See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493272005195

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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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

C Name of organization
ST DOMINIC-JACKSON MEMORIAL HOSPITAL

Doing Business As

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

City or town, state or province, country, and ZIP or foreign postal code
JACKSON, MS 392164699

D Employer identification number
64-0303091

E Telephone number
(601) 200-2000

G Gross receipts $ 404,191,084

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW STDOM COM

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

L Year of formation 1946

M State of legal domicile MS

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	4,000
6	Total number of volunteers (estimate if necessary)	**6**	449
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,783,374
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-618,951

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	15,000	77,932
	9 Program service revenue (Part VIII, line 2g)	377,083,742	388,184,639
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	922,416	1,824,107
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,920,175	13,881,384
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	393,941,333	403,968,062
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,291,229	2,080,061
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	186,046,960	194,282,287
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	198,934,018	197,592,305
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	387,272,207	393,954,653
	19 Revenue less expenses Subtract line 18 from line 12	6,669,126	10,013,409

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	329,447,125	348,502,285
	21 Total liabilities (Part X, line 26)	123,917,763	47,830,507
	22 Net assets or fund balances Subtract line 21 from line 20	205,529,362	300,671,778

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

****** | 2015-09-21
Signature of officer | Date

LESTER DIAMOND PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MARSHA H DIECKMAN CPA		2015-09-21		P00246741

Firm's name ▶ HORNE LLP | Firm's EIN ▶ 20-1941244

Firm's address ▶ 1020 HIGHLAND COLONY PKWY STE 400
RIDGELAND, MS 39157 | Phone no (601) 326-1000

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 387,456,566 including grants of $ 2,080,061) (Revenue $ 386,401,265)

ST DOMINIC'S AND ITS MISSION - ST DOMINIC-JACKSON MEMORIAL HOSPITAL (ST DOMINIC HOSPITAL), A 535-BED ACUTE CARE FACILITY IN JACKSON, MISSISSIPPI, TRACES ITS HISTORY TO 1946, WHEN THE DOMINICAN SISTERS OF SPRINGFIELD, ILLINOIS, PURCHASED THE JACKSON INFIRMARY IN THE CENTER OF THE CITY THE INFIRMARY WAS THE FOUNDATION FOR A HEALTH SYSTEM THAT TODAY INCLUDES THE ACUTE CARE HOSPITAL, A CONTINUING CARE RETIREMENT COMMUNITY, AND A FULL RANGE OF OUTPATIENT AND COMMUNITY SERVICES ST DOMINIC HOSPITAL EMPLOYEES CONTRIBUTE TO COMMUNITY MEMBER WELFARE NOT ONLY THROUGH THE PROVISION OF HEALTH SERVICES BUT ALSO VIA VOLUNTARY COMMUNITY SERVICE AND BY EMPLOYEE FUNDED CHARITABLE CONTRIBUTIONS TO MANY LOCAL ORGANIZATIONS IN NEED

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

ST DOMINIC HEALTH SERVICES, INC (ST DOMINIC HEALTH SERVICES OR SDHS) SPONSORED BY THE DOMINICAN SISTERS, IS THE PARENT ORGANIZATION OPERATING ST DOMINIC HOSPITAL AS WELL AS ST CATHERINE'S VILLAGE, ST DOMINIC HEALTH SERVICES FOUNDATION, FIRST INTERMED CORPORATION (MEA CLINICS) AND ST DOMINIC MADISON HEALTH SERVICES, INC IN ADDITION, ST DOMINIC HEALTH SERVICES OPERATES COMMUNITY HEALTH SERVICES -ST DOMINIC, INC , WHICH INCORPORATES THE OUTREACH SERVICES OF THE CLUB AT ST DOMINIC'S, NEW DIRECTIONS FOR OVER 55, ST DOMINIC COMMUNITY HEALTH CLINIC, MADISON SCHOOL NURSE PROGRAM AND THE CARE-A-VAN SCREENING PROGRAM AS A WHOLE, ALL OF THE SERVICES, ENTITIES AND HOSPITAL ARE COLLECTIVELY REFERRED TO AS ST DOMINIC'S

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

ST DOMINIC'S SEEKS TO FULFILL ITS CHRISTIAN HEALING MINISTRY BY ESTABLISHING COMMUNITY AND PERFORMING SERVICE THAT MEANS GIVING OF TIME, TALENTS, AND RESOURCES TO MAKE THE COMMUNITIES SERVED BY ST DOMINIC'S BETTER PLACES TO LIVE THE ST DOMINIC'S FAMILY OF CAREGIVERS NOT ONLY SERVES PATIENTS, BUT ALSO CONTRIBUTES TO AN ATMOSPHERE OF CARE AND COMPASSION FOR THOSE OUTSIDE THE HOSPITAL'S WALLS ST DOMINIC'S STRIVES TO NOT ONLY PROVIDE CARE FOR THE SICK BUT ALSO TO OFFER EDUCATION AND WELLNESS SERVICES TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY AND HELP ELIMINATE RISK FACTORS FOR MORE SERIOUS HEALTH PROBLEMS MAJOR PROGRAMS AND ACCOMPLISHMENTS-AS PART OF THE MISSION OF ITS HEALING MINISTRY, ST DOMINIC'S HAS BECOME ONE OF THE LARGEST EMPLOYERS IN THE AREA, AND THOSE EMPLOYEES, AS WELL AS THE HOSPITAL OPERATIONS, HELP FUEL THE LOCAL ECONOMY IN 2013 ST DOMINIC HOSPITAL PROVIDED OVER $1 BILLION (CHARGES) IN HOSPITAL SERVICES IN 2013 TO PATIENTS THROUGHOUT THE CENTRAL REGION OF MISSISSIPPI, AND ST DOMINIC'S, AS A WHOLE, EMPLOYED OVER 3,300 PEOPLE ST DOMINIC HOSPITAL'S MEDICAL STAFF OF NEARLY 500 LEADING PHYSICIANS AND SPECIALISTS MAKES ST DOMINIC'S ONE OF THE MOST COMPREHENSIVE HOSPITALS IN MISSISSIPPI THESE PHYSICIANS AND STAFF MEMBERS HAVE PLAYED AN INTEGRAL ROLE IN DEVELOPING HIGHLY REGARDED CLINICAL PROGRAMS AND SERVICES SOME OF THOSE KEY SERVICES INCLUDE THE MISSISSIPPI HEART AND VASCULAR INSTITUTE, THE CANCER CENTER (AND CANCER SERVICES AS A WHOLE) AND INNOVATIVE AND VARIED SURGICAL SERVICES MISSISSIPPI HEART AND VASCULAR INSTITUTE-ST DOMINIC'S IS A LEADING CARDIOVASCULAR PROVIDER IN THE STATE OF MISSISSIPPI FOR 39 YEARS, ST DOMINIC'S MISSISSIPPI HEART AND VASCULAR INSTITUTE, THROUGH ITS EXCEPTIONAL TEAM OF SKILLED PHYSICIANS AND STAFF, HAS SERVED THE COMMUNITY AND HAS WORKED DILIGENTLY TO MAKE IT A HEALTH AND WELLNESS CENTER OF EXCELLENCE FOR INTERVENTIONAL CARDIOVASCULAR MEDICINE THROUGH ST DOMINIC'S HEALTHY HEART PROGRAM AND OTHER HEALTH SCREENING OPPORTUNITIES AT VARIOUS VENUES, COMMUNITY PUBLIC AWARENESS AND PROGRAM EDUCATION IS ACCOMPLISHED IN 2013 THIS SCREENING SERVICE WAS CHANGED TO OFFER A MORE COMPREHENSIVE DIAGNOSTIC VIEW OF THE PATIENT'S HEALTH THIS CHANGE ALONG WITH AN INCREASED FOCUS ON COMMUNITY OUTREACH LED TO 480 INDIVIDUALS RECEIVING SCREENINGS AND IN TURN LED MANY INDIVIDUALS TO EARLY DETECTION OF POTENTIALLY LIFE THREATENING AILMENTS IN ADDITION TO THE FOCUS ON EARLY DETECTION THROUGH SCREENINGS, ST DOMINIC HOSPITAL WAS THE FIRST IN THE STATE TO DEVELOP A LEVEL 1 HEART ATTACK PROGRAM SETTING PROTOCOLS THAT TRIGGER A RESPONSE TEAM AND THE ON CALL STAFF FOR THE CATH LAB TO BE READY WHEN A PATIENT EXPERIENCING A HEART ATTACK ARRIVES BY EMERGENCY TRANSPORT OVER THE YEARS THE FOCUS OF THE INSTITUTE HAS BROADENED TO INCLUDE THE WHOLE VASCULAR SYSTEM, AND A CONCENTRATED EFFORT IN THIS AREA HAS LED TO SOME ENCOURAGING RESULTS ST DOMINIC HOSPITAL WAS THE FIRST PROVIDER IN MISSISSIPPI WITH AN ACCREDITED CHEST PAIN CENTER WITH PERCUTANEOUS CORONARY INTERVENTION AND PRIMARY ACUTE STROKE CENTER ST DOMINIC HOSPITAL ALSO EARNED THE GOLD SEAL OF APPROVAL FROM THE JOINT COMMISSION FOR PRIMARY STROKE CENTERS CANCER CENTER AND CANCER SERVICES-ST DOMINIC'S CANCER PROGRAM IS A LEADER IN COMMUNITY OUTREACH AND EDUCATION ABOUT CANCER EVERY OCTOBER THE PROGRAM HELPS RAISE AWARENESS FOR EARLY BREAST CANCER DETECTION BY SPONSORING AND HOSTING EDUCATIONAL EVENTS THROUGHOUT ITS PRIMARY SERVICE AREA AT THESE EVENTS A PINK CAR IS BROUGHT IN FOR SUPPORTERS AND SURVIVORS ALIKE TO SIGN AND SHOW SUPPORT SURGICAL SERVICES-ST DOMINIC'S OFFERS A COMPREHENSIVE ARRAY OF TRADITIONAL SURGICAL SERVICES AND IS A MINIMALLY INVASIVE ROBOTIC SURGERY CENTER OF EXCELLENCE IN 2010 ST DOMINIC HOSPITAL PREFORMED THE FIRST SURGICAL CASE IN THE STATE USING THE MOST ADVANCED ROBOTICS TECHNOLOGY - THE DA VINCI SI THIS ROBOT GIVES THE SURGEON BETTER CONTROL, WHICH ALLOWS FOR MORE PRECISE MOVEMENTS AND SMALLER INCISIONS, LESS PAIN AFTER SURGERY AND A VERY FAST RECOVERY IN MOST CASES PROSTATECTOMY PATIENTS, FOR EXAMPLE, RECOVER MORE COMFORTABLY WHICH HAS DRAMATICALLY IMPROVED THE TREATMENT OF PROSTATE CANCER IN ADDITION, ROBOTIC SURGERY HAS HELPED DEVELOP PARTIAL NEPHRECTOMY PROCEDURES, WHICH ALLOW ST DOMINIC'S PHYSICIANS TO REMOVE A PORTION OF A KIDNEY AS OPPOSED TO COMPLETE REMOVAL - WHICH WAS THE PRACTICE IN THE PAST IN LATE 2011 ST DOMINIC'S BECAME THE FIRST IN THE STATE TO OFFER SINGLE INCISION ROBOTIC HYSTERECTOMY THIS ALLOWS FOR ONE INCISION SITE WITH ONLY A TINY SCAR AND A RETURN TO NORMAL FUNCTION MUCH MORE QUICKLY ST DOMINIC HOSPITAL ALSO OFFERS ROBOTIC SACROCOLPOPEXY TO HELP WOMEN WHO HAVE EXPERIENCED PROLAPSE OF PELVIC FLOOR ORGANS THIS MEANS LESS PAIN, LESS SCARRING, LESS BLOOD LOSS AND A SMALLER CHANCE OF INFECTION SERVING THE COMMUNITYIN 2012 ST DOMINIC HOSPITAL CONDUCTED A COMPREHENSIVE ASSESSMENT OF THE HEALTH NEEDS OF THE COMMUNITY THE FINAL RESULTS OF THE STUDY WERE COMPILED AND RELEASED IN EARLY 2013 THE OVERARCHING GOAL OF THE ASSESSMENT WAS TO RESPOND TO IDENTIFIED COMMUNITY HEALTH NEEDS, IMPROVE ACCESS AND IMPROVE HEALTH STATUS - ESPECIALLY FOR THE MOST VULNERABLE AND UNDERSERVED IN THE COMMUNITY ST DOMINIC HOSPITAL'S OVERALL APPROACH TO COMMUNITY BENEFIT IS TO TARGET THE INTERSECTION OF DOCUMENTED UNMET COMMUNITY HEALTH NEEDS AND ST DOMINIC'S KEY STRENGTHS AND MISSION COMMITMENTS SPECIFICALLY, MEMBERS OF THE TASK FORCE THAT LED THE DEVELOPMENT OF THE ASSESSMENT IDENTIFIED PRIORITY HEALTH ISSUES IN ST DOMINIC'S SERVICE AREA BASED ON ITS REVIEW OF DEMOGRAPHIC INFORMATION, FOCUS GROUP SUMMARIES AND RESULTS OF A COMMUNITY SURVEY THOSE IDENTIFIED PRESSING ISSUES ARE O OBESITY,O HEART DISEASE, ANDO MENTAL HEALTH NEEDS ST DOMINIC'S INTEGRATES ITS COMMITMENT TO COMMUNITY SERVICE INTO ITS MANAGEMENT AND GOVERNANCE STRUCTURES, AS WELL AS ITS STRATEGIC AND OPERATIONAL PLANS, AND MONITORS AND EVALUATES PROGRESS SPECIFICALLY, ST DOMINIC'S COMMUNITY BENEFIT PLANS AND THE NEEDS ASSESSMENT ARE WELL INTEGRATED IN ITS STRATEGIC PLANS FOLLOWING IS A SUMMARY OF INITIATIVES FROM THE 2013-2015 PLAN THAT FOCUSED ON ADDRESSING IDENTIFIED NEEDS FROM THE ASSESSMENT

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

DISPARITY OR COMMUNITY NEED OBESITY AND HEART DISEASE, EXPRESSED INITIATIVES IN THE 2013 STRATEGIC PLAN EXPAND PHYSICIAN NETWORK INTO TARGETED COMMUNITIES IN SERVICE AREA (PRIMARY AND SECONDARY) TO INCREASE ACCESS FOR PATIENTS TO PRIMARY CARE AND NEEDED SPECIALISTS , RESULTS ST DOMINIC HOSPITAL BEGAN CONSTRUCTION ON A NEW FAMILY MEDICINE CLINIC IN BRANDON THE CLINIC WILL OPEN IN EARLY 2014 ST DOMINIC'S ALSO INITIATED A DIRECT MAIL CAMPAIGN TO RAISE AWARENESS OF EXISTING CLINIC LOCATIONS TO THE COMMUNITY DISPARITY OR COMMUNITY NEED OBESITY AND HEART DISEASE, EXPRESSED INITIATIVES IN THE 2013 STRATEGIC PLAN EXPAND EDUCATION AND SERVICE SCREENINGS FOR NEUROLOGICAL AND STROKE HEALTH ISSUES TO COMMUNITIES AND PATIENTS IN NEED , RESULTS ADDED THREE SPOKE HOSPITALS TO THE TELESTROKE PROGRAM MONTFORT JONES MEMORIAL HOSPITAL IN KOSCIUSKO, BOLIVAR MEDICAL CENTER IN CLEVELAND AND KING'S DAUGHTERS MEDICAL CENTER IN BROOKHAVEN ST DOMINIC'S STROKE COORDINATOR ALSO PROVIDED STROKE EDUCATION TO SEVERAL BUSINESSES AND GROUPS THROUGHOUT THE YEAR, INCLUDING THE STATE CAPITOL, ST DOMINIC'S NEW DIRECTIONS FOR OVER 55, PEARL COMMUNITY CENTER, LEVI STRAUSS, JACKSON ROTARY CLUB AND THE BOLTON LIBRARY DISPARITY OR COMMUNITY NEED OBESITY AND HEART DISEASE, EXPRESSED INITIATIVES IN THE 2013 STRATEGIC PLAN EXPAND EDUCATION AND SERVICE SCREENINGS FOR CARDIOVASCULAR HEALTH ISSUES TO COMMUNITIES AND PATIENTS IN NEED , RESULTS ADDED ANKLE BRACHIAL INDEX AND A CALCIUM SCORING TO THE HEALTHY HEART PROGRAM TESTS PARTICIPANTS IN 2012 TOTALED 327, AND IN 2013 THE NUMBERS ROSE TO 480 DISPARITY AND COMMUNITY NEED OBESITY, HEART DISEASE AND ACCESS TO CARE, EXPRESSED INITIATIVES IN THE 2013 STRATEGIC PLAN EXPAND EDUCATION AND SERVICE SCREENINGS FOR CARDIOVASCULAR HEALTH ISSUES TO COMMUNITIES AND PATIENTS IN NEED , RESULTS PARTNERED WITH LOCAL EMPLOYERS TO OFFER ON-SITE HEART AND SKIN CANCER SCREENINGS THIS NEW OUTREACH PROGRAM CONDUCTED 965 SCREENINGS (INCLUDING MORE THAN 100 SKIN CANCER SCREENINGS) IN 2013 DISPARITY AND COMMUNITY NEEDS MENTAL HEALTH NEEDS, EXPRESSED INITIATIVES IN THE 2013 STRATEGIC PLAN COMPLETE NEW STATE-OF-THE-ART PSYCHIATRIC FACILITY (INPATIENT) AND EXPAND ACCESS TO BEHAVIORAL HEALTH SERVICES IN OUTLYING AREAS , RESULTS COMPLETED WORK AND OPENED A NEW 77-BED, TWO-STORY, 78,000 SQUARE FOOT FACILITY DEDICATED TO THE TREATMENT OF MENTAL AND BEHAVIORAL ILLNESSES INCLUDING A NEW UNIT FOR GERIATRIC PATIENTS

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 387,456,566

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	296		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	4,000		
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)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

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

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**	Yes	

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

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

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

Check if Schedule O contains a response or note to any line 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SR M CORDE LENN DIRECTOR	50	X						0	0	0
(2) DAN GRAFTON VICE CHAIRMAN	50	X		X				0	0	0
(3) SR MARY TRINITA EDDINGTON OP SECRETARY/TREASURER	50 40 50	X		X				0	0	0
(4) TOD ETHEREDGE DIRECTOR	50	X						0	0	0
(5) JEFF FLETCHER MD CHAIRMAN	50	X		X				0	0	0
(6) WALTER JOHNSON DIRECTOR	50	X						0	0	0
(7) EDDIE MALONEY DIRECTOR	50 50	X						0	0	0
(8) SR M THECLA KUHNLINE OP DIRECTOR	50	X						0	0	0
(9) SR M CELESTINE RONDELLI OP DIRECTOR	50	X						0	0	0
(10) JAMES S JONES MD DIRECTOR	50	X						0	0	0
(11) SR REBECCA ANN GEMMA OP DIRECTOR	50 1 00	X						0	0	0
(12) WILLIAM E TEW MD DIRECTOR	50	X						0	0	0
(13) DONNA SIMS DIRECTOR	50	X						0	0	0
(14) SR KRISTIN REVER OP DIRECTOR	50	X						0	0	0
(15) LESTER K DIAMOND PRES -SEE SCH J FOR ADD'L INFO	40 00	X		X				743,710	0	31,424
(16) JENNIFER SINCLAIR EXEC VP OPS- SEE J FOR ADD'L INFO	40 00			X				372,711	0	20,928
(17) MATTHEW FISHER VP FINANCE	40 00			X				200,330	0	17,026

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ROBERT MOBLEY MD EXEC VP- MEDICAL AFFAIRS - PART YEAR	40 00				X			265,459	0	27,894
(19) KEITH VAN CAMP VP- INFORMATION TECH- SEE SCH J FOR ADD'L INFO	40 00				X			292,214	0	20,846
(20) STEPHEN BOMGARDNER VP- NURSING	40 00				X			242,933	0	28,557
(21) BECKY LOWE VP- ANCILLARY SERVICES	40 00				X			218,541	0	17,695
(22) RAYMOND SWARTZFAGER VP- ANCILLARY SERVICES	40 00				X			217,201	0	25,712
(23) LORRAINE WASHINGTON VP- HUMAN RESOURCES	24 00 16 00				X			0	234,105	27,346
(24) MICHAEL L SANDERS EXEC VP- MEDICAL AFFAIRS - PART YEAR	40 00				X			274,559	0	27,157
(25) HUEY B MCDANIEL MD PHYSICIAN	40 00					X		658,489	0	9,093
(26) KYLE GORDON MD PHYSICIAN	40 00					X		685,857	0	10,911
(27) JOHN LANCON MD PHYSICIAN	40 00					X		1,265,776	0	10,911
(28) RONALD KENNEDY MD PHYSICIAN	40 00					X		926,706	0	10,911
(29) PAUL SEAGO PHYSICIAN	40 00 50					X		1,064,917	0	8,823
(30) RALPH E SULSER MD FORMER VICE CHAIRMAN	0 00						X	194,633	0	8,968
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								7,624,036	234,105	304,202

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 ▶ 145

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ALLIED EMERGENCY SERVICES PC PO BOX 2120 RIDGELAND MS 39158	ER PHYSICIANS	7,891,233
PHYSICIANS ANESTHESIA GROUP PA PO BOX 4608 JACKSON MS 39296	CONTRACT MEDICAL SERVICES	2,763,794
COGENT HEALTHCARE OF JACKSON MS 969 LAKELAND DRIVE JACKSON MS 39216	CONTRACT MEDICAL SERVICES	2,646,489
HARRELL CONTRACTING GROUP LLC PO BOX 12850 JACKSON MS 39236	CONSTRUCTION SERVICES	2,540,366
FOUNTAIN CONSTRUCTION CO INC PO BOX 10506 JACKSON MS 39289	CONSTRUCTION SERVICES	2,353,843

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 ▶ 38

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	75,000			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,932			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		77,932			
Program Service Revenue			Business Code				
	2a	PROGRAM REVENUE	621990	383,541,766	383,541,766		
	b	PHARMACEUTICAL SALES	446110	3,807,723	2,726,330	1,081,393	
	c	SPA SALES	812900	835,150	133,169	701,981	
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		388,184,639			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,879,663			1,879,663
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents	4,755,686				
	b	Less rental expenses	0				
	c	Rental income or (loss)	4,755,686				
	d	Net rental income or (loss) . . . . . ▶			4,755,686		4,755,686
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		167,466			
	b	Less cost or other basis and sales expenses		223,022			
	c	Gain or (loss)		-55,556			
	d	Net gain or (loss) . . . . . ▶			-55,556		-55,556
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS INCOME	900099	4,735,028			4,735,028
	b	CAFETERIA SALES	722210	2,329,727			2,329,727
	c	DAY CARE CENTER	624410	699,116			699,116
	d	All other revenue		1,361,827			1,361,827
	e	**Total.** Add lines 11a–11d . . . . . ▶		9,125,698			
	12	**Total revenue.** See Instructions . . . . . ▶		403,968,062	386,401,265	1,783,374	15,705,491

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)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,080,061	2,080,061		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,827,657		2,827,657	
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	155,550,736	153,759,123	1,791,613	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,844,141	9,557,026	287,115	
9 Other employee benefits	15,362,709	14,914,640	448,069	
10 Payroll taxes	10,697,044	10,385,054	311,990	
11 Fees for services (non-employees)				
a Management	352,197	352,197		
b Legal	573,818		573,818	
c Accounting	257,825		257,825	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	1,177,498	1,177,498		
13 Office expenses				
14 Information technology				
15 Royalties . .				
16 Occupancy	4,300,569	4,300,569		
17 Travel	634,092	634,092		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	63,432	63,432		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,369,454	21,369,454		
23 Insurance	2,291,230	2,291,230		
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 SUPPLIES	70,161,042	70,161,042		
b MEDICAL PROFESSIONAL FE	21,136,834	21,136,834		
c PHARMACEUTICAL DRUGS	20,470,929	20,470,929		
d EQUIPMENT RENTAL AND MA	16,535,630	16,535,630		
e All other expenses	38,267,755	38,267,755		
25 **Total functional expenses.** Add lines 1 through 24e	393,954,653	387,456,566	6,498,087	0
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)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		66,511,158	1	67,872,602
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		49,487,544	4	48,892,187
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other 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) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		6,928,173	8	7,535,504
	9	Prepaid expenses and deferred charges		32,341,392	9	42,188,756
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 432,957,523			
	b	Less accumulated depreciation	10b 255,374,581	169,912,655	10c	177,582,942
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		4,266,203	15	4,430,294
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		329,447,125	16	348,502,285
Liabilities	17	Accounts payable and accrued expenses		37,375,055	17	34,078,722
	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	Loans and other 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		86,542,708	25	13,751,785
	26	**Total liabilities.** Add lines 17 through 25		123,917,763	26	47,830,507
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		205,529,362	27	300,671,778
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		205,529,362	33	300,671,778
	34	Total liabilities and net assets/fund balances		329,447,125	34	348,502,285

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	403,968,062
2	Total expenses (must equal Part IX, column (A), line 25)	2	393,954,653
3	Revenue less expenses Subtract line 2 from line 1	3	10,013,409
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	205,529,362
5	Net unrealized gains (losses) on investments	5	5,104,763
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	80,024,244
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	300,671,778

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493272005195

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ST DOMINIC-JACKSON MEMORIAL HOSPITAL

Employer identification number
64-0303091

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

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

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

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

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 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 - Non-functionally integrated

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

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

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

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

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

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(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 monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test		
Return Reference	Explanation	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493272005195

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		16,036
j	Total Add lines 1c through 1i			16,036
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	ST DOMINIC-JACKSON MEMORIAL HOSPITAL PAID DUES TO THE MISSISSIPPI HOSPITAL ASSOCIATION THE MISSISSIPPI HOSPITAL ASSOCIATION REPORTS THAT 11 62% OF THE $138,000 OF DUES PAID WERE RELATED TO POLITICAL AND LOBBYING ACTIVITIES

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493272005195

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. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ST DOMINIC-JACKSON MEMORIAL HOSPITAL

Employer identification number
64-0303091

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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 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 XIII, 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 XIII, 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 ▶ $ _____

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 XIII

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 XIII and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

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

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		18,468,228		18,468,228
b Buildings		209,021,810	129,262,992	79,758,818
c Leasehold improvements				
d Equipment		203,925,905	126,111,589	77,814,316
e Other		1,541,580		1,541,580
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				177,582,942

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
LIABILITY FOR PENSION BENEFITS	12,466,474
NOTES PAYABLE	1,285,311
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	13,751,785

2. Liability for uncertain tax positions In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII **Supplemental Information**

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

Return Reference	Explanation
PART X, LINE 2	PER NOTE IN AUDITED CONSOLIDATED FINANCIAL STATEMENTS ST DOMINIC-JACKSON MEMORIAL HOSPITAL IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE ASC IS TREATED AS A PARTNERSHIP FOR INCOME TAX PURPOSES, AND THEREFORE, NO ASSOCIATED INCOME TAX PROVISION IS REQUIRED IN THE HOSPITAL'S CONSOLIDATED FINANCIAL STATEMENTS SDIS ACCOUNTS FOR INCOME TAXES USING THE ASSET AND LIABILITY METHOD UNDER THIS METHOD, INCOME TAXES ARE PROVIDED FOR AMOUNTS CURRENTLY PAYABLE AND FOR AMOUNTS DEFERRED AS TAX ASSETS AND LIABILITIES BASED ON DIFFERENCES BETWEEN THE FINANCIAL STATEMENT CARRYING AMOUNTS AND THE TAX BASES OF EXISTING ASSETS AND LIABILITIES DEFERRED INCOME TAXES ARE MEASURED USING THE ENACTED TAX RATES THAT ARE ASSUMED WILL BE IN EFFECT WHEN THE DIFFERENCES REVERSE DEFERRED TAX ASSETS ARE REDUCED BY A VALUATION ALLOWANCE, WHEN, IN THE OPINION OF MANAGEMENT, IT IS MORE-LIKELY-THAN-NOT THAT SOME PORTION OR ALL OF THE DEFERRED TAX ASSETS WILL NOT BE REALIZED SDIS HAD NO DEFERRED TAX ASSETS OR LIABILITIES AT DECEMBER 31, 2013 OR 2012 INCOME TAX EXPENSE FOR SDIS TOTALED $134,746 AND $150,587 FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012, RESPECTIVELY, AND IS INCLUDED IN ADMINISTRATIVE EXPENSES IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS THE HOSPITAL HAS DETERMINED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2013 OR 2012 IF INTEREST AND PENALTIES ARE INCURRED RELATED TO UNCERTAIN TAX POSITIONS, SUCH AMOUNTS WOULD BE RECOGNIZED IN INCOME TAX EXPENSE TAX PERIODS FOR ALL FISCAL YEARS AFTER 2009 REMAIN OPEN TO EXAMINATION BY THE FEDERAL AND STATE TAXING JURISDICTIONS TO WHICH THE HOSPITAL IS SUBJECT

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493272005195

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ST DOMINIC-JACKSON MEMORIAL HOSPITAL

Employer identification number
64-0303091

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			18,750,805	1,966,092	16,784,713	4 360 %
b Medicaid (from Worksheet 3, column a)			51,903,508	56,994,291	-5,090,783	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			966,325	526,619	439,706	0 110 %
d **Total** Financial Assistance and Means-Tested Government Programs			71,620,638	59,487,002	12,133,636	4 470 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,160,971		1,160,971	0 300 %
f Health professions education (from Worksheet 5)			109,132		109,132	0 030 %
g Subsidized health services (from Worksheet 6)			12,327,518	10,145,497	2,182,021	0 570 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,090,106		2,090,106	0 540 %
j **Total.** Other Benefits			15,687,727	10,145,497	5,542,230	1 440 %
k **Total.** Add lines 7d and 7j			87,308,365	69,632,499	17,675,866	5 910 %

Part II **Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

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

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	9,052,257	
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	2,715,677	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	126,083,436
6	Enter Medicare allowable costs of care relating to payments on line 5	6	136,369,071
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-10,285,635
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV **Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	1 ST DOMINIC AMBULATORY SURGERY CENTER LLC	OUTPATIENT SURGERY CENTER	53 520 %	0 %	46 480 %
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group STDOMINIC- JACKSON MEMORIAL HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		No
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) HTTP //WWW STDOM COM/GEDOWNLOAD!/CHNAWEB			
b	☐ Other website (list url)			
c	☑ Available upon request from the hospital facility			
d	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☐ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide plan			
e	☑ Inclusion of a community benefit section in operational plans			
f	☑ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**	Yes	
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 350 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☑ Insurance status			
e ☑ Uninsured discount			
f ☑ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted on the hospital facility's website			
b ☑ The policy was attached to billing invoices			
c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☑ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☑ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☑ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**17**	Yes	
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☑ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☑ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☑ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☑ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? **23**

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

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

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

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

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

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

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C	
PART I, LINE 6A	THE COMMUNITY BENEFIT REPORT FOR ST DOMINIC HOSPITAL IS CONSOLIDATED WITH THE PARENT ORGANIZATION, ST DOMINIC HEALTH SERVICES, INC
PART I, LINE 7	ST DOMINIC HOSPITAL USED A COST-TO-CHARGE RATIO BASED ON WORKSHEET 2
PART I, LINE 7G	ST DOMINIC HOSPITAL DID NOT INCLUDE LOSSES ON ITS OWNED PHYSICIAN CLINICS AS SUBSIDIZED H EALTH SERVICES IN ORDER TO MEET THE NEEDS OF THE COMMUNITY WE SERVE, ST DOMINIC CONTINUE S ITS MINISTRY IN VARIOUS SERVICE LINES THAT ARE NOT PROFITABLE TO THE ORGANIZATION AN EX AMPLE OF THESE SERVICES INCLUDES BUT IS NOT LIMITED TO THE EMERGENCY DEPARTMENT
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FO R PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $ 9,052,257
PART II, COMMUNITY BUILDING ACTIVITIES	ST DOMINIC HOSPITAL PROVIDES SIGNIFICANT SUPPORT TO ITS COMMUNITY THROUGH A VARIETY OF WA YS INCLUDING FREE HEALTH SCREENINGS AT LOCAL SCHOOLS, PARTICIPATION IN VARIOUS NON- PROFIT BOARDS AS WELL AS FINANCIAL SUPPORT THROUGH CASH DONATIONS
PART III, LINE 4	THE FINANCIAL STATEMENT FOOTNOTE READS -- PATIENT ACCOUNTS RECEIVABLE ARE REPORTED AT NET REALIZABLE VALUE IN EVALUATING THE COLLECTIBILITY OF ACCOUNTS RECEIVABLE, THE HOSPITAL AN ALYZES ITS HISTORICAL EXPERIENCE AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR RECEIVABLES ASSOCI ATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE HOSPITAL ANALYZ ES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISI ON FOR BAD DEBTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND CO PAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID, OR FOR PAYORS WHO A RE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLI KELY) FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WIT HOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PAR TY COVERAGE EXISTS FOR PART OF THE BILL), THE HOSPITAL RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES T HAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EF FORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS THE H OSPITAL'S ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR SELF-PAY PATIENTS INCREASED FROM 64 4 PERCEN T OF SELF-PAY ACCOUNTS RECEIVABLE AT DECEMBER 31, 2012, TO 67 4 PERCENT OF SELF-PAY ACCOUN TS RECEIVABLE AT DECEMBER 31, 2013 IN ADDITION, THE HOSPITAL'S SELF-PAY BAD DEBT WRITE-OF FS DECREASED FROM $12,219,261 IN 2012 TO $2,067,697 IN 2013 THE HOSPITAL ALSO MAINTAINS A LLOWANCES FOR DOUBTFUL ACCOUNTS FROM THIRD-PARTY PAYORS THE HOSPITAL'S ALLOWANCE FOR DOUB TFUL ACCOUNTS FOR THIRD-PARTY GOVERNMENT PAYORS INCREASED FROM 4 5 PERCENT OF THIRD-PARTY GOVERNMENT ACCOUNTS RECEIVABLE AT DECEMBER 31, 2012, TO 5 3 PERCENT OF THIRD-PARTY GOVERNM ENT ACCOUNTS RECEIVABLE AT DECEMBER 31, 2013 IN ADDITION, THE HOSPITAL'S THIRD-PARTY GOVE RNMENT BAD DEBT WRITE-OFFS DECREASED FROM $2,383,729 IN 2012 TO $1,209,245 IN 2013 THE HO SPITAL'S ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR THIRD-PARTY COMMERCIAL PAYORS DECREASED FROM 5 3 PERCENT OF THIRD-PARTY COMMERCIAL ACCOUNTS RECEIVABLE AT DECEMBER 31, 2012, TO 4 9 PER CENT OF THIRD-PARTY COMMERCIAL ACCOUNTS RECEIVABLE AT DECEMBER 31, 2013 IN ADDITION, THE HOSPITAL'S THIRD-PARTY COMMERCIAL BAD DEBT WRITE-OFFS DECREASED FROM $6,633,899 IN 2012 TO $1,532,238 IN 2013 THE NOTED INCREASES AND DECREASES RESULTED FROM ACTUAL BAD DEBT WRITE -OFFS MADE BY THE HOSPITAL THEY DO NOT TAKE INTO ACCOUNT THE RESERVES THAT HAVE BEEN PLAC ED ON EXISTING PATIENT ACCOUNTS RECEIVABLE THEREFORE, THE EXPENSE ACTUALLY RECOGNIZED BY THE HOSPITAL ON THEIR CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS DOES NOT EQUAL THE BAD DEBT WRITE-OFFS NOTED ABOVE
PART III, LINE 8	N/A - THIS AMOUNT IS NOT INCLUDED IN THE COMMUNITY BENEFIT TOTAL
PART III, LINE 9B	ST DOMINIC HOSPITAL HAS A BOARD APPROVED COLLECTION POLICY AND HAS WRITTEN CONTRACTS IN P LACE WITH ITS COLLECTION AGENCIES SO THE APPROPRIATE COLLECTION ACTIVITIES ARE FOLLOWED T HE COLLECTION AGENCIES THAT ST DOMINIC USES ARE FULLY INFORMED ABOUT THE HOSPITAL'S FINAN CIAL AID POLICY AND ASSIST IN EDUCATING OUR PATIENTS THEY ROUTINELY SEND FINANCIAL AID AP PLICATIONS TO PATIENTS AND REFER THOSE PATIENTS BACK TO THE HOSPITAL'S FINANCIAL COUNSELOR S WHEN APPROPRIATE

PART VI, LINE 2	ST DOMINIC HOSPITAL CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT DURING 2012 THE CHNA C
	AN BE ACCESSED AT HTTP //WWW STDOM COM/GEDOWNLOAD!/CHNAWEB PDF?
	ITEM_ID=544018&VERSION_ID=5
	44019

PART VI, LINE 3	ST DOMINIC HOSPITAL WORKS TO EDUCATE OUR PATIENTS AND COMMUNITY ON ASSISTANCE OPTIONS BY 1-POSTING SIGNAGE IN OUR EMERGENCY ROOM AND OTHER REGISTRATION AREAS INFORMING PATIENTS TH AT FINANCIAL ASSISTANCE IS AVAILABLE 2-PROVIDING BROCHURES IN OUR WAITING ROOMS AND AT THE REGISTRATION DESKS THAT EXPLAIN THE BILLING AND COLLECTION PROCESS AS WELL AS INFORMATION ABOUT THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY AND PHONE NUMBERS TO CALL FOR ASSISTANCE 3-CONTRACTING AND PAYING AN AGENCY TO MEET WITH ALL UNINSURED PATIENTS TO ASSIST THEM IN APPLYING FOR FEDERAL AND STATE ASSISTANCE (I E MEDICAID, DISABILITY, ETC) 4-PROVIDING FI NANCIAL COUNSELORS TO MEET WITH PATIENTS THESE COUNSELORS FULLY UNDERSTAND THE HOSPITAL'S CHARITY POLICY AND ARE AVAILABLE TO ASSIST WITH THE APPLICATIONS, SET UP INTEREST FREE PA YMENT PLANS AND OFFER ADVICE ON PUBLIC ASSISTANCE THAT MAY BE AVAILABLE 5-STAFFING PATIENT REPRESENTATIVES TO ANSWER QUESTIONS AND ASSIST PATIENTS AS NEEDED6-EDUCATING THE EARLY-OU T AND BAD DEBT COLLECTION AGENCIES ON THE HOSPITAL'S FINANCIAL ASSISTANCE POLICIES SO THEY CAN ASSIST PATIENTS WHOM THEY FIND MIGHT HAVE FINANCIAL NEED

PART VI, LINE 4	THE COMMUNITY SERVED BY THE HOSPITAL, INCLUDING GEOGRAPHIC AND DEMOGRAPHIC AREAS, IS ADDRE
	SSED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED DURING 2012 THE CHNA CAN BE ACCES
	SED AT HTTP //WWW STDOM COM/GEDOWNLOAD!/CHNAWEB PDF?
	ITEM_ID=544018&VERSION_ID=544019

PART VI, LINE 5	ST DOMINIC RECOGNIZES ITS BASIC PARTICIPATION IN THE MISSION OF THE CHURCH WHICH INVOLVES TWO MAIN MINISTRIES EDUCATION AND HEALTH CARE THREE ACTIVITIES - COMMUNICATING A CHRIST IAN MESSAGE, ESTABLISHING COMMUNITY AND PERFORMING SERVICE - EXPRESS OUR MISSION OF CHRIST IAN HEALING WE INVOLVE MEMBERS OF OUR COMMUNITY IN OUR GOVERNANCE SO THAT WE MAINTAIN THE FOCUS ON THE NEEDS OF OUR COMMUNITY WE HAVE AN OPEN MEDICAL STAFF
PART VI, LINE 6	ST DOMINIC - JACKSON MEMORIAL HOSPITAL IS A FULLY OWNED SUBSIDIARY OF ST DOMINIC HEALTH SERVICES, INC AND PROVIDES ONE PIECE OF THE OVERALL COMMUNITY BENEFIT THAT THE ORGANIZATI ON PROVIDES
PART VI, LINE 7	ST DOMINIC HOSPITAL (CONSOLIDATED WITH ST DOMINIC HEALTH SERVICES, INC) PREPARES ANNUAL LY A COMMUNITY BENEFIT REPORT WHICH IS DISTRIBUTED TO KEY MEMBERS OF OUR LOCAL COMMUNITY A ND STATE GOVERNMENT BUT THERE ARE CURRENTLY NO REQUIREMENTS TO DO SO IN THE STATE OF MISSI SSIPPI

Additional Data

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

990 Schedule H, Supplemental Information

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ST DOMINIC- JACKSON MEMORIAL HOSPITAL	
ST DOMINIC- JACKSON MEMORIAL HOSPITAL	PART V, SECTION B, LINE 14G THE HOSPITAL'S WEBSITE ALSO INFORMS PATIENTS OF THE POLICY
ST DOMINIC- JACKSON MEMORIAL HOSPITAL	PART V, SECTION B, LINE 18E THE HOSPITAL PROACTIVELY SCREENS PATIENTS FOR FINANCIAL ASSIS TANCE ELIGIBILITY IF THERE IS AN INDICATION THAT THE PATIENT MAY QUALIFY UNDER THE FINANCI AL ASSISTANCE POLICY

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

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

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
ST DOMINIC AMBULATORY SURGERY CENTER 969 LAKELAND DRIVE JACKSON,MS 392164699	OUTPATIENT SURGERY CENTER
EAR NOSE & THROAT SURGICAL GROUP AT ST 970 LAKELAND DRIVE SUITE 40 JACKSON,MS 39216	OUTPATIENT SURGERY CENTER
ST DOMINIC INTERNAL MEDICINE GROUP 971 LAKELAND DRIVE SUITE 250 JACKSON,MS 39216	OUTPATIENT SURGERY CENTER
ST DOMINIC NEUROSURGERY ASSOCIATES 971 LAKELAND DRIVE SUITE 657 JACKSON,MS 39216	OUTPATIENT SURGERY CENTER
ST DOMINIC'S CARDIOVASCULAR SURGERY 971 LAKELAND DRIVE SUITE 657 JACKSON,MS 39219	OUTPATIENT SURGERY CENTER
ST DOMINIC'S GYNECOLOGIC ONCOLOGY 971 LAKELAND DRIVE SUITE 750 JACKSON,MS 39216	OUTPATIENT SURGERY CENTER
ST DOMINIC'S HOSPITAL MEDICINE 971 LAKELAND DRIVE SUITE 1453 JACKSON,MS 39216	OUTPATIENT SURGERY CENTER
ST DOMINIC'S INFECTIOUS DISEASE 971 LAKELAND DRIVE SUITE 954 JACKSON,MS 39216	OUTPATIENT SURGERY CENTER
ST DOMINIC'S FAMILY MEDICINE OF MADISON HIGHLAND MEDICAL ARTS BUILDING 106 HIGH MADISON,MS 39110	OUTPATIENT SURGERY CENTER
ST DOMINIC'S FAMILY MEDICINE OF FLOWOOD 1050 RIVER OAKS DRIVE FLOWOOD,MS 39232	OUTPATIENT SURGERY CENTER
ST DOMINIC'S PSYCHIATRIC ASSOCIATES 969 LAKELAND DRIVE JACKSON,MS 39216	OUTPATIENT SURGERY CENTER
ST DOMINIC'S FAMILY MEDICINE OF CLINTON 728 CLINTON PARKWAY SUITE B CLINTON,MS 39056	OUTPATIENT SURGERY CENTER
ST DOMINIC'S MARTIN SURGICAL ASSOCIATES 971 LAKELAND DRIVE SUITE 211 JACKSON,MS 39216	OUTPATIENT SURGERY CENTER
ST DOMINIC'S CHRONIC CARE CLINIC 890 LAKELAND DRIVE JACKSON,MS 39216	OUTPATIENT SURGERY CENTER
ST DOMINIC'S PAIN MANAGEMENT CENTER 971 LAKELAND DRIVE SUITE 1159 JACKSON,MS 39216	OUTPATIENT SURGERY CENTER

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

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

How many non-hospital health care facilities did the organization operate during the tax year?
_____

Name and address	Type of Facility (describe)
ST DOMINIC'S CLINIC AT WALMART - PEARL WALMART SUPERCENTER 5520 HWY 80 EAST PEARL,MS 39208	OUTPATIENT SURGERY CENTER
ST DOMINIC'S CLINIC AT WALMART - MADISO WALMART SUPERCENTER 127 GRANDVIEW BLVD MADISON,MS 39110	OUTPATIENT SURGERY CENTER
ST DOMINIC'S CLINIC AT WALMART - CLINTO WALMART SUPERCENTER 950 HWY 80 EAST CLINTON,MS 39056	OUTPATIENT SURGERY CENTER
ST DOMINIC'S EMPLOYEE CLINIC 969 LAKELAND DRIVE JACKSON,MS 39216	OUTPATIENT SURGERY CENTER
ST DOMINIC'S NEUROSCIENCE CENTER 971 LAKELAND DRIVE SUITE 557 JACKSON,MS 39216	OUTPATIENT SURGERY CENTER
ST DOMINIC'S OUTREACH PROGRAM - BROOKHA 427 HWY 51 N BROOKHAVEN,MS 39601	OUTPATIENT SURGERY CENTER
ST DOMINIC'S OUTREACH PROGRAM - MORTON 321 HWY 13 SOUTH MORTON,MS 39117	OUTPATIENT SURGERY CENTER
ST DOMINIC'S OUTREACH PROGRAM - CLEVELA 810 E SUNFLOWER ROAD CLEVELAND,MS 38732	OUTPATIENT SURGERY CENTER

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493272005195

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ST DOMINIC-JACKSON MEMORIAL HOSPITAL

Employer identification number
64-0303091

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 16

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

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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
100 BLACK MEN OF JACKSON 5360 HIGHLAND DRIVE JACKSON,MS 39286	64-0817928	501(C)(3)	20,000				CHARITABLE SUPPORT

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

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOY SCOUTS OF AMERICA 855 RIVERSIDE DR JACKSON,MS 39202	64-0303071	501(C)(3)	32,000				CHARITABLE SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC CHARITIES 200 N CONGRESS ST JACKSON,MS 39201	64-0468850	501(C)(3)	127,500				CHARITABLE SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTER FOR PREVENTION OF VIOLENCE PO BOX 6279 PEARL, MS 39288	58-1959108	501(C)(3)	37,500				CHARITABLE SUPPORT

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

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOSPICE MINISTRIES 450 TOWNE CENTER BOULEVARD RIDGELAND,MS 39157	64-0789919	501(C)(3)	37,500				CHARITABLE SUPPORT

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

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OPERATION SHOESTRING 1711 BAILEY AVENUE JACKSON,MS 39283	64-0471554	501(C)(3)	25,000				CHARITABLE SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
REAL CHRISTIAN FOUNDATION PO BOX 180059 RICHLAND,MS 39218	64-0885750	501(C)(3)	40,000				CHARITABLE SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOUTHERN CHRISTIAN SERVICES 860 EAST RIVER PLACE SUITE 104 JACKSON,MS 39202	64-0758344	501(C)(3)	25,000				CHARITABLE SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE WINGARD HOME 1279 N WEST STREET JACKSON,MS 39202	20-3861994	501(C)(3)	5,000				CHARITABLE SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TUTWILER COMMUNITY EDUCATION CENTER INC PO BOX 448 TUTWILER,MS 38963	58-1887449	501(C)(3)	10,000				CHARITABLE SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHRISTIAN MEDICAL AND DENTAL PO BOX 4569 JACKSON,MS 39296	36-2284267	501(C)(3)	5,000				CHARITABLE SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MISSION MISSISSIPPI PO BOX 22655 JACKSON,MS 39225	64-0824240	501(C)(3)	30,000				CHARITABLE SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST DOMINIC HEALTH SERVICES INC 969 LAKELAND DR JACKSON,MS 39216	64-0714999	501(C)(3)	1,500,000				DESIGNATED COMMUNITY BENEFIT SUPPORT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493272005195

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ST DOMINIC-JACKSON MEMORIAL HOSPITAL

Employer identification number
64-0303091

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 4B	THE EXECUTIVE COMPENSATION COMMITTEE CONDUCTED A MARKET STUDY OF EXECUTIVE RETIREMENT BENEFITS FOR NON-PROFIT HEALTHCARE FACILITIES AS A RESULT OF THIS STUDY, ST DOMINIC HEALTH SERVICES, INC TERMINATED THE NON QUALIFIED PENSION RESTORATION PLAN AT 12/31/2012 THE FINAL PAYOUTS FROM THIS PLAN WERE MADE IN THE FIRST QUARTER OF 2013 THE TERMINATED PLAN WAS DESIGNED TO USE THE FORMULA OF THE FINAL AVERAGE PAY PENSION PLAN THAT WAS FROZEN AT THE END 12/31/2012 AS WELL THE FINAL AVERAGE PAY PLAN WAS REPLACED WITH A CASH BALANCE PLAN THAT PROVIDES A CREDIT EQUAL TO 5% OF BASE SALARY UP TO THE IRS LIMIT (CODE SECTION 401(A)(17) THE TERMINATED RESTORATION PLAN WAS REPLACED WITH A NEW NON QUALIFIED RESTORATION PLAN THAT PROVIDES 5% OF PAY FOR SALARY IN EXCESS OF THE IRS LIMIT (CODE SECTION 401(A)(17) THE NEW PLAN WAS EFFECTIVE FOR THE PLAN YEAR BEGINNING 1/1/2013 WITH INITIAL PAYOUTS IN FIRST QUARTER 2014 FINAL PAYOUTS FROM THE TERMINATED PLAN WERE INCLUDED IN THE FORM W-2 BOX 5 WAGES AND REFLECTED IN OTHER REPORTABLE COMPENSATION ON SCHEDULE J THESE AMOUNTS ARE LESTER K DIAMOND - 240,352 JENNIFER SINCLAIR - 31,553 ROBERT MOBLEY, M D - 63,051 KEITH VAN CAMP - 13,976

Additional Data

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
LESTER K DIAMOND PRES -SEE SCH J FOR ADD'L INFO	(I)	501,415	0	242,295	20,519	10,905	775,134	0
	(II)	0	0	0	0	0	0	0
JENNIFER SINCLAIR EXEC VP OPS- SEE J FOR ADD'L INFO	(I)	341,158	0	31,553	20,519	409	393,639	0
	(II)	0	0	0	0	0	0	0
MATTHEW FISHER VP FINANCE	(I)	200,330	0	0	6,465	10,561	217,356	0
	(II)	0	0	0	0	0	0	0
ROBERT MOBLEY MD EXEC VP- MEDICAL AFFAIRS - PART YEAR	(I)	200,308	0	65,151	23,244	4,650	293,353	0
	(II)	0	0	0	0	0	0	0
KEITH VAN CAMP VP- INFORMATION TECH- SEE SCH J FOR	(I)	278,238	0	13,976	20,519	327	313,060	0
	(II)	0	0	0	0	0	0	0
STEPHEN BOMGARDNER VP- NURSING	(I)	242,933	0	0	19,452	9,105	271,490	0
	(II)	0	0	0	0	0	0	0
BECKY LOWE VP- ANCILLARY SERVICES	(I)	218,541	0	0	17,523	172	236,236	0
	(II)	0	0	0	0	0	0	0
RAYMOND SWARTZFAGER VP- ANCILLARY SERVICES	(I)	217,201	0	0	17,225	8,487	242,913	0
	(II)	0	0	0	0	0	0	0
LORRAINE WASHINGTON VP- HUMAN RESOURCES	(I)	0	0	0	0	0	0	0
	(II)	234,105	0	0	18,835	8,511	261,451	0
MICHAEL L SANDERS EXEC VP- MEDICAL AFFAIRS - PART YEAR	(I)	274,559	0	0	16,527	10,630	301,716	0
	(II)	0	0	0	0	0	0	0
HUEY B MCDANIEL MD PHYSICIAN	(I)	539,132	88,000	31,357	0	9,093	667,582	0
	(II)	0	0	0	0	0	0	0
KYLE GORDON MD PHYSICIAN	(I)	561,736	91,461	32,660	0	10,911	696,768	0
	(II)	0	0	0	0	0	0	0
JOHN LANCON MD PHYSICIAN	(I)	1,145,738	59,763	60,275	0	10,911	1,276,687	0
	(II)	0	0	0	0	0	0	0
RONALD KENNEDY MD PHYSICIAN	(I)	732,577	150,000	44,129	0	10,911	937,617	0
	(II)	0	0	0	0	0	0	0
PAUL SEAGO PHYSICIAN	(I)	1,014,207	0	50,710	0	8,823	1,073,740	0
	(II)	0	0	0	0	0	0	0
RALPH E SULSER MD FORMER VICE CHAIRMAN	(I)	172,365	13,000	9,268	0	8,968	203,601	0
	(II)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493272005195

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ST DOMINIC-JACKSON MEMORIAL HOSPITAL

Employer identification number
64-0303091

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MELANIE GRAFTON	DAUGHTER OF DIRECTOR, DAN GRAFTON	70,488	MELANIE GRAFTON IS AN EMPLOYEE OF ST DOMINIC-JACKSON MEMORIAL HOSPITAL		No
(2) JACKSON PULMONARY	DR JIMMY JONES, DIRECTOR, IS A GREATER THAN 5% OWNER	674,196	HOSPITAL CONTRACTS WITH JACKSON PULMONARY FOR INTENSIVIST SERVICES		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ST DOMINIC-JACKSON MEMORIAL HOSPITAL

Employer identification number
64-0303091

990 Schedule O, Supplemental Information

Return Reference	Explanation
AMENDED FORM 990	
FORM 990, PART VI, SECTION A, LINE 6	ST DOMINIC HEALTH SERVICES, INC IS THE SOLE MEMBER OF ST DOMINIC- JACKSON MEMORIAL HOSPITAL
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF DIRECTORS OF ST DOMINIC- JACKSON MEMORIAL HOSPITAL'S SOLE MEMBER, ST DOMINI C HEALTH SERVICES, INC , HAS THE AUTHORITY TO ELECT THE PRESIDENT/CEO, THE CHAIR OF THE BO ARD OF DIRECTORS AND THE VICE-CHAIR OF THE BOARD OF DIRECTORS OF THE HOSPITAL AND TO APPRO VE THE ELECTION OF ALL OTHER OFFICERS OF ST DOMINIC- JACKSON MEMORIAL HOSPITAL
FORM 990, PART VI, SECTION A, LINE 7B	THE BOARD OF DIRECTORS OF THE SOLE MEMBER OF ST DOMINIC- JACKSON MEMORIAL HOSPITAL, ST D OMINIC HEALTH SERVICES, INC , HAS THE RIGHT TO APPROVE THE FORMATION OF, OR PARTICIPATION IN, ANY JOINT VENTURE OR PARTNERSHIP OF THE HOSPITAL ST DOMINIC HEALTH SERVICES, INC 'S BOARD OF DIRECTORS ALSO HAS THE RIGHT TO APPROVE ANY DISSOLUTION OR MERGER ENACTED BY ST DOMINIC- JACKSON MEMORIAL HOSPITAL IF THE ST DOMINIC- JACKSON MEMORIAL HOSPITAL'S BOARD OF DIRECTORS HAS A STALEMATE IN ANY VOTE, THE FINAL DECISION RESTS WITH THE BOARD OF DIREC TORS OF ITS SOLE MEMBER, ST DOMINIC HEALTH SERVICES, INC THE GOVERNING COUNCIL OF THE DO MINICAN SISTERS OF SPRINGFIELD ILLINOIS HAS THE AUTHORITY TO BREAK ANY TIE VOTE OF THE BOA RD OF DIRECTORS OF ST DOMINIC HEALTH SERVICES, INC
FORM 990, PART VI, SECTION B, LINE 11	THE BOARD HAS DELEGATED REVIEW OF THE FORM 990 TO THE FINANCE COMMITTEE OF THE BOARD PRIOR TO FILING A FULL COPY, AS APPROVED BY THE FINANCE COMMITTEE, WAS PROVIDED TO THE BOARD A ND RATIFIED PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS ARE REQUIRED TO FILL OUT AND SIGN A CONFLICT FORM ANNUALLY
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION'S EXECUTIVE COMPENSATION PROGRAM IS ADMINISTERED BY THE EXECUTIVE COMPENS ATION COMMITTEE OF THE BOARD THE EXECUTIVE COMPENSATION COMMITTEE IS RESPONSIBLE FOR ESTA BLISHING AND MAINTAINING A COMPETITIVE COMPENSATION PROGRAM FOR THE KEY EXECUTIVES OF THE ORGANIZATION THE EXECUTIVE COMPENSATION COMMITTEE MEETS AS NEEDED TO REVIEW THE COMPENSAT ION PROGRAM AND MAKE RECOMMENDATIONS FOR ANY CHANGES AS APPROPRIATE. THE EXECUTIVE COMPENS ATION COMMITTEE COMMISSIONS AN ANNUAL REVIEW BY AN INDEPENDENT CONSULTING FIRM TO EVALUATE THE THE ORGANIZATION'S EXECUTIVE COMPENSATION PROGRAM AGAINST THE COMPETITIVE MARKET THE EVALUATION IS REVIEWED IN THE FIRST QUARTER OF EACH YEAR AND IS INTENDED TO ENSURE THAT T HE COMPENSATION PROGRAM FALLS WITHIN A REASONABLE RANGE OF COMPETITIVE PRACTICES FOR COMPA RABLE POSITIONS AMONG SIMILARLY SITUATED ORGANIZATIONS AS DESCRIBED IN SECTION 4958 FOLLO WING THIS REVIEW, THE COMMITTEE REVIEWS AND APPROVES, FOR SELECTED KEY EXECUTIVES, BASE SA LARY AND TOTAL COMPENSATION RANGE FOR THE UPCOMING YEAR THE EXECUTIVE COMPENSATION COMMIT TEE MAINTAINS MINUTES AND RECORDS TO ENSURE THAT IT CAN CLAIM THE REBUTTABLE PRESUMPTION O F REASONABLE COMPENSATION FOR PURPOSES OF SECTION 4958 THE CHIEF EXECUTIVE OFFICER FOR TH E HOSPITAL ASSIGNS PAY CHANGES FOR THE UPCOMING YEAR FOR EACH OF THE HOSPITAL EXECUTIVES W ITHIN THE LIMITS ESTABLISHED BY THE EXECUTIVE COMPENSATION COMMITTEE. THE PRESIDENT OF ST DOMINIC HEALTH SERVICES, INC IN CONJUNCTION WITH THE CHAIR OF ST DOMINIC-JACKSON MEMORI AL HOSPITAL BOARD OF DIRECTORS SHALL ASSIGN THE PAY CHANGE FOR THE PRESIDENT (CHIEF EXECUT IVE OFFICER) OF ST DOMINIC-JACKSON MEMORIAL HOSPITAL WITHIN THE LIMITS ESTABLISHED BY THE EXECUTIVE COMPENSATION COMMITTEE. KEY EXECUTIVES OF THE ORGANIZATION MAY ATTEND THE COMMI TTEE MEETING OF THE EXECUTIVE COMPENSATION COMMITTEE TO PROVIDE THE INFORMATION NEEDED BY SUCH COMMITTEE. THESE EXECUTIVES ARE EXCUSED AND THE EXECUTIVE COMPENSATION COMMITTEE MEET S IN EXECUTIVE SESSION TO RENDER ITS RECOMMENDATIONS
FORM 990, PART VI, SECTION C, LINE 19	THESE DOCUMENTS ARE AVAILABLE UPON REQUEST
FORM 990, PART XI, LINE 9	PENSION TRANSITION ADJUSTMENT PER FAS 158 74,076,234 OTHER INTERCOMPANY TRANSACTIONS 5,948,010
FORM 990, PART XI, LINE 2C	THE FINANCE COMMITTEE MEETS, AS NEEDED, AND IS CHARGED WITH REVIEWING THE BUDGET, CURRENT PERFORMANCE, THE AUDIT, AND THE FORM 990 THE FINANCE COMMITTEE MAKES RECOMMENDATIONS THAT ARE THEN TAKEN TO THE FULL BOARD FOR FINAL APPROVAL

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493272005195

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ST DOMINIC-JACKSON MEMORIAL HOSPITAL

Employer identification number
64-0303091

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ST DOMINIC MEDICAL ASSOCIATES 969 LAKELAND DRIVE JACKSON, MS 392164699 26-1969846	HEALTHCARE	MS	43,214,137	5,902,685	ST DOMINIC -JACKSON MEMORIAL HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) ST DOMINIC HEALTH SERVICES FOUNDATION INC 969 LAKELAND DRIVE JACKSON, MS 392164699 43-1992975	OPERATION TO OVERSEE FUNDS FOR ST DOMINIC HEALTH SERVICES & SUBSIDIARIES	MS	501(C)(3)	509(A)(3)(1)	ST DOMINIC HEALTH SERVICES INC		No
(2) ST DOMINIC HEALTH SERVICES INC 969 LAKELAND DRIVE JACKSON, MS 392164699 64-0714999	OPERATION AS A HOLDING COMPANY TO ACQUIRE OWNERSHIP OF RELATED ENTITY	MS	501(C)(3)	509(A)(3)(1)	N/A		No
(3) ST CATHERINE'S VILLAGE INC 969 LAKELAND DRIVE JACKSON, MS 392164699 64-0714997	OPERATION OF A CONTINUING CARE RETIREMENT COMMUNITY	MS	501(C)(3)	170(B)(1)(A) (III)	ST DOMINIC HEALTH SERVICES INC		No
(4) COMMUNITY HEALTH SERVICES - ST DOMINIC INC 969 LAKELAND DRIVE JACKSON, MS 392164699 64-0884870	OPERATION TO PROVIDE COMMUNITY HEALTH PROGRAMS	MS	501(C)(3)	170(B)(1)(A) (III)	ST DOMINIC HEALTH SERVICES INC		No
(5) CONGREGATION OF THE DOMINICAN SISTERS OF SPRINGFIELD ILLINOIS 1237 WEST MONROE ST SPRINGFIELD, IL 62704	RELIGIOUS CONGREGATION SPONSORING EDUCATION AND HEALTHCARE INSTITUTIONS	IL	501(C)(3)	170(B)(1)(A) (I)	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) ST DOMINIC AMBULATORY SURGERY CENTER LLC 971 LAKELAND DRIVE SUITE 200 JACKSON, MS 392164699 64-0908713	HEALTHCARE	MS	ST DOMINIC INTEGRATED SERVICES INC	RELATED	-11,254			No			No	53 520 %
(2) HIGHLAND MEDICAL ARTS LLC PO BOX 55769 JACKSON, MS 39296 74-3073171	MEDICAL BUILDING RENTAL	MS	ST DOMINIC MADISON HEALTH SERVICES INC	N/A				No			No	
(3) D1 SPORTS TRAINING OF MISSISSIPPI LLC 7115 SOUTH SPRINGS DRIVE FRANKLIN, TN 37067 27-5277568	ATHLETIC TRAINING	MS	ST DOMINIC MADISON HEALTH SERVICES INC	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) ST DOMINIC MADISON HEALTH SERVICES INC 969 LAKELAND DRIVE JACKSON, MS 392164699 20-2870254	HEALTHCARE	MS	ST DOMINIC HEALTH SERVICES	C					No
(2) FIRST INTERMED 308 CORPORATE DRIVE RIDGELAND, MS 39157 64-0824796	HEALTHCARE	MS	ST DOMINIC HEALTH SERVICES	C					No
(3) PHYSICIANSPLUS BAPTIST & ST DOMINIC INC 969 LAKELAND DRIVE JACKSON, MS 392164699 64-0889895	HEALTHCARE	MS	N/A	C					No
(4) ST DOMINIC INTEGRATED SERVICES INC 969 LAKELAND DRIVE JACKSON, MS 392164699 27-1493623	INVESTMENT IN MEDICAL	MS	ST DOMINIC JACKSON MEMORIAL HOSPITAL	C	320,186	2,398,313	100 000 %	Yes	

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ST DOMINIC INTEGRATED SERVICES INC	Q	24,739	CASH

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

ST. DOMINIC-JACKSON MEMORIAL HOSPITAL AND SUBSIDIARIES

Jackson, Mississippi

Audited Consolidated Financial Statements

Years Ended December 31, 2013 and 2012

CONTENTS

Independent Auditor's Report	1 – 2
Consolidated Financial Statements	
Consolidated Balance Sheets	3
Consolidated Statements of Operations and Changes in Net Assets	4
Consolidated Statements of Cash Flows	5
Notes to Consolidated Financial Statements	6 – 26
Supplementary Information	
Schedules of Gross Patient Service Revenue	27 – 29
Schedules of Other Revenue	30
Schedules of Departmental Expenses	31 – 34
Schedules of Five-Year Operating Summary	35

HORNE
CPAs & Business Advisors

INDEPENDENT AUDITOR'S REPORT

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

Report on the Consolidated Financial Statements

We have audited the accompanying financial statements of St Dominic-Jackson Memorial Hospital and Subsidiaries (the "Hospital"), which comprise the consolidated balance sheets as of December 31, 2013 and 2012, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended and the related notes to the consolidated financial statements

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of the consolidated financial statements that are free from material misstatement, whether due to fraud or error

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits We conducted our audits in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Hospital as of December 31, 2013 and 2012, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America

Other Matter

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole The accompanying supplementary information on pages 27 through 35 is presented for purposes of additional analysis and is not a required part of the consolidated financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole

Horne LLP

Ridgeland, Mississippi
March 26, 2014

ST. DOMINIC-JACKSON MEMORIAL HOSPITAL AND SUBSIDIARIES
Consolidated Balance Sheets
December 31, 2013 and 2012

	2013	2012
ASSETS		
Current assets		
Cash and cash equivalents	$ 68,943,243	$ 67,486,944
Patient accounts receivable, less allowance for doubtful accounts of $21,299,000 in 2013 and $16,923,000 in 2012	48,655,038	46,839,202
Other receivables	3,478,092	3,009,483
Due from third-party payors	942,785	-
Inventories	7,646,656	7,001,701
Due from affiliate	30,413,454	22,773,609
Prepaid expenses and other current assets	8,050,333	6,259,245
Total current assets	168,129,601	153,370,184
Property and equipment, net	177,723,672	170,147,409
Remainderman interest in trust principal	1,502,271	1,364,143
Other assets	2,794,989	2,680,548
Total assets	$ 350,150,533	$ 327,562,284
LIABILITIES AND NET ASSETS		
Current liabilities		
Borrowings on line of credit	$ 319,257	$ 1,758,857
Current maturities of long-term debt	417,602	63,642
Accounts payable	19,308,791	18,708,748
Due to third-party payors	-	1,168,785
Accrued salaries and wages	8,122,495	6,766,334
Accrued benefit time off	5,882,246	5,540,872
Accrued expenses	591,443	489,966
Total current liabilities	34,641,834	34,497,204
Long-term debt, less current maturities	1,364,561	145,592
Liability for pension benefits	12,466,474	86,542,708
Total liabilities	48,472,869	121,185,504
Net assets		
Hospital's net assets		
Unrestricted net assets	301,643,373	206,278,594
Noncontrolling interest	34,291	98,186
Total net assets	301,677,664	206,376,780
Total liabilities and net assets	$ 350,150,533	$ 327,562,284

See accompanying notes

ST. DOMINIC-JACKSON MEMORIAL HOSPITAL AND SUBSIDIARIES
Consolidated Statements of Operations and Changes in Net Assets
Years Ended December 31, 2013 and 2012

	2013	2012
Unrestricted revenues, gains and other support		
Patient service revenues (net of contractual allowances and discounts)	$ 389,608,806	$ 378,920,469
Provision for bad debts	(9,052,257)	(19,452,183)
Net patient service revenue less provision for bad debts	380,556,549	359,468,286
Other revenues	15,281,162	17,090,596
Total unrestricted revenues, gains and other support	395,837,711	376,558,882
Expenses		
Salaries and wages	159,984,491	147,198,489
Employee benefits	33,764,196	37,901,132
Professional fees	22,451,427	23,175,311
Supplies and other	148,861,859	140,067,804
Depreciation	21,481,153	21,307,705
Interest expense	79,885	99,570
Total expenses	386,623,011	369,750,011
Income from operations	9,214,700	6,808,871
Nonoperating gains (losses)		
Investment income	7,360,365	5,453,363
Unrestricted contributions	77,932	14,495
Loss on sale of assets	(55,556)	(37,322)
Income from equity method investments	382,183	443,059
Other nonoperating income	-	145,299
Total nonoperating gains, net	7,764,924	6,018,894
Excess of revenues, gains and other support over expenses and losses	16,979,624	12,827,765
Transfers from St Dominic Health Services, Inc and affiliates	4,298,008	452,925
Pension-related changes, other than net periodic pension cost	74,076,234	7,260,883
Increase in unrestricted net assets	95,353,866	20,541,573
Less Net loss (income) attributable to noncontrolling interests	10,913	(48,810)
Increase in unrestricted net assets attributable to the Hospital	95,364,779	20,492,763
Unrestricted net assets at beginning of year	206,278,594	185,785,831
Unrestricted net assets at end of year	$ 301,643,373	$ 206,278,594

See accompanying notes

ST. DOMINIC-JACKSON MEMORIAL HOSPITAL AND SUBSIDIARIES
Consolidated Statements of Cash Flows
Years Ended December 31, 2013 and 2012

	2013	2012
Cash flows from operating activities		
Increase in unrestricted net assets	$ 95,364,779	$ 20,492,763
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Net transfers to St. Dominic Health Services, Inc and affiliates	(4,298,008)	(452,925)
Pension-related changes, other than net periodic pension cost	(74,076,234)	(7,260,883)
Income from equity method investments	(382,183)	(443,059)
Net income (loss) attributable to noncontrolling interests	(10,913)	48,810
Depreciation	21,481,153	21,307,705
Provision for bad debts	9,052,257	19,452,183
Investment income	(7,360,365)	(5,453,363)
Change in remainderman interest in trust principal	(138,128)	(65,381)
Loss on sale of assets	55,556	37,322
Changes in operating assets and liabilities		
Patient and other accounts receivable	(11,336,702)	(15,426,870)
Estimated third-party payor settlements	(2,111,570)	4,002,493
Inventories	(644,955)	339,124
Due from affiliate	(279,480)	(1,680,124)
Prepaid expenses and other assets	(1,898,346)	110,370
Accounts payable	600,043	1,993,128
Accrued salaries, wages and benefit time off	1,697,535	1,236,498
Accrued expenses	101,477	(50,880)
Net cash provided by operating activities	25,815,916	38,186,911
Cash flows from investing activities		
Capital expenditures	(21,727,309)	(26,096,352)
Proceeds from sale of assets	1,072	31,127
Distributions from equity method investments	375,000	425,000
Net cash used in investing activities	(21,351,237)	(25,640,225)
Cash flows from financing activities		
Principal payments on long-term debt	(236,571)	(213,782)
Proceeds from long-term borrowings	-	215,000
Net decrease in borrowings on line of credit	(1,439,600)	(1,239,800)
Distributions to noncontrolling interest holders	(52,982)	(39,703)
Net transfers to St. Dominic Health Services, Inc and affiliates	(1,279,227)	(12,259,459)
Net cash used in financing activities	(3,008,380)	(13,537,744)
Net increase (decrease) in cash and cash equivalents	1,456,299	(991,058)
Cash and cash equivalents at beginning of year	67,486,944	68,478,002
Cash and cash equivalents at end of year	$ 68,943,243	$ 67,486,944
Supplemental disclosure of cash flow information		
Cash paid for interest	$ 79,885	$ 99,570
Non-cash investing and financing activities		
Capital lease obligation for equipment	$ 1,809,500	$ -
Transfer of property from St. Dominic Health Services, Inc	$ 5,577,235	$ -

See accompanying notes

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 1. Summary of Significant Accounting Policies

Nature of Operations

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

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

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

Principles of Consolidation

The consolidated financial statements include the accounts of St Dominic-Jackson Memorial Hospital and its subsidiaries, St Dominic Medical Associates ("SDMA") and St Dominic Integrated Services ("SDIS"), wholly-owned subsidiaries, and St Dominic Ambulatory Surgery Center, LLC ("ASC"), which is a limited liability company that owns and operates an ambulatory surgery center The Hospital's percentage ownership of ASC was 53 52 percent and 50 22 percent at December 31, 2013 and 2012, respectively

All significant intercompany accounts and transactions have been eliminated in consolidation

Use of Estimates

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

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 1. Continued

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

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

Cash and Cash Equivalents

Cash and cash equivalents consist of cash and interest-bearing accounts readily convertible to cash and highly liquid investments with an original maturity of three months or less when purchased

Patient Accounts Receivable

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

The Hospital's allowance for doubtful accounts for self-pay patients increased from 64 4 percent of self-pay accounts receivable at December 31, 2012, to 67 4 percent of self-pay accounts receivable at December 31, 2013 In addition, the Hospital's self-pay bad debt write-offs decreased from $12,219,261 in 2012 to $2,067,697 in 2013

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 1. Continued

The Hospital also maintains allowances for doubtful accounts from third-party payors The Hospital's allowance for doubtful accounts for third-party government payors increased from 4 5 percent of third-party government accounts receivable at December 31, 2012, to 5 3 percent of third-party government accounts receivable at December 31, 2013 In addition, the Hospital's third-party government bad debt write-offs decreased from $2,383,729 in 2012 to $1,209,245 in 2013 The Hospital's allowance for doubtful accounts for third-party commercial payors decreased from 5 3 percent of third-party commercial accounts receivable at December 31, 2012, to 4 9 percent of third-party commercial accounts receivable at December 31, 2013 In addition, the Hospital's third-party commercial bad debt write-offs decreased from $6,633,899 in 2012 to $1,532,238 in 2013 The noted increases and decreases resulted from actual bad debt write-offs made by the Hospital They do not take into account the reserves that have been placed on existing patient accounts receivable Therefore, the expense actually recognized by the Hospital on their consolidated statements of operations and changes in net assets does not equal the bad debt write-offs noted above

Inventories

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

Property and Equipment

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

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

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

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 1. Continued

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

Benefit Time Off

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

Guarantees

Guarantees are accounted for in accordance with Financial Accounting Standards Board ("FASB") Topic ASC 460, *Guarantees* ("ASC 460") ASC 460 requires entities to disclose additional information about certain guarantees, or groups of similar guarantees, even if the likelihood of the guarantor's having to make any payments under the guarantee is remote For certain guarantees, ASC 460 also requires that guarantors recognize a liability equal to the fair value of the guarantee upon its issuance At December 31, 2013 and 2012, the Hospital had entered into no guarantees meeting the provisions of ASC 460

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those which use by the Hospital has been limited by donors to a specific time period or purpose Permanently restricted net assets have been restricted by donors to be maintained by the Hospital in perpetuity The Hospital had no temporarily or permanently restricted net assets at either December 31, 2013 or 2012

Excess of Revenues Over Expenses and Losses

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

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 1. Continued

Net Patient Service Revenue

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

Charity Care

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

Electronic Health Record Incentive Payments

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

The Hospital recognized $2,984,475 and $3,899,180 of revenues related to the Medicare incentive program for the years ended December 31, 2013 and 2012, respectively The Hospital recognized $717,247 and $1,048,283 of revenues related to the Medicaid incentive program for the years ended December 31, 2013 and 2012, respectively These revenues are reflected in other operating revenues on the accompanying consolidated statements of operations and changes in net assets The Hospital recorded $226,975 and $-0- of receivables related to the Medicare and Medicaid incentive programs for the years ended December 31, 2013 and 2012, respectively These receivables are reflected in estimated third-party payor settlements on the accompanying consolidated balance sheets Future incentive payments could vary due to certain factors such as availability of federal funding for both Medicare and Medicaid incentive payments and the Hospital's ability to implement and demonstrate meaningful use of certified EHR technology

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 1. Continued

The Hospital has and will continue to incur both capital costs and operating expenses in order to implement its certified EHR technology and meet meaningful use requirements in the future These expenses are ongoing and are projected to continue over all stages of implementation of meaningful use The timing of recognizing the expenses may not correlate with the receipt of the incentive payments and the recognition of revenues There can be no assurance that the Hospital will demonstrate meaningful use of certified EHR technology in the future, and the failure to do so could have a material, adverse effect on the results of operations As a part of operating this program, there is a possibility that government authorities may make adjustments to amounts previously recorded by the Hospital The Hospital's attestation of demonstrating meaningful use is also subject to review by the appropriate government authorities The amount of revenue recognized is based on management's best estimate, which is subject to change Such changes will be reflected in the period in which the changes occur

Income Taxes

St Dominic-Jackson Memorial Hospital is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (the "Code") and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code ASC is treated as a partnership for income tax purposes, and therefore, no associated income tax provision is required in the Hospital's consolidated financial statements SDIS accounts for income taxes using the asset and liability method Under this method, income taxes are provided for amounts currently payable and for amounts deferred as tax assets and liabilities based on differences between the financial statement carrying amounts and the tax bases of existing assets and liabilities Deferred income taxes are measured using the enacted tax rates that are assumed will be in effect when the differences reverse Deferred tax assets are reduced by a valuation allowance, when, in the opinion of management, it is more-likely-than-not that some portion or all of the deferred tax assets will not be realized SDIS had no deferred tax assets or liabilities at December 31, 2013 or 2012 Income tax expense for SDIS totaled $134,746 and $150,587 for the years ended December 31, 2013 and 2012, respectively, and is included in administrative expenses in the accompanying consolidated statements of operations and changes in net assets

The Hospital has determined that there are no significant uncertain tax positions at December 31, 2013 or 2012 If interest and penalties are incurred related to uncertain tax positions, such amounts would be recognized in income tax expense Tax periods for all fiscal years after 2009 remain open to examination by the federal and state taxing jurisdictions to which the Hospital is subject

Estimated Malpractice Costs

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

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 1. Continued

Advertising Expenses

Advertising is charged to expense as incurred Advertising expense for years ended December 31, 2013 and 2012 totaled approximately $1,127,000 and $1,010,000, respectively

Investment Income

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

Functional Expense Classification

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

Note 2. Fair Value Measurements

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

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

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

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 2. Continued

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

The following table represents the Hospital's fair value hierarchy for its financial assets measured at fair value on a recurring basis as of December 31, 2013 and 2012

Fair Value Measurements at December 31, 2013

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total at December 31, 2013
Remainderman interest in trust principal	$ 1,502,271	$ -	$ -	$ 1,502,271
Total	$ 1,502,271	$ -	$ -	$ 1,502,271

Fair Value Measurements at December 31, 2012

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total at December 31, 2012
Remainderman interest in trust principal	$ 1,364,143	$ -	$ -	$ 1,364,143
Total	$ 1,364,143	$ -	$ -	$ 1,364,143

Certain other financial instruments, including cash and cash equivalents and long-term debt, are reported at historical cost, which approximates fair value

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 3. Net Patient Service Revenue

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

Medicare

Substantially all acute care services rendered to Medicare program beneficiaries are paid at prospectively determined rates These rates vary according to patient classification systems that are based on clinical, diagnostic and other factors Certain types of exempt services and other defined payments related to Medicare beneficiaries are paid based upon cost reimbursement or other retroactive-determination methodologies Payments for retroactively determined items are at tentative rates, with final settlement determined after submission of annual cost reports by the Hospital and audits by the Medicare fiscal intermediary Revenue increased approximately $391,000 for 2013 due to retroactive adjustments less than amounts previously estimated Revenue decreased approximately $3,841,000 for 2012 due to retroactive adjustments more than amounts previously estimated The Hospital's cost reports have been audited and settled for all fiscal years through December 31, 2009 Revenue from the Medicare program accounted for approximately 53 and 54 percent of the Hospital's gross patient service revenue for the years ended December 31, 2013 and 2012, respectively

Medicaid

Inpatient and outpatient services rendered to Medicaid program beneficiaries are generally paid based upon prospective reimbursement methodologies established by the State of Mississippi The Hospital is reimbursed at a tentative prospective rate which is adjusted annually for prescribed market basket increases Beginning September 1, 2012, the Medicaid program changed to an APC system for outpatient payments and beginning October 1, 2012, an APR-DRG system for inpatient payments Revenue from the Medicaid program accounted for approximately 11 percent and 10 percent of the Hospital's gross patient service revenue for each of the years ended December 31, 2013 and 2012, respectively

The Hospital participates in the Mississippi Intergovernmental Transfer Program as a Medicaid Disproportionate Share Hospital ("DSH") and in the Medicaid Upper Payment Limit Program ("UPL") Under these programs, the Hospital receives enhanced reimbursement through a matching mechanism For the years ended December 31, 2013 and 2012, the Hospital received approximately $1,966,000 and $5,852,000, respectively, in enhanced reimbursement through the DSH program The net benefit to the Hospital associated with participation in the UPL program was approximately $9,947,000 and $5,804,000 for the years ended December 31, 2013 and 2012, respectively DSH amounts are recorded as a reduction of contractual adjustments UPL amounts, net of related tax assessments of approximately $15,217,000 and $12,564,000 for the years ended December 31, 2013 and 2012, respectively, are also shown as a reduction of contractual adjustments There can be no assurance that the Hospital will continue to qualify for future participation in these programs or that the programs will not ultimately be discontinued or materially modified

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 3. Continued

Blue Cross

All acute care services rendered to Blue Cross subscribers are reimbursed at prospectively determined rates Revenue from the Blue Cross program accounted for approximately 20 percent and 21 percent of the Hospital's gross patient service revenue for each of the years ended December 31, 2013 and 2012, respectively

Other

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

The composition of net patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts) is as follows

	2013	2012
Gross patient service revenue	$ 1,136,360,360	$ 1,027,026,405
Less provision for contractual and other adjustments	(746,751,554)	(648,105,936)
Net patient service revenue (net of contractual allowances and discounts)	$ 389,608,806	$ 378,920,469

The Hospital recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered For uninsured patients who do not qualify for charity care, the Hospital recognizes revenue on the basis of discounted rates as provided by its policy On the basis of historical experience, a significant portion of the Hospital's uninsured patients will be unable or unwilling to pay for the services provided Thus, the Hospital records a significant provision for bad debts related to uninsured patients in the period the services are provided Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), recognized in the period from these major payor sources, is as follows

	December 31, 2013			
	Third-Party Government Payors	Third-Party Commercial Payors	Self-Pay	Total All Payors
Patient service revenue (net of contractual allowances and discounts)	$ 216,352,744	$ 149,081,235	$ 24,174,827	$ 389,608,806

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 3. Continued

	December 31, 2012			
	Third-Party Government Payors	Third-Party Commercial Payors	Self-Pay	Total All Payors
Patient service revenue (net of contractual allowances and discounts)	$ 211,082,791	$ 145,080,483	$ 22,757,195	$ 378,920,469

Note 4. Business and Credit Concentrations

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

The mix of receivables, net of allowances for doubtful accounts, from patients and third-party payors follows

	2013	2012
Patients	13%	7%
Medicare	27	34
Blue Cross	23	23
Medicaid	8	11
Other third-party payors	29	25
	100%	100%

The Hospital generally maintains cash and cash equivalents on deposit at banks in excess of federally insured amounts Such amounts totaled approximately $68,177,000 as of December 31, 2013 The Hospital has not experienced any losses in such accounts

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 5. Other Receivables

The Hospital has entered into various agreements with registered nurses and other healthcare professionals specifically to benefit the Hospital's community service area These agreements include signing bonuses and educational loans, both of which are generally conditioned upon a service commitment to the community Amounts advanced are forgiven upon fulfillment of the professional's contractual service commitment, but are due in full if such commitment is not fulfilled Such receivables totaled approximately $997,000 and $1,618,000 as of December 31, 2013 and 2012, respectively

Note 6. Property and Equipment

A summary of property and equipment follows

	2013	2012
Land	$ 9,272,580	$ 9,272,580
Land improvements	9,195,648	8,972,464
Buildings and improvements	207,442,340	201,604,543
Leasehold improvements	8,283,908	7,913,057
Fixed equipment	8,292,253	8,416,438
Moveable equipment	191,055,992	200,693,943
	433,542,721	436,873,025
Less accumulated depreciation and amortization	257,360,629	268,869,800
	176,182,092	168,003,225
Construction in progress	1,541,580	2,144,184
	$ 177,723,672	$ 170,147,409

Depreciation expense for the years ended December 31, 2013 and 2012 amounted to $21,481,153 and $21,307,705, respectively Equipment leased under capital lease obligations totaled approximately $1,809,500 and $-0- at December 31, 2013 and 2012, respectively Accumulated amortization of equipment leased under capital lease obligations was $180,947 and $-0- at December 31, 2013 and 2012, respectively

Construction in progress is principally comprised of expenditures related to the expansion and renovation of Hospital facilities Commitments on construction projects totaled approximately $8,829,000 at December 31, 2013 These projects are scheduled for completion through 2014

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 7. Pension Plans

The Hospital participates in a noncontributory defined benefit pension plan (the "Plan") sponsored by SDHS for all employees who are twenty-one years of age and have one year of service Employees vest in accrued benefits upon five years of credited service (over 1,560 hours a year) The Plan provides a monthly income benefit upon retirement, disability or death The Hospital's funding policy is to contribute an amount which will satisfy the funding requirements of the Plan The annual contribution is determined by an enrolled actuary and incorporates benefits earned to date and in the future Effective January 1, 2011, SDHS revised the terms of the Plan to offer a cash balance retirement plan for new employees With new employees no longer allowed to enroll in the Plan, SDHS began to offer a 403(b) matching plan to all employees in lieu of participation in the Plan Under the 403(b) plan, SDHS matches 100 percent of the first $500 of employee contributions and 50 percent up to the first 6 percent of employee salary deferrals Additionally, certain terms of the Plan were revised for existing employees Effective December 31, 2012, SDHS imposed a hard freeze on the Plan Employees who were currently in the Plan retained their benefits earned through December 31, 2012 and were allowed to participate in the cash balance retirement plan Under the cash balance retirement plan, SDHS makes contributions equal to 5 percent of each employee's salary plus an interest credit equal to the interest rate on a ten year U S Treasury Notes Employees are vested in the cash balance retirement plan after three years of service

The Hospital's matching contributions to the 403(b) plan were $2,258,894 and $1,786,405 in 2013 and 2012, respectively

Net periodic pension cost allocated to the Hospital, including the cash balance retirement plan, was approximately $5,040,000 and $13,570,000 for the years ended December 31, 2013 and 2012, respectively The Hospital's allocable portion of the liability for pension benefits was approximately $12,674,000 and $86,543,000 at December 31, 2013 and 2012, respectively, and includes the Hospital's allocation of the liability associated with the pension plan's funding status

Information regarding the Plans' funded status and accumulated plan benefits is not available for the Hospital's portion of the Plan The Plan's funded status and amounts recognized in Health Services' consolidated balance sheets and consolidated statements of operations follows

	2013	2012
Projected benefit obligation for services rendered to date	$ (306,537,719)	$ (346,928,008)
Plan assets at fair value, consisting principally of mutual funds, fixed income and equity securities	292,879,708	253,442,563
Funded status of the Plan	$ (13,658,011)	$ (93,485,445)
Funded status allocated to the Hospital	$ (12,674,013)	$ (86,542,708)

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 7. Continued

The change in the Plan's projected benefit obligation and amounts recognized as periodic benefit cost follows

	2013	2012
Projected benefit obligation at beginning of year	$ 346,928,008	$ 311,352,119
Service cost	4,676,047	9,727,345
Interest cost	14,504,546	15,582,164
Actuarial (gain)/loss	(51,811,919)	65,010,784
Benefits paid	(7,758,964)	(6,639,969)
Plan change	-	(48,104,435)
Projected benefit obligation at end of year	$ 306,537,718	$ 346,928,008
Projected benefit obligation at the end of the year allocated to the Hospital	$ 384,453,082	$ 321,163,249
Service cost	$ 4,676,047	$ 9,727,345
Interest cost	14,504,546	15,582,164
Expected return on assets	(18,908,371)	(16,580,109)
Prior service cost amortization	5,159,502	5,929,417
Net periodic benefit cost	$ 5,431,724	$ 14,658,817
Net periodic benefit cost allocated to the Hospital	$ 5,040,393	$ 13,570,174

Due to the Plan change, the liabilities were re-measured at September 30, 2012 The re-measurement resulted in a decrease of the projected benefit obligation of approximately $48,104,000 for the year ended December 31, 2012 The discount rate used to compute the projected benefit obligation decreased from 5 20 percent at December 31, 2011 to 4 23 percent at December 31, 2012 The decrease in the discount rate was the contributing factor to the actuarial loss recognized during 2012 The discount rate increased from 4 23 percent at December 31, 2012 to 5 19 percent at December 31, 2013 The increase in the discount rate and the return on plan assets in excess of the expected return were the contributing factors to the actuarial gain recognized during 2013

At December 31, 2013 and 2012, the accumulated benefit obligation for the Plan was $306,137,460 and $346,797,383, respectively

The following were used in determining the actuarial present value of the projected benefit obligation

	2013	2012
Weighted average discount rate	5 19%	4 23%
Rate of compensation increase	3 50%	3 50%
Long-term rate of return on plan assets	7 50%	7 50%

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 7. Continued

The overall expected long-term rate of return on plan assets represents a weighted-average composite rate based on expected rates of return for each asset category

SDHS' overall investment strategy for the pension plan is to hold investments for long-term growth (30- year plus time horizon) and maintain cash balances required to provide for near-term distributions in order to meet liquidity needs The target allocation for Plan assets is 65 percent equity securities and 35 percent fixed income securities Equity securities primarily include investments in large-cap and mid-cap companies Fixed income securities include corporate bonds of companies from diversified industries

The fair value of SDHS' pension plan assets at December 31, 2013 and 2012 by asset category are as follows

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total at December 31, 2013
Cash and equivalents	$ 6,057,233	$ -	$ -	$ 6,057,233
Equity securities (a)	204,057,856	-	-	204,057,856
Fixed income securities (b)	82,764,619	-	-	82,764,619
Total	$ 292,879,708	$ -	$ -	$ 292,879,708

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total at December 31, 2012
Cash and equivalents	$ 6,945,289	$ -	$ -	$ 6,945,289
Equity securities (a)	162,169,275	-	-	162,169,275
Fixed income securities (b)	84,327,999	-	-	84,327,999
Total	$ 253,442,563	$ -	$ -	$ 253,442,563

(a) This category includes diversified investments primarily in U S common stocks
(b) This category includes investments in corporate debt funds, primarily of U S and international issuers, of varying maturities

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 7. Continued

Health Services expects to contribute approximatley $5,000,000 to the Plan in 2014 Benefits expected to be paid by the Plan during the ensuing five years and thereafter are approximately as follows

2014	$ 9,325,005
2015	11,005,428
2016	12,349,790
2017	13,750,344
2018	15,121,016
2019 – 2023	95,060,523

Note 8. Credit Facility and Long-Term Debt

The Hospital maintains a joint unsecured line of credit agreement between the Hospital and SDHS with a commercial bank totaling $20,000,000 that expires July 20, 2014 Interest is charged on outstanding amounts at the prime rate less 1 percent (2 5 percent and 3 0 percent at December 31, 2013 and 2012, respectively)

Outstanding borrowings on the line of credit as of December 31, 2013 and 2012 totaled $319,257 and $1,758,857, respectively Management expects to renew this agreement at expiration under similar terms

A summary of long-term debt, including capital lease obligations consists of the following at December 31, 2013 and 2012

	2013	2012
4 60 percent note payable, collateralized by equipment, payable in monthly installments of $1,070, maturing September 2016	$ 33,454	$ 44,589
Capitalized lease obligation with an imputed interest rate of 1 90 percent, collateralized by equipment, payable in quarterly installments of $94,923, maturing September 2018	1,636,402	-
4 38 percent note payable, collateralized by equipment, payable in monthly installments of $342, maturing December 2015	7,835	11,487
4 38 percent note payable, collateralized by inventory, equipment and accounts receivable, payable in monthly monthly installments of $4,556, maturing December 2015	104,472	153,158
	1,782,163	209,234
Less current maturities	(417,602)	(63,642)
Net long-term debt and capitalized lease obligations	$ 1,364,561	$ 145,592

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 8. Continued

Scheduled principal payments on long-term debt and payments on capital lease obligations at December 31, 2013 were as follows

Year Ending December 31,	Long-Term Debt	Capital Lease Obligations	Total
2014	$ 66,511	$ 379,691	$ 446,202
2015	69,447	379,691	449,138
2016	9,803	379,691	389,494
2017	-	379,691	379,691
2018	-	192,594	192,594
Total long-term debt	$ 145,761	1,711,358	1,857,119
Less amount representing interest under capital lease obligations		(74,956)	(74,956)
		$ 1,636,402	$ 1,782,163

Note 9. Service to the Community

The Hospital is an active, caring member of the community it serves In carrying out its teaching and healing ministry, the Board of Directors has established a policy under which the Hospital provides care to the needy members of its community Following that policy, the Hospital maintains records to identify and monitor the level of charity care it provides These records include the amount of charges foregone for services and supplies furnished under its charity care policies The direct and indirect costs associated with these services cannot be identified to specific charity care patients Therefore, management estimated the costs of these services by calculating a cost to gross charge ratio and multiplying it by the charges associated with services provided to patients meeting the Hospital's charity care guidelines Charges foregone, based on the cost to charge ratio, was approximately $19,035,000 and $14,396,000 in 2013 and 2012, respectively

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

The Hospital provides healthcare services to a significant portion of the uninsured population in the surrounding community While a portion of these patients may ultimately qualify for coverage under the Medicaid program or the charity care policy discussed above, the Hospital is unable to collect a significant portion of these accounts Charges deemed uncollectible during 2013 and 2012 were approximately $9,052,000 and $19,452,000, respectively

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 9. Continued

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

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

The Hospital organizes employee participation in fundraising for organizations such as the United Way, Stewpot Ministries, Junior Achievement, among others In addition, the Hospital gave approximately $590,000 during 2013 and $791,000 during 2012 in charitable corporate donations to various area community service organizations

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

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

Note 10. Insurance Programs

SDHS provides professional and general liability insurance for its subsidiaries (including the Hospital) through a package of basic and substantial excess liability coverage In connection with this program, SDHS maintains an investment fund to which the Hospital has made contributions to fund its portion of coverage The SDHS-wide program provides for self-insurance in an underlying $7 5 million/$7 5 million layer of coverage, with related excess liability coverage provided through claims-made policies A provision for losses to be sustained as a result of claims falling within self-insured retention levels is allocated to the Hospital by SDHS, based on incidents identified under the Hospital's incident reporting system and the Hospital's past experience, as well as other considerations, such as the nature of each claim or incident, relevant trend factors, investment returns and advice from consulting actuaries The provision for recoveries (losses) totaled ($950,000) in 2013 and $320,000 in 2012, and recognizes the Hospital's allocable portion of SDHS cost associated with the self-insured retentions described above In addition, the Hospital has been allocated investment income of $6,589,715 and $4,813,262 in 2013 and 2012, respectively, which represents the Hospital's portion of the investment returns or losses associated with the insurance program Management expects that the SDHS self-insurance program will serve to at least moderate the increasing costs of professional liability coverages for related SDHS subsidiaries, although there can be no assurance that the program will result in such a trend

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 10. Continued

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

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

The Hospital maintained a trust fund to pay employee health claims During 2012, the Hospital transferred the trust account and the associated liability of $12,712,384 to SDHS

Note 11. Commitments under Noncancelable Operating Leases

The Hospital is committed under various noncancelable operating leases, which expire through 2018 At December 31, 2013, future minimum operating lease payments were as follows

2014	$ 1,259,635
2015	1,198,772
2016	632,659
2017	632,659
2018	419,515
	$ 4,143,240

Rent expense for all leases for the years ended December 31, 2013 and 2012 totaled approximately $4,301,000 and $4,047,000, respectively

Note 12. Related Party Transactions

SDHS leases certain rental space to the Hospital on a month-to-month basis, for which the Hospital paid approximately $2,763,000 and $2,296,000 in 2013 and 2012, respectively SDHS paid the Hospital interest on funds deposited with SDHS in the amount of $344,000 and $332,000 for 2013 and 2012, respectively SDHS provides certain management services to the Hospital, for which the Hospital paid $645,000 in 2013 and 2012 The Hospital has prepaid approximately $30,413,000 and $22,774,000 to SDHS for its participation in the insurance program further described in Note 10 as of December 31, 2013 and 2012, respectively This amount is included in due from affiliate in the accompanying consolidated balance sheets

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 13. Trust Fund

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

Note 14. Equity Method Investments

The Hospital has a 25 percent ownership interest in a not-for-profit physician-hospital organization ("PHO") which arranges for the provision of healthcare services through licensed healthcare providers who are members of PHO The Hospital's investment in PHO is reflected in other assets on the accompanying consolidated balance sheets The following is summarized financial information as of and for the years ended December 31, 2013 and 2012

	2013 (unaudited)	2012 (unaudited)
Cash	$ 2,404,110	$ 2,237,998
Accounts receivable	252,576	149,776
Other assets	53,508	66,367
Property and equipment, net	47,116	78,194
Total assets	$ 2,757,310	$ 2,532,335
Current liabilities	$ 211,659	$ 326,077
Membership equity	2,545,651	2,206,258
Total liabilities and membership equity	$ 2,757,310	$ 2,532,335
Total revenue	$ 2,297,341	$ 2,272,174
Operating expenses	(2,064,425)	(2,116,294)
Net income	$ 232,916	$ 155,880

The Hospital also has a 25 percent ownership interest in GPTRS, II, LLC ("GPTRS") which provides physical therapy and other rehabilitation services The Hospital's investment in GPTRS is reflected in other assets on the accompanying consolidated balance sheets

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 14. Continued

The following is summarized financial information for GPTRS as of and for the years ended December 31, 2013 and 2012

	2013 (unaudited)	2012 (unaudited)
Cash	$ -	$ 886
Accounts receivable	420,077	424,419
Other assets	7,064	10,597
Property, equipment and intangible, net	1,255,405	1,034,405
Total assets	$ 1,682,546	$ 1,470,307
Current liabilities	$ 436,390	$ 291,523
Long-term liabilities	130,297	20,972
Membership equity	1,115,859	1,157,812
Total liabilities and membership equity	$ 1,682,546	$ 1,470,307
Total revenue	$ 5,062,167	$ 5,159,237
Operating expenses	(3,617,180)	(3,540,981)
Net income	$ 1,444,987	$ 1,618,256

Note 15. Subsequent Events

In preparing these consolidated financial statements, the Hospital has evaluated events and transactions for potential recognition or disclosure through March 26, 2014, the date the consolidated financial statements were available to be issued

ST. DOMINIC-JACKSON MEMORIAL HOSPITAL AND SUBSIDIARIES

Schedules of Gross Patient Service Revenue

Years Ended December 31, 2013 and 2012

Department	2013 Inpatient	2013 Outpatient	2013 Total	2012 Inpatient	2012 Outpatient	2012 Total
Nursing services						
Second north	$ 3,327,634	$ 321,763	$ 3,649,397	$ 3,162,082	$ 355,446	$ 3,517,528
Second south	2,915,020	228,788	3,143,808	3,136,671	261,954	3,398,625
Second east	2,813,374	136,655	2,950,029	2,938,538	270,294	3,208,832
Third south	3,590,651	169,722	3,760,373	3,405,095	153,909	3,559,004
Third east	3,895,026	111,627	4,006,653	3,534,671	112,014	3,646,685
Fourth north	2,731,177	1,990,172	4,721,349	1,236,280	263,277	1,499,557
Fourth south	3,746,445	130,610	3,877,055	3,407,001	161,847	3,568,848
Fourth east	4,180,912	137,511	4,318,423	3,935,306	209,034	4,144,340
Fourth west	6,368,758	16,627	6,385,385	5,495,942	31,895	5,527,837
Fifth south	4,012,571	120,446	4,133,017	3,590,420	113,337	3,703,757
Fifth north	4,018,317	132,881	4,151,198	3,712,578	265,923	3,978,501
Fifth east	2,800,202	139,207	2,939,409	2,880,946	104,517	2,985,463
Fifth center	122,723	54,213	176,936	-	-	-
Sixth east	4,110,842	195,981	4,306,823	3,993,292	252,252	4,245,544
Six south	3,503,444	144,566	3,648,010	3,461,071	205,506	3,666,577
North campus	19,741,920	277	19,742,197	16,577,025	-	16,577,025
Nursery	10,094,668	-	10,094,668	8,136,855	-	8,136,855
IV therapy team	74	270	344	-	913	913
Special care unit	6,243,783	2,403	6,246,186	5,675,010	3,528	5,678,538
Intensive care unit - neurology	18,717,959	16,249	18,734,208	15,999,040	9,702	16,008,742
Coronary care unit	5,727,919	6,945	5,734,864	5,698,184	9,702	5,707,886
Cardiovascular recovery	5,829,416	7,760	5,837,176	3,970,847	3,969	3,974,816
Cardiovascular holding	260,652	183,343	443,995	257,606	13,671	271,277
Total nursing services	118,753,487	4,248,016	123,001,503	104,204,460	2,802,690	107,007,150
Other professional services						
Ambulatory Surgery Center	-	17,665,050	17,665,050	-	20,056,155	20,056,155
Anesthesiology	14,621,283	11,241,881	25,863,164	15,292,233	9,355,019	24,647,252
Cardiopulmonary rehabilitation	5,889	538,873	544,762	12,255	646,265	658,520
Cardiology - invasive	28,527,005	61,609,435	90,136,440	28,393,453	38,946,196	67,339,649
Chest pain center	-	730,217	730,217	-	675,612	675,612

ST. DOMINIC-JACKSON MEMORIAL HOSPITAL AND SUBSIDIARIES

Schedules of Gross Patient Service Revenue

Years Ended December 31, 2013 and 2012

Department	2013 Inpatient	2013 Outpatient	2013 Total	2012 Inpatient	2012 Outpatient	2012 Total
Other professional services - continued						
CV noninvasive	$ 9,292,646	$ 7,755,969	$ 17,048,615	$ 9,080,296	$ 3,609,759	$ 12,690,055
Cancer center	1,891,127	36,142,096	38,033,223	1,980,646	32,669,225	34,649,871
Clinical laboratory	63,935,117	42,760,352	106,695,469	58,637,446	41,044,913	99,682,359
Clinical outreach	-	24,148	24,148	-	-	-
Diagnostic radiology	89,745,022	154,490,142	244,235,164	86,118,666	134,140,634	220,259,300
Electrocardiology	3,242,637	3,356,090	6,598,727	3,397,757	3,253,730	6,651,487
Electroencephalography	414,693	163,587	578,280	411,420	164,439	575,859
Emergency services	17,926,738	37,068,402	54,995,140	16,627,898	33,455,730	50,083,628
Endoscopy	4,859,417	4,064,798	8,924,215	4,729,716	3,857,785	8,587,501
Hemodialysis	7,104,716	409,296	7,514,012	6,855,389	367,010	7,222,399
Labor and delivery/OBGYN surgery	15,884,289	3,441,404	19,325,693	13,696,595	2,198,202	15,894,797
Madison medical imaging	11,333	13,095,581	13,106,914	5,790	13,061,990	13,067,780
Materials management and central supplies	4,566,308	2,756,120	7,322,428	4,415,587	2,063,430	6,479,017
Neuroscience	601,520	284,923	886,443	963,504	280,272	1,243,776
Operating room and supplies	93,760,826	51,497,715	145,258,541	88,743,730	42,141,178	130,884,908
Outpatient chemotherapy	-	1,429,994	1,429,994	-	1,433,957	1,433,957
Outpatient therapy	5,607	5,986,382	5,991,989	5,791	5,896,758	5,902,549
Pharmacy	101,713,905	48,313,074	150,026,979	93,723,821	44,498,363	138,222,184
Physical therapy	7,614,144	1,625,116	9,239,260	6,668,876	1,485,147	8,154,023
Recovery room	4,549,307	4,711,458	9,260,765	4,495,463	3,761,079	8,256,542
Respiratory therapy	43,954,522	2,341,252	46,295,774	38,106,736	1,510,756	39,617,492
Wound healing center	229,327	3,010,874	3,240,201	195,458	2,800,305	2,995,763
Total other professional services	514,457,378	516,514,229	1,030,971,607	482,558,526	443,373,909	925,932,435

ST. DOMINIC-JACKSON MEMORIAL HOSPITAL AND SUBSIDIARIES

Schedules of Gross Patient Service Revenue

Years Ended December 31, 2013 and 2012

Department	2013 Inpatient	2013 Outpatient	2013 Total	2012 Inpatient	2012 Outpatient	2012 Total
St Dominic Medical Associates						
Cardiovascular Surgery Associates	$ -	$ 4,419,827	$ 4,419,827	$ -	$ 5,376,067	$ 5,376,067
Family Practice Associates - Madison	-	2,274,916	2,274,916	-	2,238,894	2,238,894
Behavioral Health Associates	-	1,630,758	1,630,758	-	1,376,212	1,376,212
Family Practice Associates - Flowood	-	1,864,896	1,864,896	-	1,751,720	1,751,720
Family Practice Associates - Clinton	-	1,514,646	1,514,646	-	1,441,803	1,441,803
St Dominic's Gynecologic Oncology	-	4,042,089	4,042,089	-	3,717,497	3,717,497
Hospital Medicine Associates	-	3,183,211	3,183,211	-	-	-
Infectious Disease	-	2,877,105	2,877,105	-	2,622,118	2,622,118
Neurosurgery Associates	-	4,445,032	4,445,032	-	2,971,401	2,971,401
Neurology Clinic	-	99,307	99,307	-	-	-
Martin Surgical Associates	-	837,727	837,727	-	687,901	687,901
Internal Medicine Associates	-	5,538,192	5,538,192	-	5,606,730	5,606,730
Nursing Home	-	66,491	66,491	-	51,681	51,681
Ear, Nose and Throat Group	-	7,048,290	7,048,290	-	7,243,340	7,243,340
Chronic Care Clinic	-	710,976	710,976	-	638,476	638,476
Pain Management	-	681,475	681,475	-	-	-
Employee Health Clinic	-	266,719	266,719	-	325,786	325,786
Retail Clinic - Pearl	-	472,699	472,699	-	587,037	587,037
Retail Clinic - Clinton	-	323,382	323,382	-	349,197	349,197
Retail Clinic - Madison	-	379,868	379,868	-	401,886	401,886
Total St Dominic Medical Associates	-	42,677,606	42,677,606	-	37,387,746	37,387,746
	$ 633,210,865	$ 563,439,851	1,196,650,716	$ 586,762,986	$ 483,564,345	1,070,327,331
Less charity care charges foregone			60,290,356			43,300,926
			$ 1,136,360,360			$ 1,027,026,405

ST. DOMINIC-JACKSON MEMORIAL HOSPITAL AND SUBSIDIARIES
Schedules of Other Revenue
Years Ended December 31, 2013 and 2012

	2013	2012
Rental income	$ 4,755,686	$ 5,174,002
Cafeteria sales	2,329,727	2,572,063
Plaza & Centre Café	177,350	230,723
Deli	417,434	498,156
Coin-operated café	69,638	75,829
Guest trays	17,956	21,097
Electronic health records incentive payment	3,701,722	4,947,463
Day care center	699,116	668,111
Gift shop revenue	608,365	454,316
Laundry income	100,274	98,655
Healing elements	331,028	370,121
Sanctuary	504,122	351,381
Other	1,568,744	1,628,679
	$ 15,281,162	$ 17,090,596

ST. DOMINIC-JACKSON MEMORIAL HOSPITAL AND SUBSIDIARIES

Schedules of Departmental Expenses

Years Ended December 31, 2013 and 2012

	2013				2012			
	Salaries and Wages	Professional Fees	Supplies and Other Expenses	Total	Salaries and Wages	Professional Fees	Supplies and Other Expenses	Total
Nursing services								
Second north	$ 1,692,196	$ -	$ 127,589	$ 1,819,785	$ 1,721,445	$ -	$ 123,679	$ 1,845,124
Second south	1,632,932	-	172,027	1,804,959	1,714,048	-	133,208	1,847,256
Second east	2,071,425	-	145,787	2,217,212	2,077,482	-	132,497	2,209,979
Third south	1,689,526	-	117,632	1,807,158	1,652,260	-	159,320	1,811,580
Third east	1,881,303	-	184,307	2,065,610	1,718,337	-	194,008	1,912,345
Fourth north	2,206,429	-	144,913	2,351,342	1,308,807	-	88,617	1,397,424
Fourth south	1,833,419	-	156,529	1,989,948	1,800,532	-	169,612	1,970,144
Fourth east	1,865,225	-	223,929	2,089,154	1,879,981	-	247,904	2,127,885
Fourth west	1,540,071	-	235,889	1,775,960	1,475,247	-	241,130	1,716,377
Fifth south	1,970,119	-	148,556	2,118,675	1,955,651	-	199,665	2,155,316
Fifth north	1,838,548	-	127,907	1,966,455	1,874,655	-	86,955	1,961,610
Fifth east	1,408,198	-	102,288	1,510,486	1,516,476	-	119,856	1,636,332
Fifth center	128,682	-	70,111	198,793	-	-	-	-
Sixth south	1,888,609	-	128,560	2,017,169	1,900,233	-	188,446	2,088,679
Sixth east	1,893,147	-	151,329	2,044,476	1,981,011	-	157,641	2,138,652
Vascular access	375,849	-	-	375,849	331,982	-	-	331,982
North campus	5,082,210	37,200	278,683	5,398,093	4,233,356	31,280	246,317	4,510,953
Nursery	3,523,568	-	690,053	4,213,621	3,107,312	-	545,878	3,653,190
Special care unit	1,571,663	-	64,779	1,636,442	1,570,553	-	63,341	1,633,894
Intensive care unit - neurology	1,582,174	-	56,414	1,638,588	1,401,506	-	65,732	1,467,238
Intensive care unit - med surg	3,200,998	-	228,607	3,429,605	3,090,194	-	275,637	3,365,831
Coronary care unit	1,681,589	-	39,205	1,720,794	1,661,717	-	38,865	1,700,582
Cardiovascular recovery	1,705,671	-	174,811	1,880,482	1,359,855	-	186,211	1,546,066
Cardiovascular holding	542,478	-	65,640	608,118	473,556	-	53,016	526,572
Nursing service administration	1,605,134	47,424	765,228	2,417,786	1,576,873	63,240	833,926	2,474,039
Total nursing services	46,411,163	84,624	4,600,773	51,096,560	43,383,069	94,520	4,551,461	48,029,050
Other professional services								
Activity therapy	-	-	-	-	130,386	-	14,942	145,328
Ambulatory Surgery Center	380,744	-	3,107,036	3,487,780	96,259	-	3,625,678	3,721,937
Anesthesiology	279,069	2,811,322	834,061	3,924,452	277,350	2,219,505	756,600	3,253,455
Cancer Center	1,745,298	398,691	1,041,634	3,185,623	1,686,162	311,504	985,120	2,982,786
Cardiopulmonary rehabilitation	222,556	-	14,187	236,743	231,201	-	20,329	251,530
Cardiology - invasive	2,664,562	1,980,421	14,936,806	19,581,789	2,163,671	1,665,023	13,968,475	17,797,169

ST. DOMINIC-JACKSON MEMORIAL HOSPITAL AND SUBSIDIARIES
Schedules of Departmental Expenses
Years Ended December 31, 2013 and 2012

	2013				2012			
	Salaries and Wages	Professional Fees	Supplies and Other Expenses	Total	Salaries and Wages	Professional Fees	Supplies and Other Expenses	Total
Other professional services - continued								
CDU IOP	$ -	-	96	96	32,684	-	1,188	33,872
Center for Women's Health	1,002,366	-	260,405	1,262,771	980,659	-	247,319	1,227,978
Chest pain center	731,501	-	23,272	754,773	720,168	-	29,048	749,216
Clinical laboratory	7,006,986	254,000	12,392,769	19,653,755	7,153,248	254,000	12,015,949	19,423,197
Clinical outreach	157,965	-	16,490	174,455	-	-	-	-
Diagnostic radiology	5,631,016	91,638	6,749,377	12,472,031	5,328,616	84,135	5,910,906	11,323,657
Electrocardiology	167,049	418,102	24	585,175	128,516	459,563	-	588,079
Electroencephalography	39,650	-	2,551	42,201	31,227	-	8,235	39,462
Emergency services	4,377,080	7,306,695	883,754	12,567,529	4,181,326	7,391,235	749,890	12,322,451
Endoscopy	590,451	-	348,612	939,063	642,652	-	335,867	978,519
Healing elements	140,833	260	147,970	289,063	173,948	13,039	138,450	325,437
Hemodialysis	854,280	-	380,580	1,234,860	874,701	-	404,971	1,279,672
Labor and delivery OBGYN surgery	2,768,128	409,085	1,221,998	4,399,211	2,580,216	457,657	856,293	3,894,166
Madison Medical Imaging	636,243	892,248	9,835	1,538,326	948,100	908,254	33,565	1,889,919
Materials management and central supply	1,419,754	-	2,867,476	4,287,230	1,340,922	-	2,507,526	3,848,448
Nuclear medicine	608,452	25,500	1,241,557	1,875,509	577,472	25,300	1,253,227	1,855,999
Neuroscience	152,014	45,100	75,917	273,031	152,180	25,264	60,416	237,860
Operating room and supplies	7,258,149	548,062	30,968,721	38,774,932	6,548,295	76,499	29,231,325	35,856,119
Orthopedics	442,932	762,023	41,267	1,246,222	464,146	741,928	44,396	1,250,470
Outpatient chemotherapy	195,670	-	24,177	219,847	235,922	-	26,236	262,158
Outpatient pharmacy	610,965	-	3,421,276	4,032,241	608,672	-	3,372,023	3,980,695
Outpatient therapy	1,767,757	-	176,999	1,944,756	1,857,142	-	171,835	2,028,977
Pharmacy	5,551,569	-	19,707,685	25,259,254	5,082,944	-	19,472,482	24,555,426
Physical therapy	2,552,041	319,040	63,210	2,934,291	2,412,155	340,960	66,259	2,819,374
Recovery room	806,741	-	46,833	853,574	825,284	-	38,977	864,261
Respiratory therapy	4,840,786	-	1,526,227	6,367,013	4,650,256	-	1,152,657	5,802,913
Sanctuary	372,147	54,375	488,402	914,924	-	92,698	498,392	591,090
Weight loss center	326,263	34,650	812,066	1,172,979	301,375	35,219	877,419	1,214,013
Wound healing center	759,230	-	165,953	925,183	642,180	-	129,802	771,982
Total other professional services	57,060,247	16,351,212	103,999,223	177,410,682	54,060,035	15,101,783	99,005,797	168,167,615
General services								
Cafeteria	1,032,472	-	2,179,100	3,211,572	942,851	-	2,073,145	3,015,996
Consumer health resource center	403,483	-	67,639	471,122	382,578	-	80,595	463,173

ST. DOMINIC-JACKSON MEMORIAL HOSPITAL AND SUBSIDIARIES
Schedules of Departmental Expenses
Years Ended December 31, 2013 and 2012

	2013				2012			
	Salaries and Wages	Professional Fees	Supplies and Other Expenses	Total	Salaries and Wages	Professional Fees	Supplies and Other Expenses	Total
General services - continued								
Care management	$ 2,560,282	5,250	198,200	2,763,732	2,684,737	159,750	188,027	3,032,514
Central transport	633,730	-	7,048	640,778	315,457	-	2,877	318,334
Deli	67,494	-	326,359	393,853	75,768	-	323,385	399,153
Plaza Café	33,444	-	109,658	143,102	31,292	-	118,422	149,714
Centre Café	32,299	-	45,888	78,187	39,038	-	53,310	92,348
Dominican Plaza	196,686	-	432,152	628,838	172,438	-	281,362	453,800
Gift shop	112,666	-	546,336	659,002	73,410	1,026	332,239	406,675
Guest services	-	-	96	96	230	-	-	230
Hospital education	500,476	-	91,579	592,055	498,410	-	89,709	588,119
Housekeeping	2,416,141	-	464,743	2,880,884	2,092,114	1,425	564,282	2,657,821
Insurance and claims	-	-	1,907,537	1,907,537	-	-	842,225	842,225
Laundry	458,296	-	512,258	970,554	454,256	-	504,837	959,093
Maintenance	1,538,580	-	2,013,814	3,552,394	1,579,723	-	1,927,489	3,507,212
Health information management	2,315,631	-	1,543,224	3,858,855	2,170,752	-	1,632,535	3,803,287
Patient access	2,339,992	-	279,720	2,619,712	2,717,113	-	290,697	3,007,810
Patients' food service	1,445,691	-	1,134,924	2,580,615	1,442,873	-	1,025,649	2,468,522
Security	1,313,372	-	32,723	1,346,095	1,308,023	-	69,904	1,377,927
Utilities	-	-	3,084,740	3,084,740	-	-	2,666,920	2,666,920
Television	-	-	50,142	50,142	-	-	44,459	44,459
Total general services	17,400,735	5,250	15,027,880	32,433,865	16,981,063	162,201	13,112,068	30,255,332
Administrative services								
Administration	2,244,214	789,835	1,082,717	4,116,766	1,525,933	742,991	982,208	3,251,132
Pastoral care	356,614	-	155,721	512,335	355,217	-	191,658	546,875
Dominicare	582,430	-	59,920	642,350	551,894	-	61,604	613,498
Communications	164,464	-	159,892	324,356	184,595	-	202,999	387,594
Marketing	580,240	356,350	1,597,632	2,534,222	737,573	416,233	1,425,477	2,579,283
Fiscal services	2,145,071	46,653	3,078,128	5,269,852	2,038,751	40,026	3,066,867	5,145,644
Information services	4,771,871	171,927	4,495,271	9,439,069	4,579,055	31,251	4,025,389	8,635,695
Medical office building	329,112	-	2,413,901	2,743,013	311,867	-	2,094,138	2,406,005
Medical staff services TQM	1,691,233	1,912,586	1,080,729	4,684,548	1,631,644	3,666,815	866,838	6,165,297
Human resources	984,883	176,711	808,751	1,970,345	913,367	249,486	670,253	1,833,106
Other	180	-	2,414,169	2,414,349	-	765	2,676,498	2,677,263
Total administrative services	13,850,312	3,454,062	17,346,831	34,651,205	12,829,896	5,147,567	16,263,929	34,241,392

ST. DOMINIC-JACKSON MEMORIAL HOSPITAL AND SUBSIDIARIES

Schedules of Departmental Expenses

Years Ended December 31, 2013 and 2012

	2013				2012			
	Salaries and Wages	Professional Fees	Supplies and Other Expenses	Total	Salaries and Wages	Professional Fees	Supplies and Other Expenses	Total
St Dominic Medical Associates								
Cardiovascular Surgery Associates	$ 2.832.526	$ -	$ 701.985	$ 3.534.511	$ 2.758.071	$ -	$ 481.070	$ 3.239.141
Family Practice Associates - Madison	1.154.235	227.062	423.257	1.804.554	1.169.543	259.008	411.173	1.839.724
Behavioral Health Associates	1.137.547	319.705	98.680	1.555.932	837.405	358.646	79.485	1.275.536
Family Practice Associates - Brandon	-	1.731	13.952	15.683	-	-	-	-
Family Practice Associates - Flowood	925.884	175.062	397.160	1.498.106	713.679	185.493	360.837	1.260.009
Family Practice Associates - Clinton	711.485	-	348.849	1.060.334	751.273	-	310.412	1.061.685
St Dominic's Gynecologic Oncology	1.583.335	91.478	1.208.044	2.882.857	1.488.105	94.709	909.899	2.492.713
Hospital Medicine Associates	3.807.632	212.530	161.610	4.181.772	-	-	-	-
Infectious Disease	1.644.433	296.269	107.011	2.047.713	1.659.392	134.129	103.373	1.896.894
Neurosurgery Associates	2.385.768	71.972	142.112	2.599.852	1.543.157	243.413	162.876	1.949.446
Neurology Clinic	68.911	11.900	1.399	82.210	-	-	-	-
Martin Surgical Associates	454.389	75.480	77.867	607.736	362.807	62.286	107.896	532.989
Internal Medicine Associates	3.398.654	276.610	472.395	4.147.659	3.293.968	390.131	525.931	4.210.030
Nursing Home	55.925	50	1.321	57.296	53.665	(4.472)	1.495	50.688
Ear, Nose & Throat Group	3.011.940	239.198	671.910	3.923.048	3.506.130	209.169	650.732	4.366.031
Chronic Care Clinic	315.967	88.691	127.652	532.310	421.312	72.168	135.961	629.441
Pain Management	346.849	57.679	53.784	458.312	-	-	-	-
Employee Health Clinic	183.021	36.821	11.772	231.614	156.416	41.771	14.304	212.491
Retail Clinic - Pearl	261.351	33.769	45.546	340.666	265.319	38.467	51.595	355.381
Retail Clinic - Clinton	232.448	32.648	42.464	307.560	246.329	31.624	41.260	319.213
Retail Clinic - Madison	246.239	32.298	42.355	320.892	239.799	33.082	37.613	310.494
St Dominic Professional Services	152.473	212.440	97.382	462.295	147.119	206.131	85.838	439.088
Network Administration Central Billing	351.022	62.886	2.638.645	3.052.553	330.937	313.485	2.662.799	3.307.221
Total St Dominic Medical Associates	25.262.034	2.556.279	7.887.152	35.705.465	19.944.426	2.669.240	7.134.549	29.748.215
	$ 159.984.491	$ 22.451.427	$ 148.861.859	331.297.777	$ 147.198.489	$ 23.175.311	$ 140.067.804	310.441.604
Employee benefits				33.764.196				37.901.132
Depreciation				21.481.153				21.307.705
Interest expense				79.885				99.570
Total expenses				$ 386.623.011				$ 369.750.011

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

	2013	2012	2011	2010	2009
Gross patient service revenue	$ 1,136,360,360	$ 1,027,026,405	$ 982,792,362	$ 926,091,850	$ 895,961,833
Less provision for contractual and other adjustments	746,751,554	648,105,936	610,551,869	563,181,382	548,492,221
Less provision for doubtful accounts	9,052,257	19,452,183	20,850,992	18,624,953	25,746,499
Net patient service revenue	380,556,549	359,468,286	351,389,501	344,285,515	321,723,113
Percent of gross patient service revenue	66 51%	65 00%	64 25%	62 82%	64 09%
Other revenues	15,281,162	17,090,596	11,095,290	10,359,895	11,003,128
Total unrestricted revenues, gains and other support	395,837,711	376,558,882	362,484,791	354,645,410	332,726,241
Total expenses	386,623,011	369,750,011	351,939,017	338,774,705	329,585,999
Income from operations	9,214,700	6,808,871	10,545,774	15,870,705	3,140,242
Nonoperating gains (losses), net	7,764,924	6,018,894	320,349	4,529,828	7,759,527
Excess of revenues, gains and other support over expenses and losses	16,979,624	12,827,765	10,866,123	20,400,533	10,899,769
Less Net loss (income) attributable to noncontrolling	10,913	(48,810)	(82,818)	(88,891)	(79,647)
Excess of revenues, gains and other support over expenses and losses attributable to the Hospital	$ 16,990,537	$ 12,778,955	$ 10,783,305	$ 20,311,642	$ 10,820,122