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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)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

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
% SAM SCOTT
Doing business as

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

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

D Employer identification number
64-0303091

E Telephone number
(601) 200-2000

G Gross receipts $ 478,333,234

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW STDOM COM

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

L Year of formation 1946

M State of legal domicile MS

Part I Summary

1 Briefly describe the organization's mission or most significant activities
ST DOMINIC-JACKSON MEMORIAL HOSPITAL OPERATES A 535 BED PATIENT FACILITY FOR THE CITIZENS OF THE JACKSON, 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 2015 (Part V, line 2a)	**5**	4,393
6	Total number of volunteers (estimate if necessary)	**6**	564
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,085,415
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-505,146

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,755,263	270,810
9	Program service revenue (Part VIII, line 2g)	433,530,647	466,619,686
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,385,465	-527,133
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,612,063	11,918,075
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	451,283,438	478,281,438

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,347,028	2,405,783
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)	197,108,203	228,593,995
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)	235,206,697	247,658,116
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	434,661,928	478,657,894
19	Revenue less expenses Subtract line 18 from line 12	16,621,510	-376,456

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	356,046,225	350,738,384
21	Total liabilities (Part X, line 26)	90,989,951	91,489,911
22	Net assets or fund balances Subtract line 21 from line 20	265,056,274	259,248,473

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

****** 2016-11-15
Signature of officer Date

LESTER K DIAMOND PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Dustin W Taylor CPA	Dustin W Taylor CPA	2016-11-15		P01250644

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 III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 446,726,592 including grants of $) (Revenue $ 467,398,246)

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 2015, ST DOMINIC HOSPITAL PROVIDED OVER $1 BILLION (CHARGES) IN HOSPITAL SERVICES TO PATIENTS THROUGHOUT THE CENTRAL REGION OF MISSISSIPPI, AND EMPLOYED OVER 3,200 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, STROKE SERVICES, WOMEN'S SERVICES, BEHAVIORAL HEALTH SERVICES, EMERGENCY CARE, THE CANCER CENTER (AND CANCER SERVICES AS A WHOLE), AND SURGICAL SERVICES MISSISSIPPI HEART AND VASCULAR INSTITUTE- IN 1974, ST DOMINIC'S ESTABLISHED A CENTER FOR COMPREHENSIVE CARDIAC CARE THEN KNOWN AS THE MISSISSIPPI HEART INSTITUTE THE NAME HAS SINCE BEEN REVISED TO MISSISSIPPI HEART AND VASCULAR INSTITUTE (MHVI) TO SHOW ST DOMINIC'S ONGOING COMMITTMENT TO EXPERTISE AND CARE OF THE ENTIRE CIRCULATORY SYSTEM MANY OF ST DOMINIC'S HEART AND VASCULAR PHYSICIANS ARE NATIONALLY KNOWN FOR USING THE MOST ADVANCED TECHNOLOGY AND PROCEDURES AND FOR THEIR CLINICAL EXCELLENCE IN DELIVERING PATIENT CARE SERVICES OFFERED RANGE FROM MINIMALLY INVASIVE CARDIAC TREATMENTS TO TRADITIONAL OPEN-HEART SURGERY TO COMPLICATED AND VERY SPECIALIZED VALVE REPAIRS In 2015 heart and vascular service volumes continued to climb compared to prior years Some highlights include 8,524 cardiac catheterization lab procedures (10 3% higher than 2014), 1,939 electrophysiology procedures (20% increase over 2014) and increased cardiovascular surgery case volume from 719 cases in 2014 to 1,262 in 2015 Much of these increases can be attributed to St Dominics efforts to offer outreach services to the broader community St Dominics Clinical Outreach, first established in 2013, provides screenings, specialty clinic hubs and other health services to individuals in both the Jackson area and in outlying communities The program is made up of two parts screenings, which encompasses the Healthy Heart screening program and community screening events, and outreach, which includes telemedicine and specialty clinics in rural areas Patients who schedule an appointment with the Healthy Heart program receive a full (hospital subsidized) heart risk assessment for $99 Up to 18 patients a day can be seen at two locations Almost 1,400 patients were screened through the program in 2015 which is an all time high and is up from the over 900 that were screened in 2014 The Healthy Heart staff also brings their expertise out into the community by participating in various health fairs and events throughout the year In 2015, the staff participated in 27 events and came into contact with 2,485 people through the events Clinical Outreach also aims to bring its ministry further out by providing services to communities across the state to augment existing medical resources One way this is accomplished is through specialty clinic hub sites, located in Greenville, Cleveland, Brookhaven, Vicksburg and Morton COMPREHENSIVE STROKE CENTER- St Dominics Comprehensive Stroke Center offers rapid diagnosis (as evidenced by its thrombolytic therapy administration rate of 17 9% compared to the national average of 15 3%), high-tech intervention, expert care and intensive rehabilitation in a caring, compassionate setting St Dominics is capable of delivering the full spectrum of care to seriously ill patients with stroke and cerebrovascular disease The chief component of the program is a highly collaborative, expertly-skilled team of clinical professionals who direct and provide evidence-based care for every stroke patient The program provides care to the adult population of central Mississippi and outlying rural areas St Dominics tele-stroke network links five hospitals in rural areas with stroke neurologists at St Dominics who can provide specialized, urgent care for those suspected of having a stroke In 2015 St Dominics treated 1,470 strokes and transient ischemic attacks at both the main hospital and in coordination with the rural hospital network WOMENS SERVICES- St Dominics Maternal and Newborn Care Center emphasizes a team approach to care with physicians, nurses and educators working together to meet the total needs of the patient and the entire family St Dominics offers services and programs not only during a patients hospital stay, but also classes and resources to assist with the family transition long before and long after the birth of a baby Services include prenatal care, labor and delivery, newborn care, digital mammography, wellness checks, lactation consultations, gynecological surgeries and a wide array of classes In 2015, St Dominics Womens Services worked with families to deliver 1,473 babies Of those only 26 were low birth weight, which can be partially attributed to prenatal care efforts BEHAVIORAL HEALTH SERVICES- St Dominics Behavioral Health Services provides quality and compassionate treatment to individuals and their families suffering from mental illness Board certified psychiatrists, social workers and other therapists work together within a multi-disciplinary team to meet the individualized needs of each patient One of the specialty psychiatric units at St Dominics, The Oakes, is a geriatric psychiatric unit that provides compassionate care for geriatric patients in a secure and therapeutic environment The Oakes uses proven methods to help patients, such as social group interaction, reality orientation, sensory stimulation, recreation and self-expression St Dominics new behavioral health services facility was completed in 2013 The two-story, state-of-the-art facility contains 78,000 square feet and 77 private rooms Separate units within the facility have individual group meeting and dining areas to help patients find shared strength and healing through interaction and comradery In 2015, St Dominics had 19,357 inpatient days with an average daily census of 53 CANCER CENTER AND CANCER SERVICES- St Dominics cancer services is a leader in community outreach and cancer education The comprehensive program was recognized in 2015 with an Outstanding Achivement Award by the Commission on Cancer (CoC) of the American College of Surgeons St Dominics is the only hospital in the state of Mississippi to receive this award in 2015 and is one of a select group of only 50 U S healthcare facilities with accredited cancer programs to receive this national honor An integral part of St Dominics cancer services is the freestanding Cancer Center, which provides easy access to a large variety of services as well as convenient parking Treatments at the center include medical cancer therapy, radiation therapy and lymphedema treatment In 2015 alone, 26,285 radiation therapy procedures were completed Also, with the addition of a new infusion clinic at the main hospital, 8,636 infusions were conducted in 2015 In addition to therapies, St Dominics has some of the most advanced PET and CT scanning services that pair with advanced surgical procedures for precise removal of affected tissue However, the key to fighting any cancer is early detection, and that requires education and community outreach Newks Cares and St Dominics hosted the second annual Ovarian Cycle Jackson spin event on September 17 at The Club at the Township The event aimed to spark awareness and support for research in the battle against ovarian cancer, a silent killer that affects one in 70 women Cycle participants rode in 75-minute time slots from 8 30 a m to 2 p m A total of $143,374 was raised during the event All funds were donated to the Ovarian Cancer Research Fund, a charity that gives grants to researchers in order to help find a cure for ovarian cancer SURGICAL SERVICES- St Dominics surgical services touches nearly every aspect of the Hospital from neurosurgical procedures to knee replacements to C-sections Surgical services at St Dominics comprise a wide array of traditional surgical services as well as advanced procedures within a minimally invasive robotic surgery center of excellence In 2015, 9,990 surgical procedures were performed at St Dominics with over 1,000 urology surgeries and nearly 1,500 each of neuro and orthopedic surgeries Other categories of surgeries conducted include womens (GYN), oral, ENT, plastics and general Many of the gynecological, urological and even general surgeries were minimally invasive procedures conducted with the assistance of one of four da Vinci surgical systems at St Dominics Robotic assisted surgery simply means a surgeon can perform what wer

4b (Code) (Expenses $ 20,035,639 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 ITS CHARITY CARE POLICIES THE DIRECT AND INDIRECT COSTS ASSOCIATED WITH THESE SERVICES CANNOT BE IDENTIFIED TO SPECIFIC CHARITY CARE PATIENTS THEREFORE, MANAGEMENT ESTIMATED THE COSTS OF THESE SERVICES BY CALCULATING A COST TO GROSS CHARGE RATIO AND MULTIPLYING IT BY THE CHARGES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS MEETING THE HOSPITAL'S CHARITY CARE GUIDELINES THE ESTIMATED COST OF CHARGES FOREGONE, BASED ON THE COST TO CHARGE RATIO, WAS APPROXIMATELY $16,326,000 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 2015 WERE APPROXIMATELY $ 20,040,000

4c (Code) (Expenses $ 2,405,783 including grants of $ 2,405,783) (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 AND SAFETY IN THE WORKPLACE 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 $728,000 DURING 2015 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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶** 469,168,014

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	258		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	4,393		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for 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? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

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

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		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 ▶SAM SCOTT 969 LAKELAND DRIVE JACKSON, MS 392164699 (601) 200-6570

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			
See Additional Data Table										

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			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								8,305,356	1,034,294	482,494

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 ▶ 230

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ALLIED EMERGENCY SERVICES PC, PO BOX 2120 RIDGELAND, MS 39158	E R PHYSICIANS	8,114,085
FOUNTAIN CONSTRUCTION COMPANY, PO BOX 10506 JACKSON, MS 39289	CONSTRUCTION	3,710,392
MEDICAL MANAGEMENT SERVICES, 308 CORPORATE DRIVE RIDGELAND, MS 39157	CLINIC MANAGEMENT	3,336,923
JACKSON HEART CLINIC PA, 970 LAKELAND DRIVE JACKSON, MS 39216	CO-MANAGEMENT	3,273,921
PHYSICIANS ANESTHESIA GROUP PA, PO BOX 4608 JACKSON, MS 39296	ANESTHESIA SERVICE	3,061,430

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 ▶ 55

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 245,810				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 25,000				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	270,810			
Program Service Revenue		Business Code				
	2a	Patient Service Revenue	621990	460,837,752	460,837,752	
	b	Pharmaceutical Sales	446110	5,070,447	3,625,370	1,445,077
	c	Spa Sales	812900	711,487	71,149	640,338
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	466,619,686			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	-510,418			-510,418
	4	Income from investment of tax-exempt bond proceeds . . ▶	0			
	5	Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross rents 3,753,815				
	b	Less rental expenses				
	c	Rental income or (loss) 3,753,815 / 0				
	d	Net rental income or (loss) . . . . . ▶	3,753,815			3,753,815
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 35,081				
	b	Less cost or other basis and sales expenses 51,796				
	c	Gain or (loss) -16,715				
	d	Net gain or (loss) . . . . . ▶	-16,715			-16,715
	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	1,181,238	1,181,238		
	b	Cafeteria Sales 722514	3,650,814			3,650,814
	c	Day Care Center 624410	903,948			903,948
	d	All other revenue	2,428,260	1,682,737		745,523
	e	**Total.** Add lines 11a–11d . . . . . ▶	8,164,260			
	12	**Total revenue.** See Instructions . . . . . ▶	478,281,438	467,398,246	2,085,415	8,526,967

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	2,312,044	2,312,044		
2 Grants and other assistance to domestic individuals See Part IV, line 22	93,739	93,739		
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	2,533,662		2,533,662	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	78,940	78,940		
7 Other salaries and wages	191,351,189	186,538,178	4,813,011	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,792,113	2,903,570	-111,457	
9 Other employee benefits	19,762,402	19,088,750	673,652	
10 Payroll taxes	12,075,689	11,634,595	441,094	
11 Fees for services (non-employees)				
a Management	350,000	350,000		
b Legal	849,566		849,566	
c Accounting	290,352		290,352	
d Lobbying	37,817	37,817		
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)	25,698,390	25,698,390		
12 Advertising and promotion	1,647,456	1,647,456		
13 Office expenses	2,195,502	2,195,502		
14 Information technology	0			
15 Royalties	0			
16 Occupancy	9,270,329	9,270,329		
17 Travel	936,388	936,388		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	86,147	86,147		
20 Interest	29,093	29,093		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	21,945,597	21,945,597		
23 Insurance	1,683,282	1,683,282		
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	82,741,158	82,741,158		
b Pharmaceutical Drugs	25,196,372	25,196,372		
c BAD DEBT EXPENSE	20,035,639	20,035,639		
d LICENSES & TAXES	19,950,461	19,950,461		
e All other expenses	34,714,567	34,714,567		
25 **Total functional expenses.** Add lines 1 through 24e	478,657,894	469,168,014	9,489,880	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	766,345	1	1,176,211
	2	Savings and temporary cash investments	65,893,253	2	50,163,204
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	49,919,401	4	54,068,943
	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	7,782,525	8	9,813,918
	9	Prepaid expenses and deferred charges	8,037,112	9	8,467,194
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 459,290,320			
	b	Less accumulated depreciation — 10b: 274,221,019	179,167,433	10c	185,069,301
	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	44,480,156	15	41,979,613
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	356,046,225	16	350,738,384
Liabilities	17	Accounts payable and accrued expenses	31,804,386	17	30,425,631
	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	1,285,310	23	2,281,024
	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	57,900,255	25	58,783,256
	26	**Total liabilities.** Add lines 17 through 25	90,989,951	26	91,489,911
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	265,056,274	27	259,248,473
	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	265,056,274	33	259,248,473
	34	Total liabilities and net assets/fund balances	356,046,225	34	350,738,384

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	478,281,438
2	Total expenses (must equal Part IX, column (A), line 25)	2	478,657,894
3	Revenue less expenses Subtract line 2 from line 1	3	-376,456
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	265,056,274
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	430,098
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-5,861,443
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	259,248,473

Part XII Financial Statements and Reporting

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

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

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			
JEFF FLETCHER MD CHAIRMAN	0 75 0 0	X		X				0	0	0
DAN GRAFTON VICE CHAIRMAN	0 75 0 0	X		X				0	0	0
SISTER MARY TRINITA OP SECRETARY	0 75 40 5	X		X				0	0	0
SISTER THECLA KUHNLINE OP DIRECTOR	0 75 0 0	X						0	0	0
SISTER CELESTINE RONDELLI OP DIRECTOR	0 75 0 0	X						0	0	0
SISTER KATHLEEN GALLAGHER OP DIRECTOR	0 75 1 0	X						0	0	0
SISTER KRISTIN REVER OP DIRECTOR	0 75 0 0	X						0	0	0
SISTER CORDE LENN OP DIRECTOR	0 75 0 0	X						0	0	0
DONNA SIMS DIRECTOR	0 75 0 0	X						0	0	0
RICK GUYNES MD CHIEF OF STAFF	0 75 0 0	X		X				0	0	0

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			
EDDIE MALONEY DIRECTOR	0 75 0 0	X						0	0	0
JIMMY JONES MD DIRECTOR	0 75 0 0	X						0	0	0
JOHNNY DONALDSON DIRECTOR	0 75 0 0	X						0	0	0
CLAUDE W HARBARGER DIRECTOR	0 75 42 0	X						0	853,688	104,248
LESTER K DIAMOND PRESIDENT	40 0 0 0	X		X				614,118	0	86,867
JENNIFER SINCLAIR EXECUTIVE VP - OPERATIONS	40 0 0 0			X				390,344	0	52,829
KEITH VAN CAMP VP - INFORMATION TECH	40 0 0 0				X			327,055	0	30,188
RAYMOND SWARTZFAGER VP - BUSINESS DEVELOPMENT	40 0 0 0				X			255,252	0	35,895
LAWRENCE M RIDDLES EXEC VP - MEDICAL AFFAIRS	40 0 0 0				X			436,482	0	49,231
THERESA A HORNE VP - PATIENT CARE SERVICES	40 0 0 0				X			238,826	0	16,575

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			
LORRAINE WASHINGTON VP - HUMAN RESOURCES	24 0 16 0				X			0	180,606	27,967
JOHN LANCON PHYSICIAN	40 0 0 0					X		1,331,544	0	15,348
D P SEAGO PHYSICIAN	40 0 0 5					X		1,385,540	0	9,246
RONALD KENNEDY PHYSICIAN	40 0 0 0					X		967,027	0	9,879
VERN A KELLER PHYSICIAN	40 0 0 0					X		959,815	0	15,348
RUTH K FREDERICKS PHYSICIAN	40 0 0 0					X		965,116	0	10,952
MATTHEW FISHER FORMER OFFICER	40 0 0 0						X	106,062	0	6,276
REBECCA LOWE FORMER KEY EMPLOYEE	40 0 0 0						X	179,187	0	11,645
STEPHEN BOMGARDNER FORMER KEY EMPLOYEE	40 0 0 0						X	148,988	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2015

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 (Form 990 or 990-EZ))

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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of 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 (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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—2014.** 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 III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** 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—2014.** 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*	1		
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*	2		

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)*	1		

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?	1		
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)*	2		
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*	3		

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).

			Yes	No
2	Activities Test. **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*	2a		
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*	2b		
3	Parent of Supported Organizations. **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*	3a		
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*	3b		

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) ☐

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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	Employer identification number
St Dominic - Jackson Memorial Hospital	64-0303091

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

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

2 Political expenditures ▶ $

3 Volunteer hours

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		37,817
j	Total Add lines 1c through 1i			37,817
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 25 84% OF THE $146,350 OF DUES PAID WERE RELATED TO LOBBYING ACTIVITIES

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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

2015

Open to Public Inspection

Name of the organization
St Dominic - Jackson Memorial Hospital

Employer identification number
64-0303091

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on 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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on 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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, 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 on lines 2a, 2b, and 2c should equal 100%

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		9,272,580		9,272,580
b Buildings		221,176,075	106,995,088	114,180,987
c Leasehold improvements		8,808,370	6,045,931	2,762,439
d Equipment		203,229,908	154,625,434	48,604,474
e Other		16,803,387	6,554,566	10,248,821
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				185,069,301

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

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

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

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

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

(a) Description	(b) Book value
(1) INVESTMENT IN AFFILIATES	4,513,897
(2) Other Receivables	1,754,747
(3) Due from Affiliates	33,148,676
(4) Due from Third Party Payors	2,562,293
(5) INVESTMENT-SPIVA TRUST	0
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	41,979,613

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

1. (a) Description of liability	(b) Book value
Federal income taxes	0
Liability for Pension Benefits	58,783,256
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	58,783,256

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

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

Complete if the organization answered 'Yes' on 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' on 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

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on 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

2015

Open to Public Inspection

Name of the organization
St Dominic - Jackson Memorial Hospital

Employer identification number
64-0303091

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			16,752,011		16,752,011	3 660 %
b Medicaid (from Worksheet 3, column a)			54,810,556	60,368,966	-5,558,410	
c Costs of other means-tested government programs (from Worksheet 3, column b)			194,288	186,043	8,244	
d **Total** Financial Assistance and Means-Tested Government Programs			71,756,855	60,555,009	11,201,845	3 660 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,338,921		1,338,921	0 290 %
f Health professions education (from Worksheet 5)			106,656		106,656	0 020 %
g Subsidized health services (from Worksheet 6)			25,975,103	23,674,493	2,300,610	0 500 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,727,500		1,727,500	0 380 %
j **Total.** Other Benefits			29,148,180	23,674,493	5,473,687	1 190 %
k **Total.** Add lines 7d and 7j			100,905,035	84,229,502	16,675,532	4 850 %

Part II Community Building Activities

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support			507,744			0 110 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	Total			507,744			0 110 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	20,035,639		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	7,413,188		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	139,095,482		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	150,033,767		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-10,938,285		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	ST DOMINIC ASC	OUTPATIENT SURGERY CENER	51 316 %		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)

Name of hospital facility or letter of facility reporting group ST DOMINIC-JACKSON MEMORIAL HOSPITAL

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	Yes	
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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The 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 15			
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?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url) http //www stdom com/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 15			
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on 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)*

Financial Assistance Policy (FAP)

ST DOMINIC-JACKSON MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 350 %			
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) http //www stdom com/			
b	☐ The FAP application form was widely available on a website (list url) http //www stdom com/			
c	☐ A plain language summary of the FAP was widely available on a website (list url) http //www stdom com/			
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 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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
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 19 (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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in 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?	**23**		No
	If "Yes," explain in Section C			
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?	**24**		No
	If "Yes," explain in Section C			

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

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? **29**

	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 $20,035,639

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 EXAMPLES OF THESE SERVICES INCLUDES BUT ARE NOT LIMITED TO THE EMERGENCY DEPARTMENT AND BEHAVIORAL HEALTH SERVICES

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 37 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 collectability 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 Hospital's allowance for doubtful accounts for self-pay patients increased from 69 2%% of self-pay accounts receivable at December 31, 2014, to 54 6% of self-pay accounts receivable at December 31, 2015 In addition, the hospital's self-pay bad debt write-offs increased from approximately $19,726,000 in 2014 to $20,495,000 in 2015 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'S 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 2015 THE CHNA CAN BE ACCESSED AT http //www stdom com/about-us/community-benefit-and-needs/

Form and Line Reference	Explanation
PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH 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 THE HOSPITAL INVOLVES MEMBERS OF ITS COMMUNITY IN ITS GOVERNANCE SO THAT IT MAINTAINS THE FOCUS ON THE NEEDS OF ITS COMMUNITY THE HOSPITAL HAS 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 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

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

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	ST DOMINIC-JACKSON MEMORIAL HOSPITAL 969 LAKELAND DRIVE JACKSON,MS 392164699 HTTP //WWW STDOM COM/ 14-031	X	X					X			1

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
1	ST DOMINIC'S CARDIOVASCULAR SURGERY 971 LAKELAND DRIVE SUITE 657 JACKSON,MS 39216	PHYSICIAN CLINIC
1	ST DOMINIC'S EAR NOSE & THROAT 970 LAKELAND DRIVE SUITE 40 JACKSON,MS 39216	PHYSICIAN CLINIC
2	ST DOMINIC'S HOSPITAL MEDICINE 971 LAKELAND DRIVE SUITE 1453 JACKSON,MS 39216	HOSPITALIST CLINIC
3	ST DOMINIC'S INTERNAL MEDICINE GROUP 971 LAKELAND DRIVE SUITE 250 JACKSON,MS 39216	PHYSICIAN CLINIC
4	ST DOMINIC'S NEUROSURGERY ASSOCIATES 971 LAKELAND DRIVE SUITE 657 JACKSON,MS 39216	PHYSICIAN CLINIC
5	ST DOMINIC'S GYNECOLOGIC ONCOLOGY 971 LAKELAND DRIVE SUITE 750 JACKSON,MS 39216	PHYSICIAN CLINIC
6	ST DOMINIC'S INFECTIOUS DISEASE 971 LAKELAND DRIVE SUITE 954 JACKSON,MS 39216	PHYSICIAN CLINIC
7	ST DOMINIC'S NEUROCARE 971 LAKELAND DRIVE SUITE 557 JACKSON,MS 39216	PHYSICIAN CLINIC
8	ST DOMINIC'S INTERNAL MEDICINE GROUP 971 LAKELAND DRIVE SUITE 950 JACKSON,MS 39216	PHYSICIAN CLINIC
9	STDOMINIC'S SURGICAL ONCOLOGY 106 HIGHLAND WAY SUITE 200 MADISON,MS 39110	PHYSICIAN CLINIC
10	ST DOMINIC'S FAMILY MEDICINE OF MADISON 106 HIGHLAND WAY SUITE 103 MADISON,MS 39110	PHYSICIAN CLINIC
11	ST DOMINIC'S PAIN MANAGEMENT CENTER 971 LAKELAND DRIVE SUITE 1159 JACKSON,MS 39216	PHYSICIAN CLINIC
12	ST DOMINIC'S PSYCHIATRIC ASSOCIATES 890 LAKELAND DRIVE JACKSON,MS 39216	PHYSICIAN CLINIC
13	ST DOMINIC'S FAMILY MEDICINE OF CLINTON 728 CLINTON PARKWAY SUITE B CLINTON,MS 39056	PHYSICIAN CLINIC
14	ST DOMINIC'S UROLOGY 971 LAKELAND DRIVE SUITE 360 JACKSON,MS 39216	PHYSICIAN CLINIC

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
16	ST DOMINIC'S FAMILY MEDICINE OF FLOWOOD 1050 RIVER OAKS DRIVE FLOWOOD,MS 39232	PHYSICIAN CLINIC
1	ST DOMINIC'S FAMILY MEDICINE OF BRANDON 1297 WEST GOVERNMENT STREET BRANDON,MS 39042	PHYSICIAN CLINIC
2	ST DOMINIC'S INTERNAL MEDICINE GROUP 112 SOUTH LAKE CIRCLE CANTON,MS 39046	PHYSICIAN CLINIC
3	ST DOMINIC'S MARTIN SURGICAL ASSOCIATES 971 LAKELAND DRIVE SUITE 211 JACKSON,MS 39216	PHYSICIAN CLINIC
4	ST DOMINIC'S RHEUMATOLOGY 106 HIGHLAND WAY SUITE 200 MADISON,MS 39110	PHYSICIAN CLINIC
5	ST DOMINIC'S FAMILY MEDICINE OF RALEIGH 342 MAGNOLIA DRIVE RALEIGH,MS 39153	PHYSICIAN CLINIC
6	ST DOMINIC'S CHRONIC CARE CLINIC 890 LAKELAND DRIVE JACKSON,MS 39216	PHYSICIAN CLINIC
7	ST DOMINIC'S FAMILY MEDICINE 1777 ELLIS AVENUE JACKSON,MS 39204	PHYSICIAN CLINIC
8	ST DOMINIC'S OUTREACH PROGRAM-MORTON 321 HWY 13 SOUTH MORTON,MS 39117	PHYSICIAN CLINIC
9	ST DOMINIC'S OUTREACH PROGRAM-CLEVELAND 810 E SUNFLOWER ROAD CLEVELAND,MS 38732	PHYSICIAN CLINIC
10	ST DOMINIC'S FAMILY MEDICINE OF JACKSON 890 LAKELAND DRIVE JACKSON,MS 39056	PHYSICIAN CLINIC
11	ST DOMINIC'S OUTREACH PROGRAM-BROOKHAVE 427 HWY 51 N BROOKHAVEN,MS 39601	PHYSICIAN CLINIC
12	ST DOMINIC'S OUTREACH PROGRAM-GREENVILL 1502 S COLORADO STREET GREENVILLE,MS 38703	PHYSICIAN CLINIC
13	ST DOMINIC'S OUTREACH PROGRAM-VICKSBURG 4204 CLAY STREET VICKSBURG,MS 39180	PHYSICIAN CLINIC

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on 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

2015

Open to Public Inspection

Name of the organization
St Dominic - Jackson Memorial Hospital

Employer identification number
64-0303091

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on 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 . . . . . ▶ 22

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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
SCHOLARSHIPS/TUITION (1) REIMBURSEMENT	39	93,739			

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 BOYRD, 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 section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
100 BLACK MEN OF JACKSON 5360 HIGHLAND DRIVE JACKSON,MS 39286	64-0817928	501(C)(3)	25,500				GENERAL SUPPORT
BEGINNING AGAIN IN CHRIST PO BOX 26 BRANDON,MS 39042	64-0592123	501(C)(3)	15,000				GENERAL SUPPORT
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 section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC CHARITIES 200 N CONGRESS ST STE 100 JACKSON,MS 39201	64-0468850	501(C)(3)	127,500				GENERAL SUPPORT
CENTER FOR THE PREVENTION OF VIOLENCE PO BOX 6279 PEARL,MS 39288	58-1959108	501(C)(3)	35,000				GENERAL SUPPORT
COMMUNITY HEALTH SERVICES 970 LAKELAND DR JACKSON,MS 39216	64-0714997	501(C)(3)	175,000				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 section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOSPICE MINISTRIES 45 TOWNE CENTER BLVD RIDGELAND,MS 39157	64-0789919	501(C)(3)	12,500				GENERAL SUPPORT
MISSION MISSISSIPPI PO BOX 22655 JACKSON,MS 39225	64-0824240	501(C)(3)	37,500				GENERAL SUPPORT
NEIGHBORHOOD CHRISTIAN CENTER 417 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 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
REAL CHRISTIAN FOUNDATION PO BOX 180059 RICHLAND,MS 39218	64-0885750	501(C)(3)	40,000				GENERAL SUPPORT
SOUTHERN CHRISTIAN SERVICES 860 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 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)	20,000				GENERAL SUPPORT
ST DOMINIC HEALTH SERVICES INC 969 LAKELAND DRIVE JACKSON,MS 39216	64-0714999	501(c)(3)	1,500,000				AFFILIATE SUPPORT
LANTERN MEDICAL CLINIC 198 KIRKWOOD PLACE JACKSON,MS 39211	26-2621541	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 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
LEADERSHIP NEXT GENERATION PLUS 842 N PRESIDENT STREET JACKSON,MS 39202	47-1606134	501(C)(3)	10,000				GENERAL SUPPORT
LEXINGTON MEDICAL CLINIC 22741 HIGHWAY 12 LEXINGTON,MS 39095	20-0378262	501(C)(3)	20,000				GENERAL SUPPORT
METHODIST CHILDREN'S HOMES PO BOX 66 CLINTON,MS 39060	64-0303087	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 section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MISSISSIPPI CHILDREN'S HOME SERVICES PO BOX 1078 JACKSON,MS 39215	11-3667990	501(C)(3)	15,000				GENERAL SUPPORT
MISSISSIPPI HOUSING PARTNERSHIP PO BOX 22987 JACKSON,MS 39225	64-0816305	501(C)(3)	10,000				GENERAL SUPPORT
NEWK'S CARES 2680 CRANE RIDGE DRIVE JACKSON,MS 39216	27-0705547	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 section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE WINGARD HOME 1279 N WEST STREET JACKSON,MS 39202	20-3861994	501(C)(3)	20,000				GENERAL SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on 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

2015

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 on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported on 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 on 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 4A	FORMER OFFICER, MATTHEW FISHER, RECEIVED $25,128 IN SEVERANCE PAYMENTS DURING CALENDAR YEAR 2015
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 - 21,948 JENNIFER SINCLAIR - 8,187 KEITH VAN CAMP - 2,794 LAWRENCE M RIDDLES - 10,401 CLAUDE HARBARGER- 38,526 DEFERRED AMOUNTS UNDER THE 457(F) PLAN REFLECTED IN RETIREMENT AND OTHER DEFERRED COMPENSATION ON SCHEDULE J INCLUDE LESTER K DIAMOND- 53,435 JENNIFER SINCLAIR - 25,363 CLAUDE HARBARGER- 74,157 KEITH VAN CAMP- 11,797 RAYMOND SWARTZFAGER- 9,175 LAWRENCE RIDDLES- 27,301 THERESA HORNE- 8,513 LORRAINE WASHINGTON- 9,852

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1CLAUDE W HARBARGER DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	815,162	0	38,526	92,181	-12,067	-957,936	0
1LESTER K DIAMOND PRESIDENT	(I)	592,170	0	21,948	71,459	15,408	700,985	0
	(II)	0	0	0	0	-0	-0	0
2JENNIFER SINCLAIR EXECUTIVE VP - OPERATIONS	(I)	382,157	0	8,187	43,387	9,442	443,173	0
	(II)	0	0	0	0	-0	-0	0
3MATTHEW FISHER FORMER OFFICER	(I)	106,062	0	0	0	6,276	112,338	0
	(II)	0	0	0	0	-0	-0	0
4KEITH VAN CAMP VP - INFORMATION TECH	(I)	324,261	0	2,794	29,821	367	357,243	0
	(II)	0	0	0	0	-0	-0	0
5REBECCA LOWE FORMER KEY EMPLOYEE	(I)	179,187	0	0	11,522	123	190,832	0
	(II)	0	0	0	0	-0	-0	0
6RAYMOND SWARTZFAGER VP - BUSINESS DEVELOPMENT	(I)	255,252	0	0	26,592	9,303	291,147	0
	(II)	0	0	0	0	-0	-0	0
7LAWRENCE M RIDDLES EXEC VP - MEDICAL AFFAIRS	(I)	426,081	0	10,401	33,986	15,245	485,713	0
	(II)	0	0	0	0	-0	-0	0
8THERESA A HORNE VP - PATIENT CARE SERVICES	(I)	238,826	0	0	16,293	282	255,401	0
	(II)	0	0	0	0	-0	-0	0
9JOHN LANCONPHYSICIAN	(I)	1,212,030	56,107	63,407	0	15,348	1,346,892	0
	(II)	0	0	0	0	-0	-0	0
10D P SEAGOPHYSICIAN	(I)	1,319,562	0	65,978	0	9,246	1,394,786	0
	(II)	0	0	0	0	-0	-0	0
11RONALD KENNEDY PHYSICIAN	(I)	887,328	33,650	46,049	0	9,879	976,906	0
	(II)	0	0	0	0	-0	-0	0
12VERN A KELLERPHYSICIAN	(I)	880,460	33,650	45,705	0	15,348	975,163	0
	(II)	0	0	0	0	-0	-0	0
13RUTH K FREDERICKS PHYSICIAN	(I)	919,158	0	45,958	0	10,952	976,068	0
	(II)	0	0	0	0	-0	-0	0
14LORRAINE WASHINGTON VP - HUMAN RESOURCES	(I)	0	0	0	0	0	0	0
	(II)	180,606	0	0	22,143	-5,824	-208,573	0
15STEPHEN BOMGARDNER FORMER KEY EMPLOYEE	(I)	148,988	0	0	0	0	148,988	0
	(II)	0	0	0	0	-0	-0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, 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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
St Dominic - Jackson Memorial Hospital

Employer identification number
64-0303091

Part I Excess Benefit Transactions (section 501(c)(3), 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? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance 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	78,940	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

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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

2015

Open to Public Inspection

Name of the organization	Employer identification number
St Dominic - Jackson Memorial Hospital	64-0303091

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS ARE REQUIRED TO COMPLETE AND SIGN A CONFLICT FORM ANNUALLY THE PRESIDENT REVIEWS THE FORMS AND ANY CONFLICTS ARE DISCLOSED TO THE OTHER MEMBERS OF THE BOARD AND MADE A MATTER OF RECORD PERSONS WITH CONFLICTS OF INTERESTS DO NOT VOTE OR USE HIS OR HER INFLUENCE ON THE MATTER AND ARE EXCLUDED FROM THE COUNT IN DETERMINING THE QUORUM FOR THE MEETING, EVEN WHERE PERMITTED BY LAW
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 OF THE INTER NAL REVENUE CODE FOLLOWING THIS REVIEW, THE COMMITTEE REVIEWS AND APPROVES, FOR SELECTED KEY EXECUTIVES, BASE SALARY AND TOTAL COMPENSATION RANGE FOR THE UPCOMING YEAR THE EXECUT IVE COMPENSATION COMMITTEE MAINTAINS MINUTES AND RECORDS TO ENSURE THAT IT CAN CLAIM THE R EBUTTABLE PRESUMPTION OF REASONABLE COMPENSATION FOR PURPOSES OF SECTION 4958 THE PRESIDE NT FOR THE HOSPITAL ASSIGNS PAY CHANGES FOR THE UPCOMING YEAR FOR EACH OF THE HOSPITAL EXE CUTIVES WITHIN THE LIMITS ESTABLISHED BY THE EXECUTIVE COMPENSATION COMMITTEE THE PRESIDE NT OF ST DOMINIC HEALTH SERVICES, INC IN CONJUNCTION WITH THE CHAIR OF ST DOMINIC-JACKS ON MEMORIAL HOSPITAL BOARD OF DIRECTORS ASSIGNS THE PAY CHANGE FOR THE PRESIDENT (CHIEF EX ECUTIVE OFFICER) OF ST DOMINIC-JACKSON MEMORIAL HOSPITAL WITHIN THE LIMITS ESTABLISHED BY THE EXECUTIVE COMPENSATION COMMITTEE KEY EXECUTIVES OF THE ORGANIZATION MAY ATTEND THE C OMMITTEE MEETING OF THE EXECUTIVE COMPENSATION COMMITTEE TO PROVIDE THE INFORMATION NEEDED BY SUCH COMMITTEE THESE EXECUTIVES ARE EXCUSED AND THE EXECUTIVE COMPENSATION COMMITTEE MEETS IN EXECUTIVE SESSION TO RENDER ITS RECOMMENDATIONS FORM 990, PART VI, SECTION C, LI NE 19 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FIN ANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	Pension Related Changes- (5,400,447) Intercompany Transactions- (460,996) Other Changes in Net Assets (5,861,443)

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" 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

2015

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 39216 26-1969846	HEALTHCARE	MS	41,972,307	7,510,980	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	(g) No
(1) ST DOMINIC HEALTH SERVICES FOUNDATION 969 LAKELAND DRIVE JACKSON, MS 39216 43-1992975	FUNDRAISING	MS	501(C)(3)	7	SDHS		No
(2) ST DOMINIC HEALTH SERVICES INC 969 LAKELAND DRIVE JACKSON, MS 39216 64-0714999	HOLDING CO	MS	501(C)(3)	11-I	NA		No
(3) ST CATHERINE'S VILLAGE INC 969 LAKELAND DRIVE JACKSON, MS 39216 64-0714997	RET HOME	MS	501(C)(3)	9	SDHS		No
(4) COMMUNITY HEALTH SERVICES - ST DOMINIC 969 LAKELAND DRIVE JACKSON, MS 39216 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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
ST DOMINIC AMBULATORY SURGERY (1) 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	(i) No
ST DOMINIC MADISON (1)HEALTH SERVICES INC 969 LAKELAND DRIVE JACKSON, MS 392164699 20-2870254	HEALTHCARE	MS	SDHS	C CORP					No
FIRST INTERMED (2)CORPORATION 308 CORPORATE DRIVE RIDGELAND, MS 39157 64-0824796	MEDICAL SERVICES	MS	SDHS	C CORP					No
ST DOMINIC INTEGRATED (3)SERVICES INC 969 LAKELAND DRIVE JACKSON, MS 392164699 27-1493623	INVESTMENTS	MS	SDJMH	C CORP	565,742	3,280,862	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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation