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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
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Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization St Dominic - Jackson Memorial Hospital		D Employer identification number 64-0303091
	% JENNIFER SINCLAIR Doing business as		
	Number and street (or P O box if mail is not delivered to street address) Room/suite 969 Lakeland Drive		E Telephone number (601) 200-2000
	City or town, state or province, country, and ZIP or foreign postal code Jackson, MS 392164699		G Gross receipts \$ 451,343,419
	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
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Part I

Summary

Activities & Governance	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, MS METROPOLITAN AREA THAT EXPRESSES A MISSION OF CHRISTIAN HEALING		
2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets			
3 Number of voting members of the governing body (Part VI, line 1a)	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 2014 (Part V, line 2a)	5	4,150	
6 Total number of volunteers (estimate if necessary)	6	499	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,037,371	
b Net unrelated business taxable income from Form 990-T, line 34	7b	-746,404	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	77,932	1,755,263
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	392,940,325	433,530,647
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,824,107	2,385,465
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,125,698	13,612,063
		403,968,062	451,283,438
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,080,061	2,347,028
	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)	194,282,287	197,108,203
	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)	197,592,305	235,206,697
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	393,954,653	434,661,928
	19 Revenue less expenses Subtract line 18 from line 12	10,013,409	16,621,510
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	348,502,285	356,046,225
	21 Total liabilities (Part X, line 26)	47,830,507	90,989,951
	22 Net assets or fund balances Subtract line 21 from line 20	300,671,778	265,056,274

Part II

Signature Block

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

Sign Here	***** Signature of officer	2015-11-15 Date
	LESTER K DIAMOND PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Penny Wood CPA	Preparer's signature Penny Wood CPA	Date 2015-11-15	Check ☐ if self-employed	PTIN P00328157
	Firm's name ▶ BKD LLP			Firm's EIN ▶	
	Firm's address ▶ 190 E Capitol Street Ste 500 Jackson, MS 392012190			Phone no (601) 948-6700	

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

Part IIIStatement of Program Service Accomplishments

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

1Briefly describe the organization’s mission

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

2Did 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

3Did 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

4Describe 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 \$ 403,151,430 including grants of \$) (Revenue \$ 435,221,510)

ST DOMINIC HOSPITAL IS A 535-BED ACUTE CARE FACILITY IN JACKSON, MS AS PART OF ITS HEALING MINISTRY, ST DOMINIC’S IS ONE OF THE LARGEST EMPLOYERS IN THE AREA, AND THOSE EMPLOYEES, AS WELL AS THE HOSPITAL OPERATIONS, SIGNIFICANTLY HELP TO SUPPORT THE LOCAL ECONOMY IN 2014, ST DOMINIC HOSPITAL PROVIDED OVER \$1 BILLION (CHARGES) IN HOSPITAL SERVICES TO PATIENTS THROUGHOUT THE CENTRAL REGION OF MISSISSIPPI, AND EMPLOYED NEARLY 2,800 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- In 2014, St Dominic’s celebrated 40 years of excellence in providing cardiac and vascular services to the community through the Mississippi Heart and Vascular Institute (MHVI) Due to the dedication of the Institute’s physicians and staff, St Dominic’s is one of the leading providers of cardiac, vascular and venous services in Central Mississippi St Dominic’s participated in American Heart Month by holding educational and screening events throughout the month of February Later, in October, St Dominic’s partnered with the Metro Jackson American Heart Association to hold a Go Red for Women Premier Party An estimated 120 women attended the event to hear from a panel of St Dominic’s specialists and physicians and receive answers to questions about women’s heart health The call to action for the Premier Party and all the events held in February was for participants to schedule a personal healthy heart screening The community events, in conjunction with advertising and an increased focus on community outreach, led the Healthy Heart program to achieve an increase from 480 individuals served in 2013 to 908 receiving screenings in 2014 In turn, that increase led many individuals to early detection of potentially life threatening ailments St Dominic’s also created and hosted a Strike Out Stroke Night at a Mississippi Braves baseball game Throughout the game, St Dominic’s staff, in conjunction with representatives from the American Stroke Association, raised awareness of the signs and symptoms of stroke by handing out educational materials In addition, a stroke awareness commercial and information were played on the big screen during breaks between innings In addition, in 2014 St Dominic’s was selected by Blue Cross & Blue Shield of Mississippi as a Blue Distinction Center of Excellence for Cardiac Care This distinction recognizes hospitals and their physicians that demonstrate high levels of performance in delivering quality specialty care to their patients safely, efficiently, and cost-effectively CANCER CENTER AND CANCER SERVICES- St Dominic’s Cancer Program is a leader in community outreach and education about cancer Throughout September and October, St Dominic’s held several free community events raising awareness of cancer and communicating the importance of women’s health In September, a women’s health event called "Be Inspired" was held at Highland Village Shopping Center The event featured representatives from various St Dominic’s departments who provided educational information and answered questions from attendees on women’s health topics This year’s annual Drive to Inspire campaign featured a pink Honda Pilot driven around the metro area to spread awareness about breast health and the importance of early detection and mammograms Throughout the entire month of October, the pink car traveled to various locations, and community members were encouraged to sign the car in support of breast cancer awareness In October, St Dominic’s partnered with the Outlets of Mississippi located in Pearl for a month long fundraiser called "Shop Pink " Through this fundraiser, \$10,000 was raised to benefit the many women’s programs and services at St Dominic’s Over 1,000 "Shop Pink" \$10 discount cards were sold that entitled the purchaser to a discount of up to 25 percent in each of the 30 participating outlet stores The discount cards were sold by St Dominic’s and St Catherine’s Village employees as a community service project St Dominic’s also sponsored a "Shop Pink" Health Fair at the Outlets The Care-A-Van and approximately 20 St Dominic’s wellness, screening and outreach program representatives were set up to offer educational information and health screenings to participants Also in October, St Dominic’s Cancer Boutique held its first breast cancer awareness luncheon called "A Touch of Pink " The luncheon featured guest speakers who shared their own personal survivor stories and the struggles and triumphs they have endured along the way SURGICAL SERVICES- St Dominic’s offers a comprehensive array of traditional surgical services and is a minimally invasive robotic surgery center of excellence During December 2014, St Dominic’s participated in Operation Walk USA, for the second year in a row, by giving seven deserving patients free total joint replacements Five patients received knee replacements, and two received hip replacements St Dominic’s partnered with other healthcare providers to deliver all aspects of care - surgery, hospitalization, and pre- and post-operative care-at no cost to participating patients who may not qualify for government assistance, have insurance or cannot afford surgery on their own Nationwide an estimated 120 patients received free joint replacements from 85 volunteer orthopaedic surgeons through Operation Walk USA 2014 This is the fifth year for Operation Walk USA, which has provided free total joint replacements to nearly 500 patients at a value of \$13.2 million

4b

(Code) (Expenses \$ 21,729,288 including grants of \$) (Revenue \$)

THE HOSPITAL IS AN ACTIVE, CARING MEMBER OF THE COMMUNITY IT SERVES IN CARRYING OUT ITS TEACHING AND HEALING MINISTRIES, 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 THEIR 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 THE ESTIMATED COST OF CHARGES FOREGONE, BASED ON THE COST TO CHARGE RATIO, WAS APPROXIMATELY \$13,870,000 THE FOREGONE CHARGES ARE NETTED AGAINST PATIENT SERVICE REVENUE TO ARRIVE AT NET PATIENT SERVICE REVENUE AS REFLECTED AS PROGRAM SERVICE REVENUE ON PART VIII OF FORM 990 IN ORDER TO BE CONSISTENT WITH FINANCIAL STATEMENT REPORTING AND ARE NOT REPORTED AS FUNCTIONAL EXPENSES ON THE FORM 990 THE HOSPITAL ALSO PROVIDES HEALTH CARE 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 2014 WERE APPROXIMATELY \$ 21,730,000

4c

(Code) (Expenses \$ 2,347,028 including grants of \$ 2,347,028) (Revenue \$)

THE HOSPITAL SERVES THE COMMUNITY IN NUMEROUS WAYS SOME EXAMPLES INCLUDE ASSISTING 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 ALSO ORGANIZES EMPLOYEE PARTICIPATION IN FUNDRAISING FOR ORGANIZATIONS, SUCH AS THE UNITED WAY, STEWPOT MINISTRIES AND JUNIOR ACHIEVEMENT, AMONG OTHERS IN ADDITION, THE HOSPITAL GAVE APPROXIMATELY \$684,000 DURING 2014 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 MEASUREABLE 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

4dOther program services (Describe in Schedule O)

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

4eTotal program service expenses 427,227,746

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 Yes	
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	No
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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		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? <i>If "Yes," complete Schedule R, Part VI</i>	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		
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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		
2b	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)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	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)?		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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	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			
1b	Enter the number of voting members included in line 1a, above, who are independent	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
7b	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		
8a	a The governing body?	8a	Yes
8b	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
10b	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
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	a The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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
16b	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	No

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, address, and telephone number of the person who possesses the organization's books and records
▶JENNIFER SINCLAIR
969 LAKELAND DRIVE
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			

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			

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	8,037,123	1,024,013	454,066

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▶161

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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	E R PHYSICIANS	7,659,375
PHYSICIANS ANESTHESIA GROUP PA, PO BOX 4608 JACKSON, MS 39296	ANESTHESIA SERVICE	2,802,383
MEDICAL MANAGEMENT SERVICES, 308 CORPORATE DRIVE RIDGELAND, MS 39157	CLINIC MANAGEMENT	2,524,928
JACKSON HEART CLINIC PA, 970 LAKE LAND DRIVE JACKSON, MS 39216	CO-MANAGEMENT	1,303,292
M MODAL SERVICES LTD, PO BOX 538504 ATLANTA, GA 30353	TRANSCRIPTION	798,189
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	1,355,172				
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	400,091				
	g	Noncash contributions included in lines 1a-1f \$	6,046				
	h	Total. Add lines 1a-1f	1,755,263				
Program Service Revenue	2a	Patient Service Revenue	Business Code 621990	427,853,345	427,853,345		
	b	Pharmaceutical Sales	446110	4,914,528	3,523,716	1,390,812	
	c	Spa Sales	812900	762,774	116,215	646,559	
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	433,530,647				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	2,338,588			2,338,588
4		Income from investment of tax-exempt bond proceeds	0				
5		Royalties	0				
6a		Gross rents	(i) Real 5,204,775	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)	5,204,775	0		
		d	Net rental income or (loss)	5,204,775			5,204,775
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other 106,858			
		b	Less cost or other basis and sales expenses		59,981		
		c	Gain or (loss)		46,877		
		d	Net gain or (loss)	46,877			46,877
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	0			
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	0			
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	0			
Miscellaneous Revenue		Business Code					
11a		WEIGHT LOSS CENTER	812900	1,184,608	1,184,608		
b	CAFETERIA & FOOD SALES	722514	3,209,611			3,209,611	
c	Day Care Center	624410	750,632			750,632	
d	All other revenue		3,262,437	2,543,626		718,811	
e	Total. Add lines 11a-11d		8,407,288				
12	Total revenue. See Instructions		451,283,438	435,221,510	2,037,371	12,269,294	

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 domestic organizations and domestic governments. See Part IV, line 21.	2,262,322	2,262,322		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	84,706	84,706		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	2,836,482		2,836,482	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	74,599	74,599		
7	Other salaries and wages.	166,949,420	164,124,057	2,825,363	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	-834,542	-622,298	-212,244	
9	Other employee benefits.	16,845,675	16,360,197	485,478	
10	Payroll taxes.	11,236,569	10,877,773	358,796	
11	Fees for services (non-employees):				
a	Management.	353,104	353,104		
b	Legal.	839,982		839,982	
c	Accounting.	300,325		300,325	
d	Lobbying.	34,975	34,975		
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	23,710,731	23,710,731		
12	Advertising and promotion.	1,604,362	1,604,362		
13	Office expenses.	1,825,411	1,825,411		
14	Information technology.	0			
15	Royalties.	0			
16	Occupancy.	11,011,434	11,011,434		
17	Travel.	902,850	902,850		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	107,553	107,553		
20	Interest.	14,090	14,090		
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	21,685,954	21,685,954		
23	Insurance.	2,398,010	2,398,010		
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	MEDICAL & OTHER SUPPLIES	76,262,050	76,262,050		
b	Pharmaceutical Drugs	23,366,286	23,366,286		
c	BAD DEBT EXPENSE	21,729,288	21,729,288		
d	Repairs & Maintenance	18,130,568	18,130,568		
e	All other expenses	30,929,724	30,929,724		
25	Total functional expenses. Add lines 1 through 24e.	434,661,928	427,227,746	7,434,182	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)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		823,704	1	766,345
	2	Savings and temporary cash investments		67,048,897	2	65,893,253
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		48,224,751	4	49,919,401
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	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		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		7,535,504	8	7,782,525
	9	Prepaid expenses and deferred charges		8,035,294	9	8,037,112
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	443,704,487		
	b	Less accumulated depreciation	10b	264,537,054	177,582,942	10c 179,167,433
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		39,251,193	15	44,480,156
	16	Total assets. Add lines 1 through 15 (must equal line 34)		348,502,285	16	356,046,225
Liabilities	17	Accounts payable and accrued expenses		33,408,374	17	31,804,386
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	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		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		1,955,659	23	1,285,310
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		12,466,474	25	57,900,255
	26	Total liabilities. Add lines 17 through 25		47,830,507	26	90,989,951
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		300,671,778	27	265,056,274
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
	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		300,671,778	33	265,056,274
	34	Total liabilities and net assets/fund balances		348,502,285	34	356,046,225

Part XI Reconciliation 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	451,283,438
2	Total expenses (must equal Part IX, column (A), line 25)	2	434,661,928
3	Revenue less expenses Subtract line 2 from line 1	3	16,621,510
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	300,671,778
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	282,385
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-52,519,399
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	265,056,274

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? 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		No
2b	Were the organization's financial statements audited by an independent accountant? 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	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	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		

Additional Data

Software ID:

Software Version:

EIN: 64-0303091

Name: St Dominic - Jackson Memorial Hospital

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

(A) Name and Title	(B) Average hours per week (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) JEFF FLETCHER MD CHAIRMAN	0 75 0 0	X		X				0	0	0
(1) DAN GRAFTON VICE CHAIRMAN	0 75 0 0	X		X				0	0	0
(2) SISTER MARY TRINITA OP SECRETARY	0 75 40 5	X		X				0	0	0
(3) SISTER THECLA KUHNLINE OP DIRECTOR	0 75 0 0	X						0	0	0
(4) SISTER CELESTINE RONDELLI OP DIRECTOR	0 75 0 0	X						0	0	0
(5) SISTER KATHLEEN GALLAGHER OP DIRECTOR	0 75 1 0	X						0	0	0
(6) SISTER KRISTIN REVER OP DIRECTOR	0 75 0 0	X						0	0	0
(7) SISTER CORDE LENN OP DIRECTOR	0 75 0 0	X						0	0	0
(8) DONNA SIMS DIRECTOR	0 75 0 0	X						0	0	0
(9) TOD ETHEREDGE DIRECTOR	0 75 0 0	X						0	0	0
(10) EDDIE MALONEY DIRECTOR	0 75 0 0	X						0	0	0
(11) JIMMY JONES MD DIRECTOR	0 75 0 0	X						0	0	0
(12) BILL TEW MD DIRECTOR	0 75 0 0	X						0	0	0
(13) CLAUDE W HARBARGER DIRECTOR	0 75 42 0	X						0	776,624	97,015
(14) LESTER K DIAMOND PRESIDENT	40 0 0 0	X		X				555,148	0	73,870
(15) JENNIFER SINCLAIR EXECUTIVE VP - OPERATIONS	40 0 0 0			X				370,308	0	31,861
(16) MATTHEW FISHER VP - FINANCE	40 0 0 0			X				261,707	0	27,021
(17) KEITH VAN CAMP VP - INFORMATION TECH	40 0 0 0				X			297,386	0	29,016
(18) REBECCA LOWE VP - ANCILLARY SERVICES	40 0 0 0				X			237,597	0	15,963
(19) RAYMOND SWARTZFAGER VP - ANCILLARY SERVICES	40 0 0 0				X			230,464	0	32,174
(20) LAWRENCE M RIDDLES EXEC VP - MEDICAL AFFAIRS	40 0 0 0				X			403,092	0	21,169
(21) THERESA A HORNE VP - PATIENT CARE SERVICES	40 0 0 0				X			234,911	0	14,795
(22) LORRAINE WASHINGTON VP - HUMAN RESOURCES	24 0 16 0				X			0	247,389	34,712
(23) JOHN LANCON PHYSICIAN	40 0 0 0					X		1,310,971	0	12,353
(24) D P SEAGO PHYSICIAN	40 0 0 5					X		1,196,937	0	8,716

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

(A) Name and Title	(B) Average hours per week (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			
(26) RONALD KENNEDY PHYSICIAN	40 0 0 0					X		962,651	0	12,353
(1) VERN A KELLER PHYSICIAN	40 0 0 0					X		957,197	0	11,324
(2) PB KERR PHYSICIAN	40 0 0 0					X		872,235	0	11,808
(3) STEPHEN BOMGARDNER FORMER KEY EMPLOYEE	40 0 0 0						X	146,519	0	19,916

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

OMB No 1545-0047

2014

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2013 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2014. 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—2013. 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—2014. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2013. 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 VI 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 IIISupport 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. 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

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) .	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

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.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

www.irs.gov/form990.

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization St Dominic - Jackson Memorial Hospital	Employer identification number 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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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														
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-															
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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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)		(b)
		Yes	No	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		34,975
j	Total. Add lines 1c through 1i.			34,975
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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1I	ST DOMINIC-JACKSON MEMORIAL HOSPITAL PAID DUES TO THE MISSISSIPPI HOSPITAL ASSOCIATION. THE MISSISSIPPI HOSPITAL ASSOCIATION REPORTS THAT 24.63% OF THE \$142,000 OF DUES PAID WERE RELATED TO LOBBYING ACTIVITIES.

[illegible]

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization St Dominic - Jackson Memorial Hospital	Employer identification number 64-0303091
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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 value of contributions to (during year)	
3	Aggregate value of 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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) Revenue 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

Revenue 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 |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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
- (i)

unrelated organizations

(ii)

related organizations
- b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- | | | |
|--------|-----|----|
| | Yes | No |
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |
- 4

Describe in Part 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		9,272,580		9,272,580
b Buildings		212,681,743	102,002,204	110,679,539
c Leasehold improvements		9,024,965	5,271,213	3,753,752
d Equipment		199,026,731	151,126,488	47,900,243
e Other		13,698,468	6,137,149	7,561,319
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				179,167,433

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 (losses) 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	MANAGEMENT HAS EVALUATED THE COMPANY'S INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS

[illegible]

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

OMB No 1545-0047

2014

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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☒ 350% ☐ 400% ☐ Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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	3a	Yes	
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		No
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 eligible for free or discounted care?	5c		
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)			13,812,664	3,649,483	10,163,181	2 460 %
b Medicaid (from Worksheet 3, column a)			53,850,336	57,606,403	-3,756,067	
c Costs of other means-tested government programs (from Worksheet 3, column b)			197,424	221,175	-23,751	
d Total Financial Assistance and Means-Tested Government Programs			67,860,424	61,477,061	6,383,363	2 460 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,149,979		1,149,979	0 280 %
f Health professions education (from Worksheet 5)			103,418		103,418	0 030 %
g Subsidized health services (from Worksheet 6)			13,581,176	10,683,551	2,897,625	0 700 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,762,500		1,762,500	0 430 %
j Total Other Benefits			16,597,073	10,683,551	5,913,522	1 440 %
k Total . Add lines 7d and 7j			84,457,497	72,160,612	12,296,885	3 900 %

Part IICommunity 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
1Physical improvements and housing						
2Economic development						
3Community support			431,236			0 100 %
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total			431,236			0 100 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?

1Yes

No

2Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount

221,729,288

3Enter 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

310,430,058

4Provide 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

5Enter total revenue received from Medicare (including DSH and IME)

5126,133,328

6Enter Medicare allowable costs of care relating to payments on line 5

6137,107,990

7Subtract line 6 from line 5 This is the surplus (or shortfall)

7-10,974,662

8Describe 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

9aDid the organization have a written debt collection policy during the tax year?

9aYes

No

bIf "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

9bYes

No

Part IVManagement 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 %
1St Dominic ASC	Outpatient surgery center	51 316 %	0 %	48 684 %
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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		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)

ST DOMINIC-JACKSON MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 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 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
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 significant 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 Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 12		
5 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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a ☒ Hospital facility's website (list url) http //www stdom com/why/benefit/		
b ☐ Other website (list url)		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 12		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) http //www stdom com/why/benefit/		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a 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)?	12a	No
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, 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)

Name of hospital facility or letter of facility reporting group

ST DOMINIC-JACKSON MEMORIAL HOSPITAL

		Yes	No
Financial Assistance Policy (FAP)			
13	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 included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>350</u> %		
b	☐ Income level other than FPG (describe in Section C)		
c	☐ Asset level		
d	☐ Medical indigency		
e	☒ Insurance status		
f	☒ Underinsurance discount		
g	☐ Residency		
h	☐ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance?	15	Yes
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	☐ Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a	☒ The FAP was widely available on a website (list url) <u>X</u>		
b	☒ The FAP application form was widely available on a website (list url) <u>X</u>		
c	☒ A plain language summary of the FAP was widely available on a website (list url) <u>X</u>		
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	☒ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☐ Other (describe in Section C)		
Billing and Collections			
17	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 all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	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(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Actions that require a legal or judicial process		
d	☐ Other similar actions (describe in Section C)		
e	☒ None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

ST DOMINIC-JACKSON MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
19 Did the hospital facility or other 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? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Actions that require a legal or judicial process			
d ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (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)			
f ☐ None of these efforts were made			
Policy Relating to Emergency Medical Care			
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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? If "No," indicate why	21	Yes	
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 Section C)			
d ☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
22 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 Section C)			
23 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? If "Yes," explain in Section C	23		No
24 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? If "Yes," explain in Section C	24		No

Part V

Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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? 24

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

Form and Line Reference	Explanation
PART I, LINE 3C	ST DOMINIC HOSPITAL HAS A DISCOUNT POLICY THAT IS BASED ON FEDERAL POVERTY GUIDELINES WITH A SLIDING SCALE THAT OFFERS DISCOUNTS RANGING FROM 20% TO 100% IN ADDITION, ST DOMINIC OFFERS A 60% DISCOUNT OFF GROSS CHARGES TO ALL UNINSURED PATIENTS

Form and Line Reference	Explanation
PART I, LINE 6A	THE COMMUNITY BENEFIT REPORT FOR ST DOMINIC HOSPITAL IS CONSOLIDATED WITH THE PARENT ORGANIZATION, ST DOMINIC HEALTH SERVICES, INC THE REPORT IS AVAILABLE AT HTTP //WWW.STDOM.COM/WHY/BENEFIT/

Form and Line Reference	Explanation
PART I, LINE 7	ST DOMINIC HOSPITAL USED A COST-TO-CHARGE RATIO BASED ON WORKSHEET 2 PROVIDED IN THE FORM 990, SCHEDULE H INSTRUCTIONS

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A) BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$21,729,288

Form and Line Reference	Explanation
PART I, LINE 7G	ST DOMINIC HOSPITAL DID NOT INCLUDE LOSSES ON ITS OWNED PHYSICIAN CLINICS AS SUBSIDIZED HEALTH SERVICES IN ORDER TO MEET THE NEEDS OF THE COMMUNITY IT SERVES, ST DOMINIC CONTINUES ITS MINISTRY IN VARIOUS SERVICE LINES THAT ARE NOT PROFITABLE TO THE ORGANIZATION AN EXAMPLE OF THESE SERVICES INCLUDES BUT IS NOT LIMITED TO THE EMERGENCY DEPARTMENT

Form and Line Reference	Explanation
PART II	ST DOMINIC HOSPITAL PROVIDES SIGNIFICANT SUPPORT TO ITS COMMUNITY THROUGH A VARIETY OF WAYS INCLUDING FREE HEALTH SCREENINGS AT LOCAL SCHOOLS, PARTICIPATION IN VARIOUS NON- PROFIT BOARDS AS WELL AS FINANCIAL SUPPORT THROUGH CASH DONATIONS PART III, LINE 2 THE AMOUNT REPORTED IN PART III, LINE 2 AS BAD DEBT EXPENSE MATCHES THE AMOUNT OF BAD DEBT EXPENSE REPORTED ON THE HOSPITAL'S AUDITED FINANCIAL STATEMENTS PART III, LINE 3 St Dominic Hospital frequently has patient accounts that are initially written off as a bad debt expense, but later (through a screening process) it is determined that the patient does qualify for financial assistance under the Hospital's financial assistance policy The percentage of accounts is estimated to be 48 percent The percentage is determined utilizing an internal report of accounts written off as a bad debt expense in one year and subsequently classified as charity in a subsequent year PART III, LINE 4 Patient accounts receivable are reduced by an allowance for doubtful accounts and 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 payer sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for uncollectible accounts Management regularly reviews data about these major payer 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 uncollectible accounts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payer has not yet paid, or for payers 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 provision for uncollectible accounts in the period of service on the basis of their 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 Hospitals allowance for doubtful accounts for self-pay patients increased from 67.4% of self-pay accounts receivable at December 31, 2013, to 69.2% of self-pay accounts receivable at December 31, 2014 In addition, the Hospitals self-pay bad debt write-offs increased from approximately \$11,718,000 in 2013 to \$19,726,000 in 2014 PART III, LINE 8 THE SHORTFALL SHOULD NOT BE INCLUDED IN THE COMMUNITY BENEFIT TOTAL

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

Form and Line Reference	Explanation
PART VI, LINE 2	NEEDS ASSESSMENT St Dominic Hospital assesses the community it serves through various sources which include 1)analysis of the payor source and disease categories of patients treated at St Dominic Hospital with particular analysis done on patients presenting to its Emergency Department, 2) feedback from the Board members who represent the community it serves, 3) requests made from the community, and 4) public health information

Form and Line Reference	Explanation
PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE ST DOMINIC HOSPITAL WORKS TO EDUCATE ITS PATIENTS AND COMMUNITY ON ASSISTANCE OPTIONS BY 1-POSTING SIGNAGE IN THE EMERGENCY ROOM AND OTHER REGISTRATION AREAS INFORMING PATIENTS THAT FINANCIAL ASSISTANCE IS AVAILABLE 2-PROVIDING BROCHURES IN THE WAITING ROOMS AND AT THE REGISTRATION DESKS THAT EXPLAIN THE BILLING AND COLLECTION PROCESS AS WELL AS INFORMATION ABOUT THE HOSPITALS FINANCIAL ASSISTANCE POLICY AND PHONE NUMBERS TO CALL FOR ASSISTANCE 3-CONTRACTING AND PAYING AN AGENCY TO MEET WITH ALL UNINSURED PATIENTS TO ASSIST THEM IN APPLYING FOR FEDERAL AND STATE ASSISTANCE (I E MEDICAID, DISABILITY, ETC) 4-PROVIDING FINANCIAL COUNSELORS TO MEET WITH PATIENTS THESE COUNSELORS FULLY UNDERSTAND THE HOSPITALS CHARITY POLICY AND ARE AVAILABLE TO ASSIST WITH THE APPLICATIONS, SET UP INTEREST FREE PAYMENT PLANS AND OFFER ADVICE ON PUBLIC ASSISTANCE THAT MAY BE AVAILABLE 5-STAFFING PATIENT REPRESENTATIVES TO ANSWER QUESTIONS AND ASSIST PATIENTS AS NEEDED 6-EDUCATING THE EARLY-OUT AND BAD DEBT COLLECTION AGENCIES ON THE HOSPITALS FINANCIAL ASSISTANCE POLICIES SO THEY CAN ASSIST PATIENTS WHOM THEY FIND MIGHT HAVE FINANCIAL NEED

Form and Line Reference	Explanation
PART VI, LINE 4	COMMUNITY INFORMATION THE COMMUNITY SERVED BY THE HOSPITAL, INCLUDING GEOGRAPHIC AND DEMOGRAPHIC AREAS, IS ADDRESSED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED DURING 2012 THE CHNA CAN BE ACCESSED AT HTTP //WWW STDOM COM/WHY/BENEFIT/

Form and Line Reference	Explanation
PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH ST DOMINIC RECOGNIZES ITS BASIC PARTICIPATION IN THE MISSION OF THE CHURCH WHICH INVOLVES TWO MAIN MINISTRIES EDUCATION AND HEALTH CARE THREE ACTIVITIES - COMMUNICATING A CHRISTIAN MESSAGE, ESTABLISHING COMMUNITY AND PERFORMING SERVICE - EXPRESS OUR MISSION OF CHRISTIAN HEALING WE INVOLVE MEMBERS OF OUR COMMUNITY IN OUR GOVERNANCE SO THAT WE MAINTAIN THE FOCUS ON THE NEEDS OF OUR COMMUNITY WE HAVE AN OPEN MEDICAL STAFF

Form and Line Reference	Explanation
PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM ST DOMINIC HEALTH SERVICES, INC IS THE PARENT ORGANIZATION OF A SYSTEM THAT INCLUDES ST DOMINIC - JACKSON MEMORIAL HOSPITAL (A 535-BED ACUTE CARE FACILITY), ST CATHERINE'S VILLAGE (A CONTINUING CARE RETIREMENT COMMUNITY), ST DOMINIC HEALTH SERVICES FOUNDATION (A FUNDRAISING/GRANT FOCUSED ENTITY), FIRST INTERMED CORPORATION (PHYSICIAN CLINICS) AND ST DOMINIC MADISON HEALTH SERVICES, INC (A MEDICAL OFFICE BUILDING AND FITNESS CENTER) 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 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

Form and Line Reference	Explanation
PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT ST DOMINIC HOSPITAL (CONSOLIDATED WITH ST DOMINIC HEALTH SERVICES, INC) PREPARES ANNUALLY A COMMUNITY BENEFIT REPORT WHICH IS DISTRIBUTED TO KEY MEMBERS OF THE LOCAL COMMUNITY AND STATE GOVERNMENT HOWEVER, THERE ARE CURRENTLY NO REQUIREMENTS TO DO SO IN THE STATE OF MISSISSIPPI

Additional Data

Software ID:
Software Version:
EIN: 64-0303091
Name: St Dominic - Jackson Memorial Hospital

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
PART V, SECTION B, LINE 5	
PART V, SECTION B, LINE 11	In 2014 St Dominic's continued its focus on fulfilling community needs in areas identified in the 2013-2015 Community Health Needs Assessment. 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 our community. It is integral to St. Dominic's mission to establish community and provide service, setting an example to others in community service. St. Dominic Hospital's overall approach to community benefit is to target the intersection of documented unmet community health needs and our organization'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: OBESITY, HEART DISEASE, AND 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. In 2014 the strategic plan contained a strategy specifically directed at allocating resources to meet the needs of the community in response to the identified focus areas in the needs assessment. The overarching strategy indicated, "Use the 2012 Community Needs Assessment to ensure the hospital is appropriately allocating resources to meet the needs of our community." Following are ways in which the strategy was implemented in 2014: DISPARITY OR COMMUNITY NEED: OBESITY AND HEART DISEASE, Celebrated the 40th anniversary of the Mississippi Heart and Vascular Institute by holding heart educational events throughout the month of February. DISPARITY OR COMMUNITY NEED: OBESITY AND HEART DISEASE, Added Southwest Mississippi Regional Medical Center in McComb as an additional hospital to the telestroke program (making four hospitals in total). DISPARITY OR COMMUNITY NEED: OBESITY AND HEART DISEASE, Increased the number of participants in the Healthy Heart screening program from 480 in 2013 to 908 in 2014. DISPARITY AND COMMUNITY NEED: OBESITY, HEART DISEASE AND ACCESS TO CARE, Hosted a Go Red for Women Premier Party in partnership with the American Heart Association. The event provided a casual Q&A with a panel of experts and registrations increased by over 50 percent compared to 2013. In addition, St. Dominic's sponsored the main Go Red for Women event. In total, nearly 600 women were instructed on the dangers and signs of heart disease in women. DISPARITY AND COMMUNITY NEED: MENTAL HEALTH NEEDS, Continued to support the operations of the Community Health Clinic which provides primary care and a referral access point to services, including mental health, for the medically uninsured, homeless or working poor of Jackson.
PART V, SECTION B, LINE 20E	THE HOSPITAL PROACTIVELY SCREENS PATIENTS FOR FINANCIAL ASSISTANCE ELIGIBILITY IF THERE IS AN INDICATION THAT THE PATIENT MAY QUALIFY UNDER THE FINANCIAL ASSISTANCE POLICY.

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 EAR NOSE & THROAT 970 LAKELAND DRIVE SUITE 40 JACKSON,MS 39216	PHYSICIAN CLINIC
ST DOMINIC'S GYNECOLOGIC ONCOLOGY 971 LAKELAND DRIVE SUITE 750 JACKSON,MS 39216	PHYSICIAN CLINIC
ST DOMINIC'S HOSPITAL MEDICINE 971 LAKELAND DRIVE SUITE 1453 JACKSON,MS 39216	PHYSICIAN CLINIC
ST DOMINIC'S INTERNAL MEDICINE GROUP 971 LAKELAND DRIVE SUITE 250 JACKSON,MS 39216	PHYSICIAN CLINIC
ST DOMINIC'S CARDIOVASCULAR SURGERY 971 LAKELAND DRIVE SUITE 657 JACKSON,MS 39216	PHYSICIAN CLINIC
ST DOMINIC'S NEUROSURGERY ASSOCIATES 971 LAKELAND DRIVE SUITE 657 JACKSON,MS 39216	PHYSICIAN CLINIC
ST DOMINIC'S INFECTIOUS DISEASE 971 LAKELAND DRIVE SUITE 954 JACKSON,MS 39216	PHYSICIAN CLINIC
ST DOMINIC'S FAMILY MEDICINE OF MADISON 106 HIGHLAND WAY SUITE 103 MADISON,MS 39110	PHYSICIAN CLINIC
ST DOMINIC'S PAIN MANAGEMENT CENTER 971 LAKELAND DRIVE SUITE 1159 JACKSON,MS 39216	PHYSICIAN CLINIC
STDOMINIC'S PSYCHIATRIC ASSOCIATES 890 LAKELAND DRIVE JACKSON,MS 39216	PHYSICIAN CLINIC
ST DOMINIC'S SURGICAL ONCOLOGY 106 HIGHLAND WAY SUITE 200 MADISON,MS 39110	PHYSICIAN CLINIC
ST DOMINIC'S FAMILY MEDICINE OF CLINTON 728 CLINTON PARKWAY SUITE B CLINTON,MS 39056	PHYSICIAN CLINIC
ST DOMINIC'S FAMILY MEDICINE OF FLOWOOD 1050 RIVER OAKS DRIVE FLOWOOD,MS 39232	PHYSICIAN CLINIC
ST DOMINIC'S FAMILY MEDICINE OF BRANDON 1297 WEST GOVERNMENT STREET BRANDON,MS 39042	PHYSICIAN CLINIC
ST DOMINIC'S INTERNAL MEDICINE GROUP 971 LAKELAND DRIVE SUITE 950 JACKSON,MS 39216	PHYSICIAN CLINIC

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 NEUROCARE 971 LAKELAND DRIVE SUITE 557 JACKSON,MS 39216	PHYSICIAN CLINIC
ST DOMINIC'S MARTIN SURGICAL ASSOCIATES 971 LAKELAND DRIVE SUITE 211 JACKSON,MS 39216	PHYSICIAN CLINIC
ST DOMINIC'S CHRONIC CARE CLINIC 890 LAKELAND DRIVE JACKSON,MS 39216	PHYSICIAN CLINIC
ST DOMINIC'S FAMILY MEDICINE OF RALEIGH 342 MAGNOLIA DRIVE RALEIGH,MS 39153	PHYSICIAN CLINIC
ST DOMINIC'S INTERNAL MEDICINE GROUP 112 SOUTH LAKE CIRCLE CANTON,MS 39046	PHYSICIAN CLINIC
ST DOMINIC'S EMPLOYEE HEALTH CLINIC 969 LAKELAND DRIVE JACKSON,MS 39216	PHYSICIAN CLINIC
ST DOMINIC'S OUTREACH PROGRAM-BROOKHAVE 427 HWY 51 N BROOKHAVEN,MS 39601	PHYSICIAN CLINIC
ST DOMINIC'S OUTREACH PROGRAM-MORTON 321 HWY 13 SOUTH MORTON,MS 39117	PHYSICIAN CLINIC
ST DOMINIC'S OUTREACH PROGRAM-CLEVELAND 810 E SUNFLOWER ROAD CLEVELAND,MS 38732	PHYSICIAN CLINIC

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
St Dominic - Jackson Memorial Hospital

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

2014

Open to Public
Inspection

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 Domestic Organizations and Domestic Governments. 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 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

15

3

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

Part III

Grants and Other Assistance to Domestic Individuals. 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
(1) SCHOLARSHIPS/TUITION REIMBURSEMENT	38	84,706			

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 HOSPITALS 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 Domestic Organizations and Domestic Governments.

(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 JACKSON5360 HIGHLAND DRIVE JACKSON,MS 39286	64-0817928	501(C)(3)	20,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 CHRISTPO BOX 26 BRANDON, MS 39042	64-0592123	501(C)(3)	15,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES200 NORTH CONGRESS ST SUITE 100 JACKSON,MS 39201	64-0468850	501(C)(3)	155,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 THE PREVENTION OF VIOLENCEPO BOX 6279 PEARL, MS 39288	58-1959108	501(C)(3)	36,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 SERVICES970 LAKELAND DR JACKSON, MS 39216	64-0714997	501(C)(3)	200,000				AFFILIATE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 MINISTRIES45 TOWNE CENTER BLVD RIDGELAND, MS 39157	64-0789919	501(C)(3)	62,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 MISSISSIPPIPO BOX 22655 JACKSON,MS 39225	64-0824240	501(C)(3)	30,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 CENTER417 WEST ASH ST JACKSON, MS 39203	64-0800919	501(C)(3)	18,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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,MN 39283	64-0471554	501(C)(3)	25,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN CHRISTIAN SERVICES860 EAST RIVER PLACE SUITE 104 JACKSON,MS 39202	64-0758344	501(C)(3)	25,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	15,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
VOICE OF CALVARY531 W CAPITOL STREET JACKSON,MS 39203	64-0564343	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 INC969 LAKELAND DRIVE JACKSON, MS 39216	64-0714999	501(c)(3)	1,500,000				AFFILIATE SUPPORT

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.

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

OMB No 1545-0047

2014

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 appropriate 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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☒ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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	Yes	
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?	Yes	
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 ☒ Independent compensation consultant ☐ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ 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?	Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations 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?		No
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III		No
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?		No
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III		No
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		No
8 Were any amounts reported in Form 990, Part VII, paid or accrued 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		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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 in column(B) 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 1A	THE HOSPITAL PROVIDED A HOUSING ALLOWANCE THAT COVERS A 90 DAY PERIOD OF TIME DURING RELOCATION FOR RECRUITING PHYSICIANS. TWO OF THE PHYSICIANS LISTED IN PART VII OF FORM 990 RECEIVED A HOUSING ALLOWANCE, WHICH IS TREATED AS TAXABLE COMPENSATION AND INCLUDED IN THE PHYSICIANS' W-2S. PART I, LINE 4A: OFFICER, MATTHEW FISHER, RECEIVED \$25,128 IN SEVERANCE PAYMENTS DURING CALENDAR YEAR 2014.
PART I, LINE 4B	EFFECTIVE FOR THE PLAN YEAR BEGINNING 1/1/2013, THE EXECUTIVE COMPENSATION COMMITTEE ADOPTED A NON QUALIFIED RESTORATION PLAN THAT PROVIDES 5% OF PAY FOR SALARY IN EXCESS OF THE IRS LIMIT (CODE SECTION 401(A)(17)). THE PAYOUTS BEGAN IN FIRST QUARTER 2014, WHICH ARE INCLUDED IN THE FORM W-2 BOX 5 WAGES AND REFLECTED IN OTHER REPORTABLE COMPENSATION ON SCHEDULE J. THESE AMOUNTS ARE: LESTER K. DIAMOND - 19,713; JENNIFER SINCLAIR - 6,893; KEITH VAN CAMP - 1,859; CLAUDE HARBARGER - 35,032. DEFERRED AMOUNTS UNDER THE 457(F) PLAN REFLECTED IN RETIREMENT AND OTHER DEFERRED COMPENSATION ON SCHEDULE J INCLUDE: LESTER K. DIAMOND - 50,142; JENNIFER SINCLAIR - 13,646; CLAUDE HARBARGER - 69,315; MATTHEW FISHER - 8,013; KEITH VAN CAMP - 11,130; RAYMOND SWARTZFAGER - 8,688; LAWRENCE RIDDLES - 3,177; THERESA HORNE - 2,547; LORRAINE WASHINGTON - 9,364.

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 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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CLAUDE W HARBARGER, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	741,572	0	35,052	86,854	10,161	873,639	0
1 LESTER K DIAMOND, PRESIDENT	(i)	535,435	0	19,713	61,514	12,356	629,018	0
	(ii)	0	0	0	0	0	0	0
2 JENNIFER SINCLAIR, EXECUTIVE VP - OPERATIONS	(i)	363,415	0	6,893	31,185	676	402,169	0
	(ii)	0	0	0	0	0	0	0
3 MATTHEW FISHER, VP - FINANCE	(i)	236,579	0	25,128	14,953	12,068	288,728	0
	(ii)	0	0	0	0	0	0	0
4 KEITH VAN CAMP, VP - INFORMATION TECH	(i)	295,527	0	1,859	28,669	347	326,402	0
	(ii)	0	0	0	0	0	0	0
5 REBECCA LOWE, VP - ANCILLARY SERVICES	(i)	237,597	0	0	15,784	179	253,560	0
	(ii)	0	0	0	0	0	0	0
6 RAYMOND SWARTZFAGER, VP - ANCILLARY SERVICES	(i)	230,464	0	0	23,718	8,456	262,638	0
	(ii)	0	0	0	0	0	0	0
7 LAWRENCE M RIDDLES, EXEC VP - MEDICAL AFFAIRS	(i)	394,092	0	9,000	9,540	11,629	424,261	0
	(ii)	0	0	0	0	0	0	0
8 THERESA A HORNE, VP - PATIENT CARE SERVICES	(i)	219,911	0	15,000	6,355	8,440	249,706	0
	(ii)	0	0	0	0	0	0	0
9 JOHN LANCON, PHYSICIAN	(i)	1,190,544	58,000	62,427	0	12,353	1,323,324	0
	(ii)	0	0	0	0	0	0	0
10 D P SEAGO, PHYSICIAN	(i)	1,139,940	0	56,997	0	8,716	1,205,653	0
	(ii)	0	0	0	0	0	0	0
11 RONALD KENNEDY, PHYSICIAN	(i)	916,810	0	45,841	0	12,353	975,004	0
	(ii)	0	0	0	0	0	0	0
12 VERN A KELLER, PHYSICIAN	(i)	911,616	0	45,581	0	11,324	968,521	0
	(ii)	0	0	0	0	0	0	0
13 PB KERR, PHYSICIAN	(i)	791,700	39,000	41,535	0	11,808	884,043	0
	(ii)	0	0	0	0	0	0	0
14 LORRAINE WASHINGTON, VP - HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	247,389	0	0	26,235	8,477	282,101	0
15 STEPHEN BOMGARDNER, FORMER KEY EMPLOYEE	(i)	146,519	0	0	10,262	9,654	166,435	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2014

Open to Public Inspection

▶ 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.

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
St Dominic - Jackson Memorial Hospital

Employer identification number
64-0303091

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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?
				YesNo

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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting 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	SEE PART V	74,599	SEE PART V		No

Part V Supplemental Information
Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
PART VI, COLUMNS B & D	MELANIE GRAFTON RELATIONSHIP DAUGHTER OF DIRECTOR, DAN GRAFTON TRANSACTION EMPLOYEE OF ST DOMINIC - JACKSON MEMORIAL HOSPITAL

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization St Dominic - Jackson Memorial Hospital	Employer identification number 64-0303091
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, PRIOR YEAR REVENUE	
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF DIRECTORS OF ST DOMINIC- JACKSON MEMORIAL HOSPITALS SOLE MEMBER, ST DOMINIC HEALTH SERVICES, INC , HAS THE AUTHORITY TO ELECT THE PRESIDENT/CEO, THE CHAIR OF THE BOA RD OF DIRECTORS AND THE VICE-CHAIR OF THE BOARD OF DIRECTORS OF THE HOSPITAL AND TO APPROV E THE ELECTION OF ALL OTHER OFFICERS OF THE HOSPITAL
FORM 990, PART VI, SECTION A, LINE 7B	THE BOARD OF DIRECTORS OF THE SOLE MEMBER OF ST DOMINIC-JACKSON MEMORIAL HOSPITAL, ST DO MINIC HEALTH SERVICES, INC , HAS THE RIGHT TO APPROVE THE FORMATION OF, OR PARTICIPATION I N, ANY JOINT VENTURE OR PARTNERSHIP OF THE HOSPITAL ST DOMINIC HEALTH SERVICES, INC S BO ARD OF DIRECTORS ALSO HAS THE RIGHT TO APPROVE ANY DISSOLUTION OR MERGER ENACTED BY THE HO SPITAL IF THE HOSPITALS BOARD OF DIRECTORS HAS A STALEMATE IN ANY VOTE, THE FINAL DECISIO N RESTS WITH THE BOARD OF DIRECTORS OF ITS SOLE MEMBER, ST DOMINIC HEALTH SERVICES, INC THE GOVERNING COUNCIL OF THE DOMINICAN SISTERS OF SPRINGFIELD ILLINOIS HAS THE AUTHORITY T O BREAK ANY TIE VOTE OF THE BOARD 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, IS PROVIDED TO THE BOARD AN D RATIFIED PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS ARE REQUIRED TO COMPLETE AND SIGN A CONFLICT FORM ANNUALLY FORMS ARE RE VIEWED BY THE PRESIDENT AND ANY CONFLICTS SHARED WITH THE BOARD CHAIR PERSONS WITH CONFLI CTS OF INTERESTS ARE EXCLUDED FROM BOARD DELIBERATION AND ABSTAIN FROM ANY DECISIONS WHERE THE CONFLICT EXISTS
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATIONS EXECUTIVE COMPENSATION PROGRAM IS ADMINISTERED BY THE EXECUTIVE COMPENSA TION COMMITTEE OF THE BOARD THE EXECUTIVE COMPENSATION COMMITTEE IS RESPONSIBLE FOR ESTAB LISHING AND MAINTAINING A COMPETITIVE COMPENSATION PROGRAM FOR THE KEY EXECUTIVES OF THE O RGANIZATION THE EXECUTIVE COMPENSATION COMMITTEE MEETS AS NEEDED TO REVIEW THE COMPENSATI ON PROGRAM AND MAKE RECOMMENDATIONS FOR ANY CHANGES AS APPROPRIATE THE EXECUTIVE COMPENSA TION COMMITTEE COMMISSIONS AN ANNUAL REVIEW BY AN INDEPENDENT CONSULTING FIRM TO EVALUATE THE ORGANIZATIONS EXECUTIVE COMPENSATION PROGRAM AGAINST THE COMPETITIVE MARKET THE EVALU ATION IS REVIEWED IN THE FIRST QUARTER OF EACH YEAR AND IS INTENDED TO ENSURE THAT THE COM PENSATION PROGRAM FALLS WITHIN A REASONABLE RANGE OF COMPETITIVE PRACTICES FOR COMPARABLE POSITIONS AMONG SIMILARLY SITUATED ORGANIZATIONS AS DESCRIBED IN SECTION 4958 FOLLOWING T HIS REVIEW, THE COMMITTEE REVIEWS AND APPROVES, FOR SELECTED KEY EXECUTIVES, BASE SALARY A ND TOTAL COMPENSATION RANGE FOR THE UPCOMING YEAR THE EXECUTIVE COMPENSATION COMMITTEE MA INTAINS MINUTES AND RECORDS TO ENSURE THAT IT CAN CLAIM THE REBUTTABLE PRESUMPTION OF REAS ONABLE COMPENSATION FOR PURPOSES OF SECTION 4958 THE CHIEF EXECUTIVE OFFICER FOR THE HOSP ITAL ASSIGNS PAY CHANGES FOR THE UPCOMING YEAR FOR EACH OF THE HOSPITAL EXECUTIVES WITHIN THE LIMITS ESTABLISHED BY THE EXECUTIVE COMPENSATION COMMITTEE THE PRESIDENT OF ST DOMIN IC HEALTH SERVICES, INC IN CONJUNCTION WITH THE CHAIR OF ST DOMINIC-JACKSON MEMORIAL HOS PITAL BOARD OF DIRECTORS SHALL ASSIGN THE PAY CHANGE FOR THE PRESIDENT (CHIEF EXECUTIVE OF FICER) OF ST DOMINIC-JACKSON MEMORIAL HOSPITAL WITHIN THE LIMITS ESTABLISHED BY THE EXECU TIVE COMPENSATION COMMITTEE KEY EXECUTIVES OF THE ORGANIZATION MAY ATTEND THE COMMITTEE M EETING OF THE EXECUTIVE COMPENSATION COMMITTEE TO PROVIDE THE INFORMATION NEEDED BY SUCH C OMMITTEE THESE EXECUTIVES ARE EXCUSED AND THE EXECUTIVE COMPENSATION COMMITTEE MEETS IN E XECUTIVE SESSION TO RENDER ITS RECOMMENDATIONS FORM 990, PART VI, SECTION C, LINE 19 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STA TEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART X, BEGINNING OF YEAR	CERTAIN ASSETS AND LIABILITIES FOR 2013 HAVE BEEN RECLASSED TO BE CONSISTENT WITH CURRENT YEAR REPORTING FORM 990, PART XI, LINE 9 Pension Related Changes- (53,287,996) Intercomp any Transactions- (6,933) Net Asset Reclass to match financial reporting- 775,530 Other Ch anges in Net Assets (52,519,399)

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.

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

OMB No 1545-0047

2014

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	51,906,054	8,113,990	SDJMH

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	No
(1) ST DOMINIC HEALTH SERVICES FOUNDATION 969 LAKELAND DRIVE JACKSON, MS 392164699 43-1992975	FUNDRAISING	MS	501(C)(3)	7	SDHS		No
(2) ST DOMINIC HEALTH SERVICES INC 969 LAKELAND DRIVE JACKSON, MS 392164699 64-0714999	HOLDING CO	MS	501(C)(3)	11-I	NA		No
(3) ST CATHERINE'S VILLAGE INC 969 LAKELAND DRIVE JACKSON, MS 392164699 64-0714997	RET HOME	MS	501(C)(3)	9	SDHS		No
(4) COMMUNITY HEALTH SERVICES - ST DOMINIC 969 LAKELAND DRIVE JACKSON, MS 392164699 64-0884870	HLTH PROGRAM	MS	501(C)(3)	9	SDHS		No
(5) CONGREGATION OF THE DOMINICAN SISTERS 1237 WEST MONROE ST SPRINGFIELD, IL 62704 37-0968955	CONGREGATION	IL	501(C)(3)	1	NA		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?		(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	
(1) ST DOMINIC AMBULATORY SURGERY CENTER 971 LAKELAND DRIVE SUITE 200 JACKSON, MS 39216 64-0908713	HEALTHCARE	MS	NA	N/A				No			No	
(2) HIGHLAND MEDICAL ARTS LLC PO BOX 55769 JACKSON, MS 39296 74-3073171	MEDICAL BLDG	MS	NA	N/A				No			No	
(3) D1 SPORTS TRAINING OF MS LLC 7115 SOUTH SPRINGS DRIVE FRANKLIN, TN 37067 27-5277568	ATHLETIC TRAINING	MS	NA	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	No
(1) ST DOMINIC MADISON HEALTH SERVICES INC 969 LAKELAND DRIVE JACKSON, MS 392164699 20-2870254	HEALTHCARE	MS	SDHS	C CORP					No
(2) FIRST INTERMED CORPORATION 308 CORPORATE DRIVE RIDGELAND, MS 39157 64-0824796	MEDICAL SERVICES	MS	SDHS	C CORP					No
(3) ST DOMINIC INTEGRATED SERVICES INC 969 LAKELAND DRIVE JACKSON, MS 392164699 27-1493623	INVESTMENTS	MS	SDJMH	C CORP	536,851	2,932,100	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.

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 organization 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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

Yes

1j

Yes

1k

Yes

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

Schedule R (Form 990) 2014

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) Disproportionate 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
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