2011	12	Pioneer Fundamental Growth Fund CL A	Cost	145.33				145.33
8/18/2011	250	Praxair Inc	Cost	24,863.95				24,863.95
1/29/2008	450	Procter & Gamble Co	Cost	29,766.69				29,766.69
12/17/2008	70	Procter & Gamble Co	Cost	4,037.60				4,037.60
1/29/2008	20	Prudential Financial Inc	Cost	1,615.49				1,615.49
12/17/2008	580	Prudential Financial Inc	Cost	14,891.27				14,891.27
8/26/2005	445	Qualcomm Inc	Cost	17,847.08				17,847.08
12/17/2008	230	Qualcomm Inc	Cost	7,716.09				7,716.09
1/29/2008	270	Schlumberger Ltd	Cost	21,730.01				21,730.01
12/17/2008	230	Schlumberger Ltd	Cost	9,231.38				9,231.38
3/23/2010	1,200	Staples	Cost	28,836.00				28,836.00
10/28/2011	550	Staples	Cost	8,018.72				8,018.72
1/29/2008	430	Stryker Corp	Cost	29,804.51				29,804.51
12/17/2008	170	Stryker Corp	Cost	6,789.49				6,789.49
3/23/2012	565	Target Corp	Cost	32,781.30				32,781.30
3/25/2011	865	Texas Instrs Inc	Cost	30,040.76				30,040.76
1/29/2008	640	Travelers Companies, Inc	Cost	29,591.30				29,591.30
1/28/2005	50	United Technologies Corp	Cost	12,633.07				12,633.07
6/13/2005	200	United Technologies Corp (2 for 1 stock split)	Cost	-				-
1/29/2008	10	United Technologies Corp	Cost	720.85				720.85
12/17/2008	190	United Technologies Corp	Cost	8,995.82				8,995.82
1/29/2008	790	Verizon Communications	Cost	28,138.51				28,138.51
12/28/2009	35	Verizon Communications	Cost	1,175.65				1,175.65
3/5/2010	325	Visa Inc	Cost	28,607.15				28,607.15
1/19/2012	900	Waste Management Inc	Cost	30,105.00				30,105.00
3/23/2012	1,050	Xcel Energy Inc	Cost	27,652.90				27,652.90
				\$ 2,324,085.46	\$ -	\$ 10,408,978.16	\$ -	\$ 12,733,063.62

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Part X, Line 11 Investments - securities

Purchase Date	Quantity	Description	Value Method	Corporate Stocks	Preferred Stocks	Corporate Bonds	Other Securities	Non-Gov t Securities
<u>Government Securities</u>								
		Description	Value Method	U S Government				
							Total Gov t Securities	
3/24/2004	250,000	US T-Notes - 2/15/14 4 0%	Cost	249,186.18				249,186.18
2/18/2005	200,000	US Treasury Notes - 11/15/12 4 0%	Cost	198,515.62				198,515.62
5/31/2005	250,000	US Treasury Notes - 5/15/15, 4 125%	Cost	250,965.30				250,965.30
5/18/2006	100,000	US Treasury Notes - 5/15/16, 5 125%	Cost	100,259.49				100,259.49
9/18/2006	500,000	US Treasury Notes - 8/15/16, 4 875%	Cost	500,905.71				500,905.71
5/15/2007	100,000	US Treasury Notes - 11/15/15, 4 5%	Cost	98,714.84				98,714.84
7/2/2008	250,000	US Treasury Notes - 6/30/13, 3 375%	Cost	245,862.05				245,862.05
5/18/2009	100,000	US Treasury Notes - 6/30/13, 3 375%	Cost	106,882.81				106,882.81
12/11/2008	50,000	US Treasury Notes - 11/15/12, 4 0%	Cost	55,875.00				55,875.00
5/18/2009	100,000	US Treasury Notes - 11/15/12 4 0%	Cost	91,827.30				91,827.30
1/19/2012	150,000	US Treasury Notes - 5/15/15 4 125%	Cost	166,415.88				166,415.88
12/11/2008	150,000	US Treasury Notes - 11/15/15 4 5%	Cost	160,993.13				160,993.13
1/19/2012	150,000	US Treasury Notes - 11/15/15 4 5%	Cost	172,570.31				172,570.31
12/11/2008	250,000	US Treasury Notes - 5/15/18, 3 875%	Cost	265,178.08				265,178.08
1/19/2012	150,000	US Treasury Notes - 5/15/18, 3 875%	Cost	175,160.16				175,160.16
1/6/2010	75,000	US Treasury Notes - 11/15/12, 4 0%	Cost	80,337.89				80,337.89
8/17/2010	375,000	US Treasury Notes - 9/30/14 2 375%	Cost	386,291.98				386,291.98
7/18/2011	150,000	US Treasury Notes - 2/15/14 4 0%	Cost	162,612.47				162,612.47
7/18/2011	250,000	US Treasury N/B - 5/15/16, 5 125%	Cost	286,656.95				286,656.95
			<u>\$ 3,755,211.15</u>				<u>\$ 3,755,211.15</u>	
<u>Total Securities</u>			<u>\$ 3,755,211.15</u>				<u>\$ 16,488,274.77</u>	

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Part IX, Lines 11b and c Professional Fees

	Line 11b, Legal Fees	Line 11c, Accounting Fees
July	\$ -	\$ 451 00
August	685.85	1,580 00
September	439 69	1,412.00
October	3,811.43	130.00
November	-	600 00
December	1,460.16	300 00
January	-	-
February	1,227.75	785.00
March	-	300 00
April	-	300 00
May	-	300.00
June	739.00	300.00
	<u>\$ 8,363.88</u>	<u>\$ 6,458.00</u>

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

Legal fees paid to Burr & Forman LLP
and Sirote and Permutt PC

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Part VII, Trustees
Regions Bank Trustee's Fees

July	\$ 16,444.35
August	16,420.15
September	16,327.15
October	16,191 65
November	16,410 28
December	16,385.03
January	16,363 26
February	16,467 51
March	16,433.19
April	16,447 78
May	16,558.77
June	<u>16,424 33</u>
	<u><u>\$ 196,873 45</u></u>